

2025

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs or "Drug List"

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

70

Formulary 25800

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting Humana.com.

Humana[®]

Welcome to The Humana Medicare Employer Plan!

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

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

What is the Humana Medicare Employer formulary?

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

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

Can the formulary change?

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

Humana.com/medicaredruglist.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.**

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

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

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

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

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

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

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

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

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

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

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

What if you are affected by a Drug List change?

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

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

How do I use the Formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 191. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

What are generic drugs?

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

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

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

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

Prescription drugs are grouped into one of four tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Humana Formulary?

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

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

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

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

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

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

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

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

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

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

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

Transition extension

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

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

CenterWell Pharmacy™

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

Other pharmacies are available in our network.

For More Information

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

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

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 191.

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 187.

How to read your formulary

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-caff-dihydrocod 320.5-30-16 mg CAPSULE DL	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)
BUTTRANS 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEMEROL 50 MG/ML SOLUTION 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	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	1	
FELDENE 10 MG, 20 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenoprofen 400 mg CAPSULE 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 2 mg/ml SOLUTION 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	
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levorphanol tartrate 2 mg TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 15 mg, 30 mg TABLET 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE 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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP 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)
SEGMENTIS 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. 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-COBFRIN 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lignospan standard 2 %-1:100,000 CARTRIDGE MO</i>	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	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	
<i>marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE MO</i>	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	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	
NESACAIN 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION MO	3	
NESACAIN-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION MO	3	
PLIAGLIS 7-7 % CREAM MO	3	
<i>polocaine 1 % (10 mg/ml), 2 % SOLUTION MO</i>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO</i>	1	
<i>ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO</i>	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	1	
<i>sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO</i>	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	1	
<i>sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO</i>	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION MO</i>	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION MO</i>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION MO	1	
<i>vivacaine 0.5 %-1:200,000 CARTRIDGE MO</i>	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED MO	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aztreonam 1 gram, 2 gram RECON SOLUTION 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	1	
clindamycin phosphate 150 mg/ml SOLUTION MO	1	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 75 mg TABLET MO	1	ST,QL(60 per 30 days)
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	
gentamicin 40 mg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 125 mg, 250 mg, 500 mg TABLET 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)
monodoxine nl 100 mg CAPSULE MO	1	
monodoxine 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin v potassium 250 mg, 500 mg TABLET MO	1	
pfsizerpen-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	
RECARBRIOD 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 PL	4	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITHROMAX 250 MG, 500 MG TABLET 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 DL	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	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 DL	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIASTAT 2.5 MG KIT 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	
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 DL	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	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 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION DL	4	PA
KEPPRA 250 MG TABLET MO	3	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. DL	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. DL	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 DL	4	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE DL	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING DL	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK DL	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK DL	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK MO	3	
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. DL	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK 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
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 DL	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. DL	4	ST
pentobarbital sodium 50 mg/ml SOLUTION MO	1	
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION 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)
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 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE DL	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
TRILEPTAL 300 MG, 600 MG TABLET DL	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION DL	4	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. DL	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)
vigadroner 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
vigadroner 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XCOPRI 100 MG, 25 MG, 50 MG TABLET 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 DL	4	PA
ZONISADE 100 MG/5 ML SUSPENSION MO	3	PA,QL(900 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. 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)
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. DL	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. 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 25 mg TABLET, ER 24 HR. 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
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 DL	4	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIIBRYD 10 MG, 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET MO	1	PA,QL(30 per 30 days)
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. DL	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. DL	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		
AKYNZE (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION DL	4	PA,QL(80 per 28 days)
AKYNZE (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION DL	4	PA,QL(4 per 28 days)
AKYNZE (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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION 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	
procchlorperazine 25 mg SUPPOSITORY MO	1	
procchlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	1	
procchlorperazine 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	
promethazine 25 mg TABLET MO	1	
promethazine 25 mg/ml, 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine 6.25 mg/5 ml SYRUP 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	
cyclodan 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)
CRESEMBIA 186 MG, 74.5 MG CAPSULE DL	4	PA
CRESEMBIA 372 MG RECON SOLUTION DL	4	PA
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERTACZO 2 % CREAM 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	1	
PIGGYBACK MO		
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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
miconazole-3 200 mg SUPPOSITORY 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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMGALITY PEN 120 MG/ML PEN INJECTOR 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)
MIGRALAN 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 DL	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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREXIMET 85-500 MG TABLET 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 DL	4	PA
MESTINON 60 MG/5 ML SYRUP DL	4	
MESTINON TIMESPAN 180 MG TABLET ER DL	4	PA
pyridostigmine bromide 180 mg TABLET ER MO	1	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRIFTIN 150 MG TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUGTYRO 40 MG CAPSULE 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUSULFEX 60 MG/10 ML SOLUTION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DARZALEX 20 MG/ML SOLUTION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERLEADA 60 MG TABLET 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
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)
flouxuridine 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	
GILOTTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	4	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMFINZI 50 MG/ML SOLUTION 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)
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	
IWLIFIN 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KISQALI 600 MG/DAY (200 MG X 3) TABLET 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)
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)
LUMAKRAS 120 MG TABLET 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUMAKRAS 240 MG TABLET 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)
NILANDRON 150 MG TABLET DL	4	PA,QL(60 per 30 days)
pilotinib 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nilutamide 150 mg TABLET 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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION 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
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARCEVA 25 MG TABLET 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	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION MO	1	
toremifene 60 mg TABLET DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUXIMA 10 MG/ML SOLUTION 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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XALKORI 20 MG PELLET 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)
YEROVY 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BILTRICIDE 600 MG TABLET 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
nitazoxanide 500 mg TABLET DL	4	
PENTAM 300 MG RECON SOLUTION MO	3	
pentamidine 300 mg RECON SOLUTION MO	1	
pentamidine 300 mg RECON SOLUTION MO	1	BvsD
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZILECT 0.5 MG, 1 MG TABLET 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)
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. DL	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PARLODEL 2.5 MG TABLET MO	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	
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 DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP 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 DL	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	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, 42 MG CAPSULE DL	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET 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	
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 DL	4	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET DL	4	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON 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)
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 DL	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET DL	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING DL	4	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING DL	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	
FLEQSUVE 25 MG/5 ML (5 MG/ML) SUSPENSION DL	4	QL(480 per 30 days)
LYVISPANH 10 MG, 20 MG GRANULES IN PACKET MO	3	ST,QL(120 per 30 days)
LYVISPANH 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	
acyclovir 200 mg/5 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir 400 mg, 800 mg TABLET 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	
APTVIRUS 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
DESCOZY 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-emtricitabien-tenofovir 600-200-300 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-lamivu-tenofovir disop 400-300-300 mg, 600-300-300 mg TABLET DL	4	QL(30 per 30 days)
emtricitabine-rilpivirine-tenofovir 200-25-300 mg TABLET DL	4	QL(30 per 30 days)
emtricitabine 200 mg 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISENTRESS HD 600 MG TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
stavudine 30 mg, 40 mg CAPSULE 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)
SYMFYI 600-300-300 MG TABLET DL	4	QL(30 per 30 days)
SYMFYI 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOFLUZA 20 MG, 40 MG, 80 MG TABLET 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 5 mg/ml SOLUTION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTOS 15 MG, 30 MG, 45 MG TABLET 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,DL	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,DL	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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION 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
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,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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KIRSTY 100 UNIT/ML SOLUTION 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
<i>liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR</i> 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
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
<i>metformin 1,000 mg TABLET, ER 24 HR.</i> MO	3	ST,QL(60 per 30 days)
<i>metformin 1,000 mg TABLET, GAST. RETENTION 24 HR.</i> DL	4	ST,QL(60 per 30 days)
<i>metformin 1,000 mg, 500 mg TABLET</i> MO	1	
<i>metformin 500 mg TABLET, ER 24 HR.</i> MO	1	QL(120 per 30 days)
<i>metformin 500 mg TABLET, ER 24 HR.</i> MO	3	ST,QL(150 per 30 days)
<i>metformin 500 mg TABLET, GAST. RETENTION 24 HR.</i> DL	4	ST,QL(120 per 30 days)
<i>metformin 500 mg/5 ml SOLUTION</i> MO	1	QL(750 per 30 days)
<i>metformin 625 mg TABLET</i> DL	4	ST,QL(120 per 30 days)
<i>metformin 750 mg TABLET</i> DL	4	ST
<i>metformin 750 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>metformin 850 mg TABLET</i> MO	1	
<i>miglitol 100 mg, 25 mg, 50 mg TABLET</i> 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)
<i>nateglinide 120 mg, 60 mg TABLET</i> 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN 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 INSULIN 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)
OZEMPIK 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE 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 DL	4	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE 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	
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)
ARIIXTRA 10 MG/0.8 ML SYRINGE DL	4	PA,QL(24 per 30 days)
ARIIXTRA 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)
ARIIXTRA 5 MG/0.4 ML SYRINGE DL	4	PA,QL(12 per 30 days)
ARIIXTRA 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clopidogrel 300 mg TABLET 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GRANIX 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 28 days)
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)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION DL	4	PA,QL(9.6 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE 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)
PROCERIT 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)
PROCERIT 20,000 UNIT/2 ML SOLUTION MO	3	PA,QL(28 per 30 days)
PROCERIT 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine 10 mg, 2.5 mg, 5 mg TABLET 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)
ASPRUZY 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION MO	3	
BREVIBLOC IN NAACL (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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cholestyramine (with sugar) 4 gram POWDER 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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem hcl 100 mg RECON SOLUTION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPANED 1 MG/ML SOLUTION 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)	1	
PARENTERAL SOLUTION MO		
ethacrynat 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flecainide 100 mg, 150 mg, 50 mg TABLET 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	
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	
IMMPHENIV 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. DL	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISORDIL TITRADOSE 5 MG TABLET 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)
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 NAACL (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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIPOFEN 50 MG CAPSULE 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)
LODOCOC 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metyrosine 250 mg CAPSULE 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITRO-BID 2 % OINTMENT 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. DL	4	
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO</i>	1	
<i>nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO</i>	1	
<i>nitroglycerin 0.4 mg SUBLINGUAL TABLET MO</i>	1	
<i>nitroglycerin 2 % OINTMENT MO</i>	1	
<i>nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL MO</i>	1	
<i>nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION MO</i>	1	
<i>nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION MO</i>	1	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
<i>norepinephrine bitartrate 1 mg/ml SOLUTION MO</i>	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)
<i>olmesartan 20 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>olmesartan 40 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>olmesartan 5 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>olmesartan-amlodipin-hctiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>omega-3 acid ethyl esters 1 gram CAPSULE MO</i>	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 100 MG, 400 MG TABLET MO	1	
pacerone 200 mg TABLET MO	1	
pentoxifylline 400 mg TABLET ER MO	1	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	2	PA,QL(3 per 28 days)
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	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil 120 mg, 180 mg, 240 mg TABLET ER 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. 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)
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)
dexamethylphenidate 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)
dexamethylphenidate 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine sulfate 15 mg TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC MO	3	QL(30 per 30 days)
<i>gabapentin 300 mg TABLET, ER 24 HR. MO</i>	1	ST,QL(30 per 30 days)
<i>gabapentin 600 mg TABLET, ER 24 HR. MO</i>	1	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
<i>glatiramer 20 mg/ml SYRINGE DL</i>	4	PA,QL(30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE DL</i>	4	PA,QL(12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE DL</i>	4	PA,QL(30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE DL</i>	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)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO</i>	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)
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)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET MO</i>	1	PA,QL(30 per 30 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE MO</i>	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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAVENCLAD (5 TABLET PACK) 10 MG TABLET 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)
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 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OCREVUS 30 MG/ML SOLUTION	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)
procenutra 5 mg/5 ml SOLUTION DL	4	QL(1800 per 30 days)
QALSDODY 100 MG/15 ML (6.7 MG/ML) SOLUTION DL	4	PA
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC 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)
TASCENO 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)
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)
VUMERTY 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorhexidine gluconate 0.12 % MOUTHWASH 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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amcinonide 0.1 % OINTMENT 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
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcipotriene-betamethasone 0.005-0.064 % OINTMENT 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLOBEX 0.05 % SHAMPOO 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	
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-SMOOTH/FS BODY OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
DERMA-SMOOTH/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)
diflurasone 0.05 % OINTMENT MO	3	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT MO	3	QL(100 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 5 % CREAM 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide-e 0.05 % CREAM MO	1	QL(120 per 30 days)
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)
hydrocortisone butyrate 0.1 % SOLUTION 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone valerate 0.2 % CREAM 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK 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 DL	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	
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	
SULFAMYLYON 50 GRAM PACKET MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE 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
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION 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 % sodchlrr 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
electrolyte-48 in d5w PARENTERAL SOLUTION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
m-natal plus 27 mg iron- 1 mg TABLET 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride 15 meq, 8 meq TABLET ER 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SMOFLIPID 20 % EMULSION 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYTOTEC 100 MCG, 200 MCG TABLET 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE 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)
IQRIVO 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	
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 DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK 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)
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
PLENU 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROBINUL 1 MG TABLET 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	
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 DL	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 DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betaine 1 gram/scoop POWDER DL	4	
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
javvygtor 100 mg TABLET, SOLUBLE DL	4	PA
javvygtor 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
KUVAN 100 MG, 500 MG POWDER IN PACKET 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMZEDE 10 MG RECON SOLUTION DL	4	PA
LUMIZYME 50 MG RECON SOLUTION DL	4	PA
MEPSEVII 2 MG/ML SOLUTION DL	4	PA
<i>miglustat</i> 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
<i>nitisinone</i> 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
ONPATRO 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	
<i>ormalvi</i> 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, 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
PROSYSBI 25 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(120 per 30 days)
PROSYSBI 300 MG DR GRANULES IN PACKET DL	4	PA,QL(210 per 30 days)
PROSYSBI 75 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(780 per 30 days)
PROSYSBI 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK 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)
REVCORI 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVODART 0.5 MG CAPSULE 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)
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)
solifenacain 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tolterodine 1 mg, 2 mg TABLET 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	
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMFLAZA 22.75 MG/ML SUSPENSION 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	
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-CORTEF 100 MG RECON SOLUTION 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
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE 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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
afirmelle 0.1-20 mg-mcg TABLET 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)
aubra 0.1-20 mg-mcg TABLET MO	1	
aubra eq 0.1-20 mg-mcg TABLET MO	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION DL	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET 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)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dolishale 90-20 mcg (28) TABLET 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.estriadiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO	1	
drospirenone-ethinylestradiol 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	
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-ethinylestradiol 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
falmina (28) 0.1-20 mg-mcg TABLET 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET 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	
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.estriadiol-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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
loryna (28) 3-0.02 mg TABLET 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET MO	3	
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	
PREMARIN 0.625 MG/GRAM CREAM MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP 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-estarrylla 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-estarrylla 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	
vienna 0.1-20 mg-mcg TABLET MO	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOGELXO 50 MG/5 GRAM (1 %) GEL 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 mq 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED 45 MG SYRINGE KIT	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 PL	4	PA,QL(60 per 30 days)
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 AV,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 AV,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE AV,DL	1	
ADALIMUMAB-AACF 40 MG/0.8 ML PEN INJECTOR KIT DL	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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-RYVK 40 MG/0.4 ML AUTO-INJECTOR, KIT 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 AV,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
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 AV,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)
BEXZERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	BvsD
CELLCEPT 250 MG CAPSULE DL	4	BvsD
CELLCEPT 500 MG TABLET DL	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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR 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 AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENJAYMO 50 MG/ML SOLUTION DL	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
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 DL	4	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
gengraf 100 mg, 25 mg CAPSULE MO	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)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYPERTET (PF) 250 UNIT/ML SYRINGE 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)
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
IMOGRAB RABIES-HT (PF) 150 UNIT/ML SOLUTION DL	3	BvsD
IMOVA X RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,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
IPOV 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION DL	3	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KINERET 100 MG/0.67 ML SYRINGE 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 AV,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	
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 AV,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 DL	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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMVOH PEN 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) PEN INJECTOR 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)
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 AV,DL	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT DL	1	
PIASKY 340 MG/2 ML SOLUTION DL	4	PA
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET DL	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION DL	4	BvsD
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 AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE MO	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUCONEST 2,100 UNIT RECON SOLUTION DL	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION DL	4	PA
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 AV,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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STELARA 90 MG/ML SYRINGE 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 AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	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 AV,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
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,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 AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	4	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,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 AV,DL	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC AV,MO	1	
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XELJANZ 10 MG, 5 MG TABLET 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 AV,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 DL	4	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	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	
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 DL	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY DL	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTENEMA 100 MG/60 ML ENEMA 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 DL	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 DL	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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcitonin (salmon) 200 unit/ml SOLUTION 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)
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 DL	4	QL(60 per 30 days)
SENSIPAR 90 MG TABLET DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION 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
ALCOHOL PADS PADS, MEDICATED MO	1	
ALCOHOL PREP PADS PADS, MEDICATED MO	1	
ALCOHOL SWABS PADS, MEDICATED MO	1	
ALCOHOL WIPES PADS, MEDICATED MO	1	
AMMONUL 10-10 % SOLUTION DL	4	
AQNEURSA 1 GRAM GRANULES IN PACKET DL	4	PA,QL(112 per 28 days)
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE PDS,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE PDS,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE DL	4	
BORDERED GAUZE 2 X 2 " BANDAGE 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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE 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 MO	1	
CEQUR SIMPLICITY 2 UNIT DEVICE 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)
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 MO	1	
CURITY GAUZE 2 X 2 " BANDAGE MO	1	
DEFITELIO 80 MG/ML SOLUTION DL	4	PA
DERMACEA 2 X 2 " BANDAGE 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 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 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE 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 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
dyclopro 0.5 % SOLUTION MO	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
edetate calcium disodium 200 mg/ml SOLUTION DL	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)
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 MO	1	
GAUZE PAD 2 X 2 " BANDAGE MO	1	
GIVLAARI 189 MG/ML SOLUTION DL	4	PA
IGALMI 120 MCG, 180 MCG FILM MO	3	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
IV PREP WIPES PADS, MEDICATED 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
MODD1 SUPPLY KIT COMBO PACK MO	3	PA
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION MO	1	
nitroglycerin 0.4 % (w/w) OINTMENT MO	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	2	
OMNIPOD GO PODS CARTRIDGE MO	2	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	2	
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA
oxytocin 10 unit/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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 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 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 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET 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
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 MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED 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 MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE 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 PDS,MO	1	
V-GO 20 DEVICE MO	3	PA
V-GO 30 DEVICE MO	3	PA
V-GO 40 DEVICE 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 MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETIMOL 0.25 %, 0.5 % DROPS MO	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	3	ST
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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
erythromycin 5 mg/gram (0.5 %) OINTMENT 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	
moxifloxacin 0.5 % DROPS MO	1	
moxifloxacin 0.5 % DROPS, VISCOUS 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.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATACYN 5 % DROPS, SUSPENSION 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)
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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate 0.25 % DROPS 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)
XXIDRA 5 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
ZERVIADE 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	
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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DERMOTIC OIL 0.01 % DROPS 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alyq 20 mg TABLET 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)
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 DL	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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocetirizine 2.5 mg/5 ml SOLUTION 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)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pirfenidone 267 mg TABLET 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)
QUZYTIR 10 MG/ML SOLUTION MO	3	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(10.6 per 30 days)
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST 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	
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)
TRACLEAR 125 MG, 62.5 MG TABLET DL	4	PA,QL(60 per 30 days)
TRACLEAR 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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
umeclidinium-vilanterol 62.5-25 mcg/actuation BLISTER WITH DEVICE 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	
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	4	PA
wixela inhale 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 DL	4	PA,QL(90 per 30 days)
YUTREPPIA 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG CAPSULE, W/INHALATION DEVICE DL	4	PA
zaflirlukast 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 DL	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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metaxalone 400 mg, 800 mg TABLET 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	
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)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUMRYZ STARTER PACK 4.5-6-7.5 GRAM GRANULES ER PACKET, DOSE PACK 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 DL	4	PA,QL(30 per 30 days)
NUVIGIL 50 MG TABLET DL	4	PA,QL(60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET DL	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.

