2025

Prescription Drug Guide

NC State Health Plan Formulary

List of covered drugs or "Drug List"

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

42

Formulary 25800

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact the NC State Health Plan Humana Customer Care Team with any questions at 1-888-700-2263 or for TTY users, 711, or visit **your.humana.com/ncshp**.

Humana®

North Carolina State Health Plan FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Welcome to Humana Group Medicare 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 Humana Group Medicare 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 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 medications selected by Humana. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana Group Medicare 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. Humana Group Medicare 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 Group Medicare Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medications, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

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

  Some of these drug types may be new to you. For more information, see the section below titled “What are

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

- **Drugs removed from the market**. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

We will notify members who are affected by the following changes to the formulary:
- When a drug is removed from the formulary.
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive.
- When a drug is moved to a higher cost sharing tier.

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

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

What if you are affected by a Drug List change?

We will notify you by mail at least 30 days before one of these changes happens 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 begins on page 11. The drugs in this formulary are grouped into categories 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 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 202. 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."

Prescription drugs are grouped into one of four tiers.
Humana Group Medicare Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call NC State Health Plan Humana 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):** Humana Group Medicare Plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from Humana Group Medicare Plan before you fill your prescriptions. If you do not get approval, Humana Group Medicare Plan may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, the Humana Group Medicare Plan limits the amount of the drug that is covered. The Humana Group Medicare 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 Group Medicare 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 Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare 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 Humana 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 Humana Group Medicare 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 **your.humana.com/ncshp**. 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 Humana to make an exception to these restrictions or 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 NC State Health Plan Humana 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 Group Medicare Plan does not cover your drug, you have two options:

- You can ask NC State Health Plan Humana Customer Care for a list of similar drugs that are covered by Humana Group Medicare Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Humana Group Medicare Plan.
- You can ask Humana Group Medicare 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 Group Medicare Plan to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- **Utilization restriction exception:** You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Humana Group Medicare Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- **Tier exception:** You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tiering, or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception**.

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of

medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

For these changes in treatment settings, Humana Group Medicare 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. Humana Group Medicare 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

Humana Group Medicare 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 **your.humana.com/ncshp**, 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 Group Medicare Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Humana Group Medicare Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana Group Medicare Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 202.

Your plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 199.

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:

$0 - Most vaccines and diabetic supplies covered 100% with no member cost.
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.
PDS – Preferred Diabetic Supplies; BD and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.

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

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

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMEROL 50 MG/ML SOLUTION **DL**	3	QL(720 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE **DL**	3	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE **DL**	3	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE **DL**	3	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE **DL**	3	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. **MO**	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE **MO**	3	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET **DL**	4	
diclofenac potassium 50 mg POWDER IN PACKET **MO**	3	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET **MO**	1	
diclofenac sodium 1 % GEL **MO**	1	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS **MO**	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. **MO**	1	
diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP **DL**	4	PA,QL(224 per 28 days)
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC **MO**	1	
diclofenac sodium 75 mg TABLET, DR/EC **MO**	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC **MO**	1	
diflunisal 500 mg TABLET **MO**	1	
DILAUDID 1 MG/ML LIQUID **DL**	3	PA,QL(2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET **DL**	3	PA,QL(360 per 30 days)
DILAUDID 8 MG TABLET **DL**	3	PA,QL(240 per 30 days)
dolobid 250 mg TABLET **DL**	4	ST
DOLOBID 375 MG TABLET **DL**	4	ST
DUEXIS 800-26.6 MG TABLET **DL**	4	PA,QL(90 per 30 days)
DURAMORPH (PF) 0.5 MG/ML SOLUTION **DL**	3	BvsD,QL(7200 per 30 days)
DURAMORPH (PF) 1 MG/ML SOLUTION **DL**	3	BvsD,QL(3600 per 30 days)
ec-naproxen 500 mg TABLET, DR/EC **MO**	3	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE **MO**	1	
etodolac 400 mg, 500 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. **MO**	1	
FELDENE 10 MG, 20 MG CAPSULE **MO**	3	
fenoprofen 400 mg CAPSULE **MO**	1	ST
fenoprofen 600 mg TABLET **MO**	1	ST
fenopron 300 mg CAPSULE **DL**	4	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. **DL**	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE **DL**	4	PA,QL(120 per 30 days)
fentanyl citrate 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg TABLET, EFFERVESCENT **DL**	4	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE **DL**	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET, EFFERVESCENT **DL**	4	PA,QL(120 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. **MO**	3	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET **MO**	1	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. **DL**	1	ST,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. **DL**	1	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. **DL**	1	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-300 mg/15 ml SOLUTION **DL**	4	QL(6000 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION **DL**	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION **DL**	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET **DL**	1	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE **DL**	1	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE **DL**	1	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID **DL**	1	QL(2400 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 1 mg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. **DL**	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. **DL**	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET **DL**	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION **DL**	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE **DL**	1	BvsD,QL(360 per 30 days)
hydromorphone 32 mg TABLET, ER 24 HR. **DL**	1	ST,QL(60 per 30 days)
hydromorphone 4 mg/ml SYRINGE **DL**	1	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET **DL**	1	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. **DL**	1	ST,QL(240 per 30 days)
hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE **DL**	1	BvsD
hydromorphone (pf) 1 mg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION **DL**	1	BvsD,QL(144 per 30 days)
hydromorphone (pf) 4 mg/ml SOLUTION **DL**	1	BvsD,QL(180 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. **DL**	3	ST,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET **MO**	1	
ibuprofen 100 mg/5 ml SUSPENSION **MO**	1	
ibuprofen 300 mg TABLET **DL**	4	ST
ibuprofen 400 mg TABLET **MO**	1	
ibuprofen 600 mg, 800 mg TABLET **MO**	1	
ibuprofen-famotidine 800-26.6 mg TABLET **MO**	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION **DL**	4	
INDOCIN 50 MG SUPPOSITORY **MO**	3	
indomethacin 25 mg, 50 mg CAPSULE **MO**	1	
indomethacin 25 mg/5 ml SUSPENSION **DL**	4	
indomethacin 50 mg SUPPOSITORY **MO**	1	
indomethacin 75 mg CAPSULE, ER **MO**	1	
indomethacin sodium 1 mg RECON SOLUTION **MO**	1	
INFUMORPH P/F 10 MG/ML SOLUTION **DL**	3	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION **DL**	3	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ketoprofen 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	ST
ketorolac 10 mg TABLET **MO**	1	QL(20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION **MO**	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE **MO**	1	
ketorolac 15.75 mg/spray SPRAY, NON-AEROSOL **DL**	4	PA,QL(5 per 30 days)
kiprofen 25 mg CAPSULE **MO**	1	ST
levorphanol tartrate 2 mg TABLET **DL**	4	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET **DL**	4	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. **MO**	3	PA,QL(30 per 30 days)
LODINE 400 MG TABLET **MO**	3	PA
lofena 25 mg TABLET **DL**	4	
lurbipr 100 mg TABLET **MO**	1	
lurbiro 100 mg TABLET **DL**	4	
meclofenamate 100 mg, 50 mg CAPSULE **MO**	1	
mefenamic acid 250 mg CAPSULE **MO**	1	
meloxicam 15 mg TABLET **MO**	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET **MO**	1	QL(60 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE **MO**	3	QL(30 per 30 days)
meperidine 50 mg TABLET **DL**	4	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION **DL**	1	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION **DL**	1	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION **DL**	1	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION **DL**	1	QL(720 per 30 days)
methadone 10 mg TABLET **DL**	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION **DL**	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE **DL**	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION **DL**	1	QL(360 per 30 days)
methadone 5 mg TABLET **DL**	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION **DL**	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE **DL**	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE **DL**	3	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION **DL**	3	BvsD,QL(360 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mitigo (pf) 25 mg/ml SOLUTION **DL**	3	BvsD,QL(150 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS **DL**	1	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION **DL**	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION **DL**	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE **DL**	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER **DL**	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. **DL**	1	ST,QL(60 per 30 days)
morphine 15 mg, 30 mg TABLET **DL**	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER **DL**	1	QL(120 per 30 days)
morphine 2 mg/ml SOLUTION **DL**	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml SYRINGE **DL**	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE **DL**	1	BvsD
morphine 20 mg/5 ml (4 mg/ml) SOLUTION **DL**	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER **DL**	1	QL(90 per 30 days)
morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR. **DL**	1	ST,QL(30 per 30 days)
morphine 4 mg/ml SOLUTION **DL**	1	BvsD,QL(900 per 30 days)
morphine 4 mg/ml SYRINGE **DL**	1	BvsD,QL(900 per 30 days)
morphine 5 mg/ml SOLUTION **DL**	1	BvsD,QL(720 per 30 days)
morphine 8 mg/ml SOLUTION **DL**	1	BvsD,QL(450 per 30 days)
morphine 8 mg/ml SYRINGE **DL**	1	BvsD,QL(450 per 30 days)
morphine (pf) 0.5 mg/ml SOLUTION **DL**	1	BvsD,QL(7200 per 30 days)
morphine (pf) 1 mg/ml SOLUTION **DL**	1	BvsD,QL(3600 per 30 days)
morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN **DL**	1	BvsD,QL(3600 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION **DL**	1	QL(540 per 30 days)
MS CONTIN 100 MG TABLET ER **DL**	3	PA,QL(180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER **DL**	3	PA,QL(120 per 30 days)
MS CONTIN 200 MG TABLET ER **DL**	3	PA,QL(90 per 30 days)
nabumetone 500 mg, 750 mg TABLET **MO**	1	
nalbuphine 10 mg/ml SOLUTION **DL**	1	QL(240 per 30 days)
nalbuphine 20 mg/ml SOLUTION **DL**	1	QL(120 per 30 days)
NALFON 600 MG TABLET **MO**	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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nalocet 2.5-300 mg TABLET **DL**	4	PA,QL(360 per 30 days)
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(120 per 30 days)
NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(90 per 30 days)
NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(60 per 30 days)
NAPROSYN 125 MG/5 ML SUSPENSION **DL**	4	PA
naproxen 125 mg/5 ml SUSPENSION **MO**	1	
naproxen 250 mg, 375 mg TABLET **MO**	1	
naproxen 375 mg, 500 mg TABLET, DR/EC **MO**	1	
naproxen 500 mg TABLET **MO**	1	
naproxen sodium 275 mg, 550 mg TABLET **MO**	1	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	ST,QL(120 per 30 days)
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	ST,QL(60 per 30 days)
naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC **DL**	4	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET **DL**	4	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. **DL**	4	ST,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. **DL**	3	ST,QL(60 per 30 days)
OLINVYK 1 MG/ML SOLUTION **DL**	4	PA
OLINVYK 30 MG/30 ML (1 MG/ML) PATIENT CONTROL ANALGESIA SOLN **DL**	4	PA
oxaprozin 600 mg TABLET **MO**	1	
OXAYDO 5 MG, 7.5 MG TABLET, ORAL ONLY **DL**	4	PA,QL(360 per 30 days)
oxycodone 10 mg, 15 mg, 5 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone 10 mg, 20 mg, 40 mg TABLET, ER 12 HR. **DL**	3	ST,QL(90 per 30 days)
oxycodone 10 mg, 5 mg TABLET, ORAL ONLY **DL**	4	PA,QL(360 per 30 days)
oxycodone 15 mg, 30 mg TABLET, ORAL ONLY **DL**	4	PA,QL(180 per 30 days)
oxycodone 20 mg, 30 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE **DL**	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE **DL**	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION **DL**	1	QL(5400 per 30 days)
oxycodone 80 mg TABLET, ER 12 HR. **DL**	3	ST,QL(120 per 30 days)
oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	4	PA,QL(390 per 30 days)
oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION **DL**	4	PA,QL(900 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-300 mg TABLET **DL**	1	PA,QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET **DL**	1	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION **DL**	1	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. **DL**	3	ST,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. **DL**	3	ST,QL(120 per 30 days)
oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR. **DL**	1	ST,QL(60 per 30 days)
oxymorphone 10 mg, 5 mg TABLET **DL**	1	QL(360 per 30 days)
oxymorphone 40 mg TABLET, ER 12 HR. **DL**	4	ST,QL(60 per 30 days)
PENNSAID 2 % SOLUTION IN PACKET **DL**	4	PA
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP **DL**	4	PA,QL(224 per 28 days)
pentazocine-naloxone 50-0.5 mg TABLET **DL**	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET **DL**	4	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET **DL**	1	PA,QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE **MO**	1	
primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	4	PA,QL(390 per 30 days)
prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	4	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION **DL**	4	PA,QL(900 per 30 days)
QDOLO 5 MG/ML SOLUTION **DL**	4	QL(2400 per 30 days)
RELAFEN DS 1,000 MG TABLET **DL**	4	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET **DL**	3	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET **DL**	4	PA,QL(360 per 30 days)
ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY **DL**	4	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY **DL**	4	PA,QL(180 per 30 days)
SEGLENTIS 44-56 MG TABLET **DL**	3	PA,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL **DL**	4	PA,QL(5 per 30 days)
sulindac 150 mg, 200 mg TABLET **MO**	1	
tolectin 600 600 mg TABLET **MO**	1	
tolmetin 400 mg CAPSULE **MO**	1	
tolmetin 600 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tramadol 100 mg TABLET **DL**	1	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC **DL**	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. **DL**	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE **DL**	1	ST,QL(30 per 30 days)
tramadol 25 mg TABLET **DL**	1	QL(180 per 30 days)
tramadol 5 mg/ml SOLUTION **DL**	4	QL(2400 per 30 days)
tramadol 50 mg TABLET **DL**	1	QL(240 per 30 days)
tramadol 75 mg TABLET **DL**	1	QL(150 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET **DL**	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE **DL**	1	QL(300 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC **DL**	4	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE **MO**	3	QL(30 per 30 days)
XIFYRM 30 MG/ML SOLUTION **MO**	3	
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. **DL**	3	ST,QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE **DL**	4	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE **MO**	3	ST,QL(90 per 30 days)
ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION **MO**	1	
bupivacaine liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION **MO**	1	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	1	
CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE **MO**	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION **MO**	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION **MO**	3	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED **DL**	4	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION **MO**	3	
glydo 2 % JELLY IN APPLICATOR **MO**	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED **MO**	1	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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine 5 % OINTMENT **MO**	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 **MO**	1	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION **MO**	1	
lidocaine hcl 2 % JELLY **MO**	1	
lidocaine hcl 2 % JELLY IN APPLICATOR **MO**	1	
lidocaine viscous 2 % SOLUTION **MO**	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION **MO**	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE **MO**	1	
lidocaine-prilocaine 2.5-2.5 % CREAM **MO**	1	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED **DL**	4	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED **DL**	4	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED **DL**	4	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED **DL**	4	PA,QL(90 per 30 days)
lignospan standard 2 %-1:100,000 CARTRIDGE **MO**	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO**	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO**	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION **MO**	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	3	
marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE **MO**	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	3	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION **MO**	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION **MO**	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION **MO**	3	
PLIAGLIS 7-7 % CREAM **MO**	3	
polocaine 1 % (10 mg/ml), 2 % SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION **MO**	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION **MO**	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION **MO**	1	
sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION **MO**	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION **MO**	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION **MO**	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION **MO**	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION **MO**	1	
vivacaine 0.5 %-1:200,000 CARTRIDGE **MO**	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED **MO**	3	PA,QL(90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC **MO**	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET **MO**	1	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM **MO**	1	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM **MO**	1	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET **MO**	1	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. **MO**	1	QL(90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET **MO**	3	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET **MO**	3	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK **MO**	3	PA,QL(53 per 28 days)
disulfiram 250 mg, 500 mg TABLET **MO**	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	QL(2 per 30 days)
lofexidine 0.18 mg TABLET **DL**	4	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET **DL**	4	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE **MO**	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE **MO**	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefaclor 250 mg, 500 mg CAPSULE **MO**	1	
cefaclor 500 mg TABLET, ER 12 HR. **MO**	1	
cefadroxil 1 gram TABLET **MO**	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefadroxil 500 mg CAPSULE **MO**	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION **MO**	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION **MO**	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK **MO**	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK **MO**	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefdinir 300 mg CAPSULE **MO**	1	
cefepime 1 gram, 2 gram RECON SOLUTION **MO**	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK **MO**	3	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefixime 400 mg CAPSULE **MO**	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefpodoxime 100 mg, 200 mg TABLET **MO**	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cefprozil 250 mg, 500 mg TABLET **MO**	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	1	
cefuroxime axetil 250 mg, 500 mg TABLET **MO**	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION **MO**	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
cephalexin 250 mg, 500 mg TABLET **MO**	1	
cephalexin 250 mg, 750 mg CAPSULE **MO**	1	
cephalexin 500 mg CAPSULE **MO**	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION **MO**	1	
CIPRO 250 MG, 500 MG TABLET **MO**	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON **MO**	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON **MO**	1	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET **MO**	1	
ciprofloxacin hcl 500 mg TABLET **MO**	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **MO**	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION **MO**	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
clarithromycin 250 mg, 500 mg TABLET **MO**	1	
clarithromycin 500 mg TABLET, ER 24 HR. **MO**	1	
CLEOCIN 100 MG SUPPOSITORY **MO**	3	
CLEOCIN 150 MG/ML SOLUTION **MO**	1	
CLEOCIN 2 % CREAM **MO**	3	PA
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE **MO**	3	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION **MO**	1	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE **MO**	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION **MO**	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION **MO**	1	
clindamycin phosphate 150 mg/ml SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin phosphate 2 % CREAM **MO**	1	
CLINDESSE 2 % CREAM, ER **MO**	3	
colistin (colistimethate na) 150 mg RECON SOLUTION **MO**	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION **DL**	4	
CUBICIN RF 500 MG RECON SOLUTION **DL**	4	
DALVANCE 500 MG SOLUTION **DL**	4	QL(4 per 28 days)
daptomycin 350 mg RECON SOLUTION **MO**	1	
daptomycin 500 mg RECON SOLUTION **DL**	4	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK **MO**	3	
demeclocycline 150 mg TABLET **MO**	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET **MO**	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE **MO**	1	
DIFICID 200 MG TABLET **DL**	4	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	4	
DORYX 200 MG TABLET, DR/EC **MO**	3	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC **MO**	3	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC **DL**	4	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC **MO**	3	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC **DL**	4	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION **MO**	1	
doxycycline hyclate 100 mg CAPSULE **MO**	1	
doxycycline hyclate 100 mg RECON SOLUTION **MO**	1	
doxycycline hyclate 100 mg TABLET **MO**	1	
doxycycline hyclate 100 mg TABLET, DR/EC **MO**	1	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET **MO**	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC **MO**	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET **MO**	1	
doxycycline hyclate 200 mg TABLET, DR/EC **MO**	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE **MO**	1	
doxycycline hyclate 50 mg TABLET **MO**	1	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET **MO**	1	ST,QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 80 mg TABLET, DR/EC **DL**	4	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET **MO**	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE **MO**	1	
doxycycline monohydrate 150 mg CAPSULE **MO**	1	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC **MO**	1	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE **MO**	1	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET **MO**	1	
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
EMBLAVEO 2 GRAM RECON SOLUTION **DL**	4	
EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC **DL**	4	PA,QL(30 per 30 days)
ertapenem 1 gram RECON SOLUTION **MO**	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC **MO**	1	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL**	4	
ERYTHROCIN 500 MG RECON SOLUTION **MO**	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET **MO**	1	
erythromycin 250 mg CAPSULE, DR/EC **MO**	1	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC **MO**	1	
erythromycin 250 mg, 500 mg TABLET **MO**	1	
erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
erythromycin ethylsuccinate 400 mg TABLET **MO**	1	
erythromycin lactobionate 500 mg RECON SOLUTION **DL**	4	
FETROJA 1 GRAM RECON SOLUTION **DL**	4	QL(84 per 14 days)
fidaxomicin 200 mg TABLET **DL**	4	
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION **MO**	3	
FLAGYL 375 MG CAPSULE **MO**	3	QL(320 per 30 days)
fosfomycin tromethamine 3 gram PACKET **MO**	1	
FURADANTIN 25 MG/5 ML SUSPENSION **MO**	3	
gentamicin 0.1 % CREAM **MO**	1	
gentamicin 0.1 % OINTMENT **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 40 mg/ml SOLUTION **MO**	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK **MO**	1	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION **MO**	1	
HIPREX 1 GRAM TABLET **MO**	3	PA
HUMATIN 250 MG CAPSULE **DL**	4	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION **MO**	1	
KIMYRSA 1,200 MG RECON SOLUTION **DL**	4	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
KLARON 10 % SUSPENSION **MO**	3	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION **MO**	1	
levofloxacin 250 mg, 750 mg TABLET **MO**	1	
levofloxacin 500 mg TABLET **MO**	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	1	
LINCOCIN 300 MG/ML SOLUTION **MO**	3	
lincomycin 300 mg/ml SOLUTION **MO**	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION **DL**	4	QL(1800 per 30 days)
linezolid 600 mg TABLET **MO**	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK **MO**	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION **MO**	1	
MACROBID 100 MG CAPSULE **MO**	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE **MO**	3	
meropenem 1 gram, 500 mg RECON SOLUTION **MO**	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK **MO**	1	
methenamine hippurate 1 gram TABLET **MO**	1	
METRO I.V. 500 MG/100 ML PIGGYBACK **MO**	3	
METROCREAM 0.75 % CREAM **MO**	3	PA
METROGEL 1 % GEL **MO**	3	ST
METROLOTION 0.75 % LOTION **MO**	3	PA
metronidazole 0.75 % CREAM **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 0.75 % LOTION **MO**	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL **MO**	1	
metronidazole 1 % GEL WITH PUMP **MO**	1	
metronidazole 125 mg, 250 mg, 500 mg TABLET **MO**	1	
metronidazole 375 mg CAPSULE **MO**	1	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK **MO**	1	
MINOCIN 100 MG RECON SOLUTION **DL**	4	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE **MO**	1	
minocycline 100 mg, 50 mg, 75 mg TABLET **MO**	1	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
mondoxyne nl 100 mg CAPSULE **MO**	1	
mondoxyne nl 75 mg CAPSULE **MO**	1	ST,QL(60 per 30 days)
morgidox 50 mg CAPSULE **MO**	1	ST
moxifloxacin 400 mg TABLET **MO**	1	
moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK **MO**	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK **MO**	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK **DL**	4	
neomycin 500 mg TABLET **MO**	1	
nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION **DL**	4	
nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE **MO**	1	
NORITATE 1 % CREAM **DL**	4	ST,QL(60 per 30 days)
NUZYRA 100 MG RECON SOLUTION **DL**	4	
NUZYRA 150 MG TABLET **DL**	4	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET **MO**	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC **MO**	3	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION **DL**	4	QL(3 per 28 days)
ORLYNVAH 500-500 MG TABLET **DL**	4	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	3	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK **MO**	3	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION **MO**	1	
penicillin g sodium 5 million unit RECON SOLUTION **MO**	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION **MO**	1	
penicillin v potassium 250 mg, 500 mg TABLET **MO**	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION **MO**	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION **MO**	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION **MO**	1	
PRIMAXIN IV 500 MG RECON SOLUTION **MO**	3	
PRIMSOL 50 MG/5 ML SOLUTION **MO**	3	
RECARBRIO 1.25 GRAM RECON SOLUTION **DL**	4	
rosadan 0.75 % CREAM **MO**	1	ST
rosadan 0.75 % GEL **MO**	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET **DL**	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION **DL**	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET **DL**	4	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET **MO**	3	PA
streptomycin 1 gram RECON SOLUTION **DL**	4	
sulfacetamide sodium 10 % OINTMENT **MO**	1	
sulfacetamide sodium (acne) 10 % SUSPENSION **MO**	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET **MO**	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION **MO**	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET **MO**	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION **MO**	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET **MO**	1	
TARGADOX 50 MG TABLET **MO**	1	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION **DL**	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tetracycline 250 mg, 500 mg CAPSULE **MO**	1	
tetracycline 250 mg, 500 mg TABLET **DL**	4	
tigecycline 50 mg RECON SOLUTION **DL**	4	
tinidazole 250 mg, 500 mg TABLET **MO**	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION **DL**	4	BvsD
tobramycin sulfate 1.2 gram RECON SOLUTION **DL**	4	
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION **MO**	1	
trimethoprim 100 mg TABLET **MO**	1	
TYGACIL 50 MG RECON SOLUTION **DL**	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION **MO**	3	
VABOMERE 2 GRAM RECON SOLUTION **DL**	4	QL(84 per 14 days)
VANCOCIN 125 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
VANCOCIN 250 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION **MO**	1	
vancomycin 1.75 gram, 2 gram RECON SOLUTION **MO**	3	
vancomycin 125 mg CAPSULE **MO**	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE **MO**	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK **MO**	3	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL **MO**	3	
VIBATIV 750 MG RECON SOLUTION **DL**	4	
VIBRAMYCIN 100 MG CAPSULE **MO**	3	
XACDURO 1 GRAM-1 GRAM (0.5 GRAM X 2) RECON SOLUTION	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XACIATO 2 % GEL **MO**	3	
XERAVA 100 MG, 50 MG RECON SOLUTION **MO**	3	
XIMINO 135 MG, 90 MG CAPSULE, ER 24 HR. **DL**	3	ST,QL(30 per 30 days)
XIMINO 45 MG CAPSULE, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
ZEMDRI 50 MG/ML SOLUTION **DL**	4	
ZERBAXA 1.5 GRAM RECON SOLUTION **DL**	4	
ZEVTERA 667 MG RECON SOLUTION **DL**	4	
ZITHROMAX 1 GRAM PACKET **MO**	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
ZITHROMAX 250 MG, 500 MG TABLET **MO**	3	
ZITHROMAX 500 MG RECON SOLUTION **MO**	3	
ZITHROMAX TRI-PAK 500 MG TABLET **MO**	3	
ZITHROMAX Z-PAK 250 MG TABLET **MO**	3	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK **MO**	3	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION **DL**	4	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK **MO**	3	
ZYVOX 600 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET	4	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET **DL**	4	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION **DL**	4	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET **DL**	4	PA,QL(240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION	4	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET **MO**	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION **MO**	1	
carbamazepine 200 mg TABLET **MO**	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. **MO**	3	
CELONTIN 300 MG CAPSULE **MO**	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION **MO**	3	
clobazam 10 mg, 20 mg TABLET **DL**	1	PA
clobazam 2.5 mg/ml SUSPENSION **DL**	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC **MO**	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. **MO**	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE **MO**	3	
DIACOMIT 250 MG, 500 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
DIASTAT 2.5 MG KIT **DL**	3	PA
DIASTAT ACUDIAL 12.5-15-17.5-20 MG, 5-7.5-10 MG KIT **DL**	3	PA
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT **DL**	1	
DILANTIN 30 MG CAPSULE **MO**	1	
DILANTIN EXTENDED 100 MG CAPSULE **MO**	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET **MO**	1	
DILANTIN-125 125 MG/5 ML SUSPENSION **MO**	3	
divalproex 125 mg CAPSULE, DR SPRINKLE **MO**	1	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC **MO**	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. **MO**	1	
ELEPSIA XR 1,000 MG, 1,500 MG TABLET, ER 24 HR. **DL**	4	QL(60 per 30 days)
EPIDIOLEX 100 MG/ML SOLUTION **DL**	4	PA
epitol 200 mg TABLET **MO**	1	
EPRONTIA 25 MG/ML SOLUTION **MO**	3	PA,QL(480 per 30 days)
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. **MO**	3	PA
eslicarbazepine 200 mg, 400 mg TABLET **DL**	4	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET **DL**	4	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE **MO**	1	
ethosuximide 250 mg/5 ml SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 400 mg, 600 mg TABLET **MO**	1	
felbamate 600 mg/5 ml SUSPENSION **MO**	1	
FELBATOL 400 MG, 600 MG TABLET **DL**	4	PA
FELBATOL 600 MG/5 ML SUSPENSION **DL**	4	PA
FINTEPLA 2.2 MG/ML SOLUTION **DL,LA**	4	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION **MO**	1	
FYCOMPA 0.5 MG/ML SUSPENSION	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET	4	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET **MO**	3	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE **MO**	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION **MO**	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET **MO**	1	QL(180 per 30 days)
GABARONE 100 MG, 400 MG TABLET **DL**	4	QL(270 per 30 days)
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET	4	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION	4	PA
KEPPRA 250 MG TABLET **MO**	3	PA
KEPPRA XR 500 MG TABLET, ER 24 HR.	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR.	4	PA,QL(120 per 30 days)
lacosamide 10 mg/ml SOLUTION **MO**	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET **MO**	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION **DL**	4	
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET	4	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK **MO**	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK **MO**	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR.	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK **MO**	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK **MO**	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK **MO**	3	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. **MO**	1	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING **MO**	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK **MO**	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE **MO**	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET **MO**	1	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION **MO**	1	
levetiracetam 250 mg TABLET FOR SUSPENSION **MO**	3	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET **MO**	1	
levetiracetam 500 mg TABLET, ER 24 HR. **MO**	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION **MO**	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK **MO**	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM **DL**	4	QL(10 per 30 days)
methsuximide 300 mg CAPSULE **MO**	1	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	3	QL(10 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE **MO**	3	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION **MO**	3	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET	4	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET **DL**	4	PA
ONFI 2.5 MG/ML SUSPENSION **DL**	4	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET **MO**	1	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. **MO**	1	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION **MO**	1	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. **MO**	3	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR.	4	ST
pentobarbital sodium 50 mg/ml SOLUTION **MO**	1	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET	4	PA,QL(30 per 30 days)
perampanel 2 mg TABLET **MO**	1	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET **MO**	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET **MO**	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR **MO**	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET **MO**	1	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION **DL**	4	
PHENYTEK 200 MG, 300 MG CAPSULE **MO**	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION **MO**	1	
phenytoin 50 mg CHEWABLE TABLET **MO**	1	
phenytoin sodium 50 mg/ml SOLUTION **MO**	1	
phenytoin sodium 50 mg/ml SYRINGE **MO**	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE **MO**	1	
primidone 125 mg, 250 mg, 50 mg TABLET **MO**	1	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. **DL**	4	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(90 per 30 days)
roweepra 500 mg TABLET **MO**	1	
roweepra xr 500 mg TABLET, ER 24 HR. **MO**	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rufinamide 200 mg TABLET **MO**	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION **MO**	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET **MO**	1	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET **DL**	4	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION **DL**	4	
SPRITAM 1,000 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION **MO**	3	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK **MO**	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK **MO**	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM **DL**	4	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION **MO**	3	
TEGRETOL 200 MG TABLET **MO**	3	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. **MO**	3	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET **MO**	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET	4	
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE	4	
TOPAMAX 25 MG TABLET **MO**	3	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET **MO**	1	
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE **MO**	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. **MO**	1	PA,QL(90 per 30 days)
topiramate 25 mg/ml SOLUTION **MO**	1	PA,QL(480 per 30 days)
TRILEPTAL 150 MG TABLET **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRILEPTAL 300 MG, 600 MG TABLET	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION	4	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR.	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR.	4	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION **MO**	1	
valproic acid 250 mg CAPSULE **MO**	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION **MO**	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET **DL**	4	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET **DL**	4	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION **DL**	4	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION **DL**	4	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET **DL**	4	PA,QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION **DL**	4	PA
VIMPAT 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET **DL**	4	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET **DL**	4	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK **MO**	3	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE **MO**	3	
ZARONTIN 250 MG/5 ML SOLUTION **MO**	1	
ZONEGRAN 100 MG, 25 MG CAPSULE	4	PA
ZONISADE 100 MG/5 ML SUSPENSION **MO**	3	PA,QL(900 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zonisamide 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
ZTALMY 50 MG/ML SUSPENSION **DL**	4	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY **MO**	3	ST,QL(4 per 28 days)
ARICEPT 10 MG, 5 MG TABLET **MO**	3	PA
ARICEPT 23 MG TABLET **MO**	3	PA,QL(30 per 30 days)
donepezil 10 mg, 5 mg TABLET **MO**	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	
donepezil 23 mg TABLET **MO**	1	QL(30 per 30 days)
ergoloid 1 mg TABLET **MO**	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. **MO**	3	PA,QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET **MO**	1	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. **MO**	1	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION **MO**	1	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET **MO**	1	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. **MO**	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION **MO**	1	PA
memantine 5-10 mg TABLET, DOSE PACK **MO**	1	PA,QL(98 per 30 days)
NAMENDA 10 MG TABLET **MO**	3	PA
NAMENDA TITRATION PAK 5-10 MG TABLET, DOSE PACK **MO**	3	PA,QL(98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(28 per 28 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	2	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	2	QL(28 per 28 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. **MO**	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE **MO**	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE **MO**	1	QL(60 per 30 days)
ZUNVEYL 10 MG, 15 MG, 5 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET **MO**	1	
amitriptyline 25 mg TABLET **MO**	1	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET **DL**	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET **MO**	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE **DL**	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR.	4	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **MO**	3	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. **MO**	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET **MO**	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. **MO**	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. **MO**	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA
citalopram 10 mg, 20 mg, 40 mg TABLET **MO**	1	
citalopram 10 mg/5 ml SOLUTION **MO**	1	
CITALOPRAM 30 MG CAPSULE **MO**	3	QL(30 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET **MO**	1	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR.	4	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
escitalopram oxalate 5 mg/5 ml SOLUTION **MO**	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. **MO**	3	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE **MO**	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET **MO**	1	QL(240 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. **MO**	3	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. **MO**	3	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. **MO**	3	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR.	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR.	4	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE **MO**	3	PA
ZOLOFT 25 MG, 50 MG TABLET **MO**	3	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION **DL**	4	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE **DL**	4	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE **DL**	4	PA,QL(14 per 365 days)
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION **DL**	4	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION **DL**	4	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE **MO**	3	PA
ANTIVERT 25 MG CHEWABLE TABLET **MO**	3	
ANTIVERT 50 MG TABLET **MO**	3	
ANZEMET 50 MG TABLET **MO**	3	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION **MO**	3	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK **MO**	1	BvsD
aprepitant 125 mg, 40 mg CAPSULE **MO**	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE **MO**	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC **MO**	3	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION **MO**	3	PA,QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET **MO**	3	BvsD
COMPAZINE 25 MG SUPPOSITORY **MO**	1	
compro 25 mg SUPPOSITORY **MO**	1	
DICLEGIS 10-10 MG TABLET, DR/EC **MO**	3	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION **MO**	1	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC **MO**	1	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE **MO**	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK **MO**	3	BvsD