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

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order (MO) Available		
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	
Erectile Dysfunction - Mail Order (MO) Available		
ADDYI 100 MG TABLET	3	
avanafil 100 mg, 200 mg, 50 mg TABLET	1	QL(6 per 30 days)
CIALIS 10 MG, 20 MG TABLET	3	QL(6 per 30 days)
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG TABLET	3	QL(6 per 30 days)
tadalafil 10 mg, 20 mg TABLET	1	QL(6 per 30 days)
vardenafil 10 mg TABLET, DISINTEGRATING	1	QL(6 per 30 days)
vardenafil 10 mg, 2.5 mg, 20 mg, 5 mg TABLET	1	QL(6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET	3	QL(6 per 30 days)
VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	3	
Vitamins/Minerals - Mail Order (MO) 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals - Mail Order (MO) Available		
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	
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	
Weight Loss - Mail Order (MO) Available		
ADIPEX-P 37.5 MG TABLET	1	
benzphetamine 50 mg TABLET	1	
CONTRAVE 8-90 MG TABLET ER	3	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Weight Loss - Mail Order (MO) Available		
diethylpropion 25 mg TABLET	1	
diethylpropion 75 mg TABLET ER	1	
lomaira 8 mg TABLET	1	
phendimetrazine tartrate 105 mg CAPSULE, ER	3	
phendimetrazine tartrate 35 mg TABLET	1	
phentermine 15 mg, 30 mg, 37.5 mg CAPSULE	1	
phentermine 37.5 mg TABLET	1	
phentermine-topiramate 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg CAPSULE ER MULTIPHASE 24 HR.	1	QL(30 per 30 days)
PLENITY 0.75 GRAM CAPSULE	3	
PLENITY (WELCOME KIT) 0.75 GRAM CAPSULE	3	
QSYMIA 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG CAPSULE ER MULTIPHASE 24 HR.	3	QL(30 per 30 days)
SAXENDA 3 MG/0.5 ML (18 MG/3 ML) PEN INJECTOR	3	

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

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

Index

A

abacavir-lamivudine...	71	acetazolamide sodium...	89	ADALIMUMAB-AATY...	150
abacavir...	71	acetazolamide...	89	ADALIMUMAB-ADAZ...	150
ABELCET...	43	acetic acid...	21, 165	ADALIMUMAB-ADBM(CF) PEN	
abigale lo...	137	acetylcysteine...	165, 177	CROHNS...	150
abigale...	137	ACIPHEX...	125	ADALIMUMAB-ADBM(CF) PEN	
ABILIFY ASIMTUFII...	66	acitretin...	110	PS-UV...	150
ABILIFY MAINTENA...	66	ACTEMRA ACTPEN...	150	ADALIMUMAB-ADBM...	150
ABILIFY MYCITE MAINTENANCE KIT...	67	ACTEMRA...	150	ADALIMUMAB-FKJP...	150
ABILIFY MYCITE STARTER KIT...	67	ACTHAR SELFJECT...	134	ADALIMUMAB-RYVK...	151
ABILIFY...	66	ACTHAR...	134	adapalene-benzoyl peroxide...	110
abiraterone...	49	ACTHIB (PF)...	150	adapalene...	110
abirtega...	49	ACTICLATE...	21	ADBRY...	110
ABRAXANE...	49	ACTIMMUNE...	150	ADCETRIS...	49
ABRILADA(CF) PEN...	150	ACTIVELLA...	137	ADCIRCA...	177
ABRILADA(CF)...	150	ACTONEL...	163	ADDERALL XR...	103
ABRYSVO (PF)...	150	ACTOPLUS MET...	78	ADDERALL...	103
ABSORICA LD...	110	ACTOS...	79	ADDYI...	188
ABSORICA...	110	ACULAR LS...	172	adefovir...	72
acamprosate...	20	ACULAR...	172	ADEMPAS...	177
ACANYA...	110	ACUVAIL (PF)...	172	adenosine...	89
acarbose...	78	acyclovir sodium...	72	ADIPEX-P...	189
ACCOLATE...	177	acyclovir...	71, 72	ADLARITY...	37
ACCUPRIL...	89	ACZONE...	110	ADMELOG SOLOSTAR U-100	
ACCURETIC...	89	ADACEL(TDAP		INSULIN...	79
accutane...	110	ADOLESN/ADULT)(PF)...	150	ADMELOG U-100 INSULIN LISPRO...	
acebutolol...	89	ADAKVEO...	165	79	
ACETADOTE...	165	ADALIMUMAB-AACF(CF) PEN		ADRENALIN IN 0.9 % SOD CHLOR...	
acetaminophen-caff-dihydrocod...		CROHNS...	150	89	
11		ADALIMUMAB-AACF(CF) PEN		ADRENALIN...	177
acetaminophen-codeine...	11	PS-UV...	150	ADRIAMYCIN...	49
acetaminophen...	165	ADALIMUMAB-AACF...	150	adrucil...	49
		ADALIMUMAB-AATY(CF) AI		ADSTILADRIN...	165
		CROHNS...	150	ADVAIR DISKUS...	177

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

amphotericin b... 43	APENTSIO XR... 103	ASMANEX HFA... 178
ampicillin sodium... 22	APTIOM... 31	ASMANEX TWISTHALER... 178
ampicillin-sulbactam... 22	APTIVUS... 72	ASPARLAS... 49
ampicillin... 22	AQNEURSA... 165	aspirin-dipyridamole... 85
AMPYRA... 103	ARALAST NP... 129	ASPRUZYO SPRINKLE... 90
AMRIX... 184	aranelle (28)... 138	ASTAGRAF XL... 151
AMVUTTRA... 129	ARANESP (IN POLYSORBATE)... 85	ATACAND HCT... 90
AMZEEQ... 111	ARAVA... 151	ATACAND... 90
ANAFRANIL... 38	ARAZLO... 111	atazanavir... 72
anagrelide... 85	ARBLI... 90	ATELVIA... 163
anastrozole... 49	ARCALYST... 151	atenolol-chlorthalidone... 90
ANCOBON... 43	AREXVY (PF)... 151	atenolol... 90
ANDEMBRY AUTOINJECTOR... 151	arformoterol... 178	ATGAM... 151
ANDROGEL... 138	ARICEPT... 37	ATIVAN... 77
ANGELIQ... 138	ARIKAYCE... 22	atomoxetine... 103
ANKTIVA... 49	ARIMIDEX... 49	ATORVALIQ... 90
ANNOVERA... 138	ariPIPrazole... 67	atorvastatin... 90
ANORO ELLIPTA... 178	ARISTADA INITIO... 67	atovaquone-proguanil... 63
ANTIVERT... 41	ARISTADA... 67	atovaquone... 63
anusol-hc... 111	ARIKTRA... 85	ATRALIN... 111
ANZEMET... 41	armodafinil... 185	ATRIPLA... 72
ANZUPGO... 111	ARMONAIR DIGITALER... 178	ATROPINE SULFATE (PF)... 172
APADAZ... 11	ARMOUR THYROID... 147	atropine... 125, 172
apexicon e... 111	ARNUITY ELLIPTA... 178	ATROVENT HFA... 178
APIDRA SOLOSTAR U-100	AROMASIN... 49	ATTRUBY... 129
INSULIN... 79	ARRANON... 49	AUBAGIO... 103
APIDRA U-100 INSULIN... 79	arsenic trioxide... 49	aubra eq... 138
APLENZIN... 38	ARTHROTEC 50... 11	aubra... 138
APOKYN... 64	ARTHROTEC 75... 11	AUGMENTIN ES-600... 22
apomorphine... 64	ASCENIV... 151	AUGMENTIN XR... 22
APONVIE... 41	ascomp with codeine... 11	AUGMENTIN... 22
apraclonidine... 172	ascorbic acid (vitamin c)... 188	AUGTYRO... 49, 50
aprepitant... 41	asenapine maleate... 67	auranofin... 151
api... 138	ashlyn... 138	aurovela 1.5/30 (21)... 138
APRISO... 162		

aurovela 1/20 (21)... 138	ayuna... 138	BALVERSA... 50
aurovela 24 fe... 138	AYVAKIT... 50	balziva (28)... 138
aurovela fe 1-20 (28)... 138	azacitidine... 50	BAND-AID GAUZE PADS... 165
aurovela fe 1.5/30 (28)... 138	AZACTAM... 22	BANZEL... 31
AUSTEDO XR TITRATION	AZASAN... 151	BAQSIMI... 79
KT(WK1-4)... 104	AZASITE... 172	BARACLUDE... 72
AUSTEDO XR... 104	azathioprine sodium... 151	BASAGLAR KWIKPEN U-100
AUSTEDO... 103	azathioprine... 151	INSULIN... 79
AUTOJECT 2 INJECTION DEVICE...	azelaic acid... 111	BASAGLAR TEMPO
165	azelastine-fluticasone... 178	PEN(U-100)INSLN... 79
AUTOPEN 1 TO 21 UNITS... 165	azelastine... 172, 178	BAVENCIO... 50
AUTOPEN 2 TO 42 UNITS... 165	AZELEX... 111	BAXDELA... 23
AUTOSHIELD DUO PEN NEEDLE...	AZILECT... 65	BCG VACCINE, LIVE (PF)... 151
165	azithromycin... 22	BD ALCOHOL SWABS... 165
AUVELITY... 38	AZMIRO... 138	BD AUTOSHIELD DUO PEN NEEDLE...
AUVI-Q... 178	AZOPT... 172	165
AVALIDE... 90	AZOR... 90	BD ECLIPSE LUER-LOK... 165
avanafil... 188	AZSTARYS... 104	BD INSULIN SYRINGE (HALF UNIT)... 166
AVAPRO... 90	aztreonam... 23	BD INSULIN SYRINGE MICRO-FINE... 166
AVASTIN... 50	AZULFIDINE EN-TABS... 162	BD INSULIN SYRINGE U-500... 166
AVEED... 138	AZULFIDINE... 162	BD INSULIN SYRINGE ULTRA-FINE... 166
AVELOXIN NACL (ISO-OSMOTIC)... 22	azurette (28)... 138	BD INSULIN SYRINGE... 166
AVERI... 138	B	BD LO-DOSE MICRO-FINE IV... 166
AVGEMSI... 50	b complex 100... 188	BD NANO 2ND GEN PEN NEEDLE... 166
aviane... 138	b-complex injection... 188	BD SAFETYGLIDE INSULIN SYRINGE... 166
avidoxy... 22	bacitracin-polymyxin b... 172	BD SAFETYGLIDE SYRINGE... 166
AVITA... 111	bacitracin... 23, 172	BD ULTRA-FINE MICRO PEN NEEDLE... 166
AVMAPKI-FAKZYNJA... 50	baclofen... 71	BD ULTRA-FINE MINI PEN NEEDLE... 166
AVODART... 133	BACTRIM DS... 23	
AVONEX... 104	BACTRIM... 23	
AVSOLA... 151	BAFIERTAM... 104	
AVYCAZ... 22	bal-care dha... 119	
AXTLE... 50	balanced salt... 172	
AYGESTIN... 138	BALCOLTRA... 138	
	balsalazide... 162	

BD ULTRA-FINE NANO PEN NEEDLE...	166	betaine... 130 betamethasone acet,sod phos... 134 betamethasone dipropionate... 111 betamethasone valerate... 111 betamethasone, augmented... 111	bisoprolol-hydrochlorothiazide... 91 bivalirudin... 85 BIVIGAM... 151 BIZENGRI... 50 BKEMV... 151 blanche... 187 bleomycin... 50 blisovi 24 fe... 138 blisovi fe 1.5/30 (28)... 139 blisovi fe 1/20 (28)... 139
BD ULTRA-FINE ORIG PEN NEEDLE...	166	BETAPACE AF... 90 BETAPACE... 90	BONJESTA... 41
BD ULTRA-FINE SHORT PEN NEEDLE...	166	BETASERON... 104 betaxolol... 90, 172	BOOSTRIX TDAP... 152
BD VEO INSULIN SYR (HALF UNIT)...	166	bethanechol chloride... 133	BORDERED GAUZE... 166
BECONASE AQ...	178	BETHKIS... 23	BORTEZOMIB... 50
BELBUCA...	11	BETIMOL... 173	BORUZU... 50
BELEODAQ...	50	BETOPTIC S... 173	bosentan... 178
BELSOMRA...	185	BEVESPI AEROSPHERE... 178	BOSULIF... 50
benazepril-hydrochlorothiazide...	90	bexarotene... 50	BRAFTOVI... 50
benazepril...	90	BEXSERO... 151	BREO ELLIPTA... 178
bendamustine...	50	BEYAZ... 138	BREVIBLOC IN NACL (ISO-OSM)... 91
BENDEKA...	50	BEYFORTUS... 166	BREVIBLOC... 91
BENICAR HCT...	90	bicalutamide... 50	BREZTRI AEROSPHERE... 178
BENICAR...	90	BICILLIN C-R... 23	brielllyn... 139
BENLYSTA...	151	BICILLIN L-A... 23	BRILINTA... 85
BENTYL...	125	BICNU... 50	brimonidine... 111, 173
BENZAMYCIN...	111	BIDIL... 90	BRINSUPRI... 166
benzhydrocodone-acetaminophen...	11	BIJUVA... 138	brinzolamide... 173
benzonatate...	187	BIKTARVY... 72	BRIUMVI... 104
benzphetamine...	189	BILTRICIDE... 64	BRIVIACT... 31
benztropine...	65	bimatoprost... 173, 187	bromfed dm... 187
bepotastine besilate...	172	BIMZELX AUTOINJECTOR... 151	bromfenac... 173
BEPREVE...	172	BIMZELX... 151	bromocriptine... 65
BERINERT...	151	BINOSTO... 163	brompheniramine-pseudoeph-dm...
beser...	111	BIORPHEN... 90	187
BESIVANCE...	172	bismuth subcit k-metronidz-tcn...	BROMSITE... 173
BESPONSA...	50	125	
BESREMI...	151	bisoprolol fumarate... 90	
BETADINE OPHTHALMIC PREP...	172		

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

carvedilol phosphate...	91	CEQUR SIMPLICITY...	167	cilostazol...	85
carvedilol...	91	CERDELGA...	130	CILOXAN...	173
CASODEX...	51	CEREBYX...	31	CIMDUO...	72
caspofungin...	43	CEREZYME...	130	cimetidine hcl...	125
CAYSTON...	179	CERVIDIL...	167	cimetidine...	125
cefaclor...	23	cetirizine...	179	CIMZIA POWDER FOR RECONST...	
cefadroxil...	23	cevimeline...	109	152	
cefazolin in dextrose (iso-os)...	23	CHANTIX CONTINUING MONTH		CIMZIA STARTER KIT...	152
cefazolin...	23	BOX...	21	CIMZIA...	152
cefdinir...	23	CHANTIX STARTING MONTH BOX...		cinacalcet...	164
cefepime in dextrose 5 %...	23	21		CINQAIR...	179
cefepime in dextrose,iso-osm...	23	CHANTIX...	21	CINRYZE...	152
cefepime...	23	charlotte 24 fe...	139	CINVANTI...	41
cefixime...	23	chateal eq (28)...	139	CIPRO HC...	176
cefotetan...	23	CHEMET...	119	CIPRO...	24
cefoxitin in dextrose, iso-osm...	23	chenodal...	125	CIPRODEX...	176
cefoxitin...	23	chloramphenicol sod succinate...	24	ciprofloxacin hcl...	24, 173, 176
cefpodoxime...	23	chlordiazepoxide hcl...	77	ciprofloxacin in 5 % dextrose...	24
cefprozil...	24	chlorhexidine gluconate...	110	ciprofloxacin-dexamethasone...	
ceftazidime...	24	chlorprocaine (pf)...	19	176	
ceftriaxone in dextrose,iso-os...	24	chloroquine phosphate...	64	ciprofloxacin...	24
ceftriaxone...	24	chlorothiazide sodium...	91	cisplatin...	51
cefuroxime axetil...	24	chlorpromazine...	67	citalopram...	38
cefuroxime sodium...	24	chlorthalidone...	91	CITRANATAL B-CALM (FE GLUC)...	
CELEBREX...	11	chlorzoaxzone...	184	119	
celecoxib...	11	CHOLBAM...	130	cladribine...	51
CELESTONE SOLUSPAN...	134	cholestyramine (with sugar)...	92	CLAFORAN...	24
CELEXA...	38	cholestyramine light...	92	claravis...	112
CELLCEPT INTRAVENOUS...	152	CHORIONIC GONADOTROPIN,		CLARINEX-D 12 HOUR...	167
CELLCEPT...	152	HUMAN...	136	CLARINEX...	179
CELONTIN...	31	CIALIS...	133, 188	clarithromycin...	24
CENTANY...	112	CIBINQO...	152	clemastine...	179
cephalexin...	24	ciclodan...	43	clemasz...	179
CEQUA...	173	ciclopirox...	43	clemsza...	179
CEQUR SIMPLICITY INSERTER...	167	cidofovir...	72	CLENPIQ...	125

CLEOCIN HCL... 24	CLINIMIX E 2.75%/D5W SULF FREE... 119	COARTEM... 64
CLEOCIN PEDIATRIC... 24	CLINIMIX E 4.25%/D10W SULF FREE... 119	COBENFY STARTER PACK... 167
CLEOCIN T... 112	CLINIMIX E 4.25%/D5W SULF FREE... 119	COBENFY... 167
CLEOCIN... 24	CLINIMIX E 5%/D15W SULFIT FREE... 119	codeine sulfate... 11
CLEVIPREX... 92	CLINIMIX E 5%/D20W SULFIT FREE... 120	codeine-butalbital-asa-caff... 11
CLIMARA PRO... 139	CLINIMIX E 8%-D10W SULFITEFREE... 120	COLAZAL... 162
CLIMARA... 139	CLINIMIX E 8%-D14W SULFITEFREE... 120	colchicine... 46
clindacin etz... 112	CLINISOL SF 15 %... 120	COLCRYS... 46
clindacin p... 112	CLINOLIPID... 120	colesevelam... 92
clindacin... 112	clobazam... 31	COLESTID FLAVORED... 92
CLINDAGEL... 112	clobetasol-emollient... 112	COLESTID... 92
clindamycin hcl... 24	clobetasol... 112	colestipol... 92
clindamycin in 0.9 % sod chlor... 24	CLOBEX... 112, 113	colistin (colistimethate na)... 25
clindamycin in 5 % dextrose... 24	clocortolone pivalate... 113	COLUMVI... 51
clindamycin palmitate hcl... 25	clodan... 113	COLY-MYCIN M PARENTERAL... 25
clindamycin pediatric... 25	clofarabine... 51	COMBIGAN... 173
clindamycin phosphate... 25, 112	CLOLAR... 51	COMBIPATCH... 139
clindamycin-benzoyl peroxide... 112	clomipramine... 38	COMBIVENT RESPIMAT... 179
clindamycin-tretinoi... 112	clonazepam... 77	COMBIVIR... 72
CLINDESSE... 25	clonidine hcl... 92, 104	COMBOGESIC IV... 167
CLINIMIX 4.25%/D10W SULF FREE... 119	clonidine... 92	COMETRIQ... 51
CLINIMIX 4.25%/D5W SULFIT FREE... 119	clopidogrel... 86	COMPazine... 41
CLINIMIX 5%-D20W(SULFITE-FREE)... 119	clorazepate dipotassium... 77	COMPLERA... 72
CLINIMIX 5%/D15W SULFITE FREE... 119	CLOROTEKAL (PF)... 19	complete natal dha... 120
CLINIMIX 6%-D5W (SULFITE-FREE)... 119	clotrimazole-betamethasone... 43	compro... 41
CLINIMIX 8%-D10W(SULFITE-FREE)... 119	clotrimazole... 43	COMTAN... 65
CLINIMIX 8%-D14W(SULFITE-FREE)... 119	clozapine... 67	CONCERTA... 104
	CLOZARIL... 67	CONDYLOX... 113
		constulose... 125
		CONTRAVE... 189
		CONZIP... 11
		COPAXONE... 104
		COPIKTRA... 51
		CORDRAN TAPE LARGE ROLL... 113

CORDRAN... 113	CUPRIMINE... 120	D
COREG CR... 92	CURITY ALCOHOL SWABS... 167	d10 %-0.45 % sodium chloride...
COREG... 92	CURITY GAUZE... 167	120
CORGARD... 92	CUTAQUIG... 152	d2.5 %-0.45 % sodium chloride...
CORLANOR... 92	CUVPOSA... 125	120
CORLOPAM... 92	CUVRIOR... 120	d5 % (d-glucose)-0.9 % sodchl...
CORTEF... 113	cyanocobalamin (vitamin b-12)... 189	120
CORTENEMA... 163	cyclobenzaprine... 184	d5 % and 0.9 % sodium chloride...
CORTIFOAM... 163	cyclophosphamide... 51	120
CORTISPORIN-TC... 176	cycloserine... 48	d5 %-0.45 % sodium chloride... 120
CORTROPHIN GEL... 134	CYCLOSET... 79	dabigatran etexilate... 86
CONVERT... 92	cyclosporine modified... 152	dacarbazine... 51
COSENTYX (2 SYRINGES)... 152	cyclosporine... 152, 173	dactinomycin... 51
COSENTYX PEN (2 PENS)... 152	CYKLOKAPRON... 86	dalfampridine... 104
COSENTYX PEN... 152	CYLTEZO(CF) PEN CROHN'S-UC-HS... 152	DALIRESP... 179
COSENTYX UNOREADY PEN... 152	CYLTEZO(CF) PEN PSORIASIS-UV... 152	DALVANCE... 25
COSENTOX... 152	CYLTEZO(CF) PEN... 152	danazol... 139
COSMEGEN... 51	CYLTEZO(CF)... 152	DANTRIUM... 71
COSOPT (PF)... 173	CYMBALTA... 104	dantrolene... 71
COSOPT... 173	cyproheptadine... 179	DANYELZA... 51
COTELLIC... 51	CYRAMZA... 51	DANZITEN... 51
COTEMPLA XR-ODT... 104	cyred eq... 139	dapsone... 48, 113
COZAAR... 92	cyred... 139	DAPTACEL (DTAP PEDIATRIC) (PF)... 152
CRENESSITY... 139	CYSTADANE... 130	daptomycin in 0.9 % sod chlor... 25
CREON... 130	CYSTADROPS... 173	daptomycin... 25
CRESEMBA... 43	CYSTAGON... 130	DARAPRIM... 64
CRESTOR... 92	CYSTARAN... 173	darifenacin... 133
CREXONT... 65	cytarabine (pf)... 51	DARTISLA... 126
CRINONE... 139	cytarabine... 51	darunavir... 72
cromolyn... 173, 179	CYTOGAM... 152	DARZALEX FASPRO... 52
crotan... 113	CYTOMEL... 147	DARZALEX... 52
cryselle (28)... 139	CYTOTEC... 126	dasatinib... 52
CRYSVITA... 130		dasetta 1/35 (28)... 139
CTEXLI... 125		dasetta 7/7/7 (28)... 139
CUBICIN RF... 25		

DATROWAY... 52	DERMA-SMOOTH/FS BODY OIL... 113	DEXTENZA... 173
daunorubicin... 52	DERMA-SMOOTH/FS SCALP OIL... 113	dextroamphetamine sulfate... 104,
DAURISMO... 52	DERMACEA... 167	105
DAYBUE... 130	dermacinrx lidocan... 19	dextroamphetamine-amphetamine...
DAYPRO... 11	DERMOTIC OIL... 177	105
daysee... 139	DESCOVY... 72	dextrose 10 % and 0.2 % nacl... 120
DAYTRANA... 104	DESFERAL... 120	dextrose 10 % in water (d10w)... 120
DAYVIGO... 185	desipramine... 38	dextrose 25 % in water (d25w)... 120
DDAVP... 136	desloratadine... 179	dextrose 5 % in water (d5w)... 120
deblitane... 139	desmopressin... 136	dextrose 5 %-lactated ringers... 120
decitabine... 52	desog-e.estradiol/e.estradiol... 139	dextrose 5%-0.2 % sod chloride... 120
deferasirox... 120	desonide... 113	dextrose 5%-0.3 % sod.chloride... 120
deferiprone... 120	DESOWEN... 113	dextrose 50 % in water (d50w)... 120
deferoxamine... 120	desoximetasone... 113	dextrose 70 % in water (d70w)... 120
DEFITELIO... 167	DESOXYN... 104	DHIVY... 65
deflazacort... 134	desvenlafaxine succinate... 38	DIACOMIT... 31
DELESTROGEN... 139	desvenlafaxine... 38	DIASTAT ACUDIAL... 32
DELSTRIGO... 72	DETROL LA... 133	DIASTAT... 32
DELZICOL... 163	DETROL... 133	diazepam intensol... 78
demeclocycline... 25	dexabliss... 134	diazepam... 32, 77, 78
DEMEROL (PF)... 12	dexamethasone intensol... 134	diazoxide... 79
DEMEROL... 12	dexamethasone sodium phos (pf)... 134	DIBENZYLINE... 92
DEMSE... 92	dexamethasone sodium phosphate... 134, 173	dichlorphenamide... 130
DENAVIR... 72	dexamethasone... 134	DICLEGIS... 41
DENGVAXIA (PF)... 152	dexchlorpheniramine maleate... 179	diclofenac epolamine... 12
DEPAKOTE ER... 31	DEXEDRINE SPANSULE... 104	diclofenac potassium... 12
DEPAKOTE SPRINKLES... 31	DEXILANT... 126	diclofenac sodium... 12, 113, 173
DEPAKOTE... 31	dexlansoprazole... 126	diclofenac-misoprostol... 12
DEPEN TITRATABS... 120	dexmethylphenidate... 104	dicloxacillin... 25
DEPO-ESTRADIOL... 139	dexrazoxane hcl... 52	
DEPO-MEDROL... 134		
DEPO-PROVERA... 139		
DEPO-SUBQ PROVERA 104... 139		
DEPO-TESTOSTERONE... 139		

dicyclomine...	126	dobutamine...	93	dronabinol...	41
didanosine...	72	docetaxel...	52	droperidol...	67
diethylpropion...	190	DOCIVYX...	52	DROPLET INSULIN SYR(HALF UNIT)...	167
DIFFERIN...	113	dodex...	189	DROPLET INSULIN SYRINGE...	167
DIFICID...	25	dofetilide...	93	DROPLET MICRON PEN NEEDLE...	
diflorasone...	113	DOJOLVI...	130	167	
DIFLUCAN...	43	dolishale...	140	DROPLET PEN NEEDLE...	168
diflunisal...	12	dolobid...	12	DROPSAFE ALCOHOL PREP PADS...	
difluprednate...	173	donepezil...	37	168	
digitek...	92	dopamine in 5 % dextrose...	93	DROPSAFE PEN NEEDLE...	168
digoxin...	92	dopamine...	93	drospirenone-e.estradol-lm.fa...	
dihydroergotamine...	46	DOPRAM...	179	140	
DILANTIN EXTENDED...	32	DOPTELET (10 TAB PACK)...	86	drospirenone-ethinyl estradiol...	140
DILANTIN INFATABS...	32	DOPTELET (15 TAB PACK)...	86	DROXIA...	168
DILANTIN-125...	32	DOPTELET (30 TAB PACK)...	86	droxidopa...	93
DILANTIN...	32	DORYX MPC...	25	DUAKLIR PRESSAIR...	179
DILAUDID...	12	DORYX...	25	DUAVEE...	140
dilt-xr...	92	dorzolamide-timolol (pf)...	173	DUET DHA WITH OMEGA-3...	120
diltiazem hcl...	93	dorzolamide-timolol...	173	DUETACT...	79
dimenhydrinate...	41	dorzolamide...	173	DUEXIS...	12
dimethyl fumarate...	105	dotti...	140	DULEREA...	179
DIOVAN HCT...	93	DOVATO...	72	duloxetine...	105
DIOVAN...	93	doxazosin...	93	DUOBRII...	114
DIPENTUM...	163	doxepin...	78, 114, 185	DUOPA...	65
DIPHEN...	179	doxercalciferol...	164	DUPIXENT PEN...	152, 153
diphenhydramine hcl...	179	DOXIL...	52	DUPIXENT SYRINGE...	153
diphenoxylate-atropine...	126	doxorubicin, peg-liposomal...	52	DURAMORPH (PF)...	12
DIPROLENE (AUGMENTED)...	113	doxorubicin...	52	DUREZOL...	173
dipyridamole...	86	doxy-100...	25	DURYSTA...	173
disopyramide phosphate...	93	doxycycline hyclate...	25, 26	dutasteride-tamsulosin...	133
disulfiram...	21	doxycycline monohydrate...	26	dutasteride...	133
DIURIL...	93	doxylamine-pyridoxine (vit b6)...	41	DUVYZAT...	130
divalproex...	32	DRISDOL...	189	DUZALLO...	46
DIVIGEL...	139	DRIZALMA SPRINKLE...	105	DYANAVEL XR...	105
dobutamine in d5w...	93				

dyclopro... 168	electrolyte-48 in d5w... 121	EMRELIS... 52
DYMISTA... 179	electrolyte-a... 121	EMROSI... 26
DYRENium... 93	ELELYSO... 130	EMSAM... 38
E	ELEPSIA XR... 32	emtricitabine-rilpivirine-tenofovir (df)... 72
E.E.S. 400... 26	ELESTRIN... 140	emtricitabine-tenofovir (tdf)... 73
E.E.S. GRANULES... 26	eletriptan... 46	emtricitabine... 72
EASY COMFORT ALCOHOL PAD... 168	ELEVIDYS... 130	EMTRIVA... 73
EASY TOUCH ALCOHOL PREP PADS... 168	ELFABRIO... 130	emverm... 64
ec-naproxen... 12	ELIDEL... 114	emzahh... 140
econazole nitrate... 43	ELIGARD (3 MONTH)... 148	enalapril maleate... 93
edaravone... 105	ELIGARD (4 MONTH)... 148	enalapril-hydrochlorothiazide... 93
EDARBI... 93	ELIGARD (6 MONTH)... 148	enalaprilat... 93
EDARBYCLOR... 93	ELIGARD... 148	ENBREL MINI... 153
EDECRIN... 93	ELIMITE... 114	ENBREL SURECLICK... 153
edetate calcium disodium... 168	elinest... 140	ENBREL... 153
EDLUAR... 185	ELIQUIS DVT-PE TREAT 30D START... 86	ENDARI... 126
EDURANT PED... 72	ELIQUIS... 86	endocet... 12
EDURANT... 72	ELITEK... 52	ENDOMETRIN... 140
efavirenz-emtricitabin-tenofov... 72	ELIXOPHYLLIN... 179	ENGERIX-B (PF)... 153
efavirenz-lamivu-tenofov disop... 72	ELLENCE... 52	ENGERIX-B PEDIATRIC (PF)... 153
efavirenz... 72	ELMIRON... 133	ENHERTU... 52
EFFEXOR XR... 38	ELREXFIO... 52	enilloring... 140
EFFIENT... 86	eluryng... 140	ENJAYMO... 153
EFUDEX... 114	ELYXYB... 168	enoxaparin... 86
EGATEN... 64	ELZONRIS... 52	enpresse... 140
EGRIFTA SV... 136	EMBLAVEO... 26	enskyce... 140
EGRIFTA WR... 136	EMCYT... 52	ENSPRYNG... 173
EKTERLY... 153	EMEND (FOSAPREPITANT)... 42	ENSTILAR... 114
ELAHERE... 52	EMEND... 41, 42	entacapone... 65
ELAPRASE... 130	EMFLAZA... 134, 135	entecavir... 73
electrolyte-148... 120	EMGALITY PEN... 47	ENTRESTO SPRINKLE... 93
	EMGALITY SYRINGE... 47	ENTRESTO... 93
	EMPAVELI... 168	ENTYVIO PEN... 153
	EMPLICITI... 52	