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFLUCAN 100 MG, 200 MG TABLET MO	3	PA
DIFLUCAN 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA
econazole nitrate 1 % CREAM MO	1	PA,QL(85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG RECON SOLUTION DL	4	
ERTACZO 2 % CREAM DL	4	QL(60 per 30 days)
EXELDERM 1 % CREAM	4	ST
EXELDERM 1 % SOLUTION	4	ST,QL(60 per 30 days)
EXTINA 2 % FOAM MO	3	QL(100 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	1	
fluconazole 150 mg TABLET MO	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	1	
flucytosine 250 mg, 500 mg CAPSULE DL	4	
FULVICIN P/G 165 MG TABLET DL	4	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	1	
griseofulvin microsize 500 mg TABLET MO	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	1	
griseofulvin ultramicrosize 165 mg TABLET DL	4	
gynazole-1 2 % CREAM MO	1	
itraconazole 10 mg/ml SOLUTION DL	4	
itraconazole 100 mg CAPSULE MO	1	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR DL	4	PA,QL(4 per 28 days)
ketoconazole 2 % CREAM MO	1	QL(60 per 30 days)
ketoconazole 2 % FOAM MO	1	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO MO	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	1	PA
ketodan 2 % FOAM MO	1	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER MO	1	PA
LOPROX (AS OLAMINE) 0.77 % CREAM MO	3	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION MO	3	PA,QL(60 per 30 days)
luliconazole 1 % CREAM MO	1	ST,QL(60 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUZU 1 % CREAM **MO**	3	ST,QL(60 per 28 days)
micafungin 100 mg, 50 mg RECON SOLUTION **MO**	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK **DL**	4	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK **DL**	4	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT **MO**	1	
miconazole-3 200 mg SUPPOSITORY **MO**	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION **DL**	4	
naftifine 1 % CREAM **MO**	1	ST,QL(90 per 30 days)
naftifine 2 % CREAM **MO**	1	ST,QL(120 per 30 days)
naftifine 2 % GEL **MO**	1	ST,QL(120 per 30 days)
NAFTIN 1 % GEL **MO**	3	ST,QL(90 per 30 days)
NAFTIN 2 % GEL **MO**	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC **DL**	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION **DL**	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON **DL**	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION **DL**	4	PA
nyamyc 100,000 unit/gram POWDER **MO**	1	PA
nystatin 100,000 unit/gram CREAM **MO**	1	
nystatin 100,000 unit/gram OINTMENT **MO**	1	
nystatin 100,000 unit/gram POWDER **MO**	1	PA
nystatin 100,000 unit/ml SUSPENSION **MO**	1	
nystatin 500,000 unit TABLET **MO**	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM **MO**	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT **MO**	1	
nystop 100,000 unit/gram POWDER **MO**	1	PA
oxiconazole 1 % CREAM **MO**	1	PA,QL(60 per 30 days)
OXISTAT 1 % LOTION **MO**	3	PA
posaconazole 100 mg TABLET, DR/EC **DL**	4	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION **DL**	4	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION **DL**	4	PA
REZZAYO 200 MG RECON SOLUTION **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPORANOX 10 MG/ML SOLUTION DL	4	
SPORANOX 100 MG CAPSULE MO	3	PA,QL(120 per 30 days)
tavaborole 5 % SOLUTION W/APPLICATOR MO	1	PA,QL(10 per 30 days)
terbinafine hcl 250 mg TABLET MO	1	
terconazole 0.4 %, 0.8 % CREAM MO	1	
terconazole 80 mg SUPPOSITORY MO	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION DL	4	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET MO	3	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION MO	3	PA
VIVJOA 150 MG CAPSULE MO	3	PA
voriconazole 200 mg RECON SOLUTION MO	1	PA
voriconazole 200 mg, 50 mg TABLET MO	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION MO	1	PA
VUSION 0.25-15-81.35 % OINTMENT MO	3	
XOLEGEL 2 % GEL MO	3	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	1	
allopurinol 200 mg TABLET MO	3	
allopurinol sodium 500 mg RECON SOLUTION MO	1	
ALOPRIM 500 MG RECON SOLUTION MO	3	
colchicine 0.6 mg CAPSULE MO	1	PA
colchicine 0.6 mg TABLET MO	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	PA,QL(120 per 30 days)
DUZALLO 200-200 MG, 200-300 MG TABLET MO	3	PA,QL(30 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION MO	3	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	3	PA
probenecid 500 mg TABLET MO	1	
probenecid-colchicine 500-0.5 mg TABLET MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULORIC 40 MG, 80 MG TABLET MO	3	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET MO	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR MO	3	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE MO	3	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET MO	1	ST,QL(9 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION DL	4	PA
eletriptan 20 mg, 40 mg TABLET MO	1	ST,QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	3	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET MO	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET DL	4	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET MO	1	ST,QL(12 per 30 days)
IMITREX 100 MG TABLET DL	4	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(12 per 30 days)
IMITREX 25 MG, 50 MG TABLET MO	3	PA,QL(9 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE DL	4	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET MO	3	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING MO	3	PA,QL(12 per 30 days)
migergot 2-100 mg SUPPOSITORY DL	4	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	4	QL(8 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	1	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING	4	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	3	PA,QL(30 per 30 days)
RELPAX 20 MG, 40 MG TABLET DL	4	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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REYVOW 100 MG TABLET **MO**	3	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET **MO**	3	PA,QL(4 per 30 days)
rizatriptan 10 mg, 5 mg TABLET **MO**	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL **MO**	1	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE **MO**	3	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR **MO**	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION **MO**	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE **MO**	1	QL(6 per 30 days)
sumatriptan-naproxen 85-500 mg TABLET **MO**	1	ST,QL(18 per 30 days)
SYMBRAVO 10-20 MG TABLET **DL**	4	ST,QL(9 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	ST,QL(12 per 30 days)
TREXIMET 85-500 MG TABLET **DL**	4	ST,QL(18 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
UBRELVY 100 MG, 50 MG TABLET **MO**	2	PA,QL(16 per 30 days)
VYEPTI 100 MG/ML SOLUTION **MO**	3	PA,QL(3 per 90 days)
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL **DL**	4	PA,QL(8 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR **DL**	4	ST,QL(6 per 30 days)
zolmitriptan 2.5 mg TABLET **MO**	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL **MO**	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET **MO**	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(6 per 30 days)
zomig 2.5 mg TABLET **MO**	3	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL **MO**	3	ST,QL(12 per 30 days)
zomig 5 mg TABLET **MO**	3	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET	4	PA
MESTINON 60 MG/5 ML SYRUP	4	
MESTINON TIMESPAN 180 MG TABLET ER	4	PA
pyridostigmine bromide 180 mg TABLET ER **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pyridostigmine bromide 30 mg, 60 mg TABLET **MO**	1	
pyridostigmine bromide 60 mg/5 ml SYRUP **MO**	1	
REGONOL 5 MG/ML SOLUTION **MO**	3	
VYVGART 20 MG/ML SOLUTION **DL**	4	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE **DL**	4	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION **DL**	4	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE **DL**	4	
dapsone 100 mg, 25 mg TABLET **MO**	1	
ethambutol 100 mg, 400 mg TABLET **MO**	1	
isoniazid 100 mg, 300 mg TABLET **MO**	1	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION **MO**	1	
MYAMBUTOL 400 MG TABLET **MO**	3	
MYCOBUTIN 150 MG CAPSULE **MO**	3	
PRETOMANID 200 MG TABLET **MO**	3	PA,QL(30 per 30 days)
PRIFTIN 150 MG TABLET **MO**	3	
pyrazinamide 500 mg TABLET **MO**	1	
rifabutin 150 mg CAPSULE **MO**	1	
RIFADIN 600 MG RECON SOLUTION **MO**	3	
rifampin 150 mg, 300 mg CAPSULE **MO**	1	
rifampin 600 mg RECON SOLUTION **MO**	1	
SIRTURO 100 MG, 20 MG TABLET **DL**	4	PA
TRECATOR 250 MG TABLET **MO**	3	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET **DL**	4	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET **DL**	4	PA,QL(60 per 30 days)
abirtega 250 mg TABLET **MO**	1	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION **DL**	4	PA
ADCETRIS 50 MG RECON SOLUTION **DL**	4	PA
ADRIAMYCIN 50 MG RECON SOLUTION **MO**	1	BvsD
adrucil 2.5 gram/50 ml SOLUTION **MO**	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **DL**	4	PA,QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION **DL**	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION **DL**	4	PA
ALIQOPA 60 MG RECON SOLUTION **DL**	4	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET **DL**	4	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION **DL**	4	PA
anastrozole 1 mg TABLET **MO**	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION **DL**	4	PA
ARIMIDEX 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ARRANON 250 MG/50 ML SOLUTION **DL**	4	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION **DL**	4	PA
ASPARLAS 750 UNIT/ML SOLUTION **DL**	4	PA
AUGTYRO 160 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION **DL**	4	PA
AVGEMSI 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML) SOLUTION **DL**	4	
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK **DL**	4	PA,QL(66 per 28 days)
AXTLE 100 MG, 500 MG RECON SOLUTION **DL**	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION **DL**	4	PA
BALVERSA 3 MG TABLET **DL**	4	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET **DL**	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION **DL**	4	PA
BELEODAQ 500 MG RECON SOLUTION **DL**	4	PA
bendamustine 100 mg, 25 mg RECON SOLUTION **DL**	4	PA
bendamustine 25 mg/ml SOLUTION **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENDEKA 25 MG/ML SOLUTION **DL**	4	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION **DL**	4	PA
bexarotene 1 % GEL **DL**	4	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE **DL**	4	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET **MO**	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION **MO**	3	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION **DL**	4	PA,QL(75 per 28 days)
bleomycin 15 unit, 30 unit RECON SOLUTION **MO**	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION **DL**	4	PA
bortezomib 3.5 mg RECON SOLUTION **DL**	4	PA
BORUZU 2.5 MG/ML SOLUTION **DL**	4	PA
BOSULIF 100 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET **DL**	4	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET **DL**	4	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE **DL**	4	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET **DL**	4	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
busulfan 60 mg/10 ml SOLUTION **MO**	1	
BUSULFEX 60 MG/10 ML SOLUTION **MO**	3	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET **DL**	4	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET **DL**	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION **DL**	4	
CAPRELSA 100 MG TABLET **DL,LA**	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET **DL,LA**	4	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION **MO**	1	
carmustine 100 mg RECON SOLUTION **MO**	1	
CASODEX 50 MG TABLET **DL**	4	QL(30 per 30 days)
cisplatin 1 mg/ml SOLUTION **MO**	1	
cladribine 10 mg/10 ml SOLUTION **DL**	4	BvsD
clofarabine 1 mg/ml SOLUTION **DL**	4	
CLOLAR 1 MG/ML SOLUTION **DL**	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLUMVI 1 MG/ML SOLUTION **DL**	4	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE **DL**	4	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE **DL**	4	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE **DL**	4	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE **DL**	4	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION **DL**	4	
COTELLIC 20 MG TABLET **DL**	4	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION **MO**	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION **MO**	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION **MO**	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE **MO**	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET **MO**	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION **DL**	4	BvsD
CYRAMZA 10 MG/ML SOLUTION **DL**	4	PA
cytarabine 20 mg/ml SOLUTION **MO**	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION **MO**	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION **MO**	1	
dactinomycin 0.5 mg RECON SOLUTION **DL**	4	
DANYELZA 4 MG/ML SOLUTION **DL**	4	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET **DL**	4	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION **DL**	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION **DL**	4	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET **DL**	4	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET **DL**	4	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET **DL**	4	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION **DL**	4	PA
daunorubicin 5 mg/ml SOLUTION **MO**	1	
DAURISMO 100 MG TABLET **DL**	4	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET **DL**	4	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION **DL**	4	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION **MO**	1	
DOCIVYX 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) SOLUTION **DL**	4	
DOXIL 2 MG/ML SUSPENSION **DL**	4	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION **MO**	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION **MO**	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION **DL**	4	PA
ELAHERE 5 MG/ML SOLUTION **DL**	4	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION **DL**	4	PA
ELLENCE 200 MG/100 ML, 50 MG/25 ML SOLUTION **DL**	4	
ELREXFIO 40 MG/ML SOLUTION **DL**	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION **DL**	4	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE **DL**	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION **DL**	4	PA
EMRELIS 100 MG, 20 MG RECON SOLUTION **DL**	4	PA
ENHERTU 100 MG RECON SOLUTION **DL**	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION **MO**	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION **DL**	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION **DL**	4	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION **DL**	4	
ERIVEDGE 150 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET **DL**	4	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET **DL**	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET **DL**	4	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION **MO**	3	
etoposide 20 mg/ml SOLUTION **MO**	1	
EULEXIN 125 MG CAPSULE **DL**	4	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **DL**	4	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EVOMELA 50 MG RECON SOLUTION **DL**	4	
exemestane 25 mg TABLET **MO**	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET **DL**	4	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
floxuridine 0.5 gram RECON SOLUTION **MO**	1	BvsD
fludarabine 50 mg RECON SOLUTION **MO**	1	
fludarabine 50 mg/2 ml SOLUTION **DL**	4	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION **MO**	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION **DL**	4	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
FRINDOVYX 500 MG/ML SOLUTION **DL**	4	BvsD
FRUZAQLA 1 MG CAPSULE **DL**	4	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE **MO**	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION **DL**	4	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION **DL**	4	PA
GAVRETO 100 MG CAPSULE **DL,LA**	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION **DL**	4	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET **DL**	4	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION **MO**	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 **MO**	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL,LA**	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET **DL**	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET **DL**	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE **MO**	3	PA
GLEOSTINE 100 MG CAPSULE **DL**	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GOMEKLI 1 MG, 2 MG CAPSULE **DL**	4	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION **DL**	4	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION **DL**	4	
HERCEPTIN 150 MG RECON SOLUTION **DL**	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION **DL**	4	PA,QL(5 per 21 days)
HERNEXEOS 60 MG TABLET **DL**	4	PA,QL(180 per 30 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION **DL**	4	PA
HYCAMTIN 4 MG RECON SOLUTION **DL**	4	
HYDREA 500 MG CAPSULE **MO**	3	
hydroxyurea 500 mg CAPSULE **MO**	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL**	4	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET **DL**	4	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET **DL**	4	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION **DL**	4	
idarubicin 1 mg/ml SOLUTION **DL**	4	
IDHIFA 100 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION **MO**	3	
ifosfamide 1 gram, 3 gram RECON SOLUTION **MO**	1	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION **MO**	1	
imatinib 100 mg TABLET **DL**	4	PA,QL(90 per 30 days)
imatinib 400 mg TABLET **DL**	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET **DL**	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION **DL**	4	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION **DL**	4	PA
IMFINZI 50 MG/ML SOLUTION **DL**	4	PA
IMJUDO 20 MG/ML SOLUTION **DL**	4	PA
IMKELDI 80 MG/ML SOLUTION **DL**	4	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION **DL**	4	PA,QL(4 per 365 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	4	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK DL	4	
INLYTA 1 MG TABLET DL	4	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	4	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET DL	4	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	4	PA
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION MO	1	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	4	PA
ITOVEBI 3 MG TABLET DL	4	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	4	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION DL	4	
IWILFIN 192 MG TABLET DL	4	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	4	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	4	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	4	PA
JOBEVNE 25 MG/ML SOLUTION DL	4	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	4	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	4	PA
KEYTRUDA 25 MG/ML SOLUTION DL	4	PA
KHAPZORY 175 MG RECON SOLUTION DL	4	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	4	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	4	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	4	PA,QL(49 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PADCEV 20 MG RECON SOLUTION DL	4	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	4	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	4	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	4	PA,QL(120 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION DL	4	PA
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	4	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION DL	4	PA
pemetrexed 25 mg/ml SOLUTION DL	4	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION DL	4	PA
pemetrexed disodium 25 mg/ml SOLUTION DL	4	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION DL	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION DL	4	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	4	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	4	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	4	PA
PURIXAN 20 MG/ML SUSPENSION DL	4	
QINLOCK 50 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	4	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REZLIDHIA 150 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION **DL**	4	PA
RITUXAN 10 MG/ML CONCENTRATE **DL**	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION **DL**	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION **DL**	4	PA,QL(13.4 per 28 days)
romidepsin 10 mg/2 ml RECON SOLUTION **DL**	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION **DL**	4	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE **DL**	4	PA
ROZLYTREK 100 MG CAPSULE **DL**	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET **DL**	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET **DL**	4	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION **DL**	4	PA
RYBREVANT 50 MG/ML SOLUTION **DL**	4	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE **DL**	4	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION **DL**	4	PA
RYTELO 188 MG, 47 MG RECON SOLUTION **DL**	4	PA
SARCLISA 20 MG/ML SOLUTION **DL**	4	PA
SCEMBLIX 100 MG TABLET **DL**	4	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET **DL**	4	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION **DL**	4	
sorafenib 200 mg TABLET **DL**	4	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET **DL**	4	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET **DL**	4	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET **DL**	4	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE **DL**	4	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION **DL**	4	PA
TABLOID 40 MG TABLET **MO**	3	
TABRECTA 150 MG, 200 MG TABLET **DL**	4	PA,QL(112 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAFINLAR 10 MG TABLET FOR SUSPENSION **DL**	4	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION **DL**	4	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET **MO**	1	
TARCEVA 100 MG, 150 MG TABLET **DL**	4	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET **DL**	4	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL **DL**	4	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE **DL**	4	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET **DL**	4	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION **DL**	4	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION **DL**	4	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION **DL**	4	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION **DL**	4	PA
TEMODAR 100 MG RECON SOLUTION **DL**	4	PA,QL(27 per 30 days)
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION **DL**	4	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION **DL**	4	
TEPADINA 200 MG SOLUTION **DL**	4	
TEPMETKO 225 MG TABLET **DL**	4	PA,QL(60 per 30 days)
TEPYLUTE 10 MG/ML SOLUTION **DL**	4	
TEVIMBRA 10 MG/ML SOLUTION **DL**	4	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION **DL**	4	
thiotepa 15 mg RECON SOLUTION **MO**	1	
TIBSOVO 250 MG TABLET **DL**	4	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION **DL**	4	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION **MO**	1	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION **MO**	1	
VITRAKVI 100 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION **DL**	4	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET **DL**	4	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET **DL**	4	PA,QL(120 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION **DL**	4	PA
VYXEOS 44-100 MG RECON SOLUTION **DL**	4	PA
XALKORI 150 MG PELLET **DL**	4	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET **DL**	4	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET **DL**	4	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET **DL**	4	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET **DL**	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET **DL**	4	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET **DL**	4	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET **DL**	4	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET **DL**	4	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET **DL**	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION **DL**	4	PA
YONDELIS 1 MG RECON SOLUTION **DL**	4	PA
YONSA 125 MG TABLET **DL**	4	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION **DL**	4	PA
ZANOSAR 1 GRAM RECON SOLUTION **MO**	3	
ZEJULA 100 MG, 200 MG, 300 MG TABLET **DL**	4	PA,QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitazoxanide 500 mg TABLET **DL**	4	
PENTAM 300 MG RECON SOLUTION **MO**	3	
pentamidine 300 mg RECON SOLUTION **MO**	1	BvsD
pentamidine 300 mg RECON SOLUTION **MO**	1	
PLAQUENIL 200 MG TABLET **MO**	3	PA
praziquantel 600 mg TABLET **MO**	1	
primaquine 26.3 mg (15 mg base) TABLET **MO**	1	
pyrimethamine 25 mg TABLET **DL**	4	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE **MO**	1	PA,QL(42 per 7 days)
SOVUNA 200 MG, 300 MG TABLET **MO**	3	
STROMECTOL 3 MG TABLET **MO**	3	PA
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE **MO**	1	
amantadine hcl 100 mg TABLET **MO**	1	
amantadine hcl 50 mg/5 ml SOLUTION **MO**	1	
APOKYN 10 MG/ML CARTRIDGE **DL**	4	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE **DL**	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
benztropine 1 mg/ml SOLUTION **MO**	1	
bromocriptine 2.5 mg TABLET **MO**	1	
bromocriptine 5 mg CAPSULE **MO**	1	QL(600 per 30 days)
carbidopa 25 mg TABLET **MO**	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING **MO**	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET **MO**	1	
carbidopa-levodopa 25-100 mg TABLET **MO**	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER **MO**	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 **MO**	1	
COMTAN 200 MG TABLET **MO**	3	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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC **MO**	3	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET **MO**	3	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION **DL**	4	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET **MO**	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR.	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR.	4	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE **DL**	4	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE **DL**	4	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET **DL**	4	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. **MO**	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ONAPGO 4.9 MG/ ML CARTRIDGE **DL**	4	PA,QL(600 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	PA,QL(60 per 30 days)
PARLODEL 2.5 MG TABLET **MO**	3	PA
PARLODEL 5 MG CAPSULE **MO**	3	PA,QL(600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET **MO**	1	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET **MO**	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET **MO**	1	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. **MO**	1	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER **MO**	3	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER **MO**	3	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER **MO**	3	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE **MO**	1	
selegiline hcl 5 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SINEMET 10-100 MG, 25-100 MG TABLET **MO**	3	PA
STALEVO 100 25-100-200 MG TABLET **DL**	4	PA
STALEVO 125 31.25-125-200 MG TABLET **DL**	4	PA
STALEVO 150 37.5-150-200 MG TABLET **DL**	4	PA
STALEVO 200 50-200-200 MG TABLET **DL**	4	PA
STALEVO 50 12.5-50-200 MG TABLET **DL**	4	PA
STALEVO 75 18.75-75-200 MG TABLET **DL**	4	PA
TASMAR 100 MG TABLET **DL**	4	PA
tolcapone 100 mg TABLET **DL**	4	PA
trihexyphenidyl 0.4 mg/ml ELIXIR **MO**	1	
trihexyphenidyl 2 mg, 5 mg TABLET **MO**	1	
VYALEV 12-240 MG/ML SOLUTION **DL**	4	PA
XADAGO 100 MG, 50 MG TABLET	4	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING **DL**	4	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET **MO**	3	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP **DL**	4	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP **DL**	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG TABLET W/SENSOR AND STRIP, POD **DL**	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD **DL**	4	PA,QL(30 per 30 days)
aripiprazole 1 mg/ml SOLUTION **MO**	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING **MO**	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET **MO**	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE	4	QL(1.6 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET **MO**	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
CAPLYTA 42 MG CAPSULE	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET **MO**	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET **MO**	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE **MO**	1	
chlorpromazine 25 mg/ml SOLUTION **MO**	1	
clozapine 100 mg TABLET **MO**	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING **MO**	1	PA
clozapine 150 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET **MO**	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET **MO**	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING **MO**	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET **MO**	1	
CLOZARIL 100 MG TABLET **DL**	4	QL(270 per 30 days)
CLOZARIL 200 MG TABLET **DL**	4	QL(135 per 30 days)
CLOZARIL 25 MG TABLET **DL**	4	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET **DL**	4	
droperidol 2.5 mg/ml SOLUTION **MO**	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK **MO**	3	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION **MO**	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
molindone 5 mg TABLET **MO**	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET **DL**	4	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION **MO**	1	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET **MO**	1	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING **MO**	1	QL(60 per 30 days)
OPIPZA 10 MG FILM **DL**	4	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM **DL**	4	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM **DL**	4	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET **MO**	1	
quetiapine 100 mg TABLET **MO**	1	QL(90 per 30 days)
quetiapine 150 mg TABLET **MO**	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. **MO**	1	QL(90 per 30 days)
quetiapine 200 mg TABLET **MO**	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET **MO**	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET **MO**	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL**	4	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET **MO**	3	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG TABLET **MO**	3	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION **DL**	4	
RISPERDAL 3 MG, 4 MG TABLET **DL**	4	QL(60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO**	3	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON **DL**	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET **MO**	1	QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET **MO**	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING **MO**	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION **MO**	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET **DL**	4	PA,QL(60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. **DL**	4	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET **MO**	3	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET **MO**	3	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET **MO**	3	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. **MO**	3	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. **MO**	3	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK **MO**	3	PA,QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET **MO**	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET **MO**	1	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	4	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	4	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	4	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION **DL**	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE **MO**	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION **MO**	1	
ZYPREXA 10 MG RECON SOLUTION **MO**	3	
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO**	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION	4	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING	4	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING	4	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG TABLET, DISINTEGRATING **MO**	3	QL(30 per 30 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET **MO**	1	
baclofen 10 mg/5 ml (2 mg/ml), 5 mg/5 ml SOLUTION **DL**	4	
baclofen 15 mg, 20 mg TABLET **MO**	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION **DL**	4	QL(480 per 30 days)
baclofen 5 mg TABLET **MO**	1	QL(90 per 30 days)
DANTRIUM 20 MG RECON SOLUTION **MO**	3	
DANTRIUM 25 MG CAPSULE **MO**	3	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	
dantrolene 20 mg RECON SOLUTION **MO**	1	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION **DL**	4	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET **MO**	3	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET **MO**	3	ST,QL(270 per 30 days)
OZOBAX 5 MG/5 ML SOLUTION **DL**	4	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION **DL**	4	
revonto 20 mg RECON SOLUTION **MO**	1	
tizanidine 2 mg, 4 mg TABLET **MO**	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE **MO**	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE **MO**	3	ST
ZANAFLEX 4 MG TABLET **MO**	3	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION **MO**	1	QL(960 per 30 days)
abacavir 300 mg TABLET **MO**	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET **MO**	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE **MO**	1	
acyclovir 200 mg/5 ml (5 ml) SUSPENSION **DL**	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir 200 mg/5 ml SUSPENSION **MO**	1	
acyclovir 400 mg, 800 mg TABLET **MO**	1	
acyclovir 5 % CREAM **MO**	3	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT **MO**	1	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION **MO**	1	BvsD
adefovir 10 mg TABLET **MO**	1	
APTIVUS 250 MG CAPSULE **DL**	4	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE **MO**	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE **MO**	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET **DL**	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION **DL**	4	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET **DL**	4	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER **DL**	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION **DL**	4	
CIMDUO 300-300 MG TABLET **DL**	4	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET **DL**	4	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET **DL**	4	QL(30 per 30 days)
darunavir 600 mg TABLET **DL**	4	QL(60 per 30 days)
darunavir 800 mg TABLET **DL**	4	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
DENAVIR 1 % CREAM **MO**	3	PA
DESCOVY 120-15 MG, 200-25 MG TABLET **DL**	4	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC **MO**	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET **DL**	4	QL(30 per 30 days)
EDURANT 25 MG TABLET **DL**	4	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION **DL**	4	QL(180 per 30 days)
efavirenz 200 mg CAPSULE **MO**	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE **MO**	1	QL(480 per 30 days)
efavirenz 600 mg TABLET **MO**	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET **MO**	1	QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET **DL**	4	QL(30 per 30 days)
emtricita-rilpivirine-tenof df 200-25-300 mg TABLET **DL**	4	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE **MO**	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET **MO**	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION **MO**	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE **MO**	3	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET **MO**	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET **DL**	4	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET **DL**	4	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION **MO**	3	QL(900 per 30 days)
EPIVIR 150 MG TABLET **MO**	3	QL(60 per 30 days)
EPIVIR 300 MG TABLET **MO**	3	QL(30 per 30 days)
EPZICOM 600-300 MG TABLET **DL**	4	QL(30 per 30 days)
etravirine 100 mg TABLET **DL**	4	QL(120 per 30 days)
etravirine 200 mg TABLET **DL**	4	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET **DL**	4	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET **MO**	1	QL(90 per 30 days)
FLUMADINE 100 MG TABLET **MO**	3	
fosamprenavir 700 mg TABLET **DL**	4	QL(120 per 30 days)
foscarnet 24 mg/ml SOLUTION **MO**	1	BvsD
FUZEON 90 MG RECON SOLUTION **DL**	4	QL(60 per 30 days)
ganciclovir sodium 50 mg/ml SOLUTION **MO**	1	BvsD
ganciclovir sodium 500 mg RECON SOLUTION **MO**	1	BvsD
GENVOYA 150-150-200-10 MG TABLET **DL**	4	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET **DL**	4	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET **DL**	4	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET **DL**	4	
INTELENCE 100 MG TABLET **DL**	4	QL(120 per 30 days)
INTELENCE 200 MG TABLET **DL**	4	QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTELENCE 25 MG TABLET **MO**	3	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET **DL**	4	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET **MO**	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET **MO**	2	QL(180 per 30 days)
ISENTRESS 400 MG TABLET **DL**	4	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET **DL**	4	QL(60 per 30 days)
JULUCA 50-25 MG TABLET **DL**	4	QL(30 per 30 days)
KALETRA 100-25 MG TABLET **MO**	3	QL(300 per 30 days)
KALETRA 200-50 MG TABLET **MO**	3	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION **DL**	4	
lamivudine 10 mg/ml SOLUTION **MO**	1	QL(900 per 30 days)
lamivudine 100 mg TABLET **MO**	1	QL(90 per 30 days)
lamivudine 150 mg TABLET **MO**	1	QL(60 per 30 days)
lamivudine 300 mg TABLET **MO**	1	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET **MO**	1	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET **DL**	4	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION **MO**	3	QL(1575 per 28 days)
LEXIVA 700 MG TABLET **DL**	4	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET **DL**	4	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET **MO**	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET **MO**	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION **MO**	1	
maraviroc 150 mg TABLET **DL**	4	QL(240 per 30 days)
maraviroc 300 mg TABLET **DL**	4	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET **DL**	4	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET **DL**	4	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
nevirapine 200 mg TABLET **MO**	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION **MO**	1	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE **MO**	3	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET **MO**	3	QL(360 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORVIR 100 MG TABLET **MO**	3	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET **DL**	4	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE **MO**	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE **MO**	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	QL(1440 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK **MO**	2	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK **MO**	2	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **MO**	2	QL(60 per 10 days)
penciclovir 1 % CREAM **MO**	1	PA
PIFELTRO 100 MG TABLET **DL**	4	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET **DL**	4	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET **DL**	4	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION **DL**	4	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET **DL**	4	PA
PREVYMIS 480 MG/24 ML SOLUTION **DL**	4	PA,QL(672 per 28 days)
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET **DL**	4	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION **DL**	4	QL(360 per 30 days)
PREZISTA 150 MG TABLET **DL**	4	QL(240 per 30 days)
PREZISTA 600 MG TABLET **DL**	4	QL(60 per 30 days)
PREZISTA 75 MG TABLET **MO**	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET **DL**	4	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE **MO**	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION **MO**	3	
RETROVIR 10 MG/ML SYRUP **MO**	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE **MO**	3	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE **DL**	4	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE **DL**	4	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET **MO**	3	
ribavirin 200 mg CAPSULE **MO**	1	
ribavirin 200 mg TABLET **MO**	1	
rimantadine 100 mg TABLET **MO**	1	
ritonavir 100 mg TABLET **MO**	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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUKOBIA 600 MG TABLET, ER 12 HR. **DL**	4	QL(60 per 30 days)
SELZENTRY 150 MG TABLET **DL**	4	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION **DL**	4	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET **MO**	3	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET **DL**	4	QL(120 per 30 days)
SOVALDI 150 MG PELLETS IN PACKET **DL**	4	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET **DL**	4	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET **DL**	4	PA,QL(28 per 28 days)
stavudine 15 mg, 20 mg CAPSULE **MO**	1	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET **DL**	4	QL(30 per 30 days)
SUNLENCA 300 MG TABLET **DL**	4	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	4	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET **DL**	4	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET **DL**	4	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE **MO**	3	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE **MO**	3	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	PA,QL(1440 per 365 days)
tenofovir disoproxil fumarate 300 mg TABLET **MO**	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET **MO**	3	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET **DL**	4	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION **DL**	4	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET **DL**	4	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION **MO**	3	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET **DL**	4	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION **DL**	4	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET **DL**	4	QL(30 per 30 days)
TYBOST 150 MG TABLET **MO**	2	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET **MO**	1	
VALCYTE 450 MG TABLET **DL**	4	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION **DL**	4	PA,QL(1056 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valganciclovir 450 mg TABLET **MO**	1	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION **DL**	4	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET **MO**	3	PA
VEMLIDY 25 MG TABLET **DL**	4	QL(30 per 30 days)
VIRACEPT 250 MG TABLET **DL**	4	QL(300 per 30 days)
VIRACEPT 625 MG TABLET **DL**	4	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET **DL**	4	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER **DL**	4	QL(240 per 30 days)
VOCABRIA 30 MG TABLET **DL**	4	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET **DL**	4	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM **DL**	4	QL(5 per 30 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET **MO**	3	
ZEPATIER 50-100 MG TABLET **DL**	4	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION **MO**	3	QL(960 per 30 days)
ZIAGEN 300 MG TABLET **MO**	3	QL(60 per 30 days)
zidovudine 10 mg/ml SYRUP **MO**	1	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE **MO**	1	QL(180 per 30 days)
zidovudine 300 mg TABLET **MO**	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL **MO**	3	QL(5 per 30 days)
ZOVIRAX 200 MG/5 ML SUSPENSION **MO**	3	PA
ZOVIRAX 5 % CREAM **MO**	3	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT **MO**	3	PA,QL(30 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET **DL**	1	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING **DL**	1	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. **DL**	1	QL(60 per 30 days)
alprazolam 2 mg TABLET **DL**	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE **DL**	1	
ATIVAN 0.5 MG, 1 MG TABLET **DL**	4	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET **DL**	4	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION **DL**	3	PA
BUCAPSOL 10 MG, 15 MG, 7.5 MG CAPSULE **DL**	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buspirone 10 mg, 5 mg TABLET **MO**	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET **MO**	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE **DL**	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING **DL**	1	
clonazepam 0.5 mg, 1 mg TABLET **DL**	1	
clonazepam 2 mg TABLET **DL**	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET **DL**	1	
diazepam 10 mg TABLET **DL**	1	QL(120 per 30 days)
diazepam 2 mg TABLET **DL**	1	QL(90 per 30 days)
diazepam 5 mg TABLET **DL**	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION **DL**	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE **DL**	1	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION **DL**	1	
diazepam 5 mg/ml SYRINGE **DL**	1	
diazepam intensol 5 mg/ml CONCENTRATE **DL**	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	1	
doxepin 10 mg/ml CONCENTRATE **MO**	1	
hydroxyzine hcl 10 mg, 50 mg TABLET **MO**	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION **MO**	1	
hydroxyzine hcl 25 mg TABLET **MO**	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET **DL**	3	PA
lorazepam 0.5 mg, 1 mg TABLET **DL**	1	QL(90 per 30 days)
lorazepam 2 mg TABLET **DL**	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE **DL**	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION **DL**	1	
lorazepam intensol 2 mg/ml CONCENTRATE **DL**	1	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET **MO**	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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxazepam 10 mg, 15 mg, 30 mg CAPSULE **DL**	1	
VALIUM 10 MG TABLET **DL**	3	PA,QL(120 per 30 days)
VALIUM 2 MG, 5 MG TABLET **DL**	3	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET **DL**	3	PA,QL(120 per 30 days)
XANAX 2 MG TABLET **DL**	3	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. **DL**	3	PA,QL(60 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE **MO**	1	
lithium carbonate 300 mg TABLET **MO**	1	
lithium carbonate 300 mg, 450 mg TABLET ER **MO**	1	
lithium citrate 8 meq/5 ml SOLUTION **MO**	1	
LITHOBID 300 MG TABLET ER **MO**	3	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **MO**	1	
ACTOPLUS MET 15-850 MG TABLET **MO**	3	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,MO**	3	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER **CI**	4	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER **CI**	4	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER **CI,MO**	3	PA,QL(90 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	3	ST
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	2	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR **CI,MO**	3	PA
BRYNOVIN 25 MG/ML SOLUTION **MO**	3	PA,QL(120 per 30 days)
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR **MO**	3	PA,QL(3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML PEN INJECTOR **MO**	3	PA,QL(2.4 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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR **MO**	2	PA,QL(3 per 28 days)
pioglitazone 15 mg, 45 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET **MO**	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET **MO**	1	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
PROGLYCEM 50 MG/ML SUSPENSION **DL**	4	PA
QTERN 10-5 MG, 5-5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
RIOMET 500 MG/5 ML SOLUTION **MO**	3	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO**	2	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET **MO**	3	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION **CI,MO**	3	PA
sitagliptin 100 mg, 25 mg, 50 mg TABLET **MO**	3	PA,QL(30 per 30 days)
sitagliptin-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	PA,QL(30 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET **MO**	3	PA,QL(60 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	1	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN **CI,MO**	2	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
STEGLUJAN 15-100 MG, 5-100 MG TABLET **MO**	3	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR	4	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR	4	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET **MO**	2	QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	2	
TRADJENTA 5 MG TABLET MO	2	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN CI,MO	3	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	2	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	2	
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET MO	3	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(30 per 30 days)
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(60 per 30 days)
ZITUVIO 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT DL	4	PA
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE MO	3	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION MO	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AGRYLIN 0.5 MG CAPSULE **MO**	3	PA
ALVAIZ 18 MG, 9 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET **DL**	4	PA,QL(60 per 30 days)
aminocaproic acid 1,000 mg TABLET **DL**	4	
aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION **MO**	1	
aminocaproic acid 500 mg TABLET **MO**	1	
anagrelide 0.5 mg, 1 mg CAPSULE **MO**	1	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE **MO**	3	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION **DL**	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE **DL**	4	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE **DL**	4	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE **MO**	3	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION **MO**	3	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE **DL**	4	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE **DL**	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE **MO**	3	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE **DL**	4	PA,QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE **DL**	4	PA,QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE **DL**	4	PA,QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE **DL**	4	PA,QL(18 per 30 days)
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	1	ST,QL(60 per 30 days)
bivalirudin 250 mg/50 ml (5 mg/ml) SOLUTION **MO**	3	
BRILINTA 60 MG, 90 MG TABLET **MO**	2	QL(60 per 30 days)
CABLIVI 11 MG KIT **DL**	4	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET **MO**	1	
clopidogrel 300 mg TABLET **MO**	1	
clopidogrel 75 mg TABLET **MO**	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION **DL**	4	PA
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE **MO**	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOPTELET (10 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET **MO**	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET **MO**	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK **MO**	2	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE **MO**	1	
enoxaparin 300 mg/3 ml SOLUTION **MO**	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION **MO**	3	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION **MO**	1	
fondaparinux 10 mg/0.8 ml SYRINGE **DL**	4	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE **DL**	4	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE **DL**	4	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE **DL**	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE **DL**	4	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE **DL**	4	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE **DL**	4	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE **DL**	4	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE **DL**	4	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION **DL**	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION **DL**	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE **DL**	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SOLUTION **DL**	4	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE **DL**	4	PA,QL(11.2 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.