ENTYVIO... 153	ERGOMAR... 47	estradiol-norethindrone acet... 140
enulose... 126	ergotamine-caffeine... 47	estradiol... 140
ENVARSUS XR... 153	eribulin... 52	ESTRING... 140
EOHILIA... 168	ERIVEDGE... 52	eszopiclone... 185
EPANED... 94	ERLEADA... 52, 53	ethacrynat sodium... 94
EPCLUSA... 73	erlotinib... 53	ethacrynic acid... 94
EPIDIOLEX... 32	ERMEZA... 147	ethambutol... 48
EPIDUO FORTE... 114	errin... 140	ethosuximide... 32
EPIDUO... 114	ERTACZO... 44	ethynodiol diac-eth estradiol... 140
EPIFOAM... 114	ertapenem... 26	etodolac... 12
epinastine... 173	ery pads... 114	etongestrel-ethinyl estradiol... 140
epineph bitart in 0.9% sod chl... 94	ERY-TAB... 26	ETOPOPHOS... 53
epinephrine... 179	ERYGEL... 114	etoposide... 53
EPIPEN 2-PAK... 179	ERYPED 200... 26	etravirine... 73
EPIPEN JR 2-PAK... 180	ERYPED 400... 26	EUCRISA... 114
EPIPEN JR... 179	ERYTHROCIN (AS STEARATE)... 26	EULEXIN... 53
EPIPEN... 179	ERYTHROCIN... 26	EURAX... 114
epirubicin... 52	erythromycin ethylsuccinate... 26	EVAMIST... 140
epitol... 32	erythromycin lactobionate... 26	EVEKEO ODT... 105
EPIVIR... 73	erythromycin with ethanol... 114	EVEKEO... 105
EPKINLY... 52	erythromycin-benzoyl peroxide...	EVENITY... 164
eplerenone... 94	114	everolimus (antineoplastic)... 53
EPOGEN... 86	erythromycin... 26, 174	everolimus (immunosuppressive)... 153
epoprostenol... 180	ESBRIET... 180	EVISTA... 140
EPRONTIA... 32	escitalopram oxalate... 39	EVKEEZA... 94
eprosartan... 94	ESGIC... 168	EVOCLIN... 114
EPSOLAY... 114	eslicarbazepine... 32	EVOMELA... 53
eftifibatide... 86	esmolol in nacl (iso-osm)... 94	EVOTAZ... 73
EPYSQLI... 153	esmolol... 94	EVOXAC... 110
EPZICOM... 73	esomeprazole magnesium... 126	EVRYSDI... 130
EQUETRO... 32	esomeprazole sodium... 126	EXELDERM... 44
ERAXIS(WATER DILUENT)... 43	estarrylla... 140	EXELON PATCH... 37
ERBITUX... 52	estazolam... 185	exemestane... 53
ergocalciferol (vitamin d2)... 189	ESTRACE... 140	exenatide... 79
ergoloid... 37	estradiol valerate... 140	

EXFORGE HCT... 94	FELDENE... 12	FINTEPLA... 32
EXFORGE... 94	felodipine... 94	finzala... 141
EXJADE... 121	FEMARA... 53	FIORICET WITH CODEINE... 168
EXKIVITY... 53	FEMLYV... 141	fioricet... 168
EXPAREL (PF)... 19	FEMRING... 141	FIRAZYR... 153
EXSERVAN... 105	fenofibrate micronized... 94	FIRDAPSE... 105
EXTAVIA... 105	fenofibrate nanocrystallized... 94	FIRMAGON KIT W DILUENT
EXTINA... 44	fenofibrate... 94	SYRINGE... 148
EYSUVIS... 174	fenofibric acid (choline)... 94	FIRMAGON... 148
EZALLOR SPRINKLE... 94	fenofibric acid... 94	FIRVANQ... 26
ezetimibe-rosuvastatin... 94	FENOGLIDE... 94	flac otic oil... 177
ezetimibe-simvastatin... 94	fenoprofen... 13	FLAGYL... 26
ezetimibe... 94	fenopron... 13	FLAREX... 174
F		
FABHALTA... 153	FENSOLVI... 148	flavoxate... 133
FABIOR... 114	fentanyl citrate (pf)... 13	FLEBOGAMMA DIF... 153
FABRAZYME... 130	fentanyl citrate... 13	flecainide... 95
falmina (28)... 141	fentanyl... 13	FLECTOR... 13
famciclovir... 73	FENTORA... 13	FLEQSUVY... 71
famotidine (pf)-nacl (iso-os)... 126	FERRIPROX (2 TIMES A DAY)... 121	FLOLIPID... 95
famotidine (pf)... 126	FERRIPROX... 121	FLOMAX... 133
famotidine... 126	fesoterodine... 133	flouxuridine... 53
FANAPT TITRATION PACK A... 68	FETROJA... 26	fluconazole in nacl (iso-osm)... 44
FANAPT TITRATION PACK B... 68	FETZIMA... 39	fluconazole... 44
FANAPT TITRATION PACK C... 68	FEXMID... 184	flucytosine... 44
FANAPT... 68	FIASP FLEXTOUCH U-100 INSULIN...	fludarabine... 53
FARESTON... 53	79	fludrocortisone... 135
FARXIGA... 79	FIASP PENFILL U-100 INSULIN... 79	FLUMADINE... 73
FASENRA PEN... 180	FIASP U-100 INSULIN... 79	flumazenil... 168
FASENRA... 180	FIBRICOR... 94	flunisolide... 180
FASLODEX... 53	fidaxomicin... 26	fluocinolone acetonide oil... 177
febuxostat... 46	FILSPARI... 168	fluocinolone and shower cap... 114
feirza... 141	FILSUVEZ... 168	fluocinolone... 114
felbamate... 32	FINACEA... 114	fluocinonide-e... 115
FELBATOL... 32	finasteride... 133, 187	fluocinonide-emollient... 115
	fingolimod... 105	fluocinonide... 114

fluorometholone... 174	fosinopril... 95	GAMMAPLEX... 153
FLUOROPLEX... 115	fosphenytoin... 32	GAMUNEX-C... 153, 154
fluorouracil... 53, 115	FOTIVDA... 53	ganciclovir sodium... 73
fluoxetine... 39	FRAGMIN... 86	GARDASIL 9 (PF)... 154
fluphenazine decanoate... 68	FRINDOVYX... 53	GASTROCROM... 180
fluphenazine hcl... 68	FROVA... 47	gatifloxacin... 174
flurandrenolide... 115	frovatriptan... 47	GATTEX 30-VIAL... 126
flurazepam... 185	FRUZAQLA... 53	GATTEX ONE-VIAL... 126
flurbiprofen sodium... 174	FULPHILA... 86	GAUZE BANDAGE... 168
flurbiprofen... 13	fulvestrant... 53	GAUZE PAD... 168
fluticasone propion-salmeterol... 180	FULVICIN P/G... 44	gavilyte-c... 126
fluticasone propionate... 115, 180	FURADANTIN... 26	gavilyte-g... 126
fluvastatin... 95	FUROSCIX... 95	gavilyte-n... 126
fluvoxamine... 39	furosemide... 95	GAVRETO... 53
FML FORTE... 174	FUSILEV... 53	GAZYVA... 53
FML LIQUIFILM... 174	FUZEON... 73	gefitinib... 53
FOCALIN XR... 106	FYARRO... 53	GELNIQUE... 133
FOCALIN... 105	fyavolv... 141	gemcitabine... 53
FOCINVEZ... 42	FYCOMPA... 32	gemfibrozil... 95
folic acid... 189	FYLNETRA... 86	gommily... 141
FOLOTYN... 53	G	GEMTESA... 133
fomepizole... 168	gabapentin... 32, 106	generlac... 126
fondaparinux... 86	GABARONE... 32	gengraf... 154
FORFIVO XL... 39	GALAFOLD... 130	GENOTROPIN MINIQUICK... 136
formoterol fumarate... 180	galantamine... 37	GENOTROPIN... 136
FORTEO... 164	galbriela... 141	gentamicin in nacl (iso-osm)... 27
FORTESTA... 141	gallifrey... 141	gentamicin sulfate (ped) (pf)... 27
FOSAMAX PLUS D... 164	GAMASTAN... 153	gentamicin... 26, 174
FOSAMAX... 164	GAMIFANT... 153	GENVOYA... 73
fosamprenavir... 73	GAMMAGARD LIQUID... 153	GEODON... 68
fosaprepitant... 42	GAMMAGARD S-D (IGA < 1	GILENYA... 106
foscarnet... 73	MCG/ML)... 153	GILOTRIF... 53
fosfomycin tromethamine... 26	GAMMAKED... 153	GIMOTI... 42
fosinopril-hydrochlorothiazide... 95	GAMMAPLEX (WITH SORBITOL)... 153	GIVLAARI... 168

GLASSIA... 130	granisetron hcl... 42	heather... 141
glatiramer... 106	GRANIX... 86, 87	HECTOROL... 164
glatopa... 106	GRASTEK... 180	HEMABATE... 137
GLEEVEC... 54	griseofulvin microsize... 44	HEMADY... 135
GLEOSTINE... 54	griseofulvin ultramicrosize... 44	HEMANGEOL... 95
glimepiride... 79	guanfacine... 95, 106	HEMICLOR... 95
glipizide-metformin... 79	GVOKE HYPOPEN 1-PACK... 80	heparin (porcine)... 87
glipizide... 79	GVOKE HYPOPEN 2-PACK... 80	heparin, porcine (pf)... 87
GLOPERBA... 46	GVOKE PFS 1-PACK SYRINGE... 80	HEPLISAV-B (PF)... 154
GLUCAGEN HYPOKIT... 79	GVOKE PFS 2-PACK SYRINGE... 80	HEPSERA... 73
GLUCAGON (HCL) EMERGENCY KIT... 79	GVOKE... 80	HERCEPTIN HYLECTA... 54
GLUCAGON EMERGENCY KIT (HUMAN)... 80	gynazole-1... 44	HERCEPTIN... 54
GLUCOTROL XL... 80	H	
GLUMETZA... 80	HADLIMA PUSHTOUCH... 154	HERNEXEOS... 54
glutamine (sickle cell)... 126	HADLIMA(CF) PUSHTOUCH... 154	HERZUMA... 54
glyburide micronized... 80	HADLIMA(CF)... 154	HETLIOZ LQ... 185
glyburide-metformin... 80	HADLIMA... 154	HETLIOZ... 185
glyburide... 80	HAEGARDA... 154	HIBERIX (PF)... 154
GLYCATE... 126	hailey 24 fe... 141	HIPREX... 27
GLYCOPHOS... 121	hailey fe 1.5/30 (28)... 141	HIZENTRA... 154
glycopyrrolate (pf) in water... 127	hailey fe 1/20 (28)... 141	HORIZANT... 106
glycopyrrolate (pf)... 126	hailey... 141	HULIO(CF) PEN... 154
glycopyrrolate... 126	HALAVEN... 54	HULIO(CF)... 154
glydo... 19	halcinonide... 115	HUMALOG JUNIOR KWIKPEN
GLYNASE... 80	HALCION... 185	U-100... 80
GLYXAMBI... 80	HALDOL DECANOATE... 68	HUMALOG KWIKPEN INSULIN... 80
GOCOVRI... 65	halobetasol propionate... 115	HUMALOG MIX 50-50 INSULN
GOLYTELY... 127	haloette... 141	U-100... 80
GOMEKLI... 54	HALOG... 115	HUMALOG MIX 50-50 KWIKPEN... 80
GONITRO... 95	haloperidol decanoate... 68	HUMALOG MIX 75-25 KWIKPEN... 80
GRAFAPEX... 54	haloperidol lactate... 68	HUMALOG MIX
GRALISE... 106	haloperidol... 68	75-25(U-100)INSULN... 80
granisetron (pf)... 42	HARLIKU... 130	HUMALOG TEMPO
	HARVONI... 73	PEN(U-100)INSULN... 80
	HAVRIX (PF)... 154	HUMALOG U-100 INSULIN... 80
		HUMATIN... 27

HUMATROPE...	137	hydrocodone-chlorpheniramine...	HYSINGLA ER...	14
HUMIRA PEN...	154	188	HYZAAR...	95
HUMIRA(CF) PEDI CROHNS STARTER...	154	hydrocodone-homatropine...	I	188
HUMIRA(CF) PEN CROHNS-UC-HS...	154	hydrocodone-ibuprofen...	ibandronate...	164
HUMIRA(CF) PEN PEDIATRIC UC...	154	13	IBRANCE...	54
HUMIRA(CF) PEN PSOR-UV-ADOL HS...	154	hydrocortisone acetate...	IBSRELA...	127
HUMIRA(CF) PEN...	154	hydrocortisone butyr-emollient...	IBTROZI...	54
HUMIRA(CF)...	154	115	ibu...	14
HUMIRA...	154	hydrocortisone butyrate...	ibuprofen-famotidine...	14
HUMULIN 70/30 U-100 INSULIN...	80	hydrocortisone sod succinate...	ibuprofen...	14
HUMULIN 70/30 U-100 KWIKPEN...	80	135	ibutilide fumarate...	95
HUMULIN N NPH INSULIN KWIKPEN...	80	hydrocortisone valerate...	icatibant...	155
HUMULIN N NPH U-100 INSULIN...	80	116	iclevia...	141
HUMULIN R REGULAR U-100 INSULN...	80	hydrocortisone-acetic acid...	ICLUSIG...	54
HUMULIN R U-500 (CONC) INSULIN...	80	177	IDACIO(CF) PEN CROHN-UC	
HUMULIN R U-500 (CONC) KWIKPEN...	81	hydrocortisone-pramoxine...	STARTR...	155
HYCAMTIN...	54	187	IDACIO(CF) PEN PSORIASIS START...	
HYCODAN (WITH HOMATROPINE)...	187	hydroquinone...	155	
HYCODAN...	187	189	IDACIO(CF) PEN...	155
hydralazine...	95	hydroxocobalamin...	IDAMYCIN PFS...	54
HYDREA...	54	64	idarubicin...	54
hydrochlorothiazide...	95	hydroxychloroquine...	IDHIFA...	54
hydrocodone bitartrate...	13	54	IFEX...	54
hydrocodone-acetaminophen...	13	hydroxyzine hcl...	ifosfamide...	54
		78	IGALMI...	168
		hydroxyzine pamoate...	ILEVRO...	174
		180	ILUMYA...	155
		HYFTOR...	IMAAVY...	155
		116	imatinib...	54
		HYPERRAB (PF)...	IMBRUVICA...	54
		154	IMDELLTRA...	54
		HYPERTET (PF)...	IMFINZI...	55
		155	imipenem-cilastatin...	27
		HYRIMOZ PEN CROHN'S-UC STARTER...	imipramine hcl...	39
		155		
		HYRIMOZ PEN...		
		155		
		HYRIMOZ(CF) PEDI CROHN STARTER...		
		155		
		HYRIMOZ(CF) PEN...		
		155		
		HYRIMOZ(CF)...		
		155		
		HYRIMOZ...		
		155		

imipramine pamoate... 39	INGREZZA... 106	INVOKAMET... 81
imiquimod... 116	INLYTA... 55	INVOKANA... 81
IMITREX STATDOSE PEN... 47	INNOPRAN XL... 95	INZIRQO... 95
IMITREX STATDOSE REFILL... 47	INPEFA... 95	IONOSOL-MB IN D5W... 121
IMITREX... 47	INQOVI... 55	IOPIDINE... 174
IMJUDO... 55	INREBIC... 55	IPOL... 155
IMKELDI... 55	INSPRA... 95	ipratropium bromide... 180
IMLYGIC... 55	INSULIN ASP PRT-INSULIN	ipratropium-albuterol... 180
IMMPHENTIV... 95	ASPART... 81	IQIRVO... 127
IMOGRAB RABIES-HT (PF)... 155	INSULIN ASPART U-100... 81	irbesartan-hydrochlorothiazide... 95
IMOVAX RABIES VACCINE (PF)... 155	INSULIN DEGLUDEC... 81	irbesartan... 95
IMPAVIDO... 64	INSULIN GLARGINE U-300 CONC...	IRESSA... 55
IMURAN... 155	81	irinotecan... 55
IMVEXXY MAINTENANCE PACK... 141	INSULIN GLARGINE-YFGN... 81	ISENTRESS HD... 74
IMVEXXY STARTER PACK... 141	INSULIN GLARGINE... 81	ISENTRESS... 73
INBRIJA... 65	INSULIN LISPRO	isibloom... 141
incassia... 141	PROTAMIN-LISPRO... 81	ISOLYTE S PH 7.4... 121
INCONTROL ALCOHOL PADS... 168	INSULIN LISPRO... 81	ISOLYTE-P IN 5 % DEXTROSE... 121
INCRELEX... 137	INSULIN SYRINGE MICROFINE... 168	ISOLYTE-S... 121
INCRUSE ELLIPTA... 180	INSULIN SYRINGE-NEEDLE U-100...	isoniazid... 48
indapamide... 95	168	ISORDIL TITRADOSE... 96
INDERAL LA... 95	INSULIN SYRINGE... 168	ISORDIL... 95
INDOCIN... 14	INSULIN U-500 SYRINGE-NEEDLE...	isosorbide dinitrate... 96
indomethacin sodium... 14	169	isosorbide mononitrate... 96
indomethacin... 14	INTELENCE... 73	isosorbide-hydralazine... 96
INFANRIX (DTAP) (PF)... 155	INTRALIPID... 121	isotretinoin... 116
INFLECTRA... 155	INTRAROSA... 141	isradipine... 96
INFliximab... 155	introvale... 141	ISTALOL... 174
INFUGEM... 55	INTUNIV ER... 106	ISTODAX... 55
INFUMORPH P/F... 14	INVEGA HAFYERA... 68	ISTURISA... 137
INFUVITE ADULT... 189	INVEGA SUSTENNA... 68	ISUPREL... 96
INFUVITE PEDIATRIC... 189	INVEGA TRINZA... 68	ITOVEBI... 55
INGREZZA INITIATION	INVEGA... 68	itraconazole... 44
PK(TARDIV)... 106	INVELTYS... 174	IV PREP WIPES... 169
INGREZZA SPRINKLE... 106	INVOKAMET XR... 81	

ivabradine... 96	JUBLIA... 44	KERENDIA... 96
ivermectin... 64, 116	juleber... 141	KESIMPTA PEN... 106
IVRA... 55	JULUCA... 74	ketoconazole... 44
IWILFIN... 55	junel 1.5/30 (21)... 141	ketodan... 44
IXEMPRA... 55	junel 1/20 (21)... 141	ketoprofen... 14
IXIARO (PF)... 155	junel fe 1.5/30 (28)... 142	ketorolac... 14, 174
IFYUZEH (PF)... 174	junel fe 1/20 (28)... 142	KEVEYIS... 130
J		
JADENU SPRINKLE... 121	junel fe 24... 142	KEVZARA... 155
JADENU... 121	JUXTAPID... 96	KEYTRUDA... 55
jaimiess... 141	JYLAMVO... 155	KHAPZORY... 55
JAKAFI... 55	JYNARQUE... 121	KHINDIVI... 135
JALYN... 133	JYNNEOS (PF)... 155	KIMMTRAK... 55
jantoven... 87	K	
JANUMET XR... 81	KABIVEN... 121	KIMYRSA... 27
JANUMET... 81	KADCYLA... 55	KINERET... 156
JANUVIA... 81	kaitlib fe... 142	KINRIX (PF)... 156
JARDIANCE... 81	KALETRA... 74	kionex (with sorbitol)... 121
jasmiel (28)... 141	kalliga... 142	kiprofen... 14
JATENZO... 141	KALYDECO... 180	KIRSTY PEN... 82
javygtor... 130	KANJINTI... 55	KIRSTY... 82
JAYPIRCA... 55	KANUMA... 130	KISQALI FEMARA CO-PACK... 56
jaythari... 135	KAPSPARGO SPRINKLE... 96	KISQALI... 55, 56
JEMPERLI... 55	KAPVAY... 106	KITABIS PAK... 27
jencycla... 141	kariva (28)... 142	KLARON... 27
JENTADUETO XR... 81	KATERZIA... 96	klayesta... 44
JENTADUETO... 81	KAZANO... 81	KLISYRI (250 MG)... 116
JEVTANA... 55	KEDRAB (PF)... 155	KLISYRI (350 MG)... 116
jinteli... 141	kelnor 1/35 (28)... 142	KLONOPIN... 78
JOBEVNE... 55	kelnor 1/50 (28)... 142	KLOR-CON 10... 121
JOENJA... 130	KENALOG-80... 135	KLOR-CON 8... 121
jolessa... 141	KENALOG... 135	klor-con m10... 121
JORNAY PM... 106	KENGREAL... 87	KLOR-CON M15... 121
JOURNAVX... 169	KEPIVANCE... 110	klor-con m20... 121
joyeaux... 141	KEPPRA XR... 33	KLLOXXADO... 21
	KEPPRA... 32, 33	

KONVOMEP...	127	LAMICTAL XR STARTER (GREEN)...	33	LEQSELVI...	156
KORLYM...	169	LAMICTAL XR STARTER (ORANGE)...	33	LEQVIO...	96
KOSELUGO...	56	LAMICTAL XR...	33	LESCOL XL...	96
KOSHER PRENATAL PLUS IRON...		LAMICTAL...	33	lessina...	142
121		lamivudine-zidovudine...	74	LETAIRIS...	180
kourzeq...	110	lamivudine...	74	letrozole...	56
KRAZATI...	56	lamotrigine...	33, 34	leucovorin calcium...	56
KRINTAFEL...	64	LAMPIT...	64	LEUKERAN...	56
KRISTALOSE...	127	LAMZEDE...	131	LEUKINE...	87
kurvelo (28)...	142	LANOXIN PEDIATRIC...	96	leuprolide (3 month)...	148
KUVAN...	130	LANOXIN...	96	leuprolide...	148
KYPROLIS...	56	lanreotide...	148	levalbuterol hcl...	180
L					
Inorgest/e.estradol-e.estrad...	142	lansoprazole...	127	LEVEMIR FLEXPEN...	82
LABETALOL IN		LANTUS SOLOSTAR U-100		LEVEMIR U-100 INSULIN...	82
DEXTROSE,ISO-OSM...	96	INSULIN...	82	levetiracetam in nacl (iso-os)...	34
LABETALOL IN NACL (ISO-OSMOT)...		LANTUS U-100 INSULIN...	82	levetiracetam...	34
96		lapatinib...	56	LEVO-T...	147
labetalol...	96	larin 1.5/30 (21)...	142	levobunolol...	174
lacosamide...	33	larin 1/20 (21)...	142	levocarnitine (with sugar)...	121
LACRISERT...	174	larin 24 fe...	142	levocarnitine...	121
lactated ringers...	121, 169	larin fe 1.5/30 (28)...	142	levocetirizine...	181
lactulose...	127	larin fe 1/20 (28)...	142	levofloxacin in d5w...	27
LAMICTAL ODT STARTER (BLUE)...	33	LASIX...	96	levofloxacin...	27, 174
LAMICTAL ODT STARTER (GREEN)...	33	latanoprost...	174	levoleucovorin calcium...	56
LAMICTAL ODT STARTER (ORANGE)...	33	LATISSE...	187	levonest (28)...	142
LAMICTAL ODT...	33	LATUDA...	68	levonorg-eth estrad triphasic...	142
LAMICTAL STARTER (BLUE) KIT...	33	LAYOLIS FE...	142	levonorgest-eth.estradol-iron...	142
LAMICTAL STARTER (GREEN) KIT...	33	LAZCLUZE...	56	levonorgestrel-ethinyl estrad...	142
LAMICTAL STARTER (ORANGE) KIT...	33	ledipasvir-sofosbuvir...	74	LEVOPHED (BITARTRATE)...	96
LAMICTAL XR STARTER (BLUE)...	33	leena 28...	142	levora-28...	142
LAMICTAL XR STARTER (BLUE)...	33	leflunomide...	156	levorphanol tartrate...	15
LAMICTAL XR STARTER (ORANGE)...		LEMTRADA...	106	levothyroxine...	147
LE					
LENVIMA...					

LEVULAN...	56	lisinopril...	97	lorazepam intensol...	78
LEXAPRO...	39	LITFULO...	156	lorazepam...	78
LEXETTE...	116	lithium carbonate...	78	LORBRENA...	56
LEXIVA...	74	lithium citrate...	78	LOREEV XR...	78
LIALDA...	163	LITHOBID...	78	loryna (28)...	143
LIBERVANT...	34	LITHOSTAT...	169	LORZONE...	184
LIBTAYO...	56	LIVALO...	97	losartan-hydrochlorothiazide...	97
LICART...	15	LIVDELZI...	127	losartan...	97
lidocaine (pf)...	19, 96	LIVMARLI...	127	LOTEMAX SM...	174
lidocaine hcl...	19	LIVTENCITY...	74	LOTEMAX...	174
lidocaine in 5 % dextrose (pf)...	96	LO LOESTRIN FE...	142	LOTENSIN HCT...	97
lidocaine viscous...	19	lo-zumandimine (28)...	142	LOTENSIN...	97
lidocaine-epinephrine bit...	19	LOCOID LIPOCREAM...	116	loteprednol etabonate...	174
lidocaine-epinephrine...	19	LOCOID...	116	LOTREL...	97
lidocaine-prilocaine...	19	LODINE...	15	LOTRONEX...	127
lidocaine...	19	LODOC...	97	lovastatin...	97
lidocan iii...	19	LODOSYN...	65	LOVAZA...	97
lidocan iv...	19	LOESTRIN 1.5/30 (21)...	142	LOVENOX...	87
lidocan v...	19	LOESTRIN 1/20 (21)...	142	low-ogestrel (28)...	143
LIDODERM...	19	LOESTRIN FE 1.5/30 (28-DAY)...	142	loxapine succinate...	68
lignospan standard...	20	LOESTRIN FE 1/20 (28-DAY)...	142	lubiprostone...	127
LINCOCIN...	27	lofena...	15	LUCEMYRA...	21
lincomycin...	27	lofexidine...	21	luliconazole...	44
lindane...	116	lojaimiess...	142	LUMAKRAS...	56, 57
linezolid in dextrose 5%...	27	LOKELMA...	121	LUMIGAN...	174
linezolid-0.9% sodium chloride...	27	lomaira...	190	LUMIZYME...	131
linezolid...	27	LOMOTIL...	127	LUMRYZ STARTER PACK...	186
LINZESS...	127	LONSURF...	56	LUMRYZ...	185
liothyronine...	147, 148	loperamide...	127	LUNESTA...	186
LIPITOR...	96	LOPID...	97	LUNSUMIO...	57
LIPOFEN...	96, 97	lopinavir-ritonavir...	74	LUPKYNIS...	156
LIQREV...	181	LOPRESSOR...	97	LUPRON DEPOT (3 MONTH)...	148
liraglutide...	82	LOPROX (AS OLAMINE)...	44	LUPRON DEPOT (4 MONTH)...	148
lisdexexamfetamine...	106	LOQTORZI...	56	LUPRON DEPOT (6 MONTH)...	148
lisinopril-hydrochlorothiazide...	97				

LUPRON DEPOT-PED (3 MONTH)...	magnesium sulfate in d5w... 122	MAYZENT STARTER(FOR 1MG MAINT)... 107
149	magnesium sulfate in water... 122	MAYZENT STARTER(FOR 2MG MAINT)... 107
LUPRON DEPOT-PED... 148, 149	magnesium sulfate... 122	MAYZENT... 107
LUPRON DEPOT... 148	MALARONE PEDIATRIC... 64	meclizine... 42
lurasidone... 69	MALARONE... 64	meclofenamate... 15
lurbipr... 15	malathion... 116	MEDROL (PAK)... 135
lurbiro... 15	mannitol 20 %... 97	MEDROL... 135
lutera (28)... 143	mannitol 25 %... 97	medroxyprogesterone... 143
LUTRATE DEPOT (3 MONTH)... 149	maraviroc... 74	mefenamic acid... 15
LUXIQ... 116	MARCAINE (PF)... 20	mefloquine... 64
LUZU... 44	MARCAINE SPINAL (PF)... 20	megestrol... 143
LYBALVI... 69	MARCAINE-EPINEPHRINE (PF)... 20	MEKINIST... 57
lyleq... 143	MARCAINE-EPINEPHRINE... 20	MEKTOVI... 57
lyllana... 143	MARCAINE... 20	meleya... 143
LYNOZYFIC... 57	MARGENZA... 57	meloxicam submicronized... 15
LYNPARZA... 57	MARINOL... 42	meloxicam... 15
LYRICA CR... 106	marlissa (28)... 143	melphalan hcl... 57
LYRICA... 106	MARPLAN... 39	melphalan... 57
LYSODREN... 57	MATULANE... 57	memantine... 37
LYTGOBI... 57	matzim la... 97	MENACTRA (PF)... 156
LYUMJEV KWIKPEN U-100	MAVENCLAD (10 TABLET PACK)... 106	MENEST... 143
INSULIN... 82	MAVENCLAD (4 TABLET PACK)... 106	MENOSTAR... 143
LYUMJEV KWIKPEN U-200	MAVENCLAD (5 TABLET PACK)... 107	MENQUADFI (PF)... 156
INSULIN... 82	MAVENCLAD (6 TABLET PACK)... 107	MENVEO A-C-Y-W-135-DIP (PF)... 156
LYUMJEV TEMPO PEN(U-100)INSULN... 82	MAVENCLAD (7 TABLET PACK)... 107	meperidine (pf)... 15
LYUMJEV U-100 INSULIN... 82	MAVENCLAD (8 TABLET PACK)... 107	meperidine... 15
LYVISPAH... 71	MAVENCLAD (9 TABLET PACK)... 107	MEPHYTON... 189
lyza... 143	MAVYRET... 74	meprobamate... 78
M		
M-M-R II (PF)... 156	MAXALT-MLT... 47	MEPRON... 64
m-natal plus... 122	MAXALT... 47	MEPSEVII... 131
MACROBID... 27	MAXIDEX... 174	mercaptopurine... 57
MACRODANTIN... 27	MAXITROL... 174	MERILOG SOLOSTAR... 82
mafénide acetate... 116	MAXZIDE-25MG... 97	
	MAXZIDE... 97	