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION **DL**	4	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO**	3	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET **DL**	4	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET **DL**	4	PA,QL(60 per 30 days)
prasugrel hcl 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION **MO**	3	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION **DL**	4	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET **DL**	4	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET **DL**	4	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET **DL**	4	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION **DL**	4	PA
RELEUKO 300 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML SOLUTION **DL**	4	PA,QL(14 per 30 days)
RELEUKO 480 MCG/0.8 ML SYRINGE **DL**	4	PA,QL(11.2 per 30 days)
RELEUKO 480 MCG/1.6 ML SOLUTION **DL**	4	PA,QL(22.4 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	3	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION **DL**	4	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION **MO**	3	
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	1	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET **MO**	1	QL(60 per 30 days)
ROLVEDON 13.2 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
RYZNEUTA 20 MG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET **MO**	3	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET **MO**	1	QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION **MO**	1	
tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION **MO**	1	PA
tranexamic acid 650 mg TABLET **MO**	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET **MO**	1	
warfarin 5 mg TABLET **MO**	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	2	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET **MO**	2	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET **MO**	2	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO**	2	QL(51 per 30 days)
XOLREMDI 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE **DL**	4	PA,QL(11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SYRINGE **DL**	4	PA,QL(1.2 per 28 days)
CARDIOVASCULAR AGENTS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
acebutolol 200 mg, 400 mg CAPSULE **MO**	1	
acetazolamide 125 mg, 250 mg TABLET **MO**	1	
acetazolamide 500 mg CAPSULE, ER **MO**	1	
acetazolamide sodium 500 mg RECON SOLUTION **MO**	1	
adenosine 3 mg/ml SOLUTION **MO**	1	
adenosine 3 mg/ml SYRINGE **MO**	1	
ADRENALIN IN 0.9 % SOD CHLOR 10 MG/250 ML (40 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 5 MG/250 ML (20 MCG/ML), 8 MG/250 ML (32 MCG/ML) SOLUTION **MO**	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
aliskiren 150 mg, 300 mg TABLET **MO**	1	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
amiloride 5 mg TABLET **MO**	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET **MO**	1	
amiodarone 100 mg, 400 mg TABLET **MO**	1	
amiodarone 150 mg/3 ml SYRINGE **MO**	1	
amiodarone 200 mg TABLET **MO**	1	
amiodarone 50 mg/ml SOLUTION **MO**	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE **MO**	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE **MO**	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET **MO**	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET **MO**	1	QL(30 per 30 days)
ARBLI 10 MG/ML SUSPENSION **DL**	4	ST,QL(300 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET **MO**	3	QL(60 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ATACAND 32 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
atenolol 100 mg TABLET **MO**	1	
atenolol 25 mg, 50 mg TABLET **MO**	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET **MO**	1	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION **MO**	3	ST,QL(600 per 30 days)
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET **MO**	1	
AVALIDE 150-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET **MO**	3	PA,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET **MO**	1	
BENICAR 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET **DL**	4	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET **DL**	4	PA
betaxolol 10 mg, 20 mg TABLET **MO**	1	
BIDIL 20-37.5 MG TABLET **MO**	3	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION **MO**	3	
bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET **MO**	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION **MO**	3	
BREVIBLOC IN NACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION **MO**	3	
bumetanide 0.25 mg/ml SOLUTION **MO**	1	
bumetanide 0.5 mg, 2 mg TABLET **MO**	1	
bumetanide 1 mg TABLET **MO**	1	
BYSTOLIC 10 MG TABLET **MO**	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET **MO**	3	PA,QL(30 per 30 days)
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET **MO**	1	QL(60 per 30 days)
candesartan 32 mg TABLET **MO**	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET **MO**	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET **MO**	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET **MO**	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET **MO**	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION **MO**	3	PA,QL(450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **MO**	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	1	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION **MO**	1	
chlorthalidone 25 mg TABLET **MO**	1	
chlorthalidone 50 mg TABLET **MO**	1	
cholestyramine (with sugar) 4 gram POWDER **MO**	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET **MO**	1	
cholestyramine light 4 gram POWDER **MO**	1	
cholestyramine light 4 gram POWDER IN PACKET **MO**	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION **MO**	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY **MO**	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET **MO**	1	
clonidine hcl 0.17 mg TABLET, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
clonidine hcl 0.2 mg, 0.3 mg TABLET **MO**	1	
colesevelam 3.75 gram POWDER IN PACKET **MO**	1	QL(30 per 30 days)
colesevelam 625 mg TABLET **MO**	1	QL(180 per 30 days)
COLESTID 1 GRAM TABLET **MO**	3	
COLESTID 5 GRAM GRANULES **MO**	3	QL(1000 per 30 days)
COLESTID 5 GRAM PACKET **MO**	3	
COLESTID FLAVORED 7.5 GRAM PACKET **MO**	3	
colestipol 1 gram TABLET **MO**	1	
colestipol 5 gram GRANULES **MO**	1	QL(1000 per 30 days)
colestipol 5 gram PACKET **MO**	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE ER MULTIPHASE 24 HR. **MO**	3	PA,QL(30 per 30 days)
CORGARD 20 MG, 40 MG TABLET **MO**	3	PA
CORLANOR 5 MG, 7.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION **MO**	3	PA,QL(560 per 28 days)
CORLOPAM 10 MG/ML SOLUTION **MO**	3	
CORVERT 0.1 MG/ML SOLUTION **MO**	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	PA
DEMSER 250 MG CAPSULE **DL**	4	
DIBENZYLINE 10 MG CAPSULE **DL**	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **MO**	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET **MO**	1	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION **MO**	1	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION **MO**	1	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. **MO**	1	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION **MO**	1	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET **MO**	3	PA,QL(60 per 30 days)
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE **MO**	1	
DIURIL 250 MG/5 ML SUSPENSION **MO**	3	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION **MO**	1	BvsD
dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION **MO**	1	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **MO**	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 **MO**	1	BvsD
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	1	
droxidopa 100 mg, 200 mg CAPSULE **MO**	1	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE **MO**	1	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE **MO**	3	
EDARBI 40 MG, 80 MG TABLET **MO**	3	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET **MO**	3	ST,QL(30 per 30 days)
EDECRIN 25 MG TABLET **DL**	4	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION **MO**	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET **MO**	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET **MO**	1	
enalaprilat 1.25 mg/ml SOLUTION **MO**	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO**	2	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO**	2	QL(240 per 30 days)
EPANED 1 MG/ML SOLUTION **DL**	4	
epineph bitart in 0.9% sod chl 16 mg/250 ml (64 mcg/ml) SOLUTION **MO**	3	
eplerenone 25 mg, 50 mg TABLET **MO**	1	PA
eprosartan 600 mg TABLET **MO**	1	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION **MO**	1	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION **MO**	1	
ethacrynate sodium 50 mg RECON SOLUTION **MO**	1	
ethacrynic acid 25 mg TABLET **MO**	1	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION **DL**	4	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET **MO**	3	PA,QL(30 per 30 days)
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE **MO**	3	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET **MO**	1	QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ezetimibe-rosuvastatin 10-5 mg TABLET **MO**	3	ST,QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET **MO**	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
fenofibrate 120 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE **MO**	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET **MO**	1	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE **MO**	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE **MO**	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE **MO**	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE **MO**	1	QL(60 per 30 days)
fenofibrate micronized 90 mg CAPSULE **MO**	3	QL(30 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET **MO**	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET **MO**	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET **MO**	2	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC **MO**	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET **MO**	3	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET **MO**	3	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET **MO**	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET **MO**	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION **MO**	3	ST,QL(150 per 30 days)
fluvastatin 20 mg, 40 mg CAPSULE **MO**	1	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET **MO**	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET **MO**	1	
FUROSCIX 80 MG/10 ML KIT **MO**	3	PA
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION **MO**	1	
furosemide 20 mg, 40 mg TABLET **MO**	1	
furosemide 80 mg TABLET **MO**	1	
gemfibrozil 600 mg TABLET **MO**	1	QL(60 per 30 days)
GONITRO 400 MCG POWDER IN PACKET **MO**	3	
guanfacine 1 mg, 2 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HEMANGEOL 4.28 MG/ML SOLUTION **MO**	3	
HEMICLOR 12.5 MG TABLET **MO**	3	
hydralazine 10 mg, 100 mg TABLET **MO**	1	
hydralazine 20 mg/ml SOLUTION **MO**	1	
hydralazine 25 mg, 50 mg TABLET **MO**	1	
hydrochlorothiazide 12.5 mg CAPSULE **MO**	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET **MO**	1	
hydrochlorothiazide 50 mg TABLET **MO**	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION **MO**	1	
IMMPHENTIV 0.1 MG/ML SOLUTION **MO**	3	
indapamide 1.25 mg, 2.5 mg TABLET **MO**	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. **DL**	4	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR.	4	
INPEFA 200 MG, 400 MG TABLET **MO**	3	PA,QL(30 per 30 days)
INSPRA 25 MG, 50 MG TABLET **MO**	3	PA
INZIRQO 10 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	
irbesartan 150 mg, 300 mg, 75 mg TABLET **MO**	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET **MO**	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET **DL**	4	
ISORDIL TITRADOSE 5 MG TABLET **DL**	4	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET **MO**	1	
isosorbide mononitrate 10 mg, 20 mg TABLET **MO**	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. **MO**	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. **MO**	1	
isosorbide-hydralazine 20-37.5 mg TABLET **MO**	1	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE **MO**	1	
ISUPREL 0.2 MG/ML SOLUTION **MO**	3	
ivabradine 5 mg, 7.5 mg TABLET **MO**	1	PA,QL(60 per 30 days)
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE **DL**	4	PA,QL(84 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION **MO**	3	ST,QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET **MO**	2	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET **MO**	2	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET **MO**	1	
labetalol 5 mg/ml SOLUTION **MO**	1	
LABETALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION **MO**	1	
LABETALOL IN NACL (ISO-OSMOT) 1 MG/ ML SOLUTION **MO**	1	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET **MO**	3	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION **MO**	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION **MO**	3	
LASIX 20 MG, 40 MG, 80 MG TABLET **MO**	3	
LEQVIO 284 MG/1.5 ML SYRINGE	4	PA,QL(4.5 per 365 days)
LESCOL XL 80 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION **MO**	3	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION **MO**	1	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION **MO**	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET **MO**	3	PA
LIPOFEN 150 MG CAPSULE **MO**	3	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE **MO**	3	QL(60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
lisinopril 30 mg TABLET **MO**	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET **MO**	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET **MO**	3	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
LOPID 600 MG TABLET **MO**	3	PA,QL(60 per 30 days)
LOPRESSOR 10 MG/ML SOLUTION **MO**	3	
LOPRESSOR 100 MG, 50 MG TABLET **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
losartan 100 mg, 25 mg, 50 mg TABLET **MO**	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET **MO**	3	
LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
LOTREL 10-20 MG, 5-10 MG, 5-20 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
LOTREL 10-40 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
LOVAZA 1 GRAM CAPSULE **MO**	3	PA,QL(120 per 30 days)
lovaza 1 gram CAPSULE **MO**	3	PA,QL(120 per 30 days)
mannitol 20 % 20 % PARENTERAL SOLUTION **MO**	1	
mannitol 25 % 25 % SOLUTION **MO**	1	
matzim la 180 mg, 240 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
MAXZIDE 75-50 MG TABLET **MO**	3	PA
MAXZIDE-25MG 37.5-25 MG TABLET **MO**	3	PA
methyldopa 250 mg, 500 mg TABLET **MO**	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET **MO**	1	
methyldopate 250 mg/5 ml SOLUTION **MO**	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. **MO**	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET **MO**	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET **MO**	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET **MO**	1	
metoprolol tartrate 5 mg/5 ml SOLUTION **MO**	1	
metyrosine 250 mg CAPSULE **DL**	4	
mexiletine 150 mg, 200 mg, 250 mg CAPSULE **MO**	1	
MICARDIS 20 MG, 40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET **MO**	3	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REPATHA SYRINGE 140 MG/ML SYRINGE **MO**	2	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET **MO**	1	
RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE, ER 12 HR. **MO**	3	PA
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET **MO**	1	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET **MO**	1	
simvastatin 5 mg, 80 mg TABLET **MO**	1	
SOAANZ 20 MG, 40 MG, 60 MG TABLET **MO**	3	ST
SODIUM EDECRIN 50 MG RECON SOLUTION **MO**	3	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET **MO**	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET **MO**	1	
SOTYLIZE 5 MG/ML SOLUTION **MO**	3	
spironolacton-hydrochlorothiaz 25-25 mg TABLET **MO**	1	
spironolactone 100 mg TABLET **MO**	1	
spironolactone 25 mg, 50 mg TABLET **MO**	1	
spironolactone 25 mg/5 ml SUSPENSION **MO**	3	PA,QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET **MO**	3	ST,QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan 80 mg TABLET **MO**	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET **MO**	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET **MO**	1	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET **MO**	3	
TENORETIC 50 50-25 MG TABLET **MO**	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	1	
TEZRULY 1 MG/ML SOLUTION **DL**	4	PA,QL(600 per 30 days)
THALITONE 15 MG TABLET **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. **MO**	3	QL(60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. **MO**	3	QL(30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE **MO**	3	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET **MO**	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. **MO**	3	
torsemide 10 mg, 100 mg, 5 mg TABLET **MO**	1	
torsemide 20 mg TABLET **MO**	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET **MO**	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC **MO**	1	
triamterene 100 mg, 50 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET **MO**	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET **MO**	1	
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET **MO**	3	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC **MO**	3	PA,QL(30 per 30 days)
TRYNGOLZA 80 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(0.8 per 28 days)
TRYVIO 12.5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
valsartan 160 mg TABLET **MO**	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET **MO**	1	QL(60 per 30 days)
VALSARTAN 4 MG/ML SOLUTION **DL**	4	ST,QL(2400 per 30 days)
valsartan 4 mg/ml SOLUTION **DL**	4	ST,QL(2400 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET **MO**	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE **MO**	2	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	2	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET **DL**	4	PA
vecamyl 2.5 mg TABLET **DL**	4	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. **MO**	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER **MO**	1	
verapamil 120 mg, 40 mg, 80 mg TABLET **MO**	1	
verapamil 2.5 mg/ml SOLUTION **MO**	1	
verapamil 2.5 mg/ml SYRINGE **MO**	1	
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. **MO**	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO**	2	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET **MO**	3	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET **MO**	3	QL(30 per 30 days)
WELCHOL 625 MG TABLET **MO**	3	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET **MO**	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET **MO**	3	PA
ZETIA 10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ZIAC 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG TABLET **MO**	3	PA
ZOCOR 10 MG, 20 MG, 40 MG TABLET **MO**	3	PA
ZYPITAMAG 2 MG, 4 MG TABLET **MO**	2	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET **MO**	1	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET **MO**	1	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
amphetamine sulfate 10 mg, 5 mg TABLET **MO**	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. **DL**	4	PA,QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC **MO**	3	QL(30 per 30 days)
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE **MO**	1	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET **DL**	4	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET **DL**	4	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET **DL**	4	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. **DL**	4	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. **DL**	4	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK **DL**	4	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK **DL**	4	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT **DL**	4	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT **DL**	4	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE **MO**	3	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC **DL**	4	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT **DL**	4	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	4	PA
clonidine hcl 0.1 mg TABLET, ER 12 HR. **MO**	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE **DL**	4	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH **MO**	3	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC **MO**	3	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC **MO**	3	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
dalfampridine 10 mg TABLET, ER 12 HR. **MO**	1	PA,QL(60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. **MO**	3	QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DESOXYN 5 MG TABLET **DL**	4	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER **DL**	4	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER **DL**	4	PA,QL(120 per 30 days)
dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC **MO**	1	QL(30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER **MO**	1	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET **MO**	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER **MO**	1	QL(120 per 30 days)
dextroamphetamine sulfate 15 mg TABLET **MO**	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET **MO**	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER **MO**	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET **MO**	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION **MO**	1	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET **MO**	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. **MO**	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. **MO**	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET **MO**	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC **MO**	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC **MO**	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE **MO**	3	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC **MO**	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC **MO**	1	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC **MO**	3	QL(240 per 30 days)
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION **DL**	4	PA
EVEKEO 10 MG, 5 MG TABLET **MO**	1	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING **MO**	3	QL(90 per 30 days)
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING **MO**	3	QL(60 per 30 days)
EXSERVAN 50 MG FILM **DL**	4	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT **DL**	4	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION **DL**	4	PA,QL(15 per 30 days)
fingolimod 0.5 mg CAPSULE **MO**	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET **DL**	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(30 per 30 days)
gabapentin 300 mg TABLET, ER 24 HR. **MO**	1	ST,QL(30 per 30 days)
gabapentin 600 mg TABLET, ER 24 HR. **MO**	1	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE **DL**	4	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE **DL**	4	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE **DL**	4	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE **DL**	4	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. **MO**	3	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. **MO**	3	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. **MO**	3	ST,QL(60 per 30 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER **MO**	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK **DL**	4	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE **DL**	4	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE **MO**	3	QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KAPVAY 0.1 MG TABLET, ER 12 HR. **MO**	3	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR **DL**	4	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION **DL**	4	PA,QL(6 per 365 days)
lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET **MO**	1	PA,QL(30 per 30 days)
lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE **MO**	1	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE **MO**	3	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION **MO**	3	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET **DL**	4	PA
MAYZENT 0.25 MG TABLET **DL**	4	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET **DL**	4	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK **DL**	4	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK **DL**	4	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC **MO**	3	QL(60 per 30 days)
metadate er 20 mg TABLET ER **MO**	1	QL(90 per 30 days)
methamphetamine 5 mg TABLET **DL**	4	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION **MO**	3	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION **MO**	3	PA,QL(1800 per 30 days)
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. **MO**	1	QL(30 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET **MO**	1	QL(180 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylphenidate hcl 10 mg TABLET ER **MO**	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC **MO**	3	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC **MO**	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET **MO**	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION **MO**	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET **MO**	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER **MO**	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC **MO**	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION **MO**	1	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. **MO**	3	QL(30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	4	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. **DL**	4	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET **DL**	4	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK **DL**	4	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE **MO**	1	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. **MO**	1	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION **MO**	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE **MO**	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE **MO**	1	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. **MO**	1	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION **DL**	4	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QELBREE 100 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE **MO**	3	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE **MO**	3	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON **MO**	3	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION **DL**	4	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION **DL**	4	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION **DL**	4	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR **DL**	4	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE **DL**	4	PA,QL(4.2 per 28 days)
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
RILUTEK 50 MG TABLET **DL**	4	
riluzole 50 mg TABLET **MO**	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC **MO**	3	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC **MO**	3	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK **MO**	3	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING **DL**	4	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC **DL**	4	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC **DL**	4	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION **DL**	4	PA,QL(600 per 30 days)
teriflunomide 14 mg, 7 mg TABLET **MO**	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET **MO**	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET **MO**	1	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION **DL**	4	PA,QL(600 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYSABRI 300 MG/15 ML SOLUTION DL	4	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET MO	3	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	3	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	3	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. MO	3	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET DL	4	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET DL	4	PA,QL(120 per 30 days)
zenzedi 10 mg TABLET MO	1	QL(180 per 30 days)
ZENZEDI 15 MG TABLET MO	1	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	1	QL(90 per 30 days)
ZENZEDI 30 MG TABLET MO	1	QL(60 per 30 days)
zenzedi 5 mg TABLET MO	1	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK DL	4	PA,QL(28 per 28 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK DL	4	PA,QL(7 per 7 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	1	
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
EVOXAC 30 MG CAPSULE MO	3	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION DL	4	
kourzeq 0.1 % PASTE MO	1	
oralone 0.1 % PASTE MO	1	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
triamcinolone acetonide 0.1 % PASTE MO	1	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE DL	4	ST

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE **DL**	4	ST
ACANYA 1.2-2.5 % GEL WITH PUMP **MO**	3	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE **MO**	1	PA
ACZONE 5 % GEL **MO**	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP **MO**	3	QL(90 per 30 days)
adapalene 0.1 % CREAM **MO**	1	QL(45 per 30 days)
adapalene 0.1 % SOLUTION **DL**	4	QL(60 per 30 days)
adapalene 0.1 % SWAB **MO**	1	QL(30 per 30 days)
adapalene 0.3 % GEL **MO**	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP **MO**	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP **MO**	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP **MO**	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR **DL**	4	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM **MO**	3	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM **MO**	1	QL(240 per 30 days)
ALA-SCALP 2 % LOTION **MO**	1	QL(236.8 per 30 days)
alclometasone 0.05 % CREAM **MO**	1	QL(240 per 30 days)
alclometasone 0.05 % OINTMENT **MO**	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT **MO**	3	
ALTRENO 0.05 % LOTION **MO**	3	PA,QL(90 per 30 days)
amcinonide 0.1 % CREAM **MO**	1	QL(120 per 30 days)
amcinonide 0.1 % OINTMENT **DL**	4	ST,QL(120 per 30 days)
ammonium lactate 12 % CREAM **MO**	1	
ammonium lactate 12 % LOTION **MO**	1	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
AMZEEQ 4 % FOAM **MO**	3	PA,QL(30 per 30 days)
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
ANZUPGO 2 % CREAM **DL**	4	PA,QL(60 per 28 days)
apexicon e 0.05 % CREAM **MO**	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATRALIN 0.05 % GEL MO	3	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM MO	3	PA,QL(45 per 30 days)
AVITA 0.025 % GEL MO	3	PA,QL(45 per 30 days)
azelaic acid 15 % GEL MO	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM MO	3	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL MO	3	QL(46.6 per 30 days)
beser 0.05 % LOTION MO	1	QL(240 per 30 days)
betamethasone dipropionate 0.05 % CREAM MO	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM MO	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION MO	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT MO	1	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM MO	1	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	1	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP MO	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION MO	3	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL MO	3	QL(50 per 30 days)
calcipotriene 0.005 % CREAM MO	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM MO	1	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT MO	1	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION MO	1	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT MO	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION MO	1	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT MO	1	ST,QL(800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	QL(840 per 30 days)
CARAC 0.5 % CREAM DL	4	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT MO	3	
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide-emollient 0.05 % CREAM **MO**	1	QL(120 per 30 days)
FLUOROPLEX 1 % CREAM **DL**	4	
fluorouracil 0.5 % CREAM **DL**	4	QL(60 per 30 days)
fluorouracil 2 % SOLUTION **MO**	1	QL(30 per 30 days)
fluorouracil 5 % CREAM **MO**	1	
fluorouracil 5 % SOLUTION **MO**	1	QL(60 per 30 days)
flurandrenolide 0.05 % CREAM **MO**	1	QL(240 per 30 days)
flurandrenolide 0.05 % LOTION **MO**	3	QL(240 per 30 days)
flurandrenolide 0.05 % OINTMENT **MO**	1	QL(240 per 30 days)
fluticasone propionate 0.005 % OINTMENT **MO**	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM **MO**	1	QL(240 per 30 days)
fluticasone propionate 0.05 % LOTION **MO**	1	QL(240 per 30 days)
halcinonide 0.1 % CREAM **DL**	4	QL(120 per 30 days)
halcinonide 0.1 % SOLUTION **MO**	1	QL(120 per 30 days)
halobetasol propionate 0.05 % CREAM **MO**	1	QL(100 per 30 days)
halobetasol propionate 0.05 % FOAM **MO**	3	PA,QL(100 per 30 days)
halobetasol propionate 0.05 % OINTMENT **MO**	1	QL(100 per 30 days)
HALOG 0.1 % CREAM **DL**	4	QL(120 per 30 days)
HALOG 0.1 % OINTMENT **MO**	3	QL(120 per 30 days)
HALOG 0.1 % SOLUTION **MO**	3	QL(120 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM **MO**	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT **MO**	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET **MO**	1	
hydrocortisone 2 % LOTION **DL**	4	QL(236.8 per 30 days)
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION **MO**	1	QL(236 per 30 days)
hydrocortisone 2.5 % SOLUTION **DL**	4	QL(240 per 30 days)
hydrocortisone butyr-emollient 0.1 % CREAM **MO**	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % CREAM **MO**	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % LOTION **MO**	1	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT **MO**	1	QL(180 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone butyrate 0.1 % SOLUTION **MO**	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % CREAM **MO**	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT **MO**	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL **DL**	4	PA
imiquimod 3.75 % CREAM IN PACKET **MO**	3	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP **DL**	4	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET **MO**	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	1	
isotretinoin 25 mg, 35 mg CAPSULE **DL**	4	
ivermectin 1 % CREAM **MO**	1	ST,QL(45 per 30 days)
KLISYRI (250 MG) 1 % OINTMENT IN PACKET **DL**	4	PA,QL(5 per 30 days)
KLISYRI (350 MG) 1 % OINTMENT IN PACKET **DL**	4	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM **MO**	3	PA,QL(100 per 30 days)
lindane 1 % SHAMPOO **MO**	1	QL(60 per 30 days)
LOCOID 0.1 % LOTION **MO**	3	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM **MO**	3	QL(240 per 30 days)
LUXIQ 0.12 % FOAM **MO**	3	ST,QL(200 per 30 days)
mafenide acetate 50 gram PACKET **MO**	1	
malathion 0.5 % LOTION **MO**	1	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL **MO**	1	
MIRVASO 0.33 % GEL WITH PUMP **MO**	3	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM **MO**	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT **MO**	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION **MO**	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT **MO**	1	
mupirocin calcium 2 % CREAM **MO**	1	ST
NATROBA 0.9 % SUSPENSION **MO**	3	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM **MO**	3	
neuac 1.2 %(1 % base) -5 % GEL **MO**	1	QL(45 per 30 days)
OLUX 0.05 % FOAM **MO**	3	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM **MO**	3	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP **MO**	3	QL(50 per 30 days)
OPZELURA 1.5 % CREAM **DL**	4	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET **DL**	4	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK **DL**	4	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK **DL**	4	PA,QL(27 per 30 days)
OVIDE 0.5 % LOTION **MO**	3	PA
PANDEL 0.1 % CREAM **DL**	4	QL(160 per 30 days)
permethrin 5 % CREAM **MO**	1	
pimecrolimus 1 % CREAM **MO**	1	PA,QL(100 per 30 days)
podofilox 0.5 % GEL **MO**	1	
podofilox 0.5 % SOLUTION **MO**	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM **MO**	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT **MO**	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	QL(60 per 30 days)
PRUDOXIN 5 % CREAM **DL**	4	PA,QL(45 per 30 days)
pruradik 10 % LOTION **DL**	4	PA,QL(454 per 30 days)
QBREXZA 2.4 % TOWELETTE **MO**	3	PA,QL(30 per 30 days)
REGRANEX 0.01 % GEL	4	PA
RETIN-A 0.01 %, 0.025 % GEL **MO**	3	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM **MO**	3	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL **DL**	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL **MO**	3	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP **DL**	4	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP **MO**	3	PA,QL(50 per 30 days)
RHOFADE 1 % CREAM **MO**	3	ST,QL(30 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT **MO**	3	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION **MO**	1	QL(120 per 30 days)
SILVADENE 1 % CREAM **MO**	2	
silver sulfadiazine 1 % CREAM **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VECTICAL 3 MCG/GRAM OINTMENT DL	4	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM DL	4	QL(200 per 30 days)
VEREGEN 15 % OINTMENT DL	4	QL(30 per 30 days)
VTAMA 1 % CREAM DL	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM MO	3	PA
ZELSUVMI 10.3 % GEL DL	4	PA
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
ZIANA 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
ZILXI 1.5 % FOAM MO	3	PA,QL(30 per 30 days)
ZONALON 5 % CREAM MO	3	PA,QL(45 per 30 days)
ZORYVE 0.15 %, 0.3 % CREAM DL	4	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM DL	4	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	4	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	3	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
calcium chloride 100 mg/ml (10 %) SOLUTION MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION MO	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	4	PA
carglumic acid 200 mg TABLET, DISPERSIBLE DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION **MO**	3	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION **MO**	1	BvsD
CLINOLIPID 20 % EMULSION **MO**	3	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	1	
CUPRIMINE 250 MG CAPSULE **DL**	4	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET **DL**	4	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d5 % (d-glucose)-0.9 % sodchlr PARENTERAL SOLUTION **MO**	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION **MO**	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	1	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE **DL**	4	PA
deferasirox 180 mg, 360 mg, 90 mg GRANULES IN PACKET **DL**	4	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET **MO**	1	PA
deferiprone 1,000 mg TABLET **DL**	4	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET **DL**	4	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION **MO**	1	BvsD
DEPEN TITRATABS 250 MG TABLET **DL**	4	PA
DESFERAL 500 MG RECON SOLUTION **MO**	3	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION **MO**	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 25 % in water (d25w) SYRINGE **MO**	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION **MO**	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK **MO**	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION **MO**	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION **MO**	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION **MO**	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION **MO**	1	
dextrose 50 % in water (d50w) SYRINGE **MO**	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION **MO**	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK **MO**	3	
electrolyte-148 PARENTERAL SOLUTION **MO**	1	
electrolyte-48 in d5w PARENTERAL SOLUTION **MO**	1	
electrolyte-a PARENTERAL SOLUTION **MO**	1	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE **DL**	4	PA
FERRIPROX 1,000 MG TABLET **DL**	4	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION **DL**	4	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET **DL**	4	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE **DL**	4	PA,QL(300 per 30 days)
GLYCOPHOS 1 MMOL/ML SOLUTION **MO**	1	
INTRALIPID 20 %, 30 % EMULSION **MO**	3	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION **MO**	3	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION **MO**	3	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO**	3	
ISOLYTE-S PARENTERAL SOLUTION **MO**	3	
JADENU 180 MG, 360 MG, 90 MG TABLET **DL**	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET **DL**	4	PA
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL **DL**	4	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET **DL**	4	PA,QL(60 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION **MO**	3	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
klor-con 20 meq PACKET **MO**	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER **MO**	1	
klor-con 10 10 meq TABLET ER **MO**	1	
KLOR-CON 8 8 MEQ TABLET ER **MO**	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS **MO**	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS **MO**	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS **MO**	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET **MO**	3	
lactated ringers PARENTERAL SOLUTION **MO**	1	
levocarnitine 100 mg/ml, 200 mg/ml SOLUTION **MO**	1	
levocarnitine 330 mg TABLET **MO**	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION **MO**	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET **MO**	2	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET **MO**	1	
magnesium sulfate 500 mg/ml (50 %) SOLUTION **MO**	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE **MO**	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK **MO**	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK **MO**	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION **MO**	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET **MO**	3	
neo-vital rx 27 mg iron- 1 mg TABLET **MO**	1	
NEONATAL COMPLETE 29-1 MG TABLET **MO**	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET **MO**	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK **MO**	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION **MO**	3	
NUTRILIPID 20 % EMULSION **MO**	3	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE **MO**	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE **MO**	3	
OB COMPLETE PREMIER 30-20-1 MG TABLET **MO**	3	
OMEGAVEN 10 % EMULSION **DL**	4	BvsD

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillamine 250 mg CAPSULE DL	4	PA,QL(600 per 30 days)
penicillamine 250 mg TABLET DL	4	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	3	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	3	
PLASMA-LYTE A PARENTERAL SOLUTION MO	3	
PLENAMINE 15 % PARENTERAL SOLUTION MO	1	BvsD
pnv-dha 27 mg iron-1 mg -300 mg CAPSULE MO	1	
pnv-omega 28-1-300 mg CAPSULE MO	1	
POKONZA 10 MEQ PACKET DL	4	
potassium acetate 2 meq/ml SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride 10 meq CAPSULE, ER MO	1	
potassium chloride 10 meq, 20 meq TABLET ER MO	1	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
potassium chloride 15 meq, 8 meq TABLET ER MO	1	
potassium chloride 2 meq/ml SOLUTION MO	1	
potassium chloride 20 meq PACKET MO	1	QL(240 per 30 days)
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID MO	1	
potassium chloride 8 meq CAPSULE, ER MO	1	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK MO	1	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	1	
pr natal 400 29-1-400 mg COMBO PACK MO	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK **MO**	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP **MO**	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION **MO**	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	1	
PRENATABS FA 29-1 MG TABLET **MO**	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET **MO**	1	
prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK **MO**	3	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET **MO**	1	
prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET **MO**	1	
prenatal-u 106.5-1 mg CAPSULE **MO**	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET **MO**	1	
PROSOL 20 % PARENTERAL SOLUTION **MO**	3	BvsD
ringer's PARENTERAL SOLUTION **MO**	1	
SAMSCA 15 MG, 30 MG TABLET **DL**	4	PA,QL(60 per 30 days)
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET **MO**	1	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK **MO**	3	
SMOFLIPID 20 % EMULSION **MO**	3	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE **MO**	1	
sodium chloride 2.5 meq/ml SOLUTION **MO**	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION **MO**	1	
sodium chloride 0.9 % PARENTERAL SOLUTION **MO**	1	
sodium chloride 0.9 % PIGGYBACK **MO**	1	
sodium chloride 0.9 % SOLUTION **MO**	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION **MO**	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION **MO**	1	
sodium phosphate 3 mmol/ml SOLUTION **MO**	1	
sodium polystyrene sulfonate 15 gram POWDER **MO**	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION **MO**	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA **MO**	1	
SYPRINE 250 MG CAPSULE **DL**	4	PA,QL(240 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THAM 36 MG/ML (0.3 M) SOLUTION MO	3	
tolvaptan 15 mg, 30 mg TABLET DL	4	PA,QL(60 per 30 days)
tolvaptan (polycys kidney dis) 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET DL	4	PA,QL(60 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
TRICARE 27 MG IRON- 1 MG TABLET MO	1	
trientine 250 mg CAPSULE DL	4	QL(240 per 30 days)
trientine 500 mg CAPSULE DL	4	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	3	
tromethamine 36 mg/ml (0.3 m) SOLUTION MO	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER MO	3	
UROCIT-K 15 15 MEQ TABLET ER MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	3	
VELTASSA 1 GRAM POWDER IN PACKET MO	3	PA,QL(240 per 30 days)
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	PA,QL(30 per 30 days)
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	3	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK MO	3	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE MO	3	
wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO	1	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
westab plus 27 mg iron- 1 mg TABLET MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
westgel dha 31 mg iron- 1 mg-200 mg CAPSULE **MO**	1	
zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE **MO**	1	
zatean-pn plus 28-1-300 mg CAPSULE **MO**	1	
GASTROINTESTINAL AGENTS		
ACIPHEX 20 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
AEMCOLO 194 MG TABLET, DR/EC **MO**	3	PA,QL(12 per 30 days)
alosetron 0.5 mg, 1 mg TABLET **MO**	1	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE **MO**	3	PA,QL(60 per 30 days)
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK **MO**	1	ST
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE **MO**	1	
BENTYL 10 MG/ML SOLUTION **MO**	3	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE **MO**	1	ST,QL(120 per 30 days)
CARAFATE 1 GRAM TABLET **MO**	3	
CARAFATE 100 MG/ML SUSPENSION **MO**	3	
chenodal 250 mg TABLET **DL**	4	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET **MO**	1	
cimetidine hcl 300 mg/5 ml SOLUTION **MO**	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION **MO**	3	ST
constulose 10 gram/15 ml SOLUTION **MO**	1	
CTEXLI 250 MG TABLET **DL**	4	PA
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION **MO**	3	
CYTOTEC 100 MCG, 200 MCG TABLET **DL**	4	
DARTISLA 1.7 MG TABLET, DISINTEGRATING **MO**	3	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC **MO**	3	PA,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC **MO**	3	QL(30 per 30 days)
dicyclomine 10 mg CAPSULE **MO**	1	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION **MO**	1	
dicyclomine 20 mg TABLET **MO**	1	
dicyclomine 40 mg TABLET **DL**	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET **MO**	1	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENDARI 5 GRAM POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION **MO**	1	
esomeprazole magnesium 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg DR GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
esomeprazole sodium 20 mg, 40 mg RECON SOLUTION **MO**	1	
famotidine 10 mg/ml SOLUTION **MO**	1	
famotidine 20 mg, 40 mg TABLET **MO**	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION **MO**	1	
famotidine (pf) 20 mg/2 ml SOLUTION **MO**	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK **MO**	1	
GATTEX 30-VIAL 5 MG KIT **DL**	4	PA
GATTEX ONE-VIAL 5 MG KIT **DL**	4	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION **MO**	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
gavilyte-n 420 gram RECON SOLUTION **MO**	1	
generlac 10 gram/15 ml SOLUTION **MO**	1	
glutamine (sickle cell) 5 gram POWDER IN PACKET **DL**	4	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET **MO**	1	
glycopyrrolate 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION **MO**	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg TABLET **MO**	1	
glycopyrrolate (pf) 0.4 mg/2 ml (0.2 mg/ml) SYRINGE **MO**	1	
glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE **MO**	3	
glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE **MO**	1	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION **MO**	3	ST
IBSRELA 50 MG TABLET **DL**	4	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
KONVOMEP 2-84 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	4	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET **MO**	1	
lactulose 10 gram, 20 gram PACKET **DL**	4	
lactulose 10 gram/15 ml SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
opium tincture 10 mg/ml (morphine) TINCTURE **MO**	3	QL(180 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET **MO**	1	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION **MO**	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 **MO**	3	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK **MO**	3	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
peg-electrolyte soln 420 gram RECON SOLUTION **MO**	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET **MO**	1	ST
pepcid 20 mg, 40 mg TABLET **MO**	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL **MO**	3	ST
PREVACID 30 MG CAPSULE, DR/EC **MO**	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR **MO**	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON **MO**	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC **MO**	3	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET **MO**	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION **MO**	3	PA
prucalopride 1 mg, 2 mg TABLET **MO**	1	PA,QL(30 per 30 days)
PYLERA 140-125-125 MG CAPSULE **MO**	3	ST,QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
REBYOTA 150 ML ENEMA **DL**	4	PA
RELISTOR 12 MG/0.6 ML SOLUTION **DL**	4	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE **DL**	4	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET **DL**	4	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE **DL**	4	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE **DL**	4	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET **MO**	3	PA
ROBINUL FORTE 2 MG TABLET **MO**	3	PA
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sucralfate 1 gram TABLET **MO**	1	
sucralfate 100 mg/ml SUSPENSION **MO**	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION **MO**	3	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION **MO**	3	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET **MO**	2	
SYMPROIC 0.2 MG TABLET **MO**	3	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC **MO**	3	
TRULANCE 3 MG TABLET **MO**	3	PA,QL(30 per 30 days)
URSO 250 250 MG TABLET **MO**	3	PA
URSO FORTE 500 MG TABLET **MO**	3	PA
ursodiol 200 mg CAPSULE **DL**	4	PA,QL(150 per 30 days)
ursodiol 250 mg, 500 mg TABLET **MO**	1	
ursodiol 300 mg CAPSULE **MO**	1	
ursodiol 400 mg CAPSULE **DL**	4	PA,QL(60 per 30 days)
VIBERZI 100 MG, 75 MG TABLET	4	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK **MO**	3	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK **MO**	3	ST,QL(112 per 30 days)
VOWST CAPSULE **DL**	4	PA
XERMELO 250 MG TABLET **DL**	4	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET **MO**	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET	4	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET **DL**	4	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE **DL**	4	PA,QL(30 per 30 days)
ZINPLAVA 25 MG/ML SOLUTION **DL**	4	
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5 ML SOLUTION **DL**	4	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 90 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION **DL**	4	PA
ATTRUBY 356 MG TABLET **DL**	4	PA,QL(120 per 30 days)
betaine 1 gram/scoop POWDER **DL**	4	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUPHENYL 0.94 GRAM/GRAM POWDER **DL**	4	PA
BUPHENYL 500 MG TABLET **DL**	4	PA
CERDELGA 84 MG CAPSULE **DL**	4	PA
CEREZYME 400 UNIT RECON SOLUTION **DL**	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC **MO**	2	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION **DL**	4	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION **DL**	4	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER **DL**	4	PA
CYSTAGON 150 MG, 50 MG CAPSULE **MO**	3	
DAYBUE 200 MG/ML SOLUTION **DL**	4	PA,QL(3600 per 30 days)
dichlorphenamide 50 mg TABLET **DL**	4	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID **DL**	4	PA
DUVYZAT 8.86 MG/ML SUSPENSION **DL**	4	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION **DL**	4	PA
ELELYSO 200 UNIT RECON SOLUTION **DL**	4	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION **DL**	4	PA
ELFABRIO 2 MG/ML SOLUTION **DL**	4	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION **DL**	4	PA,QL(240 per 30 days)
EVRYSDI 5 MG TABLET **DL**	4	PA,QL(30 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION **DL**	4	PA
GALAFOLD 123 MG CAPSULE **DL**	4	PA,QL(14 per 28 days)
GLASSIA 20 MG/ML (2 %) SOLUTION **DL**	4	PA
HARLIKU 2 MG TABLET **DL**	4	PA
javygtor 100 mg TABLET, SOLUBLE **DL**	4	PA
javygtor 100 mg, 500 mg POWDER IN PACKET **DL**	4	PA
JOENJA 70 MG TABLET **DL**	4	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION **DL**	4	PA
KEVEYIS 50 MG TABLET **DL**	4	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCYSBI 75 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET DL	4	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	4	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	4	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	4	PA,QL(525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	4	
sapropterin 100 mg TABLET, SOLUBLE DL	4	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	4	PA
SEPHIENCE 1,000 MG, 250 MG POWDER IN PACKET DL	4	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	4	
sodium phenylbutyrate 500 mg TABLET DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION DL	4	PA
STRENSIQ 40 MG/ML SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	4	PA
TEGSEDI 284 MG/1.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
VIJOICE 125 MG, 50 MG TABLET DL	4	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	4	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET DL	4	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	4	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
VPRIV 400 UNIT RECON SOLUTION DL	4	PA
VYNDAMAX 61 MG CAPSULE DL	4	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	4	PA
yargesa 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION DL	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION **DL**	4	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC **MO**	3	
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. **MO**	1	
AVODART 0.5 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET **MO**	1	
CIALIS 2.5 MG, 5 MG TABLET **MO**	3	PA
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET **MO**	3	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
dutasteride 0.5 mg CAPSULE **MO**	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE **MO**	3	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. **MO**	1	QL(30 per 30 days)
finasteride 5 mg TABLET **MO**	1	QL(30 per 30 days)
flavoxate 100 mg TABLET **MO**	1	
FLOMAX 0.4 MG CAPSULE **MO**	3	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET **MO**	3	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET **MO**	3	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. **MO**	3	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. **MO**	2	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON **MO**	2	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET **MO**	1	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET **MO**	1	
oxybutynin chloride 5 mg/5 ml SYRUP **MO**	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAFLO 4 MG, 8 MG CAPSULE **MO**	3	PA,QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE **MO**	1	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET **MO**	1	PA
tamsulosin 0.4 mg CAPSULE **MO**	1	
THIOLA 100 MG TABLET **DL**	4	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC **DL**	4	
tiopronin 100 mg TABLET **DL**	4	
tiopronin 100 mg, 300 mg TABLET, DR/EC **DL**	4	
tolterodine 1 mg, 2 mg TABLET **MO**	1	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. **MO**	3	PA,QL(30 per 30 days)
trospium 20 mg TABLET **MO**	1	
trospium 60 mg CAPSULE, ER 24 HR. **MO**	1	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. **MO**	3	
venxxiva 100 mg, 300 mg TABLET, DR/EC **DL**	4	
VESICARE 10 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION **MO**	3	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL **DL**	4	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR **DL**	4	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION **DL**	4	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE **DL**	4	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION **MO**	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION **MO**	3	
CORTROPHIN GEL 40 UNIT/0.5 ML SYRINGE **DL**	4	PA,QL(45 per 30 days)
CORTROPHIN GEL 80 UNIT/ML GEL **DL**	4	PA,QL(30 per 30 days)
CORTROPHIN GEL 80 UNIT/ML SYRINGE **DL**	4	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
deflazacort 22.75 mg/ml SUSPENSION **DL**	4	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION **MO**	3	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET **MO**	1	
dexamethasone 0.5 mg/5 ml ELIXIR **MO**	1	
dexamethasone 0.5 mg/5 ml SOLUTION **MO**	1	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK **MO**	1	
dexamethasone intensol 1 mg/ml DROPS **MO**	1	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION **MO**	1	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE **MO**	1	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION **MO**	1	
dexamethasone sodium phosphate 4 mg/ml SYRINGE **MO**	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET **DL**	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION **DL**	4	PA
fludrocortisone 0.1 mg TABLET **MO**	1	
HEMADY 20 MG TABLET **MO**	3	PA,QL(24 per 28 days)
hydrocortisone acetate 2.5 % CREAM W/PERINEAL APPLICATOR **DL**	4	
hydrocortisone sod succinate 100 mg RECON SOLUTION **MO**	1	
jaythari 18 mg, 30 mg, 36 mg, 6 mg TABLET **DL**	4	PA
KENALOG 0.147 MG/GRAM AEROSOL **MO**	3	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION **MO**	3	
KENALOG-80 80 MG/ML SUSPENSION **MO**	3	
KHINDIVI 1 MG/ML SOLUTION **DL**	4	PA
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK **MO**	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET **MO**	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK **MO**	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION **MO**	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION **MO**	1	
micort-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	1	
millipred 5 mg TABLET **MO**	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK **MO**	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREGNYL 10,000 UNIT RECON SOLUTION **MO**	3	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE **DL**	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION **DL**	4	PA,QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE **DL**	4	PA,QL(8 per 28 days)
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE **DL**	4	PA,QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR **DL**	4	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION **DL**	4	PA
ZOMACTON 5 MG RECON SOLUTION **DL**	4	PA,QL(28 per 28 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
carboprost tromethamine 250 mcg/ml SOLUTION **MO**	1	
carboprost tromethamine 250 mcg/ml SYRINGE **MO**	1	
HEMABATE 250 MCG/ML SOLUTION **MO**	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET **MO**	1	
abigale lo 0.5-0.1 mg TABLET **MO**	1	
ACTIVELLA 1-0.5 MG TABLET **MO**	3	
afirmelle 0.1-20 mg-mcg TABLET **MO**	1	
altavera (28) 0.15-0.03 mg TABLET **MO**	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET **MO**	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET **MO**	1	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) GEL IN PACKET **DL**	4	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) GEL IN PACKET **DL**	4	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP **DL**	4	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET **MO**	3	
ANNOVERA 0.15-0.013 MG/24 HOUR RING **MO**	3	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET **MO**	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET **MO**	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aubra 0.1-20 mg-mcg TABLET **MO**	1	
aubra eq 0.1-20 mg-mcg TABLET **MO**	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION	4	PA
AVERI 0.15 MG-0.03 MG (21)/36.5 MG(7) TABLET **MO**	1	
aviane 0.1-20 mg-mcg TABLET **MO**	1	
AYGESTIN 5 MG TABLET **MO**	1	
ayuna 0.15-0.03 mg TABLET **MO**	1	
AZMIRO 200 MG/ML SYRINGE **MO**	3	PA
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET **MO**	3	
balziva (28) 0.4-35 mg-mcg TABLET **MO**	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET **MO**	3	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE **MO**	3	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
briellyn 0.4-35 mg-mcg TABLET **MO**	1	
camila 0.35 mg TABLET **MO**	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	3	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
chateal eq (28) 0.15-0.03 mg TABLET **MO**	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY **MO**	3	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY **MO**	3	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CRENESSITY 100 MG CAPSULE **DL**	4	PA,QL(120 per 30 days)
CRENESSITY 25 MG, 50 MG CAPSULE **DL**	4	PA,QL(90 per 30 days)
CRENESSITY 50 MG/ML SOLUTION **DL**	4	PA,QL(240 per 30 days)
CRINONE 4 %, 8 % GEL **MO**	3	
cryselle (28) 0.3-30 mg-mcg TABLET **MO**	1	
cyred 0.15-0.03 mg TABLET **MO**	1	
cyred eq 0.15-0.03 mg TABLET **MO**	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE **MO**	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET **MO**	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL **MO**	3	
DEPO-ESTRADIOL 5 MG/ML OIL **MO**	1	QL(5 per 30 days)
DEPO-PROVERA 150 MG/ML SUSPENSION **MO**	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE **MO**	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE **MO**	2	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL **MO**	1	PA
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET **MO**	3	
dolishale 90-20 mcg (28) TABLET **MO**	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET **MO**	1	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET **MO**	1	
DUAVEE 0.45-20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP **MO**	3	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET **MO**	1	
eluryng 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
emzahh 0.35 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENDOMETRIN 100 MG INSERT MO	3	
enilloring 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
enskyce 0.15-0.03 mg TABLET MO	1	
errin 0.35 mg TABLET MO	1	
estarylla 0.25-0.035 mg TABLET MO	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	1	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
estradiol 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET MO	1	
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET MO	1	
estradiol 1.25 gram/actuation GEL IN METERED DOSE PUMP MO	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	3	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	1	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL MO	3	
EVISTA 60 MG TABLET MO	3	PA,QL(30 per 30 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	1	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING MO	3	QL(1 per 90 days)
finzala 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP MO	3	PA,QL(120 per 30 days)
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	1	
galbriela 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gallifrey 5 mg TABLET **MO**	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
hailey 1.5-30 mg-mcg TABLET **MO**	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
haloette 0.12-0.015 mg/24 hr RING **MO**	1	QL(1 per 28 days)
heather 0.35 mg TABLET **MO**	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT **MO**	3	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK **MO**	3	PA,QL(18 per 28 days)
incassia 0.35 mg TABLET **MO**	1	
INTRAROSA 6.5 MG INSERT **MO**	3	PA
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET **MO**	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET **MO**	1	
JATENZO 158 MG, 198 MG CAPSULE **MO**	3	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE **MO**	3	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET **MO**	1	
jinteli 1-5 mg-mcg TABLET **MO**	1	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	1	
juleber 0.15-0.03 mg TABLET **MO**	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
junel 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET **MO**	1	
kalliga 0.15-0.03 mg TABLET **MO**	1	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kelnor 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
kelnor 1/50 (28) 1-50 mg-mcg TABLET **MO**	1	
kurvelo (28) 0.15-0.03 mg TABLET **MO**	1	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
larin 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET **MO**	3	
leena 28 0.5/1/0.5-35 mg-mcg TABLET **MO**	1	
lessina 0.1-20 mg-mcg TABLET **MO**	1	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	1	
levonorgest-eth.estradiol-iron 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	3	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET **MO**	1	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET **MO**	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET **MO**	3	
lo-zumandimine (28) 3-0.02 mg TABLET **MO**	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET **MO**	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET **MO**	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO**	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET **MO**	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET **MO**	1	
lutera (28) 0.1-20 mg-mcg TABLET **MO**	1	
lyleq 0.35 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY **MO**	1	QL(8 per 28 days)
lyza 0.35 mg TABLET **MO**	1	
marlissa (28) 0.15-0.03 mg TABLET **MO**	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
medroxyprogesterone 150 mg/ml SUSPENSION **MO**	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE **MO**	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET **MO**	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION **MO**	1	
meleya 0.35 mg TABLET **MO**	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO**	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY **MO**	3	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
METHITEST 10 MG TABLET **DL**	4	
methyltestosterone 10 mg CAPSULE **DL**	4	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET **MO**	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	1	
mili 0.25-0.035 mg TABLET **MO**	1	
mimvey 1-0.5 mg TABLET **MO**	1	
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET **MO**	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
minzoya 0.1 mg-0.02 mg (21)/iron (7) TABLET **MO**	1	
mono-linyah 0.25-0.035 mg TABLET **MO**	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET **MO**	3	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
NEXPLANON 68 MG IMPLANT **DL**	2	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nikki (28) 3-0.02 mg TABLET **MO**	1	
NORA-BE 0.35 MG TABLET **MO**	1	
nora-be 0.35 mg TABLET **MO**	1	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET **MO**	1	
norethindrone (contraceptive) 0.35 mg TABLET **MO**	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET **MO**	1	
norethindrone acetate 5 mg TABLET **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE **MO**	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	1	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET **MO**	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET **MO**	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET **MO**	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
NUVARING 0.12-0.015 MG/24 HR RING **MO**	3	QL(1 per 28 days)
nylia 1/35 (28) 1-35 mg-mcg TABLET **MO**	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	1	
nymyo 0.25-35 mg-mcg TABLET **MO**	1	
ocella 3-0.03 mg TABLET **MO**	1	
orquidea 0.35 mg TABLET **MO**	1	
OSPHENA 60 MG TABLET **MO**	2	PA
philith 0.4-35 mg-mcg TABLET **MO**	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
portia 28 0.15-0.03 mg TABLET **MO**	1	
PREFEST 1 MG (15)/1 MG- 0.09 MG (15) TABLET **MO**	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMARIN 0.625 MG/GRAM CREAM MO	2	
PREMARIN 25 MG RECON SOLUTION MO	3	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET MO	3	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET MO	3	
progesterone 50 mg/ml OIL MO	1	
progesterone micronized 100 mg, 200 mg CAPSULE MO	1	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	3	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
raloxifene 60 mg TABLET MO	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
rosyrah 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET MO	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET MO	1	
sronyx 0.1-20 mg-mcg TABLET MO	1	
syeda 3-0.03 mg TABLET MO	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	3	
TESTIM 50 MG/5 GRAM (1 %) GEL MO	3	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET MO	1	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	1	PA,QL(37.5 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY **MO**	3	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET **MO**	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP **MO**	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL **MO**	3	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	1	
vyfemla (28) 0.4-35 mg-mcg TABLET **MO**	1	
vylibra 0.25-0.035 mg TABLET **MO**	1	
wera (28) 0.5-35 mg-mcg TABLET **MO**	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	1	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR **MO**	3	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET **MO**	3	
YAZ (28) 3-0.02 MG TABLET **MO**	3	
yuvafem 10 mcg TABLET **MO**	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY **MO**	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET **MO**	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET **MO**	1	
zumandimine (28) 3-0.03 mg TABLET **MO**	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO**	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET **MO**	3	
ERMEZA 30 MCG/ML SOLUTION **MO**	3	PA
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
levothyroxine 100 mcg RECON SOLUTION **MO**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET **MO**	1	
levothyroxine 100 mcg/ml, 20 mcg/ml, 40 mcg/ml SOLUTION **MO**	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET **MO**	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION **DL**	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	1	
liothyronine 10 mcg/ml SOLUTION **MO**	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET **MO**	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	2	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
THYQUIDITY 20 MCG/ML SOLUTION **MO**	3	PA
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE **MO**	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION **MO**	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET **MO**	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE **MO**	3	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE **MO**	3	PA
ELIGARD (4 MONTH) 30 MG SYRINGE **MO**	3	PA
ELIGARD (6 MONTH) 45 MG SYRINGE **MO**	3	PA
FENSOLVI 45 MG SYRINGE	4	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION **DL**	4	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL**	4	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO**	3	PA
lanreotide 120 mg/0.5 ml SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE **DL**	4	PA,QL(0.2 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	4	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	3	PA
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	4	PA,QL(1 per 168 days)
ZOLADEX 10.8 MG IMPLANT MO	3	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	3	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET MO	1	
propylthiouracil 50 mg TABLET MO	1	
IMMUNOLOGICAL AGENTS		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION $0,DL	1	
ACTEMRA 162 MG/0.9 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR DL	4	PA,QL(3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	4	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION $0,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE $0,DL	1	
ADALIMUMAB-AACF 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION DL	4	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR DL	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(4.8 per 28 days)
ANDEMBRY AUTOINJECTOR 200 MG/1.2 ML AUTO-INJECTOR DL	4	PA
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION DL	4	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION $0,DL	1	
ASCENIV 10 % SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. MO	3	BvsD
ATGAM 50 MG/ML SOLUTION DL	4	PA
auranofin 3 mg CAPSULE DL	4	PA
AVSOLA 100 MG RECON SOLUTION DL	4	PA
AZASAN 100 MG, 75 MG TABLET MO	1	BvsD

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azathioprine 100 mg, 50 mg, 75 mg TABLET **MO**	1	BvsD
azathioprine sodium 100 mg RECON SOLUTION **MO**	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **$0,DL**	1	
BENLYSTA 120 MG RECON SOLUTION **DL**	4	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION **DL**	4	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT **DL**	4	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION **DL**	4	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **$0,DL**	1	
BIMZELX 160 MG/ML, 320 MG/2 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML, 320 MG/2 ML AUTO-INJECTOR **DL**	4	PA,QL(4 per 28 days)
BIVIGAM 10 % SOLUTION **DL**	4	PA
BKEMV 300 MG/30 ML SOLUTION **DL**	4	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION **$0,DL**	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE **$0,DL**	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION	4	BvsD
CELLCEPT 250 MG CAPSULE	4	BvsD
CELLCEPT 500 MG TABLET	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION **MO**	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET **DL**	4	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT **DL**	4	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT **DL**	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT **DL**	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT **DL**	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION **DL**	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION **DL**	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION **DL**	4	PA
cyclosporine 100 mg, 25 mg CAPSULE **MO**	1	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE **MO**	1	BvsD
cyclosporine modified 100 mg/ml SOLUTION **MO**	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT **DL**	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION **DL**	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION **DL**	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION **DL**	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR **DL**	4	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE **DL**	4	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE **DL**	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE **DL**	4	PA,QL(8 per 28 days)
EKTERLY 300 MG TABLET **DL**	4	PA,QL(12 per 30 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE **DL**	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION **DL**	4	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE **DL**	4	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR **DL**	4	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION **$0,DL**	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE **$0,DL**	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE **$0,DL**	1	BvsD
ENJAYMO 50 MG/ML SOLUTION **DL**	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR **DL**	4	PA,QL(1.36 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. **MO**	3	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. **DL**	3	PA
EPYSQLI 300 MG/30 ML SOLUTION **DL**	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET **MO**	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET	4	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg TABLET	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 1 mg TABLET **DL**	4	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE **DL**	4	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION **DL**	4	PA
GAMASTAN 15-18 % RANGE SOLUTION **MO**	3	PA
GAMIFANT 5 MG/ML SOLUTION **DL**	4	PA
GAMMAGARD LIQUID 10 % SOLUTION **DL**	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION **DL**	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION **DL**	4	PA
GAMMAPLEX 10 % SOLUTION **DL**	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION **DL**	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION **DL**	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION **DL**	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION **$0,DL**	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE **$0,DL**	1	
gengraf 100 mg, 25 mg CAPSULE **MO**	1	BvsD
gengraf 100 mg/ml SOLUTION **MO**	1	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE **DL**	4	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR **DL**	4	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION **DL**	4	PA,QL(24 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE $0,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE $0,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE DL	4	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION DL	4	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE DL	3	BvsD
HYRIMOZ 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	4	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE **DL**	4	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR **DL**	4	PA,QL(4.8 per 28 days)
icatibant 30 mg/3 ml SYRINGE **DL**	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT **DL**	4	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
IMAAVY 185 MG/ML SOLUTION **DL**	4	PA
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION **DL**	3	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION **$0,DL**	1	BvsD
IMURAN 50 MG TABLET **MO**	3	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE **DL**	1	
INFLECTRA 100 MG RECON SOLUTION **DL**	4	PA
INFLIXIMAB 100 MG RECON SOLUTION **DL**	4	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION **$0,DL**	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE **$0,DL**	1	
JYLAMVO 2 MG/ML SOLUTION **DL**	3	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION **$0,DL**	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION **DL**	4	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR **DL**	4	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE **DL**	4	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE **DL**	4	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE **DL**	1	
leflunomide 10 mg, 20 mg TABLET **MO**	1	QL(30 per 30 days)
LEQSELVI 8 MG TABLET **DL**	4	PA,QL(60 per 30 days)
LITFULO 50 MG CAPSULE **DL**	4	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE **DL**	4	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION **$0,DL**	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION **$0,DL**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION $0,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT $0,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION $0,DL	1	
methotrexate sodium 2.5 mg TABLET MO	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION MO	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION MO	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION MO	1	
MONJUVI 200 MG RECON SOLUTION DL	4	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE $0,DL	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	1	BvsD
mycophenolate mofetil 500 mg TABLET MO	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	1	BvsD
MYFORTIC 180 MG TABLET, DR/EC MO	3	BvsD
MYFORTIC 360 MG TABLET, DR/EC	4	BvsD
MYHIBBIN 200 MG/ML SUSPENSION DL	4	BvsD
NEMLUVIO 30 MG PEN INJECTOR DL	4	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE MO	3	BvsD
NEORAL 100 MG/ML SOLUTION MO	3	BvsD
NIKTIMVO 50 MG/ML SOLUTION DL	4	PA
OCTAGAM 10 %, 5 % SOLUTION DL	4	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET DL	4	PA,QL(30 per 30 days)
OMVOH 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) SYRINGE DL	4	PA,QL(3 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION DL	4	PA
OMVOH PEN 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR DL	4	PA,QL(3 per 28 days)
ORENCIA 125 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE DL	4	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE DL	4	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR **MO**	3	PA,QL(1.6 per 28 days)
OTULFI 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
OTULFI 45 MG/0.5 ML SYRINGE **MO**	3	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
PANZYGA 10 % SOLUTION **DL**	4	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE **DL**	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION **DL**	1	
PEGASYS 180 MCG/0.5 ML SYRINGE **DL**	4	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION **DL**	4	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT **$0,DL**	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT **$0,DL**	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT **DL**	1	
PIASKY 340 MG/2 ML SOLUTION **DL**	4	PA
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION **$0,DL**	1	
PRIVIGEN 10 % SOLUTION **DL**	4	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET **MO**	3	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE **MO**	3	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION **DL**	1	
PYZCHIVA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
PYZCHIVA 45 MG/0.5 ML SOLUTION **DL**	4	PA,QL(1.5 per 84 days)
PYZCHIVA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
PYZCHIVA 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
PYZCHIVA AUTOINJECTOR 45 MG/0.5 ML AUTO-INJECTOR **DL**	4	PA,QL(1.5 per 84 days)
PYZCHIVA AUTOINJECTOR 90 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(3 per 84 days)
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION **DL**	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE **DL**	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION **$0,DL**	1	BvsD
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION	4	BvsD

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR **MO**	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR **MO**	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR **MO**	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR **MO**	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR **MO**	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR **MO**	3	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR **MO**	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR **MO**	3	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR **MO**	3	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION **$0,DL**	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE **$0,DL**	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE **MO**	3	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE **MO**	3	PA,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SYRINGE **MO**	3	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE **MO**	3	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE **MO**	3	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE **MO**	3	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE **MO**	3	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE **MO**	3	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION **DL**	4	PA
RENFLEXIS 100 MG RECON SOLUTION **DL**	4	PA
REZUROCK 200 MG TABLET **DL**	4	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE **MO**	3	
RIDAURA 3 MG CAPSULE **DL**	4	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. **DL**	4	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. **DL**	4	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION **DL**	4	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION **DL**	1	
ROTATEQ VACCINE 2 ML SOLUTION **DL**	1	
RUCONEST 2,100 UNIT RECON SOLUTION **DL**	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sajazir 30 mg/3 ml SYRINGE **DL**	4	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE **MO**	3	BvsD
SANDIMMUNE 100 MG/ML SOLUTION **MO**	3	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION **DL**	4	PA,QL(2 per 28 days)
SELARSDI 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
SELARSDI 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)
SELARSDI 90 MG/ML SYRINGE **DL**	4	PA,QL(3 per 84 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **$0,DL**	1	
SILIQ 210 MG/1.5 ML SYRINGE **DL**	4	PA,QL(6 per 28 days)
SIMLANDI(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML SYRINGE KIT **DL**	4	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT **DL**	4	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR **DL**	4	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE **DL**	4	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR **DL**	4	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION **DL**	4	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION **DL**	4	BvsD
sirolimus 0.5 mg, 1 mg, 2 mg TABLET **MO**	1	BvsD
sirolimus 1 mg/ml SOLUTION **MO**	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	4	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	4	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR **DL**	4	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR **DL**	4	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION **DL**	4	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION **DL**	4	PA
SOTYKTU 6 MG TABLET **DL**	4	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML, 300 MG/2 ML SYRINGE **DL**	4	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION **DL**	4	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION **DL**	4	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION **DL**	4	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE **DL**	4	PA,QL(1.5 per 84 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STELARA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
STEQEYMA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
STEQEYMA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
STEQEYMA I.V. 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	4	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE MO	1	BvsD
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR. MO	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION DL	4	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	4	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION $0,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION $0,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE $0,DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	4	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE DL	4	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION MO	3	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE $0,DL	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE	4	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	4	PA,QL(4 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	4	PA,QL(120 per 365 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	4	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN 200 MG/2 ML PEN INJECTOR DL	4	PA,QL(4 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	BvsD