MERILOG... 82	methylphenidate... 107	MIEBO (PF)... 174
meropenem-0.9% sodium chloride... 27	methylprednisolone acetate... 135	mifepristone... 169
meropenem... 27	methylprednisolone sodium succ... 135	migergot... 47
merzee... 143	methylprednisolone... 135	miglitol... 82
mesalamine... 163	methyltestosterone... 143	miglustat... 131
mesna... 57	metoclopramide hcl... 42	MIGRALAN... 47
MESNEX... 57	metolazone... 97	mil... 143
MESTINON TIMESPAN... 48	metoprolol succinate... 97	millipred dp... 135
MESTINON... 48	metoprolol ta-hydrochlorothiaz... 97	millipred... 135
METADATE CD... 107	metoprolol tartrate... 97	milrinone in 5 % dextrose... 98
metadate er... 107	METRO I.V.... 27	milrinone... 98
metaxalone... 185	METROCREAM... 27	mimvey... 143
metformin... 82	METROGEL... 27	MINASTRIN 24 FE... 143
methadone intensol... 15	METROLOTION... 27	MINIVELLE... 143
methadone... 15	metronidazole in nacl (iso-os)... 28	MINOCIN... 28
METHADOSE... 15	metronidazole... 27, 28	minocycline... 28
methamphetamine... 107	metyrosine... 98	minoxidil... 98
methazolamide... 174	mexiletine... 98	minzoya... 143
methenamine hippurate... 27	MIACALCIN... 164	MIOSTAT... 174
methimazole... 149	mibelas 24 fe... 143	MIPLYFFA... 131
METHITEST... 143	MICAFUNGIN IN 0.9 % SODIUM CHL... 44	MIRAPEX ER... 65
methocarbamol... 185	micafungin... 44	MIRCERA... 87
methotrexate sodium (pf)... 156	MICARDIS HCT... 98	MIRENA... 169
methotrexate sodium... 156	MICARDIS... 98	mirtazapine... 39
methoxsalen... 116	miconazole nitrate-zinc ox-pet... 44	MIRVASO... 116
methscopolamine... 127	miconazole-3... 45	misoprostol... 127
methsuximide... 34	micort-hc... 135	MITIGARE... 46
methyldopa-hydrochlorothiazide... 97	microgestin 1.5/30 (21)... 143	mitigo (pf)... 15
methyldopa... 97	microgestin 1/20 (21)... 143	mitomycin... 57
methyldopate... 97	microgestin fe 1.5/30 (28)... 143	mitoxantrone... 57
methylergonovine... 169	microgestin fe 1/20 (28)... 143	modafinil... 186
METHYLIN... 107	midodrine... 98	MODD1 PATIENT WELCOME KIT... 169
methylphenidate hcl... 107		MODD1 SUPPLY KIT... 169
		MODEYSO... 57

moexipril... 98	mycophenolate mofetil (hcl)... 156	naproxen... 16
molindone... 69	mycophenolate mofetil... 156	naratriptan... 47
mometasone... 116, 181	mycophenolate sodium... 156	NARCAN... 21
monodoxine nl... 28	MYDAYIS... 107	NARDIL... 39
MONJUVI... 156	MYFEMBREE... 149	NAROPIN (PF)... 20
mono-lnyah... 143	MYFORTIC... 156	NASCOBAL... 189
montelukast... 181	MYHIBBIN... 156	NATACHEW (FE BIS-GLYCINATE)... 122
morgidox... 28	MYLOTARG... 57	NATACYN... 175
morphine (pf)... 16	MYRBETRIQ... 133	NATAZIA... 143
morphine concentrate... 16	MYSOLINE... 34	nateglinide... 82
morphine... 15, 16	MYTESI... 127	NATROBA... 116
MOTEGRITY... 127	N	
MOTOFEN... 127	nabumetone... 16	NAYZILAM... 34
MOTPOLY XR... 34	nadolol... 98	nebivolol... 98
MOUNJARO... 82	nafcillin in dextrose iso-osm... 28	NEBUPENT... 64
MOVANTIK... 127	nafcillin... 28	necon 0.5/35 (28)... 143
MOVIPREP... 127	naftifine... 45	nefazodone... 39
moxifloxacin-sod.ace,sul-water... 28	NAFTIN... 45	NEFFY... 181
moxifloxacin-sod.chloride(iso)... 28	NAGLAZYME... 131	nelarabine... 57
moxifloxacin... 28, 174	nalbuphine... 16	NEMLUVIO... 156
MOZOBIL... 87	NALFON... 16	neo-polycin hc... 175
MRESVIA (PF)... 156	nalmefene... 21	neo-polycin... 175
MS CONTIN... 16	nalocet... 16	NEO-SYNALAR... 116
MULPLETA... 87	naloxone... 21	neo-vital rx... 122
MULTAQ... 98	naltrexone... 21	neomycin-bacitracin-poly-hc... 175
mupirocin calcium... 116	NAMENDA TITRATION PAK... 37	neomycin-bacitracin-polymyxin... 175
mupirocin... 116	NAMENDA XR... 37	neomycin-polymyxin b gu... 169
MUTAMYCIN... 57	NAMENDA... 37	neomycin-polymyxin b-dexameth... 175
MVASI... 57	NAMZARIC... 38	neomycin-polymyxin-gramicidin... 175
MYALEPT... 127	NANO 2ND GEN PEN NEEDLE... 169	neomycin-polymyxin-hc... 175, 177
MYAMBUTOL... 48	NANO PEN NEEDLE... 169	neomycin... 28
MYCAMINE... 45	NAPRELAN CR... 16	NEONATAL COMPLETE... 122
MYCAPSSA... 149	NAPROSYN... 16	
MYCOBUTIN... 48	naproxen sodium... 16, 17	
	naproxen-esomeprazole... 17	

NEONATAL PLUS VITAMIN...	122	NILANDRON...	57	norethindrone-e.estriadiol-iron...
NEONATAL-DHA...	122	nilotinib hcl...	57	144
NEORAL...	156	nilotinib tartrate...	57	NORGESIC FORTE...
NERLYNX...	57	nilutamide...	58	185
NESACAINE-MPF...	20	nimodipine...	98	norgesic...
NESACAINE...	20	NINLARO...	58	185
NESINA...	82	NIPENT...	58	norgestimate-ethinyl estradiol...
neuac...	116	nisoldipine...	98	144
NEULASTA ONPRO...	87	nitazoxanide...	64	NORITATE...
NEULASTA...	87	nitisinone...	131	28
NEUPOGEN...	87	NITRO-BID...	99	NORLIQVA...
NEUPRO...	65	NITRO-DUR...	99	99
NEURONTIN...	34	nitrofurantoin macrocrystal...	28	NORMOSOL-M IN 5 % DEXTROSE...
NEVANAC...	175	nitrofurantoin monohyd/m-cryst...	28	122
nevirapine...	74	nitrofurantoin...	28	NORPACE CR...
NEXAVAR...	57	nitroglycerin in 5 % dextrose...	99	99
NEXICLON XR...	98	nitroglycerin...	99, 169	NORPACE...
NEXIUM IV...	127	NITROLINGUAL...	99	39
NEXIUM PACKET...	127	NITROSTAT...	99	NORPRAMIN...
NEXIUM...	127	NITYR...	131	39
NEXLETOL...	98	NIVESTYM...	87	NORTHERA...
NEXLIZET...	98	nizatidine...	127	99
NEXPLANON...	143	NOCDURNA (MEN)...	137	nortrel 0.5/35 (28)...
NEXTERONE...	98	NOCDURNA (WOMEN)...	137	144
NEXTSTELLIS...	144	NORA-BE...	144	nortrel 1/35 (21)...
NEXVIAZYME...	131	NORDITROPIN FLEXPRO...	137	144
NGENLA...	137	norelgestromin-ethin.estriadiol...		nortrel 1/35 (28)...
niacin...	98	144		144
niacor...	98	norepinephrine bitartrate...	99	nortriptyline...
nicardipine...	98	noreth-ethinyl estradiol-iron...	144	39
NICOTROL NS...	21	norethindrone (contraceptive)...	144	NORVASC...
NICOTROL...	21	norethindrone ac-eth estradiol...		99
nifedipine...	98	144		NOVAREL...
nikki (28)...	144	norethindrone acetate...	144	137
NIKTIMVO...	156			NOVOLIN 70-30 FLEXPEN U-100...

NOVOLOG MIX 70-30 U-100	OB COMPLETE PETITE... 122	OLUX... 116
INSULN... 83	OB COMPLETE PREMIER... 122	OMECLAMOX-PAK... 128
NOVOLOG MIX 70-30FLEXPEN	obagi elastiderm... 187	omega-3 acid ethyl esters... 99
U-100... 83	obagi nu-derm blender... 187	OMEGAVEN... 122
NOVOLOG PENFILL U-100	obagi nu-derm clear... 187	omeprazole-sodium bicarbonate...
INSULIN... 83	OCALIVA... 127	128
NOVOLOG U-100 INSULIN ASPART...	ocella... 144	omeprazole... 128
83	OCREVUS ZUNOVO... 108	OMNARIS... 181
NOVOPEN ECHO... 169	OCREVUS... 108	OMNIPOD 5 (G6/LIBRE 2 PLUS)...
NOXAFIL... 45	OCTAGAM... 156	169
np thyroid... 148	octreotide acetate... 149	OMNIPOD 5 G6-G7 INTRO
NUBEQA... 58	octreotide,microspheres... 149	KT(GEN5)... 169
NUCALA... 181	OCUFLOX... 175	OMNIPOD 5 G6-G7 PODS (GEN 5)...
NUCYNTA ER... 17	ODACTRA... 181	169
NUCYNTA... 17	ODEFSEY... 74	OMNIPOD 5
NUEDEXTA... 107	ODOMZO... 58	INTRO(G6/LIBRE2PLUS)... 169
NULIBRY... 131	OFEV... 181	OMNIPOD CLASSIC PODS (GEN 3)...
NUPLAZID... 69	ofloxacin... 28, 175, 177	169
NURTEC ODT... 47	OGIVRI... 58	OMNIPOD DASH INTRO KIT (GEN
NUTRILIPID... 122	OGSIVEO... 58	4)... 169
NUTROPIN AQ NUSPIN... 137	OHTUVAYRE... 181	OMNIPOD DASH PODS (GEN 4)... 169
NUVARING... 144	OJEMDA... 58	OMNIPOD GO PODS 10 UNITS/DAY...
NUVIGIL... 186	OJJAARA... 58	169
NUZYRA... 28	olanzapine-fluoxetine... 39	OMNIPOD GO PODS 15 UNITS/DAY...
nyamyc... 45	olanzapine... 69	169
nyla 1/35 (28)... 144	OLINVYK... 17	OMNIPOD GO PODS 20 UNITS/DAY...
nyla 7/7/7 (28)... 144	olmesartan-amlodipin-hcthiazid...	169
NYMALIZE... 99	99	OMNIPOD GO PODS 25 UNITS/DAY...
nymyo... 144	olmesartan-hydrochlorothiazide...	169
nystatin-triamcinolone... 45	99	OMNIPOD GO PODS 30 UNITS/DAY...
nystatin... 45	olmesartan... 99	169
nystop... 45	olopatadine... 175, 181	OMNIPOD GO PODS 40 UNITS/DAY...
NYVEPRIA... 87	OLPRUVA... 131	169
O	OLUMIANT... 156	OMNIPOD GO PODS... 169
OB COMPLETE ONE... 122	OLUX-E... 116	OMNITROPE... 137
		OMVOH PEN... 157

OMVOH...	156	ORENITRAM MONTH 3 TITRATION	oxazepam...	78	
ONAPGO...	65	KT...	181	oxcarbazepine...	34
ONCASPAR...	58	ORENITRAM...	181	OXERVATE...	175
ondansetron hcl (pf)...	42	ORFADIN...	131	oxiconazole...	45
ondansetron hcl...	42	ORGOVYX...	58	OXISTAT...	45
ondansetron...	42	ORIAHNN...	149	OXLUMO...	169
ONEXTON...	116	ORILISSA...	149	OXTELLAR XR...	34
ONFI...	34	ORKAMBI...	181	oxybutynin chloride...	133
ONGENTYS...	65	ORLADEYO...	157	oxycodone-acetaminophen...	17
ONIVYDE...	58	ORLYNVAH...	28	oxycodone...	17
ONPATTRO...	131	ormalvi...	131	OXYCONTIN...	17
ONTRUZANT...	58	orphenadrine citrate...	185	oxymorphone...	17
ONUREG...	58	orphenadrine-asa-caffeine...	185	oxytocin...	169
ONYDA XR...	108	orphengesic forte...	185	OXYTROL...	133
ONZETRA XSAIL...	47	orquidea...	144	OZEMPIC...	83
OPDIVO QVANTIG...	58	ORSERDU...	58	OZOBAX DS...	71
OPDIVO...	58	ORTIKOS...	163	OZOBAX...	71
OPDUALAG...	58	oseltamivir...	74	P	
OPFOLDA...	131	OSENI...	83	PACERONE...	100
OPIPZA...	69	OSMITROL 10 %...	99	paclitaxel protein-bound...	58
opium tincture...	128	OSMITROL 15 %...	99	paclitaxel...	58
OPSUMIT...	181	OSMITROL 20 %...	99	PADCEV...	58
OPSYNVI...	181	OSMITROL 5 %...	99	PALFORZIA (LEVEL 1)...	170
OPVEE...	21	OSMOLEX ER...	65	PALFORZIA (LEVEL 10)...	170
OPZELURA...	116	OSPHENA...	144	PALFORZIA (LEVEL 11 UP-DOSE)...	
ORACEA...	28	OTEZLA STARTER...	117	170	
oralone...	110	OTEZLA...	116	PALFORZIA (LEVEL 2)...	170
ORAPRED ODT...	135	OTREXUP (PF)...	157	PALFORZIA (LEVEL 3)...	170
ORBACTIV...	28	OTULFI...	157	PALFORZIA (LEVEL 4)...	170
ORENCIA CLICKJECT...	157	OVIDE...	117	PALFORZIA (LEVEL 5)...	170
ORENCIA...	157	oxacillin in dextrose(iso-osm)...	28	PALFORZIA (LEVEL 6)...	170
ORENITRAM MONTH 1 TITRATION		oxacillin...	28	PALFORZIA (LEVEL 7)...	170
KT...	181	oxaliplatin...	58	PALFORZIA (LEVEL 8)...	170
ORENITRAM MONTH 2 TITRATION		oxaprozin...	17	PALFORZIA (LEVEL 9)...	170
KT...	181	OXAYDO...	17		

PALFORZIA INITIAL (4-17 YRS)...	PEGASYS... 157	PERTZYE... 131
170	PEMAZYRE... 59	pfizerpen-g... 29
PALFORZIA LEVEL 11	pemetrexed disodium... 59	PHEBURANE... 131
MAINTENANCE... 170	pemetrexed... 59	phenazopyridine... 170
paliperidone... 69	PEMRYDI RTU... 59	phendimetrazine tartrate... 190
PALYNZIQ... 131	PEN NEEDLE, DIABETIC... 170	phenelzine... 40
PAMELOR... 39	PENBRAYA (PF)... 157	PHENERGAN... 42
pamidronate... 164	penciclovir... 75	phenobarbital sodium... 35
PANCREAZE... 131	penicillamine... 122	phenobarbital... 34
PANDEL... 117	penicillin g pot in dextrose... 28	phenoxybenzamine... 100
PANRETIN... 58	penicillin g potassium... 28	phentermine-topiramate... 190
pantoprazole in 0.9% sod chlor...	penicillin g sodium... 28	phentermine... 190
128	penicillin v potassium... 28, 29	phenylephrine hcl... 100
pantoprazole... 128	PENMENVY MEN A-B-C-W-Y (PF)... 157	PHENYTEK... 35
PANZYGA... 157	PENNSAID... 17, 18	phenytoin sodium extended... 35
paraplatin... 58	PENTACEL (PF)... 157	phenytoin sodium... 35
paricalcitol... 164	PENTAM... 64	phenytoin... 35
PARLODEL... 66	pentamidine... 64	PHESGO... 59
PARNATE... 39	PENTASA... 163	PHEXXI... 170
paroxetine hcl... 39, 40	pentazocine-naloxone... 18	philith... 144
paroxetine mesylate(menop.sym)... 40	pentobarbital sodium... 34	PHOSPHOLINE IODIDE... 175
PATANASE... 181	pentoxifylline... 100	PHYSIOLYTE... 170
PAXIL CR... 40	pepcid... 128	PHYSISOL IRRIGATION... 170
PAXIL... 40	perampanel... 34	phytonadione (vitamin k1)... 189
PAXLOVID... 74, 75	PERCOCET... 18	PIASKY... 157
pazopanib... 58	PERFOROMIST... 181	PIFELTRO... 75
PEDIAPRED... 135	PERIKABIVEN... 122	pilocarpine hcl... 110, 175
PEDIARIX (PF)... 157	perindopril erbumine... 100	pimecrolimus... 117
PEDMARK... 59	periogard... 110	pimozide... 69
PEDVAX HIB (PF)... 157	PERJETA... 59	pimtre (28)... 144
peg 3350-electrolytes... 128	permethrin... 117	pindolol... 100
peg-electrolyte soln... 128	perphenazine-amitriptyline... 40	pioglitazone-glimepiride... 83
peg3350-sod sul-nacl-kcl-asb-c... 128	perphenazine... 69	pioglitazone-metformin... 83
	PERSERIS... 69	pioglitazone... 83

piperacillin-tazobactam...	29	posaconazole...	45	prednisolone sodium phosphate...
PIQRAY...	59	potassium acetate...	122	135, 175
pirfenidone...	181, 182	potassium chlorid-d5-0.45%nacl...	122	prednisolone...
piroxicam...	18	potassium chloride in 0.9%nacl...	123	135
pitavastatin calcium...	100	potassium chloride in 5 % dex...	123	prednisone intensol...
PITOCIN...	170	potassium chloride in lr-d5...	123	135
PLAQUENIL...	64	potassium chloride in water...	123	PREFEST...
PLASMA-LYTE	148...	potassium chloride-0.45 % nacl...	123	144
PLASMA-LYTE A...	122	potassium chloride-d5-0.2%nacl...	123	pregabalin...
PLAVIX...	87	potassium chloride-d5-0.9%nacl...	123	PREGNYL...
PLEGRIDY...	108	potassium chloride-d5-0.9%nacl...	123	137
PLENAMINE...	122	potassium chloride...	122, 123	PREMARIN...
PLENITY (WELCOME KIT)...	190	potassium citrate...	123	144, 145
PLENITY...	190	POTELIGEO...	59	PREMASOL 10 %...
PLENVU...	128	pr natal 400 ec...	123	123
plerixafor...	87	pr natal 400...	123	PREMPHASE...
PLIAGLIS...	20	pr natal 430 ec...	123	145
pnv-dha...	122	pr natal 430...	123	PREMPRO...
pnv-omega...	122	PRADAXA...	88	145
podofilox...	117	pralatrexate...	59	PRENATA...
POKONZA...	122	PRALUENT PEN...	100	123
POLIVY...	59	pramipexole...	66	PRENATABS FA...
polocaine-mpf...	20	prasugrel hcl...	88	123
polocaine...	20	pravastatin...	100	prenatal plus (calcium carb)...
polycin...	175	praziquantel...	64	123
polymyxin b sulf-trimethoprim...		prazosin...	100	prenatal plus dha...
175		PRECOSE...	83	123
polymyxin b sulfate...	29	PRED FORTE...	175	prenatal plus vitamin-mineral...
POMALYST...	59	PRED MILD...	175	123
POMBILITI...	131	prednicarbate...	117	prenatal vitamin plus low iron...
PONVORY 14-DAY STARTER PACK...		prednisolone acetate...	175	123
108				prenatal-u...
PONVORY...	108			123
portia 28...	144			PRENATE ELITE...
PORTRAZZA...	59			123
				PRETOMANID...
				48
				PREVACID SOLUTAB...
				128
				PREVACID...
				128
				prevalite...
				100
				PREVDUO...
				170
				PREVYMIS...
				75
				PREZCOBIX...
				75
				PREZISTA...
				75
				PRIALT...
				170
				PRIFTIN...
				49
				PRILOSEC...
				128
				primaquine...
				64
				PRIMAXIN IV...
				29
				primidone...
				35
				primlev...
				18