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUMENBA 120 MCG/0.5 ML SYRINGE $0,DL	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE $0,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	4	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION $0,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE $0,DL	1	
ULTOMIRIS 100 MG/ML SOLUTION	4	PA
UPLIZNA 10 MG/ML SOLUTION DL	4	PA,QL(120 per 365 days)
USTEKINUMAB 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
USTEKINUMAB 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
USTEKINUMAB-AEKN 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-AEKN 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
USTEKINUMAB-TTWE 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
USTEKINUMAB-TTWE 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION $0,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE $0,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION $0,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	4	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION $0,MO	1	
VELSIPITY 2 MG TABLET DL	4	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	4	PA
VIMKUNYA 40 MCG/0.8 ML SYRINGE $0,DL	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC $0,MO	1	
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	4	PA,QL(180 per 30 days)
WEZLANA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
WEZLANA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WEZLANA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
WEZLANA I.V. 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
XATMEP 2.5 MG/ML SOLUTION MO	3	PA
XELJANZ 1 MG/ML SOLUTION DL	4	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
XOLAIR 150 MG RECON SOLUTION DL	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	4	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	4	PA,QL(4 per 28 days)
YESINTEK 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
YESINTEK 45 MG/0.5 ML SOLUTION MO	3	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION $0,DL	1	
YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE DL	4	PA
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET	4	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET	4	BvsD,QL(120 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT DL	4	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. MO	3	ST,QL(120 per 30 days)
AZULFIDINE 500 MG TABLET MO	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC **MO**	3	
balsalazide 750 mg CAPSULE **MO**	1	
budesonide 2 mg/actuation FOAM **MO**	1	PA
budesonide 3 mg CAPSULE, DR/EC **MO**	1	
budesonide 9 mg TABLET, DR/ER	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE	4	PA
CORTENEMA 100 MG/60 ML ENEMA **MO**	3	
CORTIFOAM 10 % (80 MG) FOAM **MO**	3	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) **MO**	3	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE	4	ST,QL(120 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA **MO**	1	
LIALDA 1.2 GRAM TABLET, DR/EC **MO**	3	ST,QL(120 per 30 days)
mesalamine 0.375 gram CAPSULE, ER 24 HR. **MO**	1	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY **MO**	1	QL(30 per 30 days)
mesalamine 1.2 gram TABLET, DR/EC **MO**	1	ST,QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA **MO**	1	QL(1800 per 30 days)
mesalamine 400 mg CAPSULE (WITH DR TABLETS) **MO**	1	ST,QL(180 per 30 days)
mesalamine 500 mg CAPSULE, ER **MO**	1	ST,QL(300 per 30 days)
mesalamine 800 mg TABLET, DR/EC **MO**	1	ST,QL(180 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE, ER **DL**	4	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER **MO**	3	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM **MO**	1	
ROWASA 4 GRAM/60 ML ENEMA **MO**	3	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA **MO**	3	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET **MO**	1	
sulfasalazine 500 mg TABLET, DR/EC **MO**	1	
TARPEYO 4 MG CAPSULE, DR/EC **DL**	4	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM **MO**	3	PA
UCERIS 9 MG TABLET, DR/ER **MO**	3	PA,QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET **MO**	3	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET **MO**	3	PA,QL(4 per 28 days)
alendronate 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
alendronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg TABLET **MO**	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION **MO**	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC **MO**	3	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT **MO**	3	ST,QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL **MO**	1	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml SOLUTION **DL**	4	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE **MO**	1	
calcitriol 1 mcg/ml SOLUTION **MO**	1	
cinacalcet 30 mg, 60 mg TABLET **MO**	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET **MO**	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE **MO**	1	
doxercalciferol 4 mcg/2 ml SOLUTION **MO**	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE **DL**	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR **DL**	4	PA,QL(2.4 per 28 days)
FOSAMAX 70 MG TABLET **MO**	3	PA,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET **MO**	3	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION **MO**	3	
ibandronate 150 mg TABLET **MO**	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION **MO**	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE **MO**	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION **DL**	4	
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION **MO**	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION **MO**	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE **MO**	1	
paricalcitol 2 mcg/ml SOLUTION **MO**	1	QL(24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION **MO**	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE **MO**	3	QL(1 per 180 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAYALDEE 30 MCG CAPSULE, ER 24 HR. **DL**	4	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK **MO**	3	PA,QL(100 per 365 days)
risedronate 150 mg TABLET **MO**	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
risedronate 35 mg TABLET **MO**	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC **MO**	1	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE **MO**	3	
ROCALTROL 1 MCG/ML SOLUTION **MO**	3	
SENSIPAR 30 MG TABLET **MO**	3	QL(60 per 30 days)
SENSIPAR 60 MG TABLET	4	QL(60 per 30 days)
SENSIPAR 90 MG TABLET	4	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR **DL**	4	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL**	4	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR **DL**	4	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR **DL**	4	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR **DL**	4	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE **MO**	3	
ZEMPLAR 2 MCG/ML SOLUTION **DL**	4	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION **DL**	4	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK **MO**	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION **MO**	1	
zoledronic acid 4 mg/5 ml SOLUTION **MO**	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK **MO**	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK **MO**	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION **MO**	3	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION **MO**	1	
acetic acid 0.25 % SOLUTION **MO**	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION **MO**	1	
ADAKVEO 10 MG/ML SOLUTION **DL**	4	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALCOHOL PADS PADS, MEDICATED $0,MO	1	
ALCOHOL PREP PADS PADS, MEDICATED $0,MO	1	
ALCOHOL SWABS PADS, MEDICATED $0,MO	1	
ALCOHOL WIPES PADS, MEDICATED $0,MO	1	
AMMONUL 10-10 % SOLUTION DL	4	
AQNEURSA 1 GRAM GRANULES IN PACKET DL	4	PA,QL(112 per 28 days)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN $0,MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN $0,MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN $0,MO	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE $0,PDS,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE $0,MO	1	
BD ALCOHOL SWABS PADS, MEDICATED $0,MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE $0,PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE $0,PDS,MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE $0,PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE $0,PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE $0,PDS,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE $0,PDS,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE $0,PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE $0,PDS,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE $0,PDS,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE $0,PDS,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE $0,PDS,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE $0,PDS,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE $0,PDS,MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO**	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE **$0,PDS,MO**	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE **$0,PDS,MO**	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO**	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO**	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE **DL**	4	
BORDERED GAUZE 2 X 2 " BANDAGE **$0,MO**	1	
BRINSUPRI 10 MG, 25 MG TABLET **DL**	4	PA,QL(30 per 30 days)
bupap 50-300 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE **DL**	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE **DL**	1	QL(360 per 30 days)
butalbital-acetaminophen 50-300 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET **MO**	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg/15 ml SOLUTION **DL**	4	QL(450 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET **MO**	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE **DL**	4	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLET **DL**	4	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE **DL**	4	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLET **DL**	4	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION **MO**	3	
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION **MO**	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **$0,MO**	1	
CEQUR SIMPLICITY 2 UNIT DEVICE **$0,MO**	2	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS **MO**	2	
CERVIDIL 10 MG INSERT, ER **MO**	3	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE **MO**	3	ST,QL(60 per 30 days)
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE **DL**	4	PA,QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK **DL**	4	PA,QL(56 per 28 days)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION **MO**	3	
CURITY ALCOHOL SWABS PADS, MEDICATED **$0,MO**	1	
CURITY GAUZE 2 X 2 " BANDAGE **$0,MO**	1	
DEFITELIO 80 MG/ML SOLUTION **DL**	4	PA
DERMACEA 2 X 2 " BANDAGE **$0,MO**	1	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 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 **$0,PDS,MO**	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE **$0,PDS,MO**	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE **$0,PDS,MO**	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **$0,PDS,MO**	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO**	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **$0,MO**	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE **$0,PDS,MO**	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO**	3	
dyclopro 0.5 % SOLUTION **MO**	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED **$0,MO**	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **$0,MO**	1	
edetate calcium disodium 200 mg/ml SOLUTION **DL**	4	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION **DL**	4	ST,QL(43.2 per 30 days)
EMPAVELI 1,080 MG/20 ML SOLUTION **DL**	4	PA,QL(160 per 28 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENFLONSIA 105 MG/0.7 ML SYRINGE **MO**	3	
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET **DL**	4	PA
ESGIC 50-325-40 MG CAPSULE **MO**	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET **MO**	1	QL(180 per 30 days)
FILSPARI 200 MG, 400 MG TABLET **DL**	4	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL **DL**	4	PA
fioricet 50-300-40 mg CAPSULE **MO**	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE **DL**	3	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION **MO**	1	
fomepizole 1 gram/ml SOLUTION **MO**	1	
GAUZE BANDAGE 2 X 2 " BANDAGE **$0,MO**	1	
GAUZE PAD 2 X 2 " BANDAGE **$0,MO**	1	
GIVLAARI 189 MG/ML SOLUTION **DL**	4	PA
IGALMI 120 MCG, 180 MCG FILM **MO**	3	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED **$0,MO**	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE **$0,PDS,MO**	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **$0,PDS,MO**	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE **$0,PDS,MO**	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO**	1	
IV PREP WIPES PADS, MEDICATED **$0,MO**	1	
JOURNAVX 50 MG TABLET **MO**	3	PA,QL(30 per 180 days)
KORLYM 300 MG TABLET **DL**	4	PA,QL(120 per 30 days)
lactated ringers SOLUTION **MO**	1	
LITHOSTAT 250 MG TABLET **MO**	3	
methylergonovine 0.2 mg TABLET **DL**	4	
methylergonovine 0.2 mg/ml (1 ml) SOLUTION **MO**	1	
mifepristone 300 mg TABLET **DL**	4	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD **MO**	2	
MODD1 PATIENT WELCOME KIT KIT **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MODD1 SUPPLY KIT COMBO PACK **MO**	3	PA
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO**	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **$0,PDS,MO**	1	
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION **MO**	1	
nitroglycerin 0.4 % (w/w) OINTMENT **MO**	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN **$0,MO**	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE **$0,MO**	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE **$0,MO**	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE **$0,MO**	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE **$0,MO**	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE **$0,MO**	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE **$0,MO**	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE **$0,MO**	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE **$0,MO**	2	
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA
oxytocin 10 unit/ml SOLUTION **MO**	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET **MO**	3	PA
PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE **MO**	3	PA
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET **MO**	3	PA
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **$0,PDS,MO**	1	
phenazopyridine 100 mg, 200 mg TABLET **MO**	1	
PHEXXI 1.8-1-0.4 % GEL **MO**	3	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION **MO**	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION **MO**	1	
PITOCIN 10 UNIT/ML SOLUTION **MO**	3	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE **MO**	3	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION **DL**	4	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO**	1	
promethazine vc 6.25-5 mg/5 ml SYRUP **MO**	1	
promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP **MO**	1	
protamine 10 mg/ml SOLUTION **MO**	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO**	1	
PYRIDIUM 100 MG, 200 MG TABLET **MO**	3	
QUTENZA 8 % KIT **DL**	4	PA
RECTIV 0.4 % (W/W) OINTMENT **MO**	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION **MO**	3	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET **DL**	4	PA,QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION **DL**	4	BvsD
RIMSO-50 50 % SOLUTION **DL**	4	
ringer's SOLUTION **MO**	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE **DL**	4	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION **DL**	4	PA
SIKLOS 1,000 MG, 100 MG TABLET **MO**	3	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium benzoate-sod phenylacet 10-10 % SOLUTION **DL**	4	
sodium chloride 0.9 % SOLUTION **MO**	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE **DL**	4	PA
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **$0,MO**	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **$0,MO**	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION **DL**	4	PA
tencon 50-325 mg TABLET **MO**	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION **DL**	4	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED **$0,MO**	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED **$0,MO**	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED **$0,MO**	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE **$0,PDS,MO**	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE **$0,PDS,MO**	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE **$0,PDS,MO**	1	
V-GO 20 DEVICE **$0,MO**	3	PA
V-GO 30 DEVICE **$0,MO**	3	PA
V-GO 40 DEVICE **$0,MO**	3	PA
VANRAFIA 0.75 MG TABLET **DL**	4	PA,QL(30 per 30 days)
VIRAZOLE 6 GRAM RECON SOLUTION **DL**	4	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL **DL**	4	PA,QL(10 per 28 days)
VYKAT XR 150 MG, 25 MG, 75 MG TABLET, ER 24 HR. **DL**	4	PA
water for irrigation, sterile SOLUTION **MO**	1	
WEBCOL PADS, MEDICATED **$0,MO**	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR **DL**	4	PA
XDEMVY 0.25 % DROPS **MO**	3	PA,QL(10 per 42 days)
XROMI 100 MG/ML SOLUTION **DL**	4	PA
YCANTH 0.7 % SOLUTION W/APPLICATOR **DL**	4	PA

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfacetamide sodium 10 % DROPS **MO**	1	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS **MO**	1	
tafluprost (pf) 0.0015 % DROPPERETTE **MO**	3	ST,QL(30 per 30 days)
timolol 0.5 % DROPS **MO**	1	ST
timolol maleate 0.25 % DROPS **MO**	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION **MO**	1	
timolol maleate 0.5 % DROPS **MO**	1	
timolol maleate 0.5 % DROPS, ONCE DAILY **MO**	1	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE **MO**	1	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE **MO**	3	ST
TOBRADEX 0.3-0.1 % DROPS, SUSPENSION **MO**	3	
TOBRADEX 0.3-0.1 % OINTMENT **MO**	3	
TOBRADEX ST 0.3-0.05 % DROPS, SUSPENSION **MO**	3	
tobramycin 0.3 % DROPS **MO**	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION **MO**	1	
TOBREX 0.3 % OINTMENT **MO**	3	
TRAVATAN Z 0.004 % DROPS **MO**	3	ST,QL(2.5 per 25 days)
travoprost 0.004 % DROPS **MO**	1	QL(2.5 per 25 days)
trifluridine 1 % DROPS **MO**	1	
TRYPTYR 0.003 % DROPPERETTE **MO**	3	PA,QL(60 per 30 days)
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL **MO**	3	PA,QL(8.4 per 30 days)
VERKAZIA 0.1 % DROPPERETTE **DL**	4	PA,QL(120 per 30 days)
VEVYE 0.1 % DROPS **MO**	3	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS **MO**	3	PA
VUITY 1.25 % DROPS **MO**	3	
VYZULTA 0.024 % DROPS **MO**	3	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS **MO**	3	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION **MO**	3	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE **MO**	3	PA,QL(60 per 30 days)
ZERVIATE 0.24 % DROPPERETTE **MO**	3	QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE **MO**	3	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION **MO**	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION **MO**	3	
CIPRODEX 0.3-0.1 % DROPS, SUSPENSION **MO**	3	QL(7.5 per 30 days)
ciprofloxacin hcl 0.2 % DROPPERETTE **MO**	1	
ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION **MO**	3	QL(7.5 per 30 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION **MO**	3	
DERMOTIC OIL 0.01 % DROPS **MO**	3	
flac otic oil 0.01 % DROPS **MO**	1	
fluocinolone acetonide oil 0.01 % DROPS **MO**	1	
hydrocortisone-acetic acid 1-2 % DROPS **MO**	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION **MO**	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION **MO**	1	
ofloxacin 0.3 % DROPS **MO**	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET **MO**	3	PA,QL(60 per 30 days)
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION **MO**	1	BvsD
ADCIRCA 20 MG TABLET **DL**	4	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET **DL,LA**	4	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION **MO**	3	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE **MO**	3	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(12 per 30 days)
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	2	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET **MO**	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
albuterol sulfate 2 mg/5 ml SYRUP **MO**	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION **MO**	1	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. **MO**	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER **MO**	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(18.3 per 28 days)
ALYFTREK 10-50-125 MG TABLET **DL**	4	PA,QL(56 per 28 days)
ALYFTREK 4-20-50 MG TABLET **DL**	4	PA,QL(84 per 28 days)
alyq 20 mg TABLET **MO**	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET **DL**	4	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION **MO**	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE **MO**	3	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE **MO**	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. **MO**	3	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR **MO**	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL **MO**	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL **MO**	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL **MO**	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL **MO**	3	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER **MO**	3	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET **DL**	4	PA,QL(60 per 30 days)
bosentan 32 mg TABLET FOR SUSPENSION **DL**	4	PA,QL(120 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE **MO**	2	QL(60 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	4	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
carbinoxamine maleate 4 mg TABLET MO	1	
carbinoxamine maleate 4 mg/5 ml LIQUID MO	1	
carbinoxamine maleate 6 mg TABLET DL	4	QL(120 per 30 days)
carbzah 4 mg/5 ml LIQUID DL	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION DL	4	PA
CLARINEX 5 MG TABLET MO	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP DL	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET MO	1	
clemasz 2.68 mg TABLET MO	1	
clemsza 2.68 mg TABLET DL	4	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	3	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP MO	1	
cyproheptadine 4 mg TABLET MO	1	
DALIRESP 250 MCG TABLET MO	3	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	PA,QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	1	ST,QL(30 per 30 days)
desloratadine 5 mg TABLET MO	1	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION MO	1	PA
DIPHEN 12.5 MG/5 ML ELIXIR MO	1	
diphen 12.5 mg/5 ml ELIXIR MO	1	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR MO	1	
diphenhydramine hcl 50 mg/ml SOLUTION MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diphenhydramine hcl 50 mg/ml SYRINGE **MO**	1	
DOPRAM 20 MG/ML SOLUTION **MO**	3	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. **MO**	3	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL **MO**	3	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR **MO**	1	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR **MO**	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR **MO**	3	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR **MO**	3	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR **MO**	3	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR **MO**	3	PA,QL(4 per 30 days)
epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION **DL**	4	PA
ESBRIET 267 MG CAPSULE **DL**	4	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET **DL**	4	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET **DL**	4	PA,QL(90 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE **DL**	4	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE **DL**	4	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR **DL**	4	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL **MO**	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE **MO**	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. **MO**	2	QL(1 per 30 days)
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE **MO**	3	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER **MO**	3	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER **MO**	3	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION **MO**	1	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION **MO**	1	BvsD,QL(120 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPSUMIT 10 MG TABLET DL	4	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET DL	4	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER DL	4	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER DL	4	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER DL	4	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER DL	4	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER DL	4	PA,QL(150 per 30 days)
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK DL	4	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK DL	4	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK DL	4	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	4	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	4	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL MO	3	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION DL	4	BvsD,QL(120 per 30 days)
pirfenidone 267 mg CAPSULE DL	4	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET DL	4	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET DL	4	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
QUZYTTIR 10 MG/ML SOLUTION MO	3	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(10.6 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
REMODULIN 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION DL	4	PA
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET DL	4	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET MO	1	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	1	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION MO	1	
RYVENT 6 MG TABLET MO	1	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	1	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET MO	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET MO	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	2	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	2	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	2	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION DL	4	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION MO	1	
terbutaline 2.5 mg, 5 mg TABLET MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. MO	1	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
theophylline 80 mg/15 ml ELIXIR MO	1	
theophylline 80 mg/15 ml SOLUTION MO	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION DL	4	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION DL	4	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	4	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER DL	4	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER DL	4	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER DL	4	PA,QL(252 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	4	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	4	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	4	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	3	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION	4	PA,QL(90 per 30 days)
YUTREPIA 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE DL	4	PA
zafirlukast 10 mg, 20 mg TABLET MO	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.1 per 28 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE	4	ST,QL(120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	4	ST,QL(21 per 30 days)
carisoprodol 250 mg TABLET MO	1	ST,QL(120 per 30 days)
carisoprodol 350 mg TABLET MO	1	QL(120 per 30 days)
chlorzoxazone 250 mg TABLET DL	4	ST,QL(360 per 30 days)
chlorzoxazone 375 mg, 750 mg TABLET MO	1	ST,QL(120 per 30 days)
chlorzoxazone 500 mg TABLET MO	1	ST
cyclobenzaprine 10 mg, 5 mg TABLET MO	1	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. MO	1	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET MO	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET MO	1	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET MO	1	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET DL	4	ST,QL(120 per 30 days)
metaxalone 400 mg, 800 mg TABLET MO	1	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET DL	4	PA
methocarbamol 100 mg/ml SOLUTION MO	1	
methocarbamol 500 mg, 750 mg TABLET MO	1	
norgesic 25-385-30 mg TABLET DL	4	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET DL	4	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER MO	1	

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

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

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROVIGIL 100 MG, 200 MG TABLET	4	PA,QL(60 per 30 days)
QUVIVIQ 25 MG, 50 MG TABLET **MO**	3	ST,QL(30 per 30 days)
ramelteon 8 mg TABLET **MO**	1	ST,QL(30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
ROZEREM 8 MG TABLET **MO**	3	ST,QL(30 per 30 days)
SILENOR 3 MG, 6 MG TABLET **MO**	3	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION **DL**	4	PA,QL(540 per 30 days)
SUNOSI 150 MG, 75 MG TABLET **MO**	3	PA,QL(30 per 30 days)
tasimelteon 20 mg CAPSULE **DL**	4	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE **DL**	1	QL(30 per 30 days)
temazepam 22.5 mg, 7.5 mg CAPSULE **DL**	1	QL(30 per 30 days)
triazolam 0.125 mg, 0.25 mg TABLET **DL**	1	QL(30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET **DL**	4	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION **DL**	4	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION **DL**	4	PA,QL(540 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE **MO**	1	QL(30 per 30 days)
zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET **MO**	1	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET **MO**	1	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE **MO**	1	QL(30 per 30 days)
ZOLPIDEM 7.5 MG CAPSULE **MO**	3	QL(30 per 30 days)

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

BvsD – Part B vs Part D • CI – Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA – Prior Authorization • PDS – BD/HTL–Droplet are the Preferred Diabetic Supplies • QL – Quantity Limit • $0 – Vaccine/Diabetic • ST – Step Therapy

Humana Group Medicare Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
benzonatate 100 mg, 150 mg, 200 mg CAPSULE	1	
bromfed dm 2-30-10 mg/5 ml SYRUP	1	
brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP	1	
HYCODAN 5-1.5 MG/5 ML (5 ML) SOLUTION	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET	1	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SOLUTION	1	
hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.	1	
hydrocodone-homatropine 5-1.5 mg TABLET	1	
hydrocodone-homatropine 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml) SOLUTION	1	
hydromet 5-1.5 mg/5 ml SOLUTION	1	
promethazine vc-codeine 6.25-5-10 mg/5 ml SYRUP	1	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	1	
promethazine-dm 6.25-15 mg/5 ml SYRUP	1	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	3	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	3	
TUZISTRA XR 14.7-2.8 MG/5 ML SUSPENSION, ER 12 HR.	3	
Fertility - Mail Order Available		
cetrorelix 0.25 mg KIT	1	
CETROTIDE 0.25 MG KIT	3	
clomid 50 mg TABLET	1	

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

BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL- Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • $0 – Vaccine/Diabetic • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Fertility - Mail Order Available		
clomiphene citrate 50 mg TABLET	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	3	
fyremadel 250 mcg/0.5 ml SYRINGE	1	
GANIRELIX 250 MCG/0.5 ML SYRINGE	3	
ganirelix 250 mcg/0.5 ml SYRINGE	3	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	3	
GONAL-F RFF 75 UNIT RECON SOLUTION	3	
MENOPUR 75 UNIT RECON SOLUTION	3	
OVIDREL 250 MCG/0.5 ML SYRINGE	3	
Vitamins/Minerals - Mail Order Available		
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	1	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	1	
b-complex injection 100-2-100-2-2 mg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	1	
dodex 1,000 mcg/ml SOLUTION	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE	3	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	

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

BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL- Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • $0 – Vaccine/Diabetic • ST - Step Therapy

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

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

BvsD - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS - BD/HTL- Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • $0 – Vaccine/Diabetic • ST - Step Therapy

Index

A

abacavir-lamivudine... 75
abacavir... 75
ABELCET... 45
abigale lo... 146
abigale... 146
ABILIFY ASIMTUFII... 70
ABILIFY MAINTENA... 70
ABILIFY MYCITE MAINTENANCE KIT... 70
ABILIFY MYCITE STARTER KIT... 70
ABILIFY... 70
abiraterone... 51
abirtega... 51
ABRAXANE... 51
ABRILADA(CF) PEN... 159
ABRILADA(CF)... 159
ABRYSVO (PF)... 159
ABSORICA LD... 117
ABSORICA... 116
acamprosate... 21
ACANYA... 117
acarbose... 83
ACCOLATE... 188
ACCUPRIL... 94
ACCURETIC... 94
accutane... 117
acebutolol... 94
ACETADOTE... 175
acetaminophen-caff-dihydrocod... 11
acetaminophen-codeine... 11
acetaminophen... 175
acetazolamide sodium... 94
acetazolamide... 94
acetic acid... 22, 175
acetylcysteine... 175, 188
ACIPHEX... 133
acitretin... 117
ACTEMRA ACTPEN... 159
ACTEMRA... 159
ACTHAR SELFJECT... 142
ACTHAR... 142
ACTHIB (PF)... 159
ACTICLATE... 22
ACTIMMUNE... 159
ACTIVELLA... 146
ACTONEL... 174
ACTOPLUS MET... 83
ACTOS... 83
ACULAR LS... 183
ACULAR... 183
ACUVAIL (PF)... 183
acyclovir sodium... 76
acyclovir... 75, 76
ACZONE... 117
ADACEL(TDAP ADOLESN/ADULT)(PF)... 159
ADAKVEO... 175
ADALIMUMAB-AACF(CF) PEN CROHNS... 159
ADALIMUMAB-AACF(CF) PEN PS-UV... 159
ADALIMUMAB-AACF... 159
ADALIMUMAB-AATY(CF) AI CROHNS... 159
ADALIMUMAB-AATY... 159
ADALIMUMAB-ADAZ... 159, 160
ADALIMUMAB-ADBM(CF) PEN CROHNS... 160
ADALIMUMAB-ADBM(CF) PEN PS-UV... 160
ADALIMUMAB-ADBM... 160
ADALIMUMAB-FKJP... 160
ADALIMUMAB-RYVK... 160
adapalene-benzoyl peroxide... 117
adapalene... 117
ADBRY... 117
ADCETRIS... 51
ADCIRCA... 188
ADDERALL XR... 109
ADDERALL... 109
adefovir... 76
ADEMPAS... 188
adenosine... 94
ADLARITY... 39
ADMELOG SOLOSTAR U-100 INSULIN... 83
ADMELOG U-100 INSULIN LISPRO... 83
ADRENALIN IN 0.9 % SOD CHLOR... 94
ADRENALIN... 188
ADRIAMYCIN... 51
adrucil... 51
ADSTILADRIN... 175
ADVAIR DISKUS... 188
ADVAIR HFA... 188
ADZENYS XR-ODT... 109

ADZYNMA... 89
AEMCOLO... 133
AFINITOR DISPERZ... 52
AFINITOR... 51
afirmelle... 146
AFREZZA... 83
AGAMREE... 142
AGGRASTAT CONCENTRATE... 89
AGGRASTAT IN SODIUM CHLORIDE... 89
AGRYLIN... 90
AIMOVIG AUTOINJECTOR... 49
AIRDUO DIGIHALER... 188
AIRDUO RESPICLICK... 188
AIRSUPRA... 188
AJOVY AUTOINJECTOR... 49
AJOVY SYRINGE... 49
AKEEGA... 52
AKLIEF... 117
AKYNZEO (FOSNETUPITANT)... 43
AKYNZEO (NETUPITANT)... 43
ALA-CORT... 117
ALA-SCALP... 117
albendazole... 67
albuterol sulfate... 188, 189
ALCAINE... 183
alclometasone... 117
ALCOHOL PADS... 176
ALCOHOL PREP PADS... 176
ALCOHOL SWABS... 176
ALCOHOL WIPES... 176
ALDACTONE... 94
ALDURAZYME... 137
ALECENSA... 52
alendronate... 174
alfuzosin... 141
ALIMTA... 52
ALIQOPA... 52
aliskiren... 94
ALKINDI SPRINKLE... 142
allopurinol sodium... 48
allopurinol... 48
almotriptan malate... 49
ALOMIDE... 183
ALOPRIM... 48
alosetron... 133
ALPHAGAN P... 183
alprazolam intensol... 81
alprazolam... 81
ALREX... 183
ALTABAX... 117
ALTACE... 94
altavera (28)... 146
ALTOPREV... 95
ALTRENO... 117
ALUNBRIG... 52
ALVAIZ... 90
ALVESCO... 189
alyacen 1/35 (28)... 146
alyacen 7/7/7 (28)... 146
ALYFTREK... 189
ALYGLO... 160
ALYMSYS... 52
alyq... 189
amabelz... 146
amantadine hcl... 68
AMBIEN CR... 197
AMBIEN... 197
AMBISOME... 45
ambrisentan... 189
amcinonide... 117
amethia... 146
amethyst (28)... 146
amikacin... 22
amiloride-hydrochlorothiazide... 95
amiloride... 95
aminocaproic acid... 90
aminophylline... 189
AMINOSYN II 10 %... 126
amiodarone... 95
AMITIZA... 133
amitriptyline-chlordiazepoxide... 40
amitriptyline... 40
AMJEVITA(CF) AUTOINJECTOR... 160
AMJEVITA(CF)... 160
amlodipine-atorvastatin... 95
amlodipine-benazepril... 95
amlodipine-olmesartan... 95
amlodipine-valsartan-hcthiazid... 95
amlodipine-valsartan... 95
amlodipine... 95
ammonium lactate... 117
AMMONUL... 176
amnesteem... 117
amoxapine... 40
amoxicil-clarithromy-lansopraz... 133
amoxicillin-pot clavulanate... 22, 23
amoxicillin... 22
amphetamine sulfate... 109
amphotericin b liposome... 45
amphotericin b... 45
ampicillin sodium... 23

ampicillin-sulbactam... 23
ampicillin... 23
AMPYRA... 109
AMRIX... 196
AMVUTTRA... 137
AMZEEQ... 117
ANAFRANIL... 40
anagrelide... 90
anastrozole... 52
ANCOBON... 45
ANDEMBRY AUTOINJECTOR... 160
ANDROGEL... 146
ANGELIQ... 146
ANKTIVA... 52
ANNOVERA... 146
ANORO ELLIPTA... 189
ANTIVERT... 43
anusol-hc... 117
ANZEMET... 43
ANZUPGO... 117
APADAZ... 11
apexicon e... 117
APIDRA SOLOSTAR U-100 INSULIN... 83
APIDRA U-100 INSULIN... 83
APLENZIN... 40
APOKYN... 68
apomorphine... 68
APONVIE... 43
apraclonidine... 183
aprepitant... 43
apri... 146
APRISO... 172
APTENSIO XR... 110
APTIOM... 32
APTIVUS... 76
AQNEURSA... 176
ARALAST NP... 137
aranelle (28)... 146
ARANESP (IN POLYSORBATE)... 90
ARAVA... 160
ARAZLO... 117
ARBLI... 95
ARCALYST... 160
AREXVY (PF)... 160
arformoterol... 189
ARICEPT... 39
ARIKAYCE... 23
ARIMIDEX... 52
aripiprazole... 70
ARISTADA INITIO... 71
ARISTADA... 70, 71
ARIXTRA... 90
armodafinil... 197
ARMONAIR DIGIHALER... 189
ARMOUR THYROID... 156
ARNUITY ELLIPTA... 189
AROMASIN... 52
ARRANON... 52
arsenic trioxide... 52
ARTHROTEC 50... 11
ARTHROTEC 75... 11
ASCENIV... 160
ascomp with codeine... 11
ascorbic acid (vitamin c)... 200
asenapine maleate... 71
ashlyna... 146
ASMANEX HFA... 189
ASMANEX TWISTHALER... 189
ASPARLAS... 52
aspirin-dipyridamole... 90
ASPRUZYO SPRINKLE... 95
ASTAGRAF XL... 160
ATACAND HCT... 95
ATACAND... 95
atazanavir... 76
ATELVIA... 174
atenolol-chlorthalidone... 95
atenolol... 95
ATGAM... 160
ATIVAN... 81
atomoxetine... 110
ATORVALIQ... 95
atorvastatin... 95
atovaquone-proguanil... 67
atovaquone... 67
ATRALIN... 118
ATRIPLA... 76
ATROPINE SULFATE (PF)... 183
atropine... 133, 183
ATROVENT HFA... 189
ATTRUBY... 137
AUBAGIO... 110
aubra eq... 147
aubra... 147
AUGMENTIN ES-600... 23
AUGMENTIN XR... 23
AUGMENTIN... 23
AUGTYRO... 52
auranofin... 160
aurovela 1.5/30 (21)... 147
aurovela 1/20 (21)... 147
aurovela 24 fe... 147

aurovela fe 1-20 (28)... 147
aurovela fe 1.5/30 (28)... 147
AUSTEDO XR TITRATION KT(WK1-4)... 110
AUSTEDO XR... 110
AUSTEDO... 110
AUTOJECT 2 INJECTION DEVICE... 176
AUTOPEN 1 TO 21 UNITS... 176
AUTOPEN 2 TO 42 UNITS... 176
AUTOSHIELD DUO PEN NEEDLE... 176
AUVELITY... 40
AUVI-Q... 189
AVALIDE... 95
AVAPRO... 95
AVASTIN... 52
AVEED... 147
AVELOX IN NACL (ISO-OSMOTIC)... 23
AVERI... 147
AVGEMSI... 52
aviane... 147
avidoxy... 23
AVITA... 118
AVMAPKI-FAKZYNJA... 52
AVODART... 141
AVONEX... 110
AVSOLA... 160
AVYCAZ... 23
AXTLE... 52
AYGESTIN... 147
ayuna... 147
AYVAKIT... 52
azacitidine... 52
AZACTAM... 23
AZASAN... 160
AZASITE... 183
azathioprine sodium... 161
azathioprine... 161
azelaic acid... 118
azelastine-fluticasone... 189
azelastine... 183, 189
AZELEX... 118
AZILECT... 68
azithromycin... 23
AZMIRO... 147
AZOPT... 183
AZOR... 95
AZSTARYS... 110
aztreonam... 23
AZULFIDINE EN-TABS... 173
AZULFIDINE... 172
azurette (28)... 147

B

b complex 100... 200
b-complex injection... 200
bacitracin-polymyxin b... 183
bacitracin... 23, 183
baclofen... 75
BACTRIM DS... 23
BACTRIM... 23
BAFIERTAM... 110
bal-care dha... 126
balanced salt... 183
BALCOLTRA... 147
balsalazide... 173
BALVERSA... 52
balziva (28)... 147
BAND-AID GAUZE PADS... 176
BANZEL... 32
BAQSIMI... 83
BARACLUDE... 76
BASAGLAR KWIKPEN U-100 INSULIN... 83
BASAGLAR TEMPO PEN(U-100)INSLN... 83
BAVENCIO... 52
BAXDELA... 23
BCG VACCINE, LIVE (PF)... 161
BD ALCOHOL SWABS... 176
BD AUTOSHIELD DUO PEN NEEDLE... 176
BD ECLIPSE LUER-LOK... 176
BD INSULIN SYRINGE (HALF UNIT)... 176
BD INSULIN SYRINGE MICRO-FINE... 176
BD INSULIN SYRINGE U-500... 176
BD INSULIN SYRINGE ULTRA-FINE... 176
BD INSULIN SYRINGE... 176
BD LO-DOSE MICRO-FINE IV... 176
BD NANO 2ND GEN PEN NEEDLE... 176
BD SAFETYGLIDE INSULIN SYRINGE... 176
BD SAFETYGLIDE SYRINGE... 176
BD ULTRA-FINE MICRO PEN NEEDLE... 176
BD ULTRA-FINE MINI PEN NEEDLE... 176
BD ULTRA-FINE NANO PEN NEEDLE... 177
BD ULTRA-FINE ORIG PEN NEEDLE... 177

BD ULTRA-FINE SHORT PEN NEEDLE... 177
BD VEO INSULIN SYR (HALF UNIT)... 177
BD VEO INSULIN SYRINGE UF... 177
BECONASE AQ... 189
BELBUCA... 11
BELEODAQ... 52
BELSOMRA... 197
benazepril-hydrochlorothiazide... 96
benazepril... 95
bendamustine... 52
BENDEKA... 53
BENICAR HCT... 96
BENICAR... 96
BENLYSTA... 161
BENTYL... 133
BENZAMYCIN... 118
benzhydrocodone-acetaminophen... 11
benzonatate... 199
benztropine... 68
bepotastine besilate... 183
BEPREVE... 183
BERINERT... 161
beser... 118
BESIVANCE... 183
BESPONSA... 53
BESREMI... 161
BETADINE OPHTHALMIC PREP... 183
betaine... 137
betamethasone acet,sod phos... 142
betamethasone dipropionate... 118
betamethasone valerate... 118
betamethasone, augmented... 118
BETAPACE AF... 96
BETAPACE... 96
BETASERON... 110
betaxolol... 96, 183
bethanechol chloride... 141
BETHKIS... 23
BETIMOL... 183
BETOPTIC S... 183
BEVESPI AEROSPHERE... 189
bexarotene... 53
BEXSERO... 161
BEYAZ... 147
BEYFORTUS... 177
bicalutamide... 53
BICILLIN C-R... 24
BICILLIN L-A... 24
BICNU... 53
BIDIL... 96
BIJUVA... 147
BIKTARVY... 76
BILTRICIDE... 67
bimatoprost... 184
BIMZELX AUTOINJECTOR... 161
BIMZELX... 161
BINOSTO... 174
BIORPHEN... 96
bismuth subcit k-metronidz-tcn... 133
bisoprolol fumarate... 96
bisoprolol-hydrochlorothiazide... 96
bivalirudin... 90
BIVIGAM... 161
BIZENGRI... 53
BKEMV... 161
bleomycin... 53
blisovi 24 fe... 147
blisovi fe 1.5/30 (28)... 147
blisovi fe 1/20 (28)... 147
BONJESTA... 43
BOOSTRIX TDAP... 161
BORDERED GAUZE... 177
BORTEZOMIB... 53
BORUZU... 53
bosentan... 189
BOSULIF... 53
BRAFTOVI... 53
BREO ELLIPTA... 189
BREVIBLOC IN NACL (ISO-OSM)... 96
BREVIBLOC... 96
BREZTRI AEROSPHERE... 190
briellyn... 147
BRILINTA... 90
brimonidine... 118, 184
BRINSUPRI... 177
brinzolamide... 184
BRIUMVI... 110
BRIVIACT... 32
bromfed dm... 199
bromfenac... 184
bromocriptine... 68
brompheniramine-pseudoeph-dm... 199
BROMSITE... 184
BRONCHITOL... 190
BROVANA... 190
BRUKINSA... 53
BRYHALI... 118
BRYNOVIN... 83
BSS PLUS... 184

BSS... 184
BUCAPSOL... 81
budesonide... 173, 190
bumetanide... 96
bupap... 177
BUPHENYL... 138
bupivacaine (pf)... 19
bupivacaine hcl... 19
bupivacaine liposome (pf)... 19
bupivacaine-dextrose-water(pf)... 19
bupivacaine-epinephrine (pf)... 19
bupivacaine-epinephrine... 19
BUPRENEX... 11
buprenorphine hcl... 11, 21
buprenorphine-naloxone... 21
buprenorphine... 11
bupropion hcl (smoking deter)... 21
bupropion hcl... 40
buspirone... 82
busulfan... 53
BUSULFEX... 53
butalbital-acetaminop-caf-cod... 177
butalbital-acetaminophen-caff... 177
butalbital-acetaminophen... 177
butalbital-aspirin-caffeine... 177
butorphanol... 11
BUTRANS... 11
BYDUREON BCISE... 83
BYETTA... 83
BYLVAY... 177
BYSTOLIC... 96

C

c-nate dha... 126
CABENUVA... 76
cabergoline... 157
CABLIVI... 90
CABOMETYX... 53
CABTREO... 118
CADUET... 96
CAFCIT... 177
caffeine citrate... 177
calcipotriene-betamethasone... 118
calcipotriene... 118
calcitonin (salmon)... 174
calcitriol... 118, 174
calcium chloride... 126
calcium gluconate... 126
CALDOLOR... 11
CALQUENCE (ACALABRUTINIB MAL)... 53
CAMBIA... 11
camila... 147
CAMPTOSAR... 53
camrese lo... 147
camrese... 147
CAMZYOS... 96
CANASA... 173
CANCIDAS... 45
candesartan-hydrochlorothiazid... 96
candesartan... 96
CAPEX... 118
CAPLYTA... 71
CAPRELSA... 53
captopril-hydrochlorothiazide... 96
captopril... 96
CARAC... 118
CARAFATE... 133
CARBAGLU... 126
carbamazepine... 32, 33
CARBATROL... 33
carbidopa-levodopa-entacapone... 68
carbidopa-levodopa... 68
carbidopa... 68
carbinoxamine maleate... 190
CARBOCAINE WITH NEO-COBEFRIN... 19
carboplatin... 53
carboprost tromethamine... 146
carbzah... 190
CARDIZEM CD... 96
CARDIZEM LA... 97
CARDIZEM... 96
CARDURA XL... 97
CARDURA... 97
CARETOUCH ALCOHOL PREP PAD... 177
carglumic acid... 126
carisoprodol... 196
carmustine... 53
CARNITOR (SUGAR-FREE)... 126
CARNITOR... 126
CAROSPIR... 97
carteolol... 184
cartia xt... 97
carvedilol phosphate... 97
carvedilol... 97
CASODEX... 53
caspofungin... 45
CAYSTON... 190
cefaclor... 24

cefadroxil... 24
cefazolin in dextrose (iso-os)... 24
cefazolin... 24
cefdinir... 24
cefepime in dextrose 5 %... 24
cefepime in dextrose,iso-osm... 24
cefepime... 24
cefixime... 24
cefotetan... 24
cefoxitin in dextrose, iso-osm... 24
cefoxitin... 24
cefpodoxime... 24
cefprozil... 24
ceftazidime... 24
ceftriaxone in dextrose,iso-os... 25
ceftriaxone... 24
cefuroxime axetil... 25
cefuroxime sodium... 25
CELEBREX... 11
celecoxib... 11
CELESTONE SOLUSPAN... 142
CELEXA... 40
CELLCEPT INTRAVENOUS... 161
CELLCEPT... 161
CELONTIN... 33
CENTANY... 118
cephalexin... 25
CEQUA... 184
CEQUR SIMPLICITY INSERTER... 177
CEQUR SIMPLICITY... 177
CERDELGA... 138
CEREBYX... 33
CEREZYME... 138
CERVIDIL... 177
cetirizine... 190
cetrorelix... 199
CETROTIDE... 199
cevimeline... 116
CHANTIX CONTINUING MONTH BOX... 21
CHANTIX STARTING MONTH BOX... 21
CHANTIX... 21
charlotte 24 fe... 147
chateal eq (28)... 147
CHEMET... 126
chenodal... 133
chloramphenicol sod succinate... 25
chlordiazepoxide hcl... 82
chlorhexidine gluconate... 116
chloroprocaine (pf)... 19
chloroquine phosphate... 67
chlorothiazide sodium... 97
chlorpromazine... 71
chlorthalidone... 97
chlorzoxazone... 196
CHOLBAM... 138
cholestyramine (with sugar)... 97
cholestyramine light... 97
CHORIONIC GONADOTROPIN, HUMAN... 145
CIALIS... 141
CIBINQO... 161
ciclodan... 45
ciclopirox... 45
cidofovir... 76
cilostazol... 90
CILOXAN... 184
CIMDUO... 76
cimetidine hcl... 133
cimetidine... 133
CIMZIA POWDER FOR RECONST... 161
CIMZIA STARTER KIT... 161
CIMZIA... 161
cinacalcet... 174
CINQAIR... 190
CINRYZE... 161
CINVANTI... 43
CIPRO HC... 188
CIPRO... 25
CIPRODEX... 188
ciprofloxacin hcl... 25, 184, 188
ciprofloxacin in 5 % dextrose... 25
ciprofloxacin-dexamethasone... 188
ciprofloxacin... 25
cisplatin... 53
citalopram... 40
CITRANATAL B-CALM (FE GLUC)... 126
cladribine... 53
CLAFORAN... 25
claravis... 118
CLARINEX-D 12 HOUR... 177
CLARINEX... 190
clarithromycin... 25
clemastine... 190
clemasz... 190
clemsza... 190
CLENPIQ... 133
CLEOCIN HCL... 25
CLEOCIN PEDIATRIC... 25
CLEOCIN T... 119
CLEOCIN... 25

CLEVIPREX... 97
CLIMARA PRO... 147
CLIMARA... 147
clindacin etz... 119
clindacin p... 119
clindacin... 119
CLINDAGEL... 119
clindamycin hcl... 25
clindamycin in 0.9 % sod chlor... 25
clindamycin in 5 % dextrose... 25
clindamycin palmitate hcl... 25
clindamycin pediatric... 25
clindamycin phosphate... 25, 26, 119
clindamycin-benzoyl peroxide... 119
clindamycin-tretinoin... 119
CLINDESSE... 26
CLINIMIX 4.25%/D10W SULF FREE... 126
CLINIMIX 4.25%/D5W SULFIT FREE... 127
CLINIMIX 5%-D20W(SULFITE-FREE)... 127
CLINIMIX 5%/D15W SULFITE FREE... 126
CLINIMIX 6%-D5W (SULFITE-FREE)... 127
CLINIMIX 8%-D10W(SULFITE-FREE)... 127
CLINIMIX 8%-D14W(SULFITE-FREE)... 127
CLINIMIX E 2.75%/D5W SULF FREE... 127
CLINIMIX E 4.25%/D10W SUL FREE... 127
CLINIMIX E 4.25%/D5W SULF FREE... 127
CLINIMIX E 5%/D15W SULFIT FREE... 127
CLINIMIX E 5%/D20W SULFIT FREE... 127
CLINIMIX E 8%-D10W SULFITEFREE... 127
CLINIMIX E 8%-D14W SULFITEFREE... 127
CLINISOL SF 15 %... 127
CLINOLIPID... 127
clobazam... 33
clobetasol-emollient... 119
clobetasol... 119
CLOBEX... 119
clocortolone pivalate... 119
clodan... 119
clofarabine... 53
CLOLAR... 53
clomid... 199
clomiphene citrate... 200
clomipramine... 40
clonazepam... 82
clonidine hcl... 97, 110
clonidine... 97
clopidogrel... 90
clorazepate dipotassium... 82
CLOROTEKAL (PF)... 19
clotrimazole-betamethasone... 45
clotrimazole... 45
clozapine... 71
CLOZARIL... 71
COARTEM... 67
COBENFY STARTER PACK... 178
COBENFY... 177
codeine sulfate... 11
codeine-butalbital-asa-caff... 11
COLAZAL... 173
colchicine... 48
COLCRYS... 48
colesevelam... 97
COLESTID FLAVORED... 97
COLESTID... 97
colestipol... 97
colistin (colistimethate na)... 26
COLUMVI... 54
COLY-MYCIN M PARENTERAL... 26
COMBIGAN... 184
COMBIPATCH... 147
COMBIVENT RESPIMAT... 190
COMBIVIR... 76
COMBOGESIC IV... 178
COMETRIQ... 54
COMPAZINE... 43
COMPLERA... 76
complete natal dha... 127
compro... 43
COMTAN... 68
CONCERTA... 110
CONDYLOX... 119
constulose... 133
CONZIP... 11
COPAXONE... 110
COPIKTRA... 54
CORDRAN TAPE LARGE ROLL... 120
CORDRAN... 120
COREG CR... 98
COREG... 97

CORGARD... 98
CORLANOR... 98
CORLOPAM... 98
CORTEF... 120
CORTENEMA... 173
CORTIFOAM... 173
CORTISPORIN-TC... 188
CORTROPHIN GEL... 142
CORVERT... 98
COSENTYX (2 SYRINGES)... 161
COSENTYX PEN (2 PENS)... 162
COSENTYX PEN... 161
COSENTYX UNOREADY PEN... 162
COSENTYX... 161
COSMEGEN... 54
COSOPT (PF)... 184
COSOPT... 184
COTELLIC... 54
COTEMPLA XR-ODT... 110
COZAAR... 98
CRENESSITY... 148
CREON... 138
CRESEMBA... 45
CRESTOR... 98
CREXONT... 69
CRINONE... 148
cromolyn... 184, 190
crotan... 120
cryselle (28)... 148
CRYSVITA... 138
CTEXLI... 133
CUBICIN RF... 26
CUPRIMINE... 127
CURITY ALCOHOL SWABS... 178
CURITY GAUZE... 178
CUTAQUIG... 162
CUVPOSA... 133
CUVRIOR... 127
cyanocobalamin (vitamin b-12)... 200
cyclobenzaprine... 196
cyclophosphamide... 54
cycloserine... 51
CYCLOSET... 84
cyclosporine modified... 162
cyclosporine... 162, 184
CYKLOKAPRON... 90
CYLTEZO(CF) PEN CROHN'S-UC-HS... 162
CYLTEZO(CF) PEN PSORIASIS-UV... 162
CYLTEZO(CF) PEN... 162
CYLTEZO(CF)... 162
CYMBALTA... 110
cyproheptadine... 190
CYRAMZA... 54
cyred eq... 148
cyred... 148
CYSTADANE... 138
CYSTADROPS... 184
CYSTAGON... 138
CYSTARAN... 184
cytarabine (pf)... 54
cytarabine... 54
CYTOGAM... 162
CYTOMEL... 156
CYTOTEC... 133

D

d10 %-0.45 % sodium chloride... 127
d2.5 %-0.45 % sodium chloride... 127
d5 % (d-glucose)-0.9 % sodchlr... 127
d5 % and 0.9 % sodium chloride... 127
d5 %-0.45 % sodium chloride... 127
dabigatran etexilate... 90
dacarbazine... 54
dactinomycin... 54
dalfampridine... 110
DALIRESP... 190
DALVANCE... 26
danazol... 148
DANTRIUM... 75
dantrolene... 75
DANYELZA... 54
DANZITEN... 54
dapsone... 51, 120
DAPTACEL (DTAP PEDIATRIC) (PF)... 162
daptomycin in 0.9 % sod chlor... 26
daptomycin... 26
DARAPRIM... 67
darifenacin... 141
DARTISLA... 133
darunavir... 76
DARZALEX FASPRO... 54
DARZALEX... 54
dasatinib... 54
dasetta 1/35 (28)... 148
dasetta 7/7/7 (28)... 148
DATROWAY... 54
daunorubicin... 54
DAURISMO... 54

DAYBUE... 138
DAYPRO... 11
daysee... 148
DAYTRANA... 110
DAYVIGO... 197
DDAVP... 145
deblitane... 148
decitabine... 54
deferasirox... 127
deferiprone... 127
deferoxamine... 127
DEFITELIO... 178
deflazacort... 142
DELESTROGEN... 148
DELSTRIGO... 76
DELZICOL... 173
demeclocycline... 26
DEMEROL (PF)... 12
DEMEROL... 12
DEMSER... 98
DENAVIR... 76
DENGVAXIA (PF)... 162
DEPAKOTE ER... 33
DEPAKOTE SPRINKLES... 33
DEPAKOTE... 33
DEPEN TITRATABS... 127
DEPO-ESTRADIOL... 148
DEPO-MEDROL... 142
DEPO-PROVERA... 148
DEPO-SUBQ PROVERA 104... 148
DEPO-TESTOSTERONE... 148
DERMA-SMOOTHE/FS BODY OIL... 120
DERMA-SMOOTHE/FS SCALP OIL... 120
DERMACEA... 178
dermacinrx lidocan... 19
DERMOTIC OIL... 188
DESCOVY... 76
DESFERAL... 127
desipramine... 40
desloratadine... 190
desmopressin... 145
desog-e.estradiol/e.estradiol... 148
desonide... 120
DESOWEN... 120
desoximetasone... 120
DESOXYN... 111
desvenlafaxine succinate... 40
desvenlafaxine... 40
DETROL LA... 141
DETROL... 141
dexabliss... 142
dexamethasone intensol... 143
dexamethasone sodium phos (pf)... 143
dexamethasone sodium phosphate... 143, 184
dexamethasone... 143
dexchlorpheniramine maleate... 190
DEXEDRINE SPANSULE... 111
DEXILANT... 133
dexlansoprazole... 133
dexmethylphenidate... 111
dexrazoxane hcl... 54
DEXTENZA... 184
dextroamphetamine sulfate... 111
dextroamphetamine-amphetamine... 111
dextrose 10 % and 0.2 % nacl... 127
dextrose 10 % in water (d10w)... 127
dextrose 25 % in water (d25w)... 128
dextrose 5 % in water (d5w)... 128
dextrose 5 %-lactated ringers... 128
dextrose 5%-0.2 % sod chloride... 128
dextrose 5%-0.3 % sod.chloride... 128
dextrose 50 % in water (d50w)... 128
dextrose 70 % in water (d70w)... 128
DHIVY... 69
DIACOMIT... 33
DIASTAT ACUDIAL... 33
DIASTAT... 33
diazepam intensol... 82
diazepam... 33, 82
diazoxide... 84
DIBENZYLINE... 98
dichlorphenamide... 138
DICLEGIS... 43
diclofenac epolamine... 12
diclofenac potassium... 12
diclofenac sodium... 12, 120, 184
diclofenac-misoprostol... 12
dicloxacillin... 26
dicyclomine... 133
didanosine... 76
DIFFERIN... 120
DIFICID... 26
diflorasone... 120

DIFLUCAN... 46
diflunisal... 12
difluprednate... 184
digitek... 98
digoxin... 98
dihydroergotamine... 49
DILANTIN EXTENDED... 33
DILANTIN INFATABS... 33
DILANTIN-125... 33
DILANTIN... 33
DILAUDID... 12
dilt-xr... 98
diltiazem hcl... 98
dimenhydrinate... 43
dimethyl fumarate... 111
DIOVAN HCT... 98
DIOVAN... 98
DIPENTUM... 173
DIPHEN... 190
diphenhydramine hcl... 190, 191
diphenoxylate-atropine... 133
DIPROLENE (AUGMENTED)... 120
dipyridamole... 90
disopyramide phosphate... 98
disulfiram... 21
DIURIL... 98
divalproex... 33
DIVIGEL... 148
dobutamine in d5w... 98
dobutamine... 98
docetaxel... 55
DOCIVYX... 55
dodex... 200
dofetilide... 98
DOJOLVI... 138
dolishale... 148
dolobid... 12
donepezil... 39
dopamine in 5 % dextrose... 99
dopamine... 99
DOPRAM... 191
DOPTELET (10 TAB PACK)... 91
DOPTELET (15 TAB PACK)... 91
DOPTELET (30 TAB PACK)... 91
DORYX MPC... 26
DORYX... 26
dorzolamide-timolol (pf)... 184
dorzolamide-timolol... 184
dorzolamide... 184
dotti... 148
DOVATO... 76
doxazosin... 99
doxepin... 82, 120, 197
doxercalciferol... 174
DOXIL... 55
doxorubicin, peg-liposomal... 55
doxorubicin... 55
doxy-100... 26
doxycycline hyclate... 26, 27
doxycycline monohydrate... 27
doxylamine-pyridoxine (vit b6)... 43
DRISDOL... 200
DRIZALMA SPRINKLE... 111
dronabinol... 43
droperidol... 71
DROPLET INSULIN SYR(HALF UNIT)... 178
DROPLET INSULIN SYRINGE... 178
DROPLET MICRON PEN NEEDLE... 178
DROPLET PEN NEEDLE... 178
DROPSAFE ALCOHOL PREP PADS... 178
DROPSAFE PEN NEEDLE... 178
drospirenone-e.estradiol-lm.fa... 148
drospirenone-ethinyl estradiol... 148
DROXIA... 178
droxidopa... 99
DUAKLIR PRESSAIR... 191
DUAVEE... 148
DUET DHA WITH OMEGA-3... 128
DUETACT... 84
DUEXIS... 12
DULERA... 191
duloxetine... 111
DUOBRII... 120
DUOPA... 69
DUPIXENT PEN... 162
DUPIXENT SYRINGE... 162
DURAMORPH (PF)... 12
DUREZOL... 184
DURYSTA... 184
dutasteride-tamsulosin... 141
dutasteride... 141
DUVYZAT... 138
DUZALLO... 48
DYANAVEL XR... 111, 112
dyclopro... 178
DYMISTA... 191
DYRENIUM... 99

E

E.E.S. 400... 27
E.E.S. GRANULES... 27
EASY COMFORT ALCOHOL PAD... 178

EASY TOUCH ALCOHOL PREP PADS... 178
EBGLYSS PEN... 120
EBGLYSS SYRINGE... 121
ec-naproxen... 12
econazole nitrate... 46
edaravone... 112
EDARBI... 99
EDARBYCLOR... 99
EDECRIN... 99
edetate calcium disodium... 178
EDLUAR... 197
EDURANT PED... 76
EDURANT... 76
efavirenz-emtricitabin-tenofov... 76
efavirenz-lamivu-tenofov disop... 77
efavirenz... 76
EFFEXOR XR... 40
EFFIENT... 91
EFUDEX... 121
EGATEN... 67
EGRIFTA SV... 145
EGRIFTA WR... 145
EKTERLY... 162
ELAHERE... 55
ELAPRASE... 138
electrolyte-148... 128
electrolyte-48 in d5w... 128
electrolyte-a... 128
ELELYSO... 138
ELEPSIA XR... 33
ELESTRIN... 148
eletriptan... 49
ELEVIDYS... 138
ELFABRIO... 138
ELIDEL... 121
ELIGARD (3 MONTH)... 157
ELIGARD (4 MONTH)... 157
ELIGARD (6 MONTH)... 157
ELIGARD... 157
ELIMITE... 121
elinest... 148
ELIQUIS DVT-PE TREAT 30D START... 91
ELIQUIS... 91
ELITEK... 55
ELIXOPHYLLIN... 191
ELLENCE... 55
ELMIRON... 141
ELREXFIO... 55
eluryng... 148
ELYXYB... 178
ELZONRIS... 55
EMBLAVEO... 27
EMCYT... 55
EMEND (FOSAPREPITANT)... 44
EMEND... 43, 44
EMFLAZA... 143
EMGALITY PEN... 49
EMGALITY SYRINGE... 49
EMPAVELI... 178
EMPLICITI... 55
EMRELIS... 55
EMROSI... 27
EMSAM... 40
emtricita-rilpivirine-tenof df... 77
emtricitabine-tenofovir (tdf)... 77
emtricitabine... 77
EMTRIVA... 77
emverm... 67
emzahh... 148
enalapril maleate... 99
enalapril-hydrochlorothiazide... 99
enalaprilat... 99
ENBREL MINI... 162
ENBREL SURECLICK... 162
ENBREL... 162
ENDARI... 134
endocet... 12
ENDOMETRIN... 149
ENFLONSIA... 179
ENGERIX-B (PF)... 162
ENGERIX-B PEDIATRIC (PF)... 162
ENHERTU... 55
enilloring... 149
ENJAYMO... 162
enoxaparin... 91
enpresse... 149
enskyce... 149
ENSPRYNG... 184
ENSTILAR... 121
entacapone... 69
entecavir... 77
ENTRESTO SPRINKLE... 99
ENTRESTO... 99
ENTYVIO PEN... 163
ENTYVIO... 162
enulose... 134
ENVARSUS XR... 163
EOHILIA... 179
EPANED... 99
EPCLUSA... 77
EPIDIOLEX... 33

EPIDUO FORTE... 121
EPIDUO... 121
EPIFOAM... 121
epinastine... 184
epineph bitart in 0.9% sod chl... 99
epinephrine... 191
EPIPEN 2-PAK... 191
EPIPEN JR 2-PAK... 191
EPIPEN JR... 191
EPIPEN... 191
epirubicin... 55
epitol... 33
EPIVIR... 77
EPKINLY... 55
eplerenone... 99
EPOGEN... 91
epoprostenol... 191
EPRONTIA... 33
eprosartan... 99
EPSOLAY... 121
eptifibatide... 91
EPYSQLI... 163
EPZICOM... 77
EQUETRO... 33
ERAXIS(WATER DILUENT)... 46
ERBITUX... 55
ergocalciferol (vitamin d2)... 200
ergoloid... 39
ERGOMAR... 49
ergotamine-caffeine... 49
eribulin... 55
ERIVEDGE... 55
ERLEADA... 55
erlotinib... 55
ERMEZA... 156
errin... 149
ERTACZO... 46
ertapenem... 27
ery pads... 121
ERY-TAB... 27
ERYGEL... 121
ERYPED 200... 27
ERYPED 400... 27
ERYTHROCIN (AS STEARATE)... 27
ERYTHROCIN... 27
erythromycin ethylsuccinate... 27
erythromycin lactobionate... 27
erythromycin with ethanol... 121
erythromycin-benzoyl peroxide... 121
erythromycin... 27, 185
ESBRIET... 191
escitalopram oxalate... 40
ESGIC... 179
eslicarbazepine... 33
esmolol in nacl (iso-osm)... 99
esmolol... 99
esomeprazole magnesium... 134
esomeprazole sodium... 134
estarylla... 149
estazolam... 197
ESTRACE... 149
estradiol valerate... 149
estradiol-norethindrone acet... 149
estradiol... 149
ESTRING... 149
eszopiclone... 197
ethacrynate sodium... 99
ethacrynic acid... 99
ethambutol... 51
ethosuximide... 33
ethynodiol diac-eth estradiol... 149
etodolac... 12, 13
etonogestrel-ethinyl estradiol... 149
ETOPOPHOS... 55
etoposide... 55
etravirine... 77
EUCRISA... 121
EULEXIN... 55
EURAX... 121
EVAMIST... 149
EVEKEO ODT... 112
EVEKEO... 112
EVENITY... 174
everolimus (antineoplastic)... 55
everolimus (immunosuppressive)... 163
EVISTA... 149
EVKEEZA... 99
EVOCLIN... 121
EVOMELA... 56
EVOTAZ... 77
EVOXAC... 116
EVRYSDI... 138
EXELDERM... 46
EXELON PATCH... 39
exemestane... 56
exenatide... 84
EXFORGE HCT... 99
EXFORGE... 99
EXJADE... 128
EXKIVITY... 56
EXPAREL (PF)... 19
EXSERVAN... 112
EXTAVIA... 112

EXTINA... 46
EYSUVIS... 185
EZALLOR SPRINKLE... 99
ezetimibe-rosuvastatin... 100
ezetimibe-simvastatin... 100
ezetimibe... 99

F

FABHALTA... 163
FABIOR... 121
FABRAZYME... 138
falmina (28)... 149
famciclovir... 77
famotidine (pf)-nacl (iso-os)... 134
famotidine (pf)... 134
famotidine... 134
FANAPT TITRATION PACK A... 71
FANAPT TITRATION PACK B... 71
FANAPT TITRATION PACK C... 71
FANAPT... 71
FARESTON... 56
FARXIGA... 84
FASENRA PEN... 191
FASENRA... 191
FASLODEX... 56
febuxostat... 48
feirza... 149
felbamate... 34
FELBATOL... 34
FELDENE... 13
felodipine... 100
FEMARA... 56
FEMLYV... 149
FEMRING... 149
fenofibrate micronized... 100
fenofibrate nanocrystallized... 100
fenofibrate... 100
fenofibric acid (choline)... 100
fenofibric acid... 100
FENOGLIDE... 100
fenoprofen... 13
fenopron... 13
FENSOLVI... 157
fentanyl citrate (pf)... 13
fentanyl citrate... 13
fentanyl... 13
FENTORA... 13
FERRIPROX (2 TIMES A DAY)... 128
FERRIPROX... 128
fesoterodine... 141
FETROJA... 27
FETZIMA... 40
FEXMID... 196
FIASP FLEXTOUCH U-100 INSULIN... 84
FIASP PENFILL U-100 INSULIN... 84
FIASP U-100 INSULIN... 84
FIBRICOR... 100
fidaxomicin... 27
FILSPARI... 179
FILSUVEZ... 179
FINACEA... 121
finasteride... 141
fingolimod... 112
FINTEPLA... 34
finzala... 149
FIORICET WITH CODEINE... 179
fioricet... 179
FIRAZYR... 163
FIRDAPSE... 112
FIRMAGON KIT W DILUENT SYRINGE... 157
FIRMAGON... 157
FIRVANQ... 27
flac otic oil... 188
FLAGYL... 27
FLAREX... 185
flavoxate... 141
FLEBOGAMMA DIF... 163
flecainide... 100
FLECTOR... 13
FLEQSUVY... 75
FLOLIPID... 100
FLOMAX... 141
floxuridine... 56
fluconazole in nacl (iso-osm)... 46
fluconazole... 46
flucytosine... 46
fludarabine... 56
fludrocortisone... 143
FLUMADINE... 77
flumazenil... 179
flunisolide... 191
fluocinolone acetonide oil... 188
fluocinolone and shower cap... 121
fluocinolone... 121
fluocinonide-e... 121
fluocinonide-emollient... 122
fluocinonide... 121
fluorometholone... 185
FLUOROPLEX... 122
fluorouracil... 56, 122
fluoxetine... 40, 41
fluphenazine decanoate... 71
fluphenazine hcl... 71, 72

flurandrenolide... 122
flurazepam... 197
flurbiprofen sodium... 185
flurbiprofen... 13
fluticasone propion-salmeterol... 191
fluticasone propionate... 122, 191
fluvastatin... 100
fluvoxamine... 41
FML FORTE... 185
FML LIQUIFILM... 185
FOCALIN XR... 112
FOCALIN... 112
FOCINVEZ... 44
folic acid... 200, 201
FOLLISTIM AQ... 200
FOLOTYN... 56
fomepizole... 179
fondaparinux... 91
FORFIVO XL... 41
formoterol fumarate... 191
FORTEO... 174
FORTESTA... 149
FOSAMAX PLUS D... 174
FOSAMAX... 174
fosamprenavir... 77
fosaprepitant... 44
foscarnet... 77
fosfomycin tromethamine... 27
fosinopril-hydrochlorothiazide... 100
fosinopril... 100
fosphenytoin... 34
FOTIVDA... 56
FRAGMIN... 91
FRINDOVYX... 56
FROVA... 49
frovatriptan... 49
FRUZAQLA... 56
FULPHILA... 91
fulvestrant... 56
FULVICIN P/G... 46
FURADANTIN... 27
FUROSCIX... 100
furosemide... 100
FUSILEV... 56
FUZEON... 77
FYARRO... 56
fyavolv... 149
FYCOMPA... 34
FYLNETRA... 91
fyremadel... 200

G

gabapentin... 34, 112
GABARONE... 34
GALAFOLD... 138
galantamine... 39
galbriela... 149
gallifrey... 150
GAMASTAN... 163
GAMIFANT... 163
GAMMAGARD LIQUID... 163
GAMMAGARD S-D (IGA < 1 MCG/ML)... 163
GAMMAKED... 163
GAMMAPLEX (WITH SORBITOL)... 163
GAMMAPLEX... 163
GAMUNEX-C... 163
ganciclovir sodium... 77
GANIRELIX... 200
GARDASIL 9 (PF)... 163
GASTROCROM... 192
gatifloxacin... 185
GATTEX 30-VIAL... 134
GATTEX ONE-VIAL... 134
GAUZE BANDAGE... 179
GAUZE PAD... 179
gavilyte-c... 134
gavilyte-g... 134
gavilyte-n... 134
GAVRETO... 56
GAZYVA... 56
gefitinib... 56
GELNIQUE... 141
gemcitabine... 56
gemfibrozil... 100
gemmily... 150
GEMTESA... 141
generlac... 134
gengraf... 163
GENOTROPIN MINIQUICK... 145
GENOTROPIN... 145
gentamicin in nacl (iso-osm)... 28
gentamicin sulfate (ped) (pf)... 28
gentamicin... 27, 28, 185
GENVOYA... 77
GEODON... 72
GILENYA... 112
GILOTRIF... 56
GIMOTI... 44
GIVLAARI... 179
GLASSIA... 138
glatiramer... 112

glatopa... 112
GLEEVEC... 56
GLEOSTINE... 56
glimepiride... 84
glipizide-metformin... 84
glipizide... 84
GLOPERBA... 48
GLUCAGEN HYPOKIT... 84
GLUCAGON (HCL) EMERGENCY KIT... 84
glucagon emergency kit (human)... 84
GLUCOTROL XL... 84
GLUMETZA... 84
glutamine (sickle cell)... 134
glyburide micronized... 84
glyburide-metformin... 84
glyburide... 84
GLYCATE... 134
GLYCOPHOS... 128
glycopyrrolate (pf) in water... 134
glycopyrrolate (pf)... 134
glycopyrrolate... 134
glydo... 19
GLYNASE... 84
GLYXAMBI... 84
GOCOVRI... 69
GOLYTELY... 134
GOMEKLI... 56, 57
GONAL-F RFF... 200
GONAL-F... 200
GONITRO... 100
GRAFAPEX... 57
GRALISE... 112
granisetron (pf)... 44
granisetron hcl... 44
GRANIX... 91, 92
GRASTEK... 192
griseofulvin microsize... 46
griseofulvin ultramicrosize... 46
guanfacine... 100, 112
GVOKE HYPOPEN 1-PACK... 84
GVOKE HYPOPEN 2-PACK... 84
GVOKE PFS 1-PACK SYRINGE... 84
GVOKE PFS 2-PACK SYRINGE... 84
GVOKE... 84
gynazole-1... 46

H

HADLIMA PUSHTOUCH... 163
HADLIMA(CF) PUSHTOUCH... 163
HADLIMA(CF)... 163
HADLIMA... 163
HAEGARDA... 163
hailey 24 fe... 150
hailey fe 1.5/30 (28)... 150
hailey fe 1/20 (28)... 150
hailey... 150
HALAVEN... 57
halcinonide... 122
HALCION... 197
HALDOL DECANOATE... 72
halobetasol propionate... 122
haloette... 150
HALOG... 122
haloperidol decanoate... 72
haloperidol lactate... 72
haloperidol... 72
HARLIKU... 138
HARVONI... 77
HAVRIX (PF)... 164
heather... 150
HECTOROL... 174
HEMABATE... 146
HEMADY... 143
HEMANGEOL... 101
HEMICLOR... 101
heparin (porcine)... 92
heparin, porcine (pf)... 92
HEPLISAV-B (PF)... 164
HEPSERA... 77
HERCEPTIN HYLECTA... 57
HERCEPTIN... 57
HERNEXEOS... 57
HERZUMA... 57
HETLIOZ LQ... 197
HETLIOZ... 197
HIBERIX (PF)... 164
HIPREX... 28
HIZENTRA... 164
HORIZANT... 112
HULIO(CF) PEN... 164
HULIO(CF)... 164
HUMALOG JUNIOR KWIKPEN U-100... 85
HUMALOG KWIKPEN INSULIN... 85
HUMALOG MIX 50-50 INSULN U-100... 85
HUMALOG MIX 50-50 KWIKPEN... 85
HUMALOG MIX 75-25 KWIKPEN... 85
HUMALOG MIX 75-25(U-100)INSULN... 85
HUMALOG TEMPO PEN(U-100)INSULN... 85
HUMALOG U-100 INSULIN... 85
HUMATIN... 28