PRIMSOL... 29	promethazine... 42, 43	PYZCHIVA AUTOINJECTOR... 157
PRIORIX (PF)... 157	promethegan... 43	PYZCHIVA... 157
PRISTIQ... 40	PROMETRIUM... 145	Q
PRIVIGEN... 157	propafenone... 100	QALSODY... 108
PRO COMFORT ALCOHOL PADS... 170	proparacaine... 175	QBRELIS... 100
PROAIR DIGIHALER... 182	PROPECIA... 187	QBREXZA... 117
PROAIR RESPICLICK... 182	propranolol-hydrochlorothiazid...	QDOLO... 18
probencid-colchicine... 46	100	QUELBREE... 108
probencid... 46	propranolol... 100	QINLOCK... 59
procainamide... 100	propylthiouracil... 149	QNASC... 182
PROCARDIA XL... 100	PROQUAD (PF)... 157	QSYMIA... 190
procentra... 108	PROSCAR... 133	QTERN... 83
prochlorperazine edisylate... 42	PROSOL 20 %... 123	QUADRACEL (PF)... 157, 158
prochlorperazine maleate... 42	protamine... 170	QUARTETTE... 145
prochlorperazine... 42	PROTONIX... 128	QUDEXY XR... 35
PROCIT... 88	protriptyline... 40	QUESTRAN LIGHT... 100
procto-med hc... 117	PROVERA... 145	QUESTRAN... 100
PROCTOFOAM HC... 163	PROVIGIL... 186	quetiapine... 69
proctosol hc... 117	PROZAC... 40	QUILLICHEW ER... 108
protozone-hc... 117	prucalopride... 128	QUILLIVANT XR... 108
PROCYSBI... 131	PRUDOXIN... 117	quinapril-hydrochlorothiazide... 100
progesterone micronized... 145	pruradik... 117	quinapril... 100
progesterone... 145	PULMICORT FLEXHALER... 182	quinidine gluconate... 100
PROGLYCEM... 83	PULMICORT... 182	quinidine sulfate... 100
PROGRAF... 157	PULMOZYME... 182	quinine sulfate... 64
PROLASTIN-C... 131	PURE COMFORT ALCOHOL PADS...	QUILIPTA... 47
prolate... 18	170	QUTENZA... 170
PROLENSA... 175	PURIXAN... 59	QUVIVIQ... 186
PROLIA... 164	PYLERA... 128	QUZYTIR... 182
PROMACTA... 88	pyrazinamide... 49	QVAR REDIHALER... 182
promethazine vc-codeine... 188	PYRIDIUM... 170	R
promethazine vc... 170	pyridostigmine bromide... 48	RABAVERT (PF)... 158
promethazine-codeine... 188	pyridoxine (vitamin b6)... 189	rabeprazole... 128
promethazine-dm... 188	pyrimethamine... 64	RADICAVA ORS STARTER KIT SUSP...
promethazine-phenylephrine... 170	PYRUKYND... 132	108

RADICAVA ORS...	108	RELISTOR...	128	REZVOGLAR KWIKPEN...	83
RADICAVA...	108	RELPAX...	47	REZZAYO...	45
RAGWITEK...	182	RELTONE...	128	RHOFADE...	117
RALDESY...	40	REMERON SOLTAB...	40	RHOPHYLAC...	158
raloxifene...	145	REMERON...	40	RHOPRESSA...	175
ramelteon...	186	REMICADE...	158	RIABNI...	59
ramipril...	100	REMODULIN...	182	RIASTAP...	88
ranolazine...	100	RENACIDIN...	170	ribavirin...	75, 171
RAPAFLO...	133	RENFLEXIS...	158	RIDAURA...	158
RAPAMUNE...	158	RENOVA...	187	rifabutin...	49
rasagiline...	66	repaglinide...	83	RIFADIN...	49
RASUVO (PF)...	158	REPATHA PUSHTRONEX...	100	rifampin...	49
RAVICTI...	132	REPATHA SURECLICK...	101	RILUTEK...	108
RAYALDEE...	164	REPATHA SYRINGE...	101	riluzole...	108
RAYOS...	135	RESPA-AR...	188	rimantadine...	75
REBIF (WITH ALBUMIN)...	108	RESTASIS MULTIDOSE...	175	RIMSO-50...	171
REBIF REBIDOSE...	108	RESTASIS...	175	ringer's...	123, 171
REBIF TITRATION PACK...	108	RESTORIL...	186	RINVOQ LQ...	158
REBLOZYL...	88	RETACRIT...	88	RINVOQ...	158
REBYOTA...	128	RETEVMO...	59	RIOMET...	83
RECARBRI...	29	RETIN-A MICRO PUMP...	117	risedronate...	164
RECLAST...	164	RETIN-A MICRO...	117	RISPERDAL CONSTA...	70
reclipsen (28)...	145	RETIN-A...	117	RISPERDAL...	69
RECOMBIVAX HB (PF)...	158	RETROVIR...	75	risperidone...	70
RECORLEV...	149	REVATIO...	182	RITALIN LA...	108, 109
RECTIV...	170	REVCovi...	132	RITALIN...	108
REDITREX (PF)...	158	revonto...	71	ritonavir...	75
refissa...	187	REVUFORJ...	59	RITUXAN HYCELA...	59
REGLAN...	43	REXULTI...	69	RITUXAN...	59
REGONOL...	48	REYATAZ...	75	rivaroxaban...	88
REGRANEX...	117	REYVOW...	47	rivastigmine tartrate...	38
RELAFEN DS...	18	REZDIFFRA...	171	rivastigmine...	38
RELENZA DISKHALER...	75	REZLIDHIA...	59	rivelsa...	145
RELEUKO...	88	REZUROCK...	158	RIVFLOZA...	171
RELEXXII...	108				

rizatriptan... 47	RYSTIGGO... 159	SELARSDI... 159
ROBAXIN... 185	RYTARY... 66	SELECT-OB (FOLIC ACID)... 123
ROBINUL FORTE... 129	RYTELO... 60	SELECT-OB + DHA... 123
ROBINUL... 129	RYTHMOL SR... 101	SELECT-OB... 123
ROCALTROL... 164	RYVENT... 182	selegiline hcl... 66
ROCKLATAN... 175	RYZNEUTA... 88	selenium sulfide... 117
roflumilast... 182	S	
ROLVEDON... 88	SABRIL... 35	SELZENTRY... 75
romidepsin... 59	sacubitril-valsartan... 101	SEMGLEE(INSULIN
ROMVIMZA... 60	SAFYRAL... 145	GLARG-YFGN)PEN... 83
ropinirole... 66	SAIZEN SAIZENPREP... 137	SEMGLEE(INSULIN
ropivacaine (pf)... 20	sajazir... 159	GLARGINE-YFGN)... 83
rosadan... 29	SALAGEN (PILOCARPINE)... 110	SENSIPAR... 164
rosuvastatin... 101	SAMSCA... 123	sensorcaine-epinephrine... 20
rosyrah... 145	SANCUSO... 43	sensorcaine-mpf spinal... 20
ROTARIX... 158	SANDIMMUNE... 159	SENSORCAINE-MPF... 20
ROTATEQ VACCINE... 158	SANDOSTATIN LAR DEPOT... 149	sensorcaine-mpf/epinephrine... 20
ROWASA... 163	SANDOSTATIN... 149	SENSORCAINE... 20
roweepra xr... 35	SANTYL... 117	SEPHIENCE... 132
roweepra... 35	SAPHNELO... 159	SEREVENT DISKUS... 182
ROXICODONE... 18	SAPHRIS... 70	SEROQUEL XR... 70
ROXYBOND... 18	sapropterin... 132	SEROQUEL... 70
ROZEREM... 186	SARCLISA... 60	SEROSTIM... 137
ROZLYTREK... 60	SAVAYSA... 88	sertraline... 40
RUBRACA... 60	SAVELLA... 109	setlakin... 145
RUCONEST... 159	saxagliptin-metformin... 83	SEYSARA... 29
rufinamide... 35	saxagliptin... 83	SEZABY... 35
RUKOBIA... 75	SAXENDA... 190	SFROWASA... 163
RUXIENCE... 60	SCEMBLIX... 60	sharobel... 145
RYALTRIS... 182	scopolamine base... 43	SHINGRIX (PF)... 159
RYBELSUS... 83	se-natal 19 chewable... 123	SIGNIFOR LAR... 149
RYBREVANT... 60	SEASONIQUE... 145	SIGNIFOR... 149
RYCLORA... 182	SECUADO... 70	SIKLOS... 171
RYDAPT... 60	SEGLENTIS... 18	sildenafil (pulm.hypertension)... 182
RYLAZE... 60	SEGLUROMET... 83	sildenafil... 188
		SILENOR... 186

SILIQ... 159	sodium chloride... 124, 171	SPIRIVA RESPIMAT... 182
silodosin... 133	SODIUM EDECRIN... 101	SPIRIVA WITH HANDIHALER... 182
SILVADENE... 117	sodium oxybate... 186	spironolacton-hydrochlorothiaz... 101
silver sulfadiazine... 117	sodium phenylbutyrate... 132	spironolactone... 101
SIMBRINZA... 175	sodium phosphate... 124	SPORANOX... 45
SIMLANDI(CF) AUTOINJECTOR... 159	sodium polystyrene sulfonate... 124	sprintec (28)... 145
SIMLANDI(CF)... 159	sodium,potassium,mag sulfates... 129	SPRITAM... 35
simliya (28)... 145	SOGROYA... 137	SPRIX... 18
simpesse... 145	SOHONOS... 171	SPRYCEL... 60
SIMPONI ARIA... 159	solifenacin... 133	SPS (WITH SORBITOL)... 124
SIMPONI... 159	SOLIQUA 100/33... 84	sronyx... 145
SIMULECT... 159	SOLIRIS... 159	SSD... 117
simvastatin... 101	SOLODYN... 29	STALEVO 100... 66
SINEMET... 66	SOLOSEC... 29	STALEVO 125... 66
SINGULAIR... 182	SOLTAMOX... 60	STALEVO 150... 66
sirolimus... 159	SOLU-CORTEF ACT-O-VIAL (PF)... 136	STALEVO 200... 66
SIRTURO... 49	SOLU-CORTEF... 136	STALEVO 50... 66
sitagliptin-metformin... 83, 84	SOLU-MEDROL (PF)... 136	STALEVO 75... 66
sitagliptin... 83	SOLU-MEDROL... 136	stavudine... 75, 76
SIVEXTRO... 29	SOMA... 185	STEGLATRO... 84
SKYCLARYS... 109	SOMATULINE DEPOT... 149	STEGLUJAN... 84
SKYRIZI... 159	SOMAVERT... 149	STELARA... 159, 160
SKYTROFA... 137	SOOLANTRA... 117	STENDRA... 188
SMOFLIPID... 124	sorafenib... 60	STEQEYMA I.V.... 160
SOAANZ... 101	SORILUX... 117	STEQEYMA... 160
sodium benzoate-sod phenylacet... 171	sotalol af... 101	STIMUFEND... 88
sodium bicarbonate... 124	sotalol... 101	STIOLTO RESPIMAT... 182
sodium chloride 0.45 %... 124	SOTYKTU... 159	STIVARGA... 60
sodium chloride 0.9 %... 124	SOTYLIZE... 101	STRATTERA... 109
sodium chloride 3 % hypertonic... 124	SOVALDI... 75	STRENSIQ... 132
sodium chloride 5 % hypertonic... 124	SOVUNA... 64	streptomycin... 29
	SPEVIGO... 159	STRIBILD... 76
	spinosad... 117	STRIVERDI RESPIMAT... 183
		STROMECTOL... 64

SUBOXONE... 21	SYMBICORT... 183	TALTZ AUTOINJECTOR (3 PACK)... 160
subvenite starter (blue) kit... 35	SYMBRAVO... 47	TALTZ AUTOINJECTOR... 160
subvenite starter (green) kit... 35	SYMBYAX... 40	TALTZ SYRINGE... 160
subvenite starter (orange) kit... 35	SYMDEKO... 183	
subvenite... 35	SYMFIL... 76	TALVEY... 60
SUCRAID... 132	SYMFI... 76	TALZENNA... 60
sucralfate... 129	SYMLINPEN 120... 84	TAMIFLU... 76
SUFLAVE... 129	SYMLINPEN 60... 84	tamoxifen... 60
SULAR... 101	SYMPAZAN... 35	tamsulosin... 133
sulfacetamide sodium (acne)... 29	SYMPROIC... 129	tanlor... 185
sulfacetamide sodium-sulfur... 187	SYMTUZA... 76	taperdex... 136
sulfacetamide sodium... 29, 175, 187	SYNAGIS... 171	TARCEVA... 60, 61
sulfacetamide-prednisolone... 175	SYNALAR... 118	TARGADOX... 29
sulfadiazine... 29	SYNAREL... 149	TARGETIN... 61
sulfamethoxazole-trimethoprim... 29	SYNJARDY XR... 84	tarina 24 fe... 145
SULFAMYLYON... 117, 118	SYNJARDY... 84	tarina fe 1-20 eq (28)... 145
sulfasalazine... 163	SYNRIBO... 60	tarina fe 1/20 (28)... 145
sulindac... 18	SYNTHROID... 148	TARPEYO... 163
sumatriptan succinate... 47	SYPRINE... 124	TASCENO ODT... 109
sumatriptan-naproxen... 47		TASIGNA... 61
sumatriptan... 47		tasimelteon... 186
sunitinib malate... 60	T	TASMAR... 66
SUNLENCA... 76	TABLOID... 60	tavaborole... 45
SUNOSI... 186	TABRECTA... 60	TAVALISSE... 88
SUPREP BOWEL PREP KIT... 129	TACLONEX... 118	TAVNEOS... 160
SURE COMFORT ALCOHOL PREP PADS... 171	tacrolimus... 118, 160	taysofy... 145
SURE-PREP ALCOHOL PREP PADS... 171	tadalafil (pulm. hypertension)... 183	TAYTULLA... 145
SUTAB... 129	tadalafil... 133, 188	tazarotene... 118
SUTENT... 60	TADLIQ... 183	tazicef... 29
syeda... 145	TAFINLAR... 60	TAZORAC... 118
SYLVANT... 160	tafluprost (pf)... 175	taztia xt... 101
	TAGRISSO... 60	TAZVERIK... 61
	TAKHYRO... 160	TDVAX... 160
	TALICIA... 129	TECENTRIQ HYBREZA... 61
	TALTZ AUTOINJECTOR (2 PACK)... 160	TECENTRIQ... 61