HUMATROPE... 145
HUMIRA PEN... 164
HUMIRA(CF) PEDI CROHNS STARTER... 164
HUMIRA(CF) PEN CROHNS-UC-HS... 164
HUMIRA(CF) PEN PEDIATRIC UC... 164
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 164
HUMIRA(CF) PEN... 164
HUMIRA(CF)... 164
HUMIRA... 164
HUMULIN 70/30 U-100 INSULIN... 85
HUMULIN 70/30 U-100 KWIKPEN... 85
HUMULIN N NPH INSULIN KWIKPEN... 85
HUMULIN N NPH U-100 INSULIN... 85
HUMULIN R REGULAR U-100 INSULN... 85
HUMULIN R U-500 (CONC) INSULIN... 85
HUMULIN R U-500 (CONC) KWIKPEN... 85
HYCAMTIN... 57
HYCODAN (WITH HOMATROPINE)... 199
HYCODAN... 199
hydralazine... 101
HYDREA... 57
hydrochlorothiazide... 101
hydrocodone bitartrate... 13
hydrocodone-acetaminophen... 13
hydrocodone-chlorpheniramine... 199
hydrocodone-homatropine... 199
hydrocodone-ibuprofen... 13
hydrocortisone acetate... 143
hydrocortisone butyr-emollient... 122
hydrocortisone butyrate... 122, 123
hydrocortisone sod succinate... 143
hydrocortisone valerate... 123
hydrocortisone-acetic acid... 188
hydrocortisone... 122, 173
hydromet... 199
hydromorphone (pf)... 14
HYDROMORPHONE... 13, 14
hydroxocobalamin... 201
hydroxychloroquine... 67
hydroxyurea... 57
hydroxyzine hcl... 82
hydroxyzine pamoate... 192
HYFTOR... 123
HYPERRAB (PF)... 164
HYPERTET (PF)... 164
HYRIMOZ PEN CROHN'S-UC STARTER... 164
HYRIMOZ PEN PSORIASIS STARTER... 164
HYRIMOZ PEN... 164
HYRIMOZ(CF) PEDI CROHN STARTER... 164, 165
HYRIMOZ(CF) PEN... 165
HYRIMOZ(CF)... 164
HYRIMOZ... 164
HYSINGLA ER... 14
HYZAAR... 101

I

ibandronate... 174
IBRANCE... 57
IBSRELA... 134
IBTROZI... 57
ibu... 14
ibuprofen-famotidine... 14
ibuprofen... 14
ibutilide fumarate... 101
icatibant... 165
iclevia... 150
ICLUSIG... 57
IDACIO(CF) PEN CROHN-UC STARTR... 165
IDACIO(CF) PEN PSORIASIS START... 165
IDACIO(CF) PEN... 165
IDACIO(CF)... 165
IDAMYCIN PFS... 57
idarubicin... 57
IDHIFA... 57
IFEX... 57
ifosfamide... 57
IGALMI... 179
ILEVRO... 185
ILUMYA... 165
IMAAVY... 165
imatinib... 57
IMBRUVICA... 57
IMDELLTRA... 57
IMFINZI... 57
imipenem-cilastatin... 28
imipramine hcl... 41
imipramine pamoate... 41
imiquimod... 123

IMITREX STATDOSE PEN... 49
IMITREX STATDOSE REFILL... 49
IMITREX... 49
IMJUDO... 57
IMKELDI... 57
IMLYGIC... 57, 58
IMMPHENTIV... 101
IMOGAM RABIES-HT (PF)... 165
IMOVAX RABIES VACCINE (PF)... 165
IMPAVIDO... 67
IMURAN... 165
IMVEXXY MAINTENANCE PACK... 150
IMVEXXY STARTER PACK... 150
INBRIJA... 69
incassia... 150
INCONTROL ALCOHOL PADS... 179
INCRELEX... 145
INCRUSE ELLIPTA... 192
indapamide... 101
INDERAL LA... 101
INDOCIN... 14
indomethacin sodium... 14
indomethacin... 14
INFANRIX (DTAP) (PF)... 165
INFLECTRA... 165
INFLIXIMAB... 165
INFUGEM... 58
INFUMORPH P/F... 14
INFUVITE ADULT... 201
INFUVITE PEDIATRIC... 201
INGREZZA INITIATION PK(TARDIV)... 112
INGREZZA SPRINKLE... 112
INGREZZA... 112
INLYTA... 58
INNOPRAN XL... 101
INPEFA... 101
INQOVI... 58
INREBIC... 58
INSPRA... 101
INSULIN ASP PRT-INSULIN ASPART... 85
INSULIN ASPART U-100... 85
INSULIN DEGLUDEC... 85
INSULIN GLARGINE U-300 CONC... 85
INSULIN GLARGINE-YFGN... 86
INSULIN GLARGINE... 85
INSULIN LISPRO PROTAMIN-LISPRO... 86
INSULIN LISPRO... 86
INSULIN SYRINGE MICROFINE... 179
INSULIN SYRINGE-NEEDLE U-100... 179
INSULIN SYRINGE... 179
INSULIN U-500 SYRINGE-NEEDLE... 179
INTELENCE... 77, 78
INTRALIPID... 128
INTRAROSA... 150
introvale... 150
INTUNIV ER... 112
INVEGA HAFYERA... 72
INVEGA SUSTENNA... 72
INVEGA TRINZA... 72
INVEGA... 72
INVELTYS... 185
INVOKAMET XR... 86
INVOKAMET... 86
INVOKANA... 86
INZIRQO... 101
IONOSOL-MB IN D5W... 128
IOPIDINE... 185
IPOL... 165
ipratropium bromide... 192
ipratropium-albuterol... 192
IQIRVO... 134
irbesartan-hydrochlorothiazide... 101
irbesartan... 101
IRESSA... 58
irinotecan... 58
ISENTRESS HD... 78
ISENTRESS... 78
isibloom... 150
ISOLYTE S PH 7.4... 128
ISOLYTE-P IN 5 % DEXTROSE... 128
ISOLYTE-S... 128
isoniazid... 51
ISORDIL TITRADOSE... 101
ISORDIL... 101
isosorbide dinitrate... 101
isosorbide mononitrate... 101
isosorbide-hydralazine... 101
isotretinoin... 123
isradipine... 101
ISTALOL... 185
ISTODAX... 58
ISTURISA... 145
ISUPREL... 101
ITOVEBI... 58
itraconazole... 46
IV PREP WIPES... 179
ivabradine... 101
ivermectin... 67, 123

IVRA... 58
IWILFIN... 58
IXEMPRA... 58
IXIARO (PF)... 165
IYUZEH (PF)... 185

J

JADENU SPRINKLE... 128
JADENU... 128
jaimiess... 150
JAKAFI... 58
JALYN... 141
jantoven... 92
JANUMET XR... 86
JANUMET... 86
JANUVIA... 86
JARDIANCE... 86
jasmiel (28)... 150
JATENZO... 150
javygtor... 138
JAYPIRCA... 58
jaythari... 143
JEMPERLI... 58
jencycla... 150
JENTADUETO XR... 86
JENTADUETO... 86
JEVTANA... 58
jinteli... 150
JOBEVNE... 58
JOENJA... 138
jolessa... 150
JORNAY PM... 112
JOURNAVX... 179
joyeaux... 150
JUBLIA... 46
juleber... 150
JULUCA... 78
junel 1.5/30 (21)... 150
junel 1/20 (21)... 150
junel fe 1.5/30 (28)... 150
junel fe 1/20 (28)... 150
junel fe 24... 150
JUXTAPID... 101
JYLAMVO... 165
JYNARQUE... 128
JYNNEOS (PF)... 165

K

KABIVEN... 128
KADCYLA... 58
kaitlib fe... 150
KALETRA... 78
kalliga... 150
KALYDECO... 192
KANJINTI... 58
KANUMA... 138
KAPSPARGO SPRINKLE... 102
KAPVAY... 113
kariva (28)... 150
KATERZIA... 102
KAZANO... 86
KEDRAB (PF)... 165
kelnor 1/35 (28)... 151
kelnor 1/50 (28)... 151
KENALOG-80... 143
KENALOG... 143
KENGREAL... 92
KEPIVANCE... 116
KEPPRA XR... 34
KEPPRA... 34
KERENDIA... 102
KESIMPTA PEN... 113
ketoconazole... 46
ketodan... 46
ketoprofen... 14, 15
ketorolac... 15, 185
KEVEYIS... 138
KEVZARA... 165
KEYTRUDA... 58
KHAPZORY... 58
KHINDIVI... 143
KIMMTRAK... 58
KIMYRSA... 28
KINERET... 165
KINRIX (PF)... 165
kionex (with sorbitol)... 128
kiprofen... 15
KIRSTY PEN... 86
KIRSTY... 86
KISQALI FEMARA CO-PACK... 58, 59
KISQALI... 58
KITABIS PAK... 28
KLARON... 28
klayesta... 46
KLISYRI (250 MG)... 123
KLISYRI (350 MG)... 123
KLONOPIN... 82
KLOR-CON 10... 129
KLOR-CON 8... 129
klor-con m10... 129
KLOR-CON M15... 129
klor-con m20... 129
klor-con... 129
KLOXXADO... 21
KONVOMEP... 134
KORLYM... 179

KOSELUGO... 59
KOSHER PRENATAL PLUS IRON... 129
kourzeq... 116
KRAZATI... 59
KRINTAFEL... 67
KRISTALOSE... 134
kurvelo (28)... 151
KUVAN... 138, 139
KYPROLIS... 59

L

l norgest/e.estradiol-e.estrad... 151
LABETALOL IN DEXTROSE,ISO-OSM... 102
LABETALOL IN NACL (ISO-OSMOT)... 102
labetalol... 102
lacosamide... 34
LACRISERT... 185
lactated ringers... 129, 179
lactulose... 134
LAMICTAL ODT STARTER (BLUE)... 34
LAMICTAL ODT STARTER (GREEN)... 34
LAMICTAL ODT STARTER (ORANGE)... 34
LAMICTAL ODT... 34
LAMICTAL STARTER (BLUE) KIT... 34
LAMICTAL STARTER (GREEN) KIT... 35
LAMICTAL STARTER (ORANGE) KIT... 35
LAMICTAL XR STARTER (BLUE)... 35
LAMICTAL XR STARTER (GREEN)... 35
LAMICTAL XR STARTER (ORANGE)... 35
LAMICTAL XR... 35
LAMICTAL... 34
lamivudine-zidovudine... 78
lamivudine... 78
lamotrigine... 35
LAMPIT... 67
LAMZEDE... 139
LANOXIN PEDIATRIC... 102
LANOXIN... 102
lanreotide... 157, 158
lansoprazole... 135
LANTUS SOLOSTAR U-100 INSULIN... 86
LANTUS U-100 INSULIN... 86
lapatinib... 59
larin 1.5/30 (21)... 151
larin 1/20 (21)... 151
larin 24 fe... 151
larin fe 1.5/30 (28)... 151
larin fe 1/20 (28)... 151
LASIX... 102
latanoprost... 185
LATUDA... 72
LAYOLIS FE... 151
LAZCLUZE... 59
ledipasvir-sofosbuvir... 78
leena 28... 151
leflunomide... 165
LEMTRADA... 113
lenalidomide... 59
LENVIMA... 59
LEQSELVI... 165
LEQVIO... 102
LESCOL XL... 102
lessina... 151
LETAIRIS... 192
letrozole... 59
leucovorin calcium... 59
LEUKERAN... 59
LEUKINE... 92
leuprolide (3 month)... 158
leuprolide... 158
levalbuterol hcl... 192
levalbuterol tartrate... 192
LEVEMIR FLEXPEN... 86
LEVEMIR U-100 INSULIN... 86
levetiracetam in nacl (iso-os)... 35
levetiracetam... 35
LEVO-T... 156
levobunolol... 185
levocarnitine (with sugar)... 129
levocarnitine... 129
levocetirizine... 192
levofloxacin in d5w... 28
levofloxacin... 28, 185
levoleucovorin calcium... 59
levonest (28)... 151
levonorg-eth estrad triphasic... 151
levonorgest-eth.estradiol-iron... 151
levonorgestrel-ethinyl estrad... 151
LEVOPHED (BITARTRATE)... 102
levora-28... 151
levorphanol tartrate... 15
levothyroxine... 156, 157
LEVOXYL... 157
LEVULAN... 59
LEXAPRO... 41
LEXETTE... 123
LEXIVA... 78

LIALDA... 173
LIBERVANT... 35
LIBTAYO... 59
LICART... 15
lidocaine (pf)... 20, 102
lidocaine hcl... 20
lidocaine in 5 % dextrose (pf)... 102
lidocaine viscous... 20
lidocaine-epinephrine bit... 20
lidocaine-epinephrine... 20
lidocaine-prilocaine... 20
lidocaine... 19, 20
lidocan iii... 20
lidocan iv... 20
lidocan v... 20
LIDODERM... 20
lignospan standard... 20
LINCOCIN... 28
lincomycin... 28
lindane... 123
linezolid in dextrose 5%... 28
linezolid-0.9% sodium chloride... 28
linezolid... 28
LINZESS... 135
liothyronine... 157
LIPITOR... 102
LIPOFEN... 102
LIQREV... 192
liraglutide... 86
lisdexamfetamine... 113
lisinopril-hydrochlorothiazide... 102
lisinopril... 102
LITFULO... 165
lithium carbonate... 83
lithium citrate... 83
LITHOBID... 83
LITHOSTAT... 179
LIVALO... 102
LIVDELZI... 135
LIVMARLI... 135
LIVTENCITY... 78
LO LOESTRIN FE... 151
lo-zumandimine (28)... 151
LOCOID LIPOCREAM... 123
LOCOID... 123
LODINE... 15
LODOCO... 102
LODOSYN... 69
LOESTRIN 1.5/30 (21)... 151
LOESTRIN 1/20 (21)... 151
LOESTRIN FE 1.5/30 (28-DAY)... 151
LOESTRIN FE 1/20 (28-DAY)... 151
lofena... 15
lofexidine... 21
lojaimiess... 151
LOKELMA... 129
LOMOTIL... 135
LONSURF... 59
loperamide... 135
LOPID... 102
lopinavir-ritonavir... 78
LOPRESSOR... 102
LOPROX (AS OLAMINE)... 46
LOQTORZI... 59
lorazepam intensol... 82
lorazepam... 82
LORBRENA... 59
LOREEV XR... 82
loryna (28)... 151
LORZONE... 196
losartan-hydrochlorothiazide... 103
losartan... 103
LOTEMAX SM... 185
LOTEMAX... 185
LOTENSIN HCT... 103
LOTENSIN... 103
loteprednol etabonate... 185
LOTREL... 103
LOTRONEX... 135
lovastatin... 103
LOVAZA... 103
LOVENOX... 92
low-ogestrel (28)... 151
loxapine succinate... 72
lubiprostone... 135
LUCEMYRA... 21
luliconazole... 46
LUMAKRAS... 60
LUMIGAN... 185
LUMIZYME... 139
LUMRYZ STARTER PACK... 197
LUMRYZ... 197
LUNESTA... 197
LUNSUMIO... 60
LUPKYNIS... 165
LUPRON DEPOT (3 MONTH)... 158
LUPRON DEPOT (4 MONTH)... 158
LUPRON DEPOT (6 MONTH)... 158
LUPRON DEPOT-PED (3 MONTH)... 158
LUPRON DEPOT-PED... 158
LUPRON DEPOT... 158
lurasidone... 72
lurbipr... 15

lurbiro... 15
lutera (28)... 151
LUTRATE DEPOT (3 MONTH)... 158
LUXIQ... 123
LUZU... 47
LYBALVI... 72
lyleq... 151
lyllana... 152
LYNOZYFIC... 60
LYNPARZA... 60
LYRICA CR... 113
LYRICA... 113
LYSODREN... 60
LYTGOBI... 60
LYUMJEV KWIKPEN U-100 INSULIN... 86
LYUMJEV KWIKPEN U-200 INSULIN... 86
LYUMJEV TEMPO PEN(U-100)INSULN... 86
LYUMJEV U-100 INSULIN... 87
LYVISPAH... 75
lyza... 152

M

M-M-R II (PF)... 165
m-natal plus... 129
MACROBID... 28
MACRODANTIN... 28
mafenide acetate... 123
magnesium sulfate in d5w... 129
magnesium sulfate in water... 129
magnesium sulfate... 129
MALARONE PEDIATRIC... 67
MALARONE... 67
malathion... 123
mannitol 20 %... 103
mannitol 25 %... 103
maraviroc... 78
MARCAINE (PF)... 20
MARCAINE SPINAL (PF)... 20
MARCAINE-EPINEPHRINE (PF)... 20
MARCAINE-EPINEPHRINE... 20
MARCAINE... 20
MARGENZA... 60
MARINOL... 44
marlissa (28)... 152
MARPLAN... 41
MATULANE... 60
matzim la... 103
MAVENCLAD (10 TABLET PACK)... 113
MAVENCLAD (4 TABLET PACK)... 113
MAVENCLAD (5 TABLET PACK)... 113
MAVENCLAD (6 TABLET PACK)... 113
MAVENCLAD (7 TABLET PACK)... 113
MAVENCLAD (8 TABLET PACK)... 113
MAVENCLAD (9 TABLET PACK)... 113
MAVYRET... 78
MAXALT-MLT... 49
MAXALT... 49
MAXIDEX... 185
MAXITROL... 185
MAXZIDE-25MG... 103
MAXZIDE... 103
MAYZENT STARTER(FOR 1MG MAINT)... 113
MAYZENT STARTER(FOR 2MG MAINT)... 113
MAYZENT... 113
meclizine... 44
meclofenamate... 15
MEDROL (PAK)... 143
MEDROL... 143
medroxyprogesterone... 152
mefenamic acid... 15
mefloquine... 67
megestrol... 152
MEKINIST... 60
MEKTOVI... 60
meleya... 152
meloxicam submicronized... 15
meloxicam... 15
melphalan hcl... 60
melphalan... 60
memantine... 39
MENACTRA (PF)... 165
MENEST... 152
MENOPUR... 200
MENOSTAR... 152
MENQUADFI (PF)... 166
MENVEO A-C-Y-W-135-DIP (PF)... 166
meperidine (pf)... 15
meperidine... 15
MEPHYTON... 201
meprobamate... 82
MEPRON... 67
MEPSEVII... 139
mercaptopurine... 60
MERILOG SOLOSTAR... 87
MERILOG... 87
meropenem-0.9% sodium chloride... 28
meropenem... 28
merzee... 152

mesalamine... 173
mesna... 60
MESNEX... 60
MESTINON TIMESPAN... 50
MESTINON... 50
METADATE CD... 113
metadate er... 113
metaxalone... 196
metformin... 87
methadone intensol... 15
methadone... 15
METHADOSE... 15
methamphetamine... 113
methazolamide... 185
methenamine hippurate... 28
methimazole... 159
METHITEST... 152
methocarbamol... 196
methotrexate sodium (pf)... 166
methotrexate sodium... 166
methoxsalen... 123
methscopolamine... 135
methsuximide... 35
methyldopa-hydrochlorothiazide... 103
methyldopa... 103
methyldopate... 103
methylergonovine... 179
METHYLIN... 113
methylphenidate hcl... 113, 114
methylphenidate... 113
methylprednisolone acetate... 143
methylprednisolone sodium succ... 143
methylprednisolone... 143
methyltestosterone... 152
metoclopramide hcl... 44
metolazone... 103
metoprolol succinate... 103
metoprolol ta-hydrochlorothiaz... 103
metoprolol tartrate... 103
METRO I.V.... 28
METROCREAM... 28
METROGEL... 28
METROLOTION... 28
metronidazole in nacl (iso-os)... 29
metronidazole... 28, 29
metyrosine... 103
mexiletine... 103
MIACALCIN... 174
mibelas 24 fe... 152
MICAFUNGIN IN 0.9 % SODIUM CHL... 47
micafungin... 47
MICARDIS HCT... 103
MICARDIS... 103
miconazole nitrate-zinc ox-pet... 47
miconazole-3... 47
micort-hc... 143
microgestin 1.5/30 (21)... 152
microgestin 1/20 (21)... 152
microgestin fe 1.5/30 (28)... 152
microgestin fe 1/20 (28)... 152
midodrine... 103
MIEBO (PF)... 185
mifepristone... 179
migergot... 49
miglitol... 87
miglustat... 139
MIGRANAL... 49
mili... 152
millipred dp... 143
millipred... 143
milrinone in 5 % dextrose... 104
milrinone... 104
mimvey... 152
MINASTRIN 24 FE... 152
MINIVELLE... 152
MINOCIN... 29
minocycline... 29
minoxidil... 104
minzoya... 152
MIOSTAT... 185
MIPLYFFA... 139
MIRAPEX ER... 69
MIRCERA... 92
MIRENA... 179
mirtazapine... 41
MIRVASO... 123
misoprostol... 135
MITIGARE... 48
mitigo (pf)... 15, 16
mitomycin... 60
mitoxantrone... 60
modafinil... 197
MODD1 PATIENT WELCOME KIT... 179
MODD1 SUPPLY KIT... 180
MODEYSO... 60
moexipril... 104
molindone... 72, 73
mometasone... 123, 192
mondoxyne nl... 29
MONJUVI... 166

mono-linyah... 152
montelukast... 192
morgidox... 29
morphine (pf)... 16
morphine concentrate... 16
morphine... 16
MOTEGRITY... 135
MOTOFEN... 135
MOTPOLY XR... 35
MOUNJARO... 87
MOVANTIK... 135
MOVIPREP... 135
moxifloxacin-sod.ace,sul-water... 29
moxifloxacin-sod.chloride(iso)... 29
moxifloxacin... 29, 186
MOZOBIL... 92
MRESVIA (PF)... 166
MS CONTIN... 16
MULPLETA... 92
MULTAQ... 104
mupirocin calcium... 123
mupirocin... 123
MUTAMYCIN... 60
MVASI... 60
MYALEPT... 135
MYAMBUTOL... 51
MYCAMINE... 47
MYCAPSSA... 158
MYCOBUTIN... 51
mycophenolate mofetil (hcl)... 166
mycophenolate mofetil... 166
mycophenolate sodium... 166
MYDAYIS... 114
MYFEMBREE... 158
MYFORTIC... 166
MYHIBBIN... 166
MYLOTARG... 60
MYRBETRIQ... 141
MYSOLINE... 35
MYTESI... 135

N

nabumetone... 16
nadolol... 104
nafcillin in dextrose iso-osm... 29
nafcillin... 29
naftifine... 47
NAFTIN... 47
NAGLAZYME... 139
nalbuphine... 16
NALFON... 16
nalmefene... 21
nalocet... 17
naloxone... 21, 22
naltrexone... 22
NAMENDA TITRATION PAK... 39
NAMENDA XR... 39
NAMENDA... 39
NAMZARIC... 39
NANO 2ND GEN PEN NEEDLE... 180
NANO PEN NEEDLE... 180
NAPRELAN CR... 17
NAPROSYN... 17
naproxen sodium... 17
naproxen-esomeprazole... 17
naproxen... 17
naratriptan... 49
NARCAN... 22
NARDIL... 41
NAROPIN (PF)... 20
NASCOBAL... 201
NATACHEW (FE BIS-GLYCINATE)... 129
NATACYN... 186
NATAZIA... 152
nateglinide... 87
NATROBA... 123
NAYZILAM... 36
nebivolol... 104
NEBUPENT... 67
necon 0.5/35 (28)... 152
nefazodone... 41
NEFFY... 192
nelarabine... 60
NEMLUVIO... 166
neo-polycin hc... 186
neo-polycin... 186
NEO-SYNALAR... 123
neo-vital rx... 129
neomycin-bacitracin-poly-hc... 186
neomycin-bacitracin-polymyxin... 186
neomycin-polymyxin b gu... 180
neomycin-polymyxin b-dexameth... 186
neomycin-polymyxin-gramicidin... 186
neomycin-polymyxin-hc... 186, 188
neomycin... 29
NEONATAL COMPLETE... 129
NEONATAL PLUS VITAMIN... 129
NEONATAL-DHA... 129
NEORAL... 166
NERLYNX... 60
NESACAINE-MPF... 20

NESACAINE... 20
NESINA... 87
neuac... 123
NEULASTA ONPRO... 92
NEULASTA... 92
NEUPOGEN... 92
NEUPRO... 69
NEURONTIN... 36
NEVANAC... 186
nevirapine... 78
NEXAVAR... 60
NEXICLON XR... 104
NEXIUM IV... 135
NEXIUM PACKET... 135
NEXIUM... 135
NEXLETOL... 104
NEXLIZET... 104
NEXPLANON... 152
NEXTERONE... 104
NEXTSTELLIS... 152
NEXVIAZYME... 139
NGENLA... 145
niacin... 104
niacor... 104
nicardipine... 104
NICOTROL NS... 22
NICOTROL... 22
nifedipine... 104
nikki (28)... 153
NIKTIMVO... 166
NILANDRON... 61
nilotinib hcl... 61
nilotinib tartrate... 61
nilutamide... 61
nimodipine... 104
NINLARO... 61
NIPENT... 61
nisoldipine... 104
nitazoxanide... 68
nitisinone... 139
NITRO-BID... 104
NITRO-DUR... 104
nitrofurantoin macrocrystal... 29
nitrofurantoin monohyd/m-cryst... 29
nitrofurantoin... 29
nitroglycerin in 5 % dextrose... 105
nitroglycerin... 104, 105, 180
NITROLINGUAL... 105
NITROSTAT... 105
NITYR... 139
NIVESTYM... 92
nizatidine... 135
NOCDURNA (MEN)... 145
NOCDURNA (WOMEN)... 145
NORA-BE... 153
NORDITROPIN FLEXPRO... 145
norelgestromin-ethin.estradiol... 153
norepinephrine bitartrate... 105
noreth-ethinyl estradiol-iron... 153
norethindrone (contraceptive)... 153
norethindrone ac-eth estradiol... 153
norethindrone acetate... 153
norethindrone-e.estradiol-iron... 153
NORGESIC FORTE... 196
norgesic... 196
norgestimate-ethinyl estradiol... 153
NORITATE... 29
NORLIQVA... 105
NORMOSOL-M IN 5 % DEXTROSE... 129
NORPACE CR... 105
NORPACE... 105
NORPRAMIN... 41
NORTHERA... 105
nortrel 0.5/35 (28)... 153
nortrel 1/35 (21)... 153
nortrel 1/35 (28)... 153
nortrel 7/7/7 (28)... 153
nortriptyline... 41
NORVASC... 105
NORVIR... 78, 79
NOURIANZ... 69
NOVAREL... 145
NOVOLIN 70-30 FLEXPEN U-100... 87
NOVOLIN 70/30 U-100 INSULIN... 87
NOVOLIN N FLEXPEN... 87
NOVOLIN N NPH U-100 INSULIN... 87
NOVOLIN R FLEXPEN... 87
NOVOLIN R REGULAR U100 INSULIN... 87
NOVOLOG FLEXPEN U-100 INSULIN... 87
NOVOLOG MIX 70-30 U-100 INSULN... 87
NOVOLOG MIX 70-30FLEXPEN U-100... 87

NOVOLOG PENFILL U-100 INSULIN... 87
NOVOLOG U-100 INSULIN ASPART... 87
NOVOPEN ECHO... 180
NOXAFIL... 47
np thyroid... 157
NUBEQA... 61
NUCALA... 192
NUCYNTA ER... 17
NUCYNTA... 17
NUEDEXTA... 114
NULIBRY... 139
NUPLAZID... 73
NURTEC ODT... 49
NUTRILIPID... 129
NUTROPIN AQ NUSPIN... 145
NUVARING... 153
NUVIGIL... 197
NUZYRA... 29
nyamyc... 47
nylia 1/35 (28)... 153
nylia 7/7/7 (28)... 153
NYMALIZE... 105
nymyo... 153
nystatin-triamcinolone... 47
nystatin... 47
nystop... 47
NYVEPRIA... 92

O

OB COMPLETE ONE... 129
OB COMPLETE PETITE... 129
OB COMPLETE PREMIER... 129
OCALIVA... 135
ocella... 153
OCREVUS ZUNOVO... 114
OCREVUS... 114
OCTAGAM... 166
octreotide acetate... 158
octreotide,microspheres... 158
OCUFLOX... 186
ODACTRA... 192
ODEFSEY... 79
ODOMZO... 61
OFEV... 192
ofloxacin... 29, 186, 188
OGIVRI... 61
OGSIVEO... 61
OHTUVAYRE... 192
OJEMDA... 61
OJJAARA... 61
olanzapine-fluoxetine... 41
olanzapine... 73
OLINVYK... 17
olmesartan-amlodipin-hcthiazid... 105
olmesartan-hydrochlorothiazide... 105
olmesartan... 105
olopatadine... 186, 192
OLPRUVA... 139
OLUMIANT... 166
OLUX-E... 123
OLUX... 123
OMECLAMOX-PAK... 135
omega-3 acid ethyl esters... 105
OMEGAVEN... 129
omeprazole-sodium bicarbonate... 135
omeprazole... 135
OMNARIS... 192
OMNIPOD 5 (G6/LIBRE 2 PLUS)... 180
OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 180
OMNIPOD 5 G6-G7 PODS (GEN 5)... 180
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 180
OMNIPOD CLASSIC PODS (GEN 3)... 180
OMNIPOD DASH INTRO KIT (GEN 4)... 180
OMNIPOD DASH PODS (GEN 4)... 180
OMNIPOD GO PODS 10 UNITS/DAY... 180
OMNIPOD GO PODS 15 UNITS/DAY... 180
OMNIPOD GO PODS 20 UNITS/DAY... 180
OMNIPOD GO PODS 25 UNITS/DAY... 180
OMNIPOD GO PODS 30 UNITS/DAY... 180
OMNIPOD GO PODS 40 UNITS/DAY... 180
OMNIPOD GO PODS... 180
OMNITROPE... 145
OMVOH PEN... 166
OMVOH... 166
ONAPGO... 69
ONCASPAR... 61
ondansetron hcl (pf)... 44
ondansetron hcl... 44
ondansetron... 44
ONEXTON... 123, 124

ONFI... 36
ONGENTYS... 69
ONIVYDE... 61
ONPATTRO... 139
ONTRUZANT... 61
ONUREG... 61
ONYDA XR... 114
ONZETRA XSAIL... 49
OPDIVO QVANTIG... 61
OPDIVO... 61
OPDUALAG... 61
OPFOLDA... 139
OPIPZA... 73
opium tincture... 136
OPSUMIT... 193
OPSYNVI... 193
OPVEE... 22
OPZELURA... 124
ORACEA... 29
oralone... 116
ORAPRED ODT... 143
ORBACTIV... 29
ORENCIA CLICKJECT... 166
ORENCIA... 166
ORENITRAM MONTH 1 TITRATION KT... 193
ORENITRAM MONTH 2 TITRATION KT... 193
ORENITRAM MONTH 3 TITRATION KT... 193
ORENITRAM... 193
ORFADIN... 139
ORGOVYX... 61
ORIAHNN... 158
ORILISSA... 158
ORKAMBI... 193
ORLADEYO... 166
ORLYNVAH... 29
ormalvi... 139
orphenadrine citrate... 196, 197
orphenadrine-asa-caffeine... 197
orphengesic forte... 197
orquidea... 153
ORSERDU... 61
ORTIKOS... 173
oseltamivir... 79
OSENI... 87
OSMITROL 10 %... 105
OSMITROL 15 %... 105
OSMITROL 20 %... 105
OSMITROL 5 %... 105
OSMOLEX ER... 69
OSPHENA... 153
OTEZLA STARTER... 124
OTEZLA... 124
OTREXUP (PF)... 167
OTULFI... 167
OVIDE... 124
OVIDREL... 200
oxacillin in dextrose(iso-osm)... 30
oxacillin... 29
oxaliplatin... 61
oxaprozin... 17
OXAYDO... 17
oxazepam... 83
oxcarbazepine... 36
OXERVATE... 186
oxiconazole... 47
OXISTAT... 47
OXLUMO... 180
OXTELLAR XR... 36
oxybutynin chloride... 141
oxycodone-acetaminophen... 17, 18
oxycodone... 17
OXYCONTIN... 18
oxymorphone... 18
oxytocin... 180
OXYTROL... 141
OZEMPIC... 88
OZOBAX DS... 75
OZOBAX... 75

P

PACERONE... 105
paclitaxel protein-bound... 61
paclitaxel... 61
PADCEV... 62
PALFORZIA (LEVEL 1)... 180
PALFORZIA (LEVEL 10)... 181
PALFORZIA (LEVEL 11 UP-DOSE)... 181
PALFORZIA (LEVEL 2)... 180
PALFORZIA (LEVEL 3)... 180
PALFORZIA (LEVEL 4)... 180
PALFORZIA (LEVEL 5)... 180
PALFORZIA (LEVEL 6)... 180
PALFORZIA (LEVEL 7)... 180
PALFORZIA (LEVEL 8)... 180
PALFORZIA (LEVEL 9)... 181
PALFORZIA INITIAL (4-17 YRS)... 181
PALFORZIA LEVEL 11 MAINTENANCE... 181
paliperidone... 73

PALYNZIQ... 139
PAMELOR... 41
pamidronate... 174
PANCREAZE... 139
PANDEL... 124
PANRETIN... 62
pantoprazole in 0.9% sod chlor... 136
pantoprazole... 136
PANZYGA... 167
paraplatin... 62
paricalcitol... 174
PARLODEL... 69
PARNATE... 41
paroxetine hcl... 41
paroxetine mesylate(menop.sym)... 41
PATANASE... 193
PAXIL CR... 42
PAXIL... 41
PAXLOVID... 79
pazopanib... 62
PEDIAPRED... 144
PEDIARIX (PF)... 167
PEDMARK... 62
PEDVAX HIB (PF)... 167
peg 3350-electrolytes... 136
peg-electrolyte soln... 136
peg3350-sod sul-nacl-kcl-asb-c... 136
PEGASYS... 167
PEMAZYRE... 62
pemetrexed disodium... 62
pemetrexed... 62
PEMRYDI RTU... 62
PEN NEEDLE, DIABETIC... 181
PENBRAYA (PF)... 167
penciclovir... 79
penicillamine... 130
penicillin g pot in dextrose... 30
penicillin g potassium... 30
penicillin g sodium... 30
penicillin v potassium... 30
PENMENVY MEN A-B-C-W-Y (PF)... 167
PENNSAID... 18
PENTACEL (PF)... 167
PENTAM... 68
pentamidine... 68
PENTASA... 173
pentazocine-naloxone... 18
pentobarbital sodium... 36
pentoxifylline... 105
pepcid... 136
perampanel... 36
PERCOCET... 18
PERFOROMIST... 193
PERIKABIVEN... 130
perindopril erbumine... 106
periogard... 116
PERJETA... 62
permethrin... 124
perphenazine-amitriptyline... 42
perphenazine... 73
PERSERIS... 73
PERTZYE... 139
pfizerpen-g... 30
PHEBURANE... 139
phenazopyridine... 181
phenelzine... 42
PHENERGAN... 44
phenobarbital sodium... 36
phenobarbital... 36
phenoxybenzamine... 106
phenylephrine hcl... 106
PHENYTEK... 36
phenytoin sodium extended... 36
phenytoin sodium... 36
phenytoin... 36
PHESGO... 62
PHEXXI... 181
philith... 153
PHOSPHOLINE IODIDE... 186
PHYSIOLYTE... 181
PHYSIOSOL IRRIGATION... 181
phytonadione (vitamin k1)... 201
PIASKY... 167
PIFELTRO... 79
pilocarpine hcl... 116, 186
pimecrolimus... 124
pimozide... 73
pimtrea (28)... 153
pindolol... 106
pioglitazone-glimepiride... 88
pioglitazone-metformin... 88
pioglitazone... 88
piperacillin-tazobactam... 30
PIQRAY... 62
pirfenidone... 193
piroxicam... 18
pitavastatin calcium... 106
PITOCIN... 181
PLAQUENIL... 68
PLASMA-LYTE 148... 130