TECFIDERA...	109	testosterone...	145, 146	TIMOPTIC OCUDOSE (PF)...	176
TECVAYLI...	61	tetrabenazine...	109	tinidazole...	29
TEFLARO...	29	tetracycline...	29	tiopronin...	133
TEGLUTIK...	109	TEVIMBRA...	61	tirofiban-0.9% sodium chloride...	88
TEGRETOL XR...	35	TEXACORT...	118	TIROSINT-SOL...	148
TEGRETOL...	35	TEZRULY...	101	TIROSINT...	148
TEGSEDI...	132	TEZSPIRE...	160	TIVDAK...	61
TEKTURN A HCT...	101	THALITONE...	101	TIVICAY PD...	76
TEKTURN A...	101	THALOMID...	61	TIVICAY...	76
telmisartan-amlodipine...	101	THAM...	124	tizanidine...	71
telmisartan-hydrochlorothiazid...		THEO-24...	183	TLANDO...	146
101		theophylline...	183	TOBI PODHALER...	183
telmisartan...	101	thiamine hcl (vitamin b1)...	189	TOBI...	29
temazepam...	186	THIOLA EC...	133	TOBRADEX ST...	176
TEMODAR...	61	THIOLA...	133	TOBRADEX...	176
TEMOVATE...	118	thioridazine...	70	tobramycin in 0.225 % nacl...	29
temsirolimus...	61	thiotepa...	61	tobramycin sulfate...	29, 30
tencon...	171	thiothixene...	70	tobramycin-dexamethasone...	176
TENIVAC (PF)...	160	THYMOGLOBULIN...	160	tobramycin...	29, 176
tenofovir disoproxil fumarate...	76	THYQUIDITY...	148	TOBREX...	176
TENORETIC 100...	101	tiadylt er...	101, 102	tolcapone...	66
TENORETIC 50...	101	tiagabine...	35	tolectin 600...	18
TENORMIN...	101	TIAZAC...	102	tolmetin...	18
TEPADINA...	61	TIBSOVO...	61	TOLSURA...	45
TEPEZZA...	171	ticagrelor...	88	tolterodine...	134
TEPMETKO...	61	TICOVAC...	160	tolvaptan (polycys kidney dis)...	124
TEPYLUTE...	61	TIGAN...	43	tolvaptan...	124
terazosin...	101	tigecycline...	29	TOPAMAX...	35, 36
terbinafine hcl...	45	TIGLUTIK...	109	TOPICORT...	118
terbutaline...	183	TIKOSYN...	102	topiramate...	36
terconazole...	45	tilia fe...	146	topotecan...	61
teriflunomide...	109	timolol maleate (pf)...	176	TOPROL XL...	102
TESTIM...	145	timolol maleate...	102, 176	toremifene...	61
testosterone cypionate...	146	timolol...	175	TORISEL...	61
testosterone enanthate...	146				

torpenz... 61	tretinoin (antineoplastic)... 61	TRIKAFTA... 183
torsemide... 102	tretinoin (emollient)... 187	TRILEPTAL... 36
TOSYMRA... 47	tretinoin microspheres... 118	TRILIPIX... 102
TOUJEO MAX U-300 SOLOSTAR... 84	tretinoin... 118	trimethobenzamide... 43
TOUJEO SOLOSTAR U-300	TREXALL... 160	trimethoprim... 30
INSULIN... 84	TREXIMET... 48	trimipramine... 40
tovet emollient... 118	TREZIX... 18	trinalal rx 1... 124
TOVIAZ... 134	tri-estarylla... 146	TRINTELLIX... 40
TPN ELECTROLYTES... 124	tri-legest fe... 146	TRIPTODUR... 149
TRACLEER... 183	tri-linyah... 146	TRISENOX... 61
TRADJENTA... 84	tri-lo-estarylla... 146	TRISTART DHA... 124
tramadol-acetaminophen... 18	tri-lo-marzia... 146	TRIUMEQ PD... 76
tramadol... 18	tri-lo-mili... 146	TRIUMEQ... 76
trandolapril-verapamil... 102	tri-lo-sprintec... 146	trivora (28)... 146
trandolapril... 102	TRI-LUMA... 187	TRIZIVIR... 76
tranexamic acid... 88	tri-mili... 146	TRODELVY... 61
TRANSDERM-SCOP... 43	tri-nymyo... 146	TROGARZO... 76
tranylcypromine... 40	tri-sprintec (28)... 146	TROKENDI XR... 36
TRAVASOL 10 %... 124	tri-vylibra lo... 146	tromethamine... 124
TRAVATAN Z... 176	tri-vylibra... 146	TROPHAMINE 10 %... 124
travoprost... 176	triamcinolone acetonide... 110, 136	trospium... 134
TRAZIMERA... 61	triamterene-hydrochlorothiazid...	TRUDHESA... 48
trazodone... 40	102	TRUE COMFORT ALCOHOL PADS...
TREANDA... 61	triamterene... 102	171
TRECATOR... 49	trianex... 136	TRUE COMFORT PRO ALCOHOL
TRELEGY ELLIPTA... 183	triazolam... 186	PADS... 171
TRELSTAR... 149	TRIBENZOR... 102	TRULANCE... 129
TREMFYA PEN INDUCTION	TRICARE... 124	TRULICITY... 84
PK-CROHN... 160	TRICOR... 102	TRUMENBA... 160
TREMFYA PEN... 160	triderm... 136	TRUQAP... 61
TREMFYA... 160	trientine... 124	TRUVADA... 76
treprostин sodium... 183	trifluoperazine... 70	TRUXIMA... 62
TRESIBA FLEXTOUCH U-100... 84	trifluridine... 176	TRYNGOLZA... 102
TRESIBA FLEXTOUCH U-200... 84	trihexyphenidyl... 66	TRYPTYR... 176
TRESIBA U-100 INSULIN... 84	TRIJARDY XR... 84	TRYVIO... 102

TUDORZA PRESSAIR...	183	ULTRA-FINE INS SYR (HALF UNIT)...	valproate sodium... 36
TUKYSA...	62	171	valproic acid (as sodium salt)... 36
tulana...	146	ULTRA-FINE INSULIN SYRINGE...	valproic acid... 36
TURALIO...	62	171	valrubicin... 62
turqoz (28)...	146	ULTRA-FINE PEN NEEDLE...	valsartan-hydrochlorothiazide...
TUXARIN ER...	188	171	102
TUZISTRA XR...	188	ULTRAVATE...	valsartan... 102
TWINRIX (PF)...	160	118	VALSTAR... 62
TWYNEO...	118	umeclidinium-vilanterol...	VALTOCO... 36
TYBOST...	76	184	VALTREX... 76
tydemy...	146	UNASYN...	valtya... 146
TYENNE AUTOINJECTOR...	161	30	VANCOCIN... 30
TYENNE...	161	UNDECATREX...	vancomycin in 0.9 % sodium chl...
TYGACIL...	30	146	30
TYKERB...	62	UNITHROID...	vancomycin in dextrose 5 %... 30
TYMLOS...	164	148	vancomycin-diluent combo no.1...
TYPHIM VI...	161	UNITUXIN...	30
TYRVAYA...	176	162	vancomycin... 30
TYSABRI...	109	UPLIZNA...	VANDAZOLE... 30
TYVASO DPI...	183	161	VANFLYTA... 62
TYVASO INSTITUTIONAL START		UPTRAVI...	VANOS... 118
KIT...	183	184	VANRAFIA... 171
TYVASO REFILL KIT...	183	UROCIT-K 10...	VAPRISOL IN 5 % DEXTROSE... 124
TYVASO STARTER KIT...	183	124	VAQTA (PF)... 161
TYVASO...	183	UROCIT-K 15...	vardenafil... 188
U			
UBRELVY...	48	UROCIT-K 5...	varenicline tartrate... 21
UCERIS...	163	124	VARIVAX (PF)... 161
UDENYCA AUTOINJECTOR...	89	USTEKINUMAB-AEKN...	VARIZIG... 161
UDENYCA ONBODY...	89	161	VARUBI... 43
UDENYCA...	88	USTEKINUMAB-TTWE...	VASCEPA... 102
ULORIC...	46	161	VASERETIC... 102
ULTILET ALCOHOL SWAB...	171	UZEDY...	VASOTEC... 102
ULTOMIRIS...	161	70	VAXCHORA VACCINE... 161
V			
		V-GO 20...	vecamyl... 102
		171	VECTIBIX... 62
		V-GO 30...	
		171	
		V-GO 40...	
		171	
		VABOMERE...	
		30	
		VAGIFEM...	
		146	
		valacyclovir...	
		76	
		VALCHLOR...	
		62	
		VALCYTE...	
		76	
		valganciclovir...	
		76	
		VALIUM...	
		78	

VECTICAL...	118	VIBERZI...	129	vitamin d2...	189
VEGZELMA...	62	VIBRAMYCIN...	30	vitamin k...	189
VELCADE...	62	VICTOZA 2-PAK...	84	vitamin k1...	189
VELETRI...	184	VICTOZA 3-PAK...	84	VITRAKVI...	62
velivet triphasic regimen (28)...	146	VIDAZA...	62	vivacaine...	20
VELSIPITY...	161	vienva...	146	VIVELLE-DOT...	146
VELTASSA...	124, 125	vigabatrin...	36	VIVITROL...	21
VELTIN...	118	vigadron...	36	VIVJOA...	46
VEMLIDY...	76	VIGAFYDE...	36	VIVLODEX...	18
VENCLEXTA STARTING PACK...	62	VIGAMOX...	176	VIVOTIF...	161
VENCLEXTA...	62	vigpoder...	36	VIZIMPRO...	62
VENLAFAXINE BESYLATE...	40	VIIBRYD...	41	VOCABRIA...	76
venlafaxine...	40	VIJOICE...	132	VOGELXO...	146, 147
VENTAVIS...	184	vilazodone...	41	volnea (28)...	147
VENTOLIN HFA...	184	VIMKUNYA...	161	VONJO...	62
venxxiva...	134	VIMOVO...	18	VOQUEZNA DUAL PAK...	129
VEOPPOZ...	161	VIMPAT...	36	VOQUEZNA TRIPLE PAK...	129
VEOZAH...	109	vinblastine...	62	VOQUEZNA...	129
verapamil...	102, 103	vincasar pfs...	62	VORANIGO...	62
VERDESO...	118	vincristine...	62	voriconazole-hpbc...	46
VEREGEN...	118	vinorelbine...	62	voriconazole...	46
VERELAN PM...	103	VIOKACE...	132	VOSEVI...	76
VERIPRED 20...	136	viorele (28)...	146	VOTRIENT...	62
VERKAZIA...	176	VIRACEPT...	76	VOWST...	129
VERQUVO...	103	VIRAZOLE...	171	VOXZOGO...	132
VERSACLOZ...	70	VIREAD...	76	VOYDEYA...	161
VERZENIO...	62	VISTARIL...	184	VPRIV...	132
VESICARE LS...	134	VITAFOL FE PLUS...	125	VRAYLAR...	70
VESICARE...	134	VITAFOL GUMMIES...	125	VTAMA...	118
vestura (28)...	146	VITAFOL ULTRA...	125	VUITY...	176
VEVYE...	176	VITAFOL-OB+DHA...	125	VUMERTY...	109
VFEND IV...	46	VITAFOL-OB...	125	VUSION...	46
VFEND...	45, 46	VITAFOL-ONE...	125	VYALEV...	66
VIAGRA...	188	VITAMEDMD ONE RX...	125	VYEPTI...	48
VIBATIV...	30				

vyfemla (28)... 147	WEZLANA... 161	XIFAXAN... 129
VYJUVEK... 171	WINLEVI... 118	XIFYRM... 18
VYKAT XR... 171	WINREVAIR... 184	XIGDUO XR... 84
VYLEESI... 188	wixela inhub... 184	XIIDRA... 176
vylibra... 147	wymzya fe... 147	XIMINO... 30
VYLOY... 62		XOFLUZA... 77
VYNDAMAX... 132	X	XOLAIR... 162
VYNDAQEL... 132	XACDURO... 30	XOLEGEL... 46
VYTORIN 10-10... 103	XACIATO... 30	XOLREMDI... 89
VYTORIN 10-20... 103	XADAGO... 66	XOPENEX HFA... 184
VYTORIN 10-40... 103	XALATAN... 176	XOSPATA... 63
VYTORIN 10-80... 103	XALKORI... 62, 63	XPOVIO... 63
VYVANSE... 109	XANAX XR... 78	XROMI... 172
VYVGART HYTRULO... 48	XANAX... 78	XTAMPZA ER... 19
VYVGART... 48	xarah fe... 147	XTANDI... 63
VYXEOS... 62	XARELTO DVT-PE TREAT 30D	xulane... 147
VYZULTA... 176	START... 89	XULTOPHY 100/3.6... 84
W	XARELTO... 89	XYOSTED... 147
WAINUA... 132	XATMEP... 161	XYREM... 186
WAKIX... 186	XCOPRI MAINTENANCE PACK... 37	XYWAV... 186
warfarin... 89	XCOPRI TITRATION PACK... 37	Y
water for irrigation, sterile... 171	XCOPRI... 37	yargesa... 132
WEBCOL... 171	XDEMVY... 172	YASMIN (28)... 147
WEGOVY... 172	XELJANZ XR... 162	YAZ (28)... 147
WELCHOL... 103	XELJANZ... 161, 162	YCANTH... 172
WELIREG... 132	XELPROS... 176	YERVOY... 63
WELLBUTRIN SR... 41	xelria fe... 147	YESINTEK... 162
WELLBUTRIN XL... 41	XELSTRYM... 109	YF-VAX (PF)... 162
wera (28)... 147	XEMBIFY... 162	YONDELIS... 63
wescap-ph dha... 125	XENAZINE... 109	YONSA... 63
wesnatal dha complete... 125	XENPOZYME... 132	YORVIPATH... 165
wesnate dha... 125	XERAVA... 30	YUFLYMA(CF) AI CROHN'S-UC-HS...
westab plus... 125	XERESE... 76	162
westgel dha... 125	XERMELO... 129	YUFLYMA(CF) AUTOINJECTOR... 162
WEZLANA I.V.... 161	XGEVA... 165	YUFLYMA(CF)... 162
	XHANCE... 184	

YUPELRI... 184	ZEPBOUND... 172	ZITHROMAX Z-PAK... 31
YUSIMRY(CF) PEN... 162	ZEPOSIA STARTER KIT (28-DAY)... 109	ZITHROMAX... 30, 31
YUTREPIA... 184	ZEPOSIA STARTER PACK (7-DAY)... 109	ZITUVIMET XR... 84, 85
yuvafem... 147	ZEPZELCA... 63	ZITUVIMET... 84
Z	ZERBAXA... 30	ZITUVIO... 85
zafemy... 147	ZERVIA... 176	ZOCOR... 103
zafirlukast... 184	ZESTORETIC... 103	ZOLADEX... 149
zaleplon... 186	ZESTRIL... 103	zoledronic ac-mannitol-0.9nacl... 165
ZALTRAP... 63	ZETIA... 103	zoledronic acid-mannitol-water... 165
ZANAFLEX... 71	ZETONNA... 184	zoledronic acid... 165
ZANOSAR... 63	ZEVALIN (Y-90)... 172	ZOLINZA... 63
zarah... 147	ZEVTERA... 30	zolmitriptan... 48
ZARONTIN... 37	ZIAC... 103	ZOLOFT... 41
ZARXIO... 89	ZIAGEN... 77	zolpidem... 186
zatean-pn dha... 125	ZIANA... 119	ZOMACTON... 137
zatean-pn plus... 125	zidovudine... 77	zomig... 48
ZAVESCA... 132	ZIEXTENZO... 89	ZONALON... 119
ZAVZPRET... 48	ZIIHERA... 63	ZONEGRAN... 37
ZCORT... 136	ZILBRYSQ... 162	ZONISADE... 37
ZEBUTAL... 172	zileuton... 184	zonisamide... 37
ZEGALOGUE AUTOINJECTOR... 84	ZILRETTA... 136	ZORTRESS... 162
ZEGALOGUE SYRINGE... 84	ZILXI... 119	ZORVOLEX... 19
ZEGERID... 129	ZIMHI... 21	ZORYVE... 119
ZEJULA... 63	zingiber... 172	ZOSYN IN DEXTROSE (ISO-OSM)... 31
ZELAPAR... 66	ZINPLAVA... 129	zovia 1-35 (28)... 147
ZELBORAF... 63	ZIOPTAN (PF)... 176	ZOVIRAX... 77
ZELSUVMI... 118	ziprasidone hcl... 70	ZTALMY... 37
ZEMAIRA... 132	ziprasidone mesylate... 70	ZTLIDO... 20
ZEMBRACE SYMTOUCH... 48	ZIPSOR... 19	ZUBSOLV... 21
ZEMDRI... 30	ZIRABEV... 63	ZULRESSO... 41
ZEMPLAR... 165	ZIRGAN... 77	zumandimine (28)... 147
zenatane... 119	ZITHROMAX TRI-PAK... 31	ZUNVEYL... 38
ZENPEP... 132		ZURZUVAE... 41
zenzedi... 109		
ZEPATIER... 77		

ZYCLARA... 119
ZYDELIG... 63
ZYFLO... 184
ZYKADIA... 63
ZYLET... 176
ZYLOPRIM... 46
ZYMFENTRA... 162
ZYNLONTA... 63
ZYNRELEF... 172
ZYNYZ... 63
ZYPITAMAG... 103
ZYPREXA RELPREVV... 71
ZYPREXA ZYDIS... 71
ZYTIGA... 63
ZYVOX... 31

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notes



This formulary was updated on 09/02/2025. For more recent information or other questions, please contact the Humana Medicare Employer Plan Customer Care Team with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.