PLASMA-LYTE A... 130
PLAVIX... 92
PLEGRIDY... 114
PLENAMINE... 130
PLENVU... 136
plerixafor... 93
PLIAGLIS... 20
pnv-dha... 130
pnv-omega... 130
podofilox... 124
POKONZA... 130
POLIVY... 62
polocaine-mpf... 21
polocaine... 20
polycin... 186
polymyxin b sulf-trimethoprim... 186
polymyxin b sulfate... 30
POMALYST... 62
POMBILITI... 139
PONVORY 14-DAY STARTER PACK... 114
PONVORY... 114
portia 28... 153
PORTRAZZA... 62
posaconazole... 47
potassium acetate... 130
potassium chlorid-d5-0.45%nacl... 130
potassium chloride in 0.9%nacl... 130
potassium chloride in 5 % dex... 130
potassium chloride in lr-d5... 130
potassium chloride in water... 130
potassium chloride-0.45 % nacl... 130
potassium chloride-d5-0.2%nacl... 130
potassium chloride-d5-0.9%nacl... 130
potassium chloride... 130
potassium citrate... 130
POTELIGEO... 62
pr natal 400 ec... 130
pr natal 400... 130
pr natal 430 ec... 131
pr natal 430... 131
PRADAXA... 93
pralatrexate... 62
PRALUENT PEN... 106
pramipexole... 69
prasugrel hcl... 93
pravastatin... 106
praziquantel... 68
prazosin... 106
PRECOSE... 88
PRED FORTE... 186
PRED MILD... 186
prednicarbate... 124
prednisolone acetate... 186
prednisolone sodium phosphate... 144, 186
prednisolone... 144
prednisone intensol... 144
prednisone... 144
PREFEST... 153
pregabalin... 114
PREGNYL... 146
PREMARIN... 153, 154
PREMASOL 10 %... 131
PREMPHASE... 154
PREMPRO... 154
PRENATA... 131
PRENATABS FA... 131
prenatal plus (calcium carb)... 131
prenatal plus dha... 131
prenatal plus vitamin-mineral... 131
prenatal vitamin plus low iron... 131
prenatal-u... 131
PRENATE ELITE... 131
PRETOMANID... 51
PREVACID SOLUTAB... 136
PREVACID... 136
prevalite... 106
PREVDUO... 181
PREVYMIS... 79
PREZCOBIX... 79
PREZISTA... 79
PRIALT... 181
PRIFTIN... 51
PRILOSEC... 136
primaquine... 68
PRIMAXIN IV... 30
primidone... 36
primlev... 18
PRIMSOL... 30
PRIORIX (PF)... 167
PRISTIQ... 42
PRIVIGEN... 167
PRO COMFORT ALCOHOL PADS... 181
PROAIR DIGIHALER... 193
PROAIR RESPICLICK... 193
probenecid-colchicine... 48

probenecid... 48
procainamide... 106
PROCARDIA XL... 106
procentra... 114
prochlorperazine edisylate... 44
prochlorperazine maleate... 44
prochlorperazine... 44
PROCRIT... 93
procto-med hc... 124
PROCTOFOAM HC... 173
proctosol hc... 124
proctozone-hc... 124
PROCYSBI... 139, 140
progesterone micronized... 154
progesterone... 154
PROGLYCEM... 88
PROGRAF... 167
PROLASTIN-C... 140
prolate... 18
PROLENSA... 186
PROLIA... 174
PROMACTA... 93
promethazine vc-codeine... 199
promethazine vc... 181
promethazine-codeine... 199
promethazine-dm... 199
promethazine-phenylephrine... 181
promethazine... 44, 45
promethegan... 45
PROMETRIUM... 154
propafenone... 106
proparacaine... 186
propranolol-hydrochlorothiazid... 106
propranolol... 106
propylthiouracil... 159
PROQUAD (PF)... 167
PROSCAR... 141
PROSOL 20 %... 131
protamine... 181
PROTONIX... 136
protriptyline... 42
PROVERA... 154
PROVIGIL... 198
PROZAC... 42
prucalopride... 136
PRUDOXIN... 124
pruradik... 124
PULMICORT FLEXHALER... 193
PULMICORT... 193
PULMOZYME... 193
PURE COMFORT ALCOHOL PADS... 181
PURIXAN... 62
PYLERA... 136
pyrazinamide... 51
PYRIDIUM... 181
pyridostigmine bromide... 50, 51
pyridoxine (vitamin b6)... 201
pyrimethamine... 68
PYRUKYND... 140
PYZCHIVA AUTOINJECTOR... 167
PYZCHIVA... 167

Q

QALSODY... 114
QBRELIS... 106
QBREXZA... 124
QDOLO... 18
QELBREE... 115
QINLOCK... 62
QNASL... 193
QTERN... 88
QUADRACEL (PF)... 167
QUARTETTE... 154
QUDEXY XR... 36
QUESTRAN LIGHT... 106
QUESTRAN... 106
quetiapine... 73
QUILLICHEW ER... 115
QUILLIVANT XR... 115
quinapril-hydrochlorothiazide... 106
quinapril... 106
quinidine gluconate... 106
quinidine sulfate... 106
quinine sulfate... 68
QULIPTA... 49
QUTENZA... 181
QUVIVIQ... 198
QUZYTTIR... 193
QVAR REDIHALER... 193, 194

R

RABAVERT (PF)... 167
rabeprazole... 136
RADICAVA ORS STARTER KIT SUSP... 115
RADICAVA ORS... 115
RADICAVA... 115
RAGWITEK... 194
RALDESY... 42
raloxifene... 154
ramelteon... 198
ramipril... 106
ranolazine... 106
RAPAFLO... 142
RAPAMUNE... 167

rasagiline... 69
RASUVO (PF)... 168
RAVICTI... 140
RAYALDEE... 175
RAYOS... 144
REBIF (WITH ALBUMIN)... 115
REBIF REBIDOSE... 115
REBIF TITRATION PACK... 115
REBLOZYL... 93
REBYOTA... 136
RECARBRIO... 30
RECLAST... 175
reclipsen (28)... 154
RECOMBIVAX HB (PF)... 168
RECORLEV... 158
RECTIV... 181
REDITREX (PF)... 168
REGLAN... 45
REGONOL... 51
REGRANEX... 124
RELAFEN DS... 18
RELENZA DISKHALER... 79
RELEUKO... 93
RELEXXII... 115
RELISTOR... 136
RELPAX... 49
RELTONE... 136
REMERON SOLTAB... 42
REMERON... 42
REMICADE... 168
REMODULIN... 194
RENACIDIN... 181
RENFLEXIS... 168
repaglinide... 88
REPATHA PUSHTRONEX... 106
REPATHA SURECLICK... 106
REPATHA SYRINGE... 107
RESPA-AR... 199
RESTASIS MULTIDOSE... 186
RESTASIS... 186
RESTORIL... 198
RETACRIT... 93
RETEVMO... 62
RETIN-A MICRO PUMP... 124
RETIN-A MICRO... 124
RETIN-A... 124
RETROVIR... 79
REVATIO... 194
REVCOVI... 140
revonto... 75
REVUFORJ... 62
REXULTI... 73
REYATAZ... 79
REYVOW... 50
REZDIFFRA... 181
REZLIDHIA... 63
REZUROCK... 168
REZVOGLAR KWIKPEN... 88
REZZAYO... 47
RHOFADE... 124
RHOPHYLAC... 168
RHOPRESSA... 186
RIABNI... 63
RIASTAP... 93
ribavirin... 79, 181
RIDAURA... 168
rifabutin... 51
RIFADIN... 51
rifampin... 51
RILUTEK... 115
riluzole... 115
rimantadine... 79
RIMSO-50... 181
ringer's... 131, 181
RINVOQ LQ... 168
RINVOQ... 168
RIOMET... 88
risedronate... 175
RISPERDAL CONSTA... 73
RISPERDAL... 73
risperidone... 73, 74
RITALIN LA... 115
RITALIN... 115
ritonavir... 79
RITUXAN HYCELA... 63
RITUXAN... 63
rivaroxaban... 93
rivastigmine tartrate... 39
rivastigmine... 39
rivelsa... 154
RIVFLOZA... 181
rizatriptan... 50
ROBAXIN... 197
ROBINUL FORTE... 136
ROBINUL... 136
ROCALTROL... 175
ROCKLATAN... 186
roflumilast... 194
ROLVEDON... 93
romidepsin... 63
ROMVIMZA... 63
ropinirole... 69
ropivacaine (pf)... 21

rosadan... 30
rosuvastatin... 107
rosyrah... 154
ROTARIX... 168
ROTATEQ VACCINE... 168
ROWASA... 173
roweepra xr... 36
roweepra... 36
ROXICODONE... 18
ROXYBOND... 18
ROZEREM... 198
ROZLYTREK... 63
RUBRACA... 63
RUCONEST... 168
rufinamide... 37
RUKOBIA... 80
RUXIENCE... 63
RYALTRIS... 194
RYBELSUS... 88
RYBREVANT... 63
RYCLORA... 194
RYDAPT... 63
RYLAZE... 63
RYSTIGGO... 168
RYTARY... 69
RYTELO... 63
RYTHMOL SR... 107
RYVENT... 194
RYZNEUTA... 93

S

SABRIL... 37
sacubitril-valsartan... 107
SAFYRAL... 154
SAIZEN SAIZENPREP... 146
sajazir... 169
SALAGEN (PILOCARPINE)... 116
SAMSCA... 131
SANCUSO... 45
SANDIMMUNE... 169
SANDOSTATIN LAR DEPOT... 158
SANDOSTATIN... 158
SANTYL... 124
SAPHNELO... 169
SAPHRIS... 74
sapropterin... 140
SARCLISA... 63
SAVAYSA... 93
SAVELLA... 115
saxagliptin-metformin... 88
saxagliptin... 88
SCEMBLIX... 63
scopolamine base... 45
se-natal 19 chewable... 131
SEASONIQUE... 154
SECUADO... 74
SEGLENTIS... 18
SEGLUROMET... 88
SELARSDI... 169
SELECT-OB (FOLIC ACID)... 131
SELECT-OB + DHA... 131
SELECT-OB... 131
selegiline hcl... 69
selenium sulfide... 124
SELZENTRY... 80
SEMGLEE(INSULIN GLARG-YFGN)PEN... 88
SEMGLEE(INSULIN GLARGINE-YFGN)... 88
SENSIPAR... 175
sensorcaine-epinephrine... 21
sensorcaine-mpf spinal... 21
SENSORCAINE-MPF... 21
sensorcaine-mpf/epinephrine... 21
SENSORCAINE... 21
SEPHIENCE... 140
SEREVENT DISKUS... 194
SEROQUEL XR... 74
SEROQUEL... 74
SEROSTIM... 146
sertraline... 42
setlakin... 154
SEYSARA... 30
SEZABY... 37
SFROWASA... 173
sharobel... 154
SHINGRIX (PF)... 169
SIGNIFOR LAR... 158
SIGNIFOR... 158
SIKLOS... 181
sildenafil (pulm.hypertension)... 194
SILENOR... 198
SILIQ... 169
silodosin... 142
SILVADENE... 124
silver sulfadiazine... 124
SIMBRINZA... 186
SIMLANDI(CF) AUTOINJECTOR... 169
SIMLANDI(CF)... 169
simliya (28)... 154
simpesse... 154
SIMPONI ARIA... 169
SIMPONI... 169
SIMULECT... 169
simvastatin... 107

SINEMET... 70
SINGULAIR... 194
sirolimus... 169
SIRTURO... 51
sitagliptin-metformin... 88
sitagliptin... 88
SIVEXTRO... 30
SKYCLARYS... 115
SKYRIZI... 169
SKYTROFA... 146
SMOFLIPID... 131
SOAANZ... 107
sodium benzoate-sod phenylacet... 182
sodium bicarbonate... 131
sodium chloride 0.45 %... 131
sodium chloride 0.9 %... 131
sodium chloride 3 % hypertonic... 131
sodium chloride 5 % hypertonic... 131
sodium chloride... 131, 182
SODIUM EDECRIN... 107
sodium oxybate... 198
sodium phenylbutyrate... 140
sodium phosphate... 131
sodium polystyrene sulfonate... 131
sodium,potassium,mag sulfates... 136
SOGROYA... 146
SOHONOS... 182
solifenacin... 142
SOLIQUA 100/33... 88
SOLIRIS... 169
SOLODYN... 30
SOLOSEC... 30
SOLTAMOX... 63
SOLU-CORTEF ACT-O-VIAL (PF)... 144
SOLU-CORTEF... 144
SOLU-MEDROL (PF)... 144
SOLU-MEDROL... 144
SOMA... 197
SOMATULINE DEPOT... 158
SOMAVERT... 158, 159
SOOLANTRA... 125
sorafenib... 63
SORILUX... 125
sotalol af... 107
sotalol... 107
SOTYKTU... 169
SOTYLIZE... 107
SOVALDI... 80
SOVUNA... 68
SPEVIGO... 169
spinosad... 125
SPIRIVA RESPIMAT... 194
SPIRIVA WITH HANDIHALER... 194
spironolacton-hydrochlorothiaz... 107
spironolactone... 107
SPORANOX... 48
sprintec (28)... 154
SPRITAM... 37
SPRIX... 18
SPRYCEL... 63
SPS (WITH SORBITOL)... 131
sronyx... 154
SSD... 125
STALEVO 100... 70
STALEVO 125... 70
STALEVO 150... 70
STALEVO 200... 70
STALEVO 50... 70
STALEVO 75... 70
stavudine... 80
STEGLATRO... 88
STEGLUJAN... 88
STELARA... 169, 170
STEQEYMA I.V.... 170
STEQEYMA... 170
STIMUFEND... 93
STIOLTO RESPIMAT... 194
STIVARGA... 63
STRATTERA... 115
STRENSIQ... 140
streptomycin... 30
STRIBILD... 80
STRIVERDI RESPIMAT... 194
STROMECTOL... 68
SUBOXONE... 22
subvenite starter (blue) kit... 37
subvenite starter (green) kit... 37
subvenite starter (orange) kit... 37
subvenite... 37
SUCRAID... 140
sucralfate... 137
SUFLAVE... 137
SULAR... 107
sulfacetamide sodium (acne)... 30
sulfacetamide sodium... 30, 187
sulfacetamide-prednisolone... 187
sulfadiazine... 30
sulfamethoxazole-trimethoprim... 30

SULFAMYLON... 125
sulfasalazine... 173
sulindac... 18
sumatriptan succinate... 50
sumatriptan-naproxen... 50
sumatriptan... 50
sunitinib malate... 63
SUNLENCA... 80
SUNOSI... 198
SUPREP BOWEL PREP KIT... 137
SURE COMFORT ALCOHOL PREP PADS... 182
SURE-PREP ALCOHOL PREP PADS... 182
SUTAB... 137
SUTENT... 63
syeda... 154
SYLVANT... 170
SYMBICORT... 194
SYMBRAVO... 50
SYMBYAX... 42
SYMDEKO... 194
SYMFI LO... 80
SYMFI... 80
SYMLINPEN 120... 88
SYMLINPEN 60... 88
SYMPAZAN... 37
SYMPROIC... 137
SYMTUZA... 80
SYNAGIS... 182
SYNALAR... 125
SYNAREL... 159
SYNJARDY XR... 89
SYNJARDY... 88
SYNRIBO... 63
SYNTHROID... 157
SYPRINE... 131

T

TABLOID... 63
TABRECTA... 63
TACLONEX... 125
tacrolimus... 125, 170
tadalafil (pulm. hypertension)... 194
tadalafil... 142
TADLIQ... 194
TAFINLAR... 64
tafluprost (pf)... 187
TAGRISSO... 64
TAKHZYRO... 170
TALICIA... 137
TALTZ AUTOINJECTOR (2 PACK)... 170
TALTZ AUTOINJECTOR (3 PACK)... 170
TALTZ AUTOINJECTOR... 170
TALTZ SYRINGE... 170
TALVEY... 64
TALZENNA... 64
TAMIFLU... 80
tamoxifen... 64
tamsulosin... 142
tanlor... 197
taperdex... 144
TARCEVA... 64
TARGADOX... 30
TARGRETIN... 64
tarina 24 fe... 154
tarina fe 1-20 eq (28)... 154
tarina fe 1/20 (28)... 154
TARPEYO... 173
TASCENSO ODT... 115
TASIGNA... 64
tasimelteon... 198
TASMAR... 70
tavaborole... 48
TAVALISSE... 93
TAVNEOS... 170
taysofy... 154
TAYTULLA... 154
tazarotene... 125
tazicef... 30
TAZORAC... 125
taztia xt... 107
TAZVERIK... 64
TDVAX... 170
TECENTRIQ HYBREZA... 64
TECENTRIQ... 64
TECFIDERA... 115
TECVAYLI... 64
TEFLARO... 30
TEGLUTIK... 115
TEGRETOL XR... 37
TEGRETOL... 37
TEGSEDI... 140
TEKTURNA HCT... 107
TEKTURNA... 107
telmisartan-amlodipine... 107
telmisartan-hydrochlorothiazid... 107
telmisartan... 107
temazepam... 198
TEMODAR... 64
TEMOVATE... 125
temsirolimus... 64
tencon... 182

TENIVAC (PF)... 170
tenofovir disoproxil fumarate... 80
TENORETIC 100... 107
TENORETIC 50... 107
TENORMIN... 107
TEPADINA... 64
TEPEZZA... 182
TEPMETKO... 64
TEPYLUTE... 64
terazosin... 107
terbinafine hcl... 48
terbutaline... 194
terconazole... 48
teriflunomide... 115
TESTIM... 154
testosterone cypionate... 155
testosterone enanthate... 155
testosterone... 154, 155
tetrabenazine... 115
tetracycline... 31
TEVIMBRA... 64
TEXACORT... 125
TEZRULY... 107
TEZSPIRE... 170
THALITONE... 107
THALOMID... 64
THAM... 132
THEO-24... 194
theophylline... 194, 195
thiamine hcl (vitamin b1)... 201
THIOLA EC... 142
THIOLA... 142
thioridazine... 74
thiotepa... 64
thiothixene... 74
THYMOGLOBULIN... 170
THYQUIDITY... 157
tiadylt er... 108
tiagabine... 37
TIAZAC... 108
TIBSOVO... 64
ticagrelor... 93
TICOVAC... 170
TIGAN... 45
tigecycline... 31
TIGLUTIK... 115
TIKOSYN... 108
tilia fe... 155
timolol maleate (pf)... 187
timolol maleate... 108, 187
timolol... 187
TIMOPTIC OCUDOSE (PF)... 187
tinidazole... 31
tiopronin... 142
tirofiban-0.9% sodium chloride... 94
TIROSINT-SOL... 157
TIROSINT... 157
TIVDAK... 64
TIVICAY PD... 80
TIVICAY... 80
tizanidine... 75
TLANDO... 155
TOBI PODHALER... 195
TOBI... 31
TOBRADEX ST... 187
TOBRADEX... 187
tobramycin in 0.225 % nacl... 31
tobramycin sulfate... 31
tobramycin-dexamethasone... 187
tobramycin... 31, 187
TOBREX... 187
tolcapone... 70
tolectin 600... 18
tolmetin... 18
TOLSURA... 48
tolterodine... 142
tolvaptan (polycys kidney dis)... 132
tolvaptan... 132
TOPAMAX... 37
TOPICORT... 125
topiramate... 37
topotecan... 64, 65
TOPROL XL... 108
toremifene... 65
TORISEL... 65
torpenz... 65
torsemide... 108
TOSYMRA... 50
TOUJEO MAX U-300 SOLOSTAR... 89
TOUJEO SOLOSTAR U-300 INSULIN... 89
tovet emollient... 125
TOVIAZ... 142
TPN ELECTROLYTES... 132
TRACLEER... 195
TRADJENTA... 89
tramadol-acetaminophen... 19
tramadol... 19
trandolapril-verapamil... 108
trandolapril... 108
tranexamic acid... 94
TRANSDERM-SCOP... 45
tranylcypromine... 42
TRAVASOL 10 %... 132

TRAVATAN Z... 187
travoprost... 187
TRAZIMERA... 65
trazodone... 42
TREANDA... 65
TRECATOR... 51
TRELEGY ELLIPTA... 195
TRELSTAR... 159
TREMFYA PEN INDUCTION PK-CROHN... 170
TREMFYA PEN... 170
TREMFYA... 170
treprostinil sodium... 195
TRESIBA FLEXTOUCH U-100... 89
TRESIBA FLEXTOUCH U-200... 89
TRESIBA U-100 INSULIN... 89
tretinoin (antineoplastic)... 65
tretinoin microspheres... 125
tretinoin... 125
TREXALL... 170
TREXIMET... 50
TREZIX... 19
tri-estarylla... 155
tri-legest fe... 155
tri-linyah... 155
tri-lo-estarylla... 155
tri-lo-marzia... 155
tri-lo-mili... 155
tri-lo-sprintec... 155
tri-mili... 155
tri-nymyo... 155
tri-sprintec (28)... 155
tri-vylibra lo... 155
tri-vylibra... 155
triamcinolone acetonide... 116, 144
triamterene-hydrochlorothiazid... 108
triamterene... 108
trianex... 144
triazolam... 198
TRIBENZOR... 108
TRICARE... 132
TRICOR... 108
triderm... 144
trientine... 132
trifluoperazine... 74
trifluridine... 187
trihexyphenidyl... 70
TRIJARDY XR... 89
TRIKAFTA... 195
TRILEPTAL... 37, 38
TRILIPIX... 108
trimethobenzamide... 45
trimethoprim... 31
trimipramine... 42
trinatal rx 1... 132
TRINTELLIX... 42
TRIPTODUR... 159
TRISENOX... 65
TRISTART DHA... 132
TRIUMEQ PD... 80
TRIUMEQ... 80
trivora (28)... 155
TRIZIVIR... 80
TRODELVY... 65
TROGARZO... 80
TROKENDI XR... 38
tromethamine... 132
TROPHAMINE 10 %... 132
trospium... 142
TRUDHESA... 50
TRUE COMFORT ALCOHOL PADS... 182
TRUE COMFORT PRO ALCOHOL PADS... 182
TRULANCE... 137
TRULICITY... 89
TRUMENBA... 171
TRUQAP... 65
TRUVADA... 80
TRUXIMA... 65
TRYNGOLZA... 108
TRYPTYR... 187
TRYVIO... 108
TUDORZA PRESSAIR... 195
TUKYSA... 65
tulana... 155
TURALIO... 65
turqoz (28)... 155
TUXARIN ER... 199
TUZISTRA XR... 199
TWINRIX (PF)... 171
TWYNEO... 125
TYBOST... 80
tydemy... 155
TYENNE AUTOINJECTOR... 171
TYENNE... 171
TYGACIL... 31
TYKERB... 65
TYMLOS... 175
TYPHIM VI... 171
TYRVAYA... 187
TYSABRI... 116
TYVASO DPI... 195

TYVASO INSTITUTIONAL START KIT... 195
TYVASO REFILL KIT... 195
TYVASO STARTER KIT... 195
TYVASO... 195

U

UBRELVY... 50
UCERIS... 173
UDENYCA AUTOINJECTOR... 94
UDENYCA ONBODY... 94
UDENYCA... 94
ULORIC... 49
ULTILET ALCOHOL SWAB... 182
ULTOMIRIS... 171
ULTRA-FINE INS SYR (HALF UNIT)... 182
ULTRA-FINE INSULIN SYRINGE... 182
ULTRA-FINE PEN NEEDLE... 182
ULTRAVATE... 125
umeclidinium-vilanterol... 195
UNASYN... 31
UNDECATREX... 155
UNITHROID... 157
UNITUXIN... 65
UPLIZNA... 171
UPTRAVI... 195
UROCIT-K 10... 132
UROCIT-K 15... 132
UROCIT-K 5... 132
UROXATRAL... 142
URSO 250... 137
URSO FORTE... 137
ursodiol... 137
USTEKINUMAB-AEKN... 171
USTEKINUMAB-TTWE... 171
USTEKINUMAB... 171
UZEDY... 74

V

V-GO 20... 182
V-GO 30... 182
V-GO 40... 182
VABOMERE... 31
VAGIFEM... 155
valacyclovir... 80
VALCHLOR... 65
VALCYTE... 80
valganciclovir... 81
VALIUM... 83
valproate sodium... 38
valproic acid (as sodium salt)... 38
valproic acid... 38
valrubicin... 65
valsartan-hydrochlorothiazide... 108
valsartan... 108
VALSTAR... 65
VALTOCO... 38
VALTREX... 81
valtya... 155
VANCOCIN... 31
vancomycin in 0.9 % sodium chl... 31
vancomycin in dextrose 5 %... 31
vancomycin-diluent combo no.1... 31
vancomycin... 31
VANDAZOLE... 31
VANFLYTA... 65
VANOS... 125
VANRAFIA... 182
VAPRISOL IN 5 % DEXTROSE... 132
VAQTA (PF)... 171
varenicline tartrate... 22
VARIVAX (PF)... 171
VARIZIG... 171
VARUBI... 45
VASCEPA... 108
VASERETIC... 108
VASOTEC... 109
VAXCHORA VACCINE... 171
vecamyl... 109
VECTIBIX... 65
VECTICAL... 126
VEGZELMA... 65
VELCADE... 65
VELETRI... 195
velivet triphasic regimen (28)... 155
VELSIPITY... 171
VELTASSA... 132
VELTIN... 126
VEMLIDY... 81
VENCLEXTA STARTING PACK... 65
VENCLEXTA... 65
VENLAFAXINE BESYLATE... 42
venlafaxine... 42
VENTAVIS... 195
VENTOLIN HFA... 195
venxxiva... 142
VEOPOZ... 171
VEOZAH... 116
verapamil... 109
VERDESO... 126
VEREGEN... 126

VERELAN PM... 109
VERIPRED 20... 144
VERKAZIA... 187
VERQUVO... 109
VERSACLOZ... 74
VERZENIO... 65
VESICARE LS... 142
VESICARE... 142
vestura (28)... 155
VEVYE... 187
VFEND IV... 48
VFEND... 48
VIBATIV... 31
VIBERZI... 137
VIBRAMYCIN... 31
VICTOZA 2-PAK... 89
VICTOZA 3-PAK... 89
VIDAZA... 65
vienva... 155
vigabatrin... 38
vigadrone... 38
VIGAFYDE... 38
VIGAMOX... 187
vigpoder... 38
VIIBRYD... 42
VIJOICE... 140
vilazodone... 42
VIMKUNYA... 171
VIMOVO... 19
VIMPAT... 38
vinblastine... 65
vincasar pfs... 65
vincristine... 66
vinorelbine... 66
VIOKACE... 140
viorele (28)... 156
VIRACEPT... 81
VIRAZOLE... 182
VIREAD... 81
VISTARIL... 195
VITAFOL FE PLUS... 132
VITAFOL GUMMIES... 132
VITAFOL ULTRA... 132
VITAFOL-OB+DHA... 132
VITAFOL-OB... 132
VITAFOL-ONE... 132
VITAMEDMD ONE RX... 132
vitamin d2... 201
vitamin k... 201
vitamin k1... 201
VITRAKVI... 66
vivacaine... 21
VIVELLE-DOT... 156
VIVITROL... 22
VIVJOA... 48
VIVLODEX... 19
VIVOTIF... 171
VIZIMPRO... 66
VOCABRIA... 81
VOGELXO... 156
volnea (28)... 156
VONJO... 66
VOQUEZNA DUAL PAK... 137
VOQUEZNA TRIPLE PAK... 137
VOQUEZNA... 137
VORANIGO... 66
voriconazole-hpbcd... 48
voriconazole... 48
VOSEVI... 81
VOTRIENT... 66
VOWST... 137
VOXZOGO... 140
VOYDEYA... 171
VPRIV... 140
VRAYLAR... 74
VTAMA... 126
VUITY... 187
VUMERITY... 116
VUSION... 48
VYALEV... 70
VYEPTI... 50
vyfemla (28)... 156
VYJUVEK... 182
VYKAT XR... 182
vylibra... 156
VYLOY... 66
VYNDAMAX... 140
VYNDAQEL... 140
VYTORIN 10-10... 109
VYTORIN 10-20... 109
VYTORIN 10-40... 109
VYTORIN 10-80... 109
VYVANSE... 116
VYVGART HYTRULO... 51
VYVGART... 51
VYXEOS... 66
VYZULTA... 187

W

WAINUA... 140
WAKIX... 198
warfarin... 94
water for irrigation, sterile... 182
WEBCOL... 182
WEGOVY... 182

WELCHOL... 109
WELIREG... 140
WELLBUTRIN SR... 43
WELLBUTRIN XL... 43
wera (28)... 156
wescap-pn dha... 132
wesnatal dha complete... 132
wesnate dha... 132
westab plus... 132
westgel dha... 133
WEZLANA I.V.... 172
WEZLANA... 171, 172
WINLEVI... 126
WINREVAIR... 196
wixela inhub... 196
wymzya fe... 156

X

XACDURO... 31
XACIATO... 32
XADAGO... 70
XALATAN... 187
XALKORI... 66
XANAX XR... 83
XANAX... 83
xarah fe... 156
XARELTO DVT-PE TREAT 30D START... 94
XARELTO... 94
XATMEP... 172
XCOPRI MAINTENANCE PACK... 38
XCOPRI TITRATION PACK... 38
XCOPRI... 38
XDEMVY... 182
XELJANZ XR... 172
XELJANZ... 172
XELPROS... 187
xelria fe... 156
XELSTRYM... 116
XEMBIFY... 172
XENAZINE... 116
XENPOZYME... 140
XERAVA... 32
XERESE... 81
XERMELO... 137
XGEVA... 175
XHANCE... 196
XIFAXAN... 137
XIFYRM... 19
XIGDUO XR... 89
XIIDRA... 187
XIMINO... 32
XOFLUZA... 81
XOLAIR... 172
XOLEGEL... 48
XOLREMDI... 94
XOPENEX HFA... 196
XOSPATA... 66
XPOVIO... 66
XROMI... 182
XTAMPZA ER... 19
XTANDI... 66
xulane... 156
XULTOPHY 100/3.6... 89
XYOSTED... 156
XYREM... 198
XYWAV... 198

Y

yargesa... 140
YASMIN (28)... 156
YAZ (28)... 156
YCANTH... 182
YERVOY... 66
YESINTEK... 172
YF-VAX (PF)... 172
YONDELIS... 66
YONSA... 66
YORVIPATH... 175
YUFLYMA(CF) AI CROHN'S-UC-HS... 172
YUFLYMA(CF) AUTOINJECTOR... 172
YUFLYMA(CF)... 172
YUPELRI... 196
YUSIMRY(CF) PEN... 172
YUTREPIA... 196
yuvafem... 156

Z

zafemy... 156
zafirlukast... 196
zaleplon... 198
ZALTRAP... 66
ZANAFLEX... 75
ZANOSAR... 66
zarah... 156
ZARONTIN... 38
ZARXIO... 94
zatean-pn dha... 133
zatean-pn plus... 133
ZAVESCA... 140
ZAVZPRET... 50
ZCORT... 144
ZEBUTAL... 183
ZEGALOGUE AUTOINJECTOR... 89
ZEGALOGUE SYRINGE... 89
ZEGERID... 137
ZEJULA... 66

ZELAPAR... 70
ZELBORAF... 67
ZELSUVMI... 126
ZEMAIRA... 140, 141
ZEMBRACE SYMTOUCH... 50
ZEMDRI... 32
ZEMPLAR... 175
zenatane... 126
ZENPEP... 141
zenzedi... 116
ZEPATIER... 81
ZEPBOUND... 183
ZEPOSIA STARTER KIT (28-DAY)... 116
ZEPOSIA STARTER PACK (7-DAY)... 116
ZEPOSIA... 116
ZEPZELCA... 67
ZERBAXA... 32
ZERVIATE... 187
ZESTORETIC... 109
ZESTRIL... 109
ZETIA... 109
ZETONNA... 196
ZEVALIN (Y-90)... 183
ZEVTERA... 32
ZIAC... 109
ZIAGEN... 81
ZIANA... 126
zidovudine... 81
ZIEXTENZO... 94
ZIIHERA... 67
ZILBRYSQ... 172
zileuton... 196
ZILRETTA... 144
ZILXI... 126
ZIMHI... 22
zingiber... 183
ZINPLAVA... 137
ZIOPTAN (PF)... 187
ziprasidone hcl... 74
ziprasidone mesylate... 74
ZIPSOR... 19
ZIRABEV... 67
ZIRGAN... 81
ZITHROMAX TRI-PAK... 32
ZITHROMAX Z-PAK... 32
ZITHROMAX... 32
ZITUVIMET XR... 89
ZITUVIMET... 89
ZITUVIO... 89
ZOCOR... 109
ZOLADEX... 159
zoledronic ac-mannitol-0.9nacl... 175
zoledronic acid-mannitol-water... 175
zoledronic acid... 175
ZOLINZA... 67
zolmitriptan... 50
ZOLOFT... 43
zolpidem... 198
ZOMACTON... 146
zomig... 50
ZONALON... 126
ZONEGRAN... 38
ZONISADE... 38
zonisamide... 39
ZORTRESS... 172
ZORVOLEX... 19
ZORYVE... 126
ZOSYN IN DEXTROSE (ISO-OSM)... 32
zovia 1-35 (28)... 156
ZOVIRAX... 81
ZTALMY... 39
ZTLIDO... 21
ZUBSOLV... 22
ZULRESSO... 43
zumandimine (28)... 156
ZUNVEYL... 39
ZURZUVAE... 43
ZYCLARA... 126
ZYDELIG... 67
ZYFLO... 196
ZYKADIA... 67
ZYLET... 187
ZYLOPRIM... 49
ZYMFENTRA... 172
ZYNLONTA... 67
ZYNRELEF... 183
ZYNYZ... 67
ZYPITAMAG... 109
ZYPREXA RELPREVV... 75
ZYPREXA ZYDIS... 75
ZYPREXA... 74
ZYTIGA... 67
ZYVOX... 32

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 quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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

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

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

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

Notes

Notes

Notes

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact the NC State Health Plan Humana Customer Care Team with any questions at 1-888-700-2263 or, for TTY users, 711, or visit **your.humana.com/ncshp**.

Humana®

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer