

2023

# Prescription Drug Guide

## Humana Medicare Employer Plan Formulary

List of covered drugs

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

2

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Humana Medicare Employer Plan with any questions at the number on the back of your membership card or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week by visiting **Humana.com**.

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible and you haven't paid it. Call Humana Medicare Employer Plan for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible and you haven't paid it.

# 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 list of the drugs (formulary) for our plan which is current as of December 2023. For an updated formulary, please contact us on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments) or you can call the number below to request a paper copy. Our contact information, along with the date we last updated the 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?

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. (EST). 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 Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. 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 Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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 brand name drug for you. 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 Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

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

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

The enclosed formulary is current as of December 2023. We will update the printed formularies each month and they will be available on [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

To get updated information about the drugs that Humana covers, please visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

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

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

#### **Medical condition**

The formulary starts on page 10. 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 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

#### **Alphabetical listing**

If you are not sure about your drug's group, you should look for your drug in the Index that begins on page 182. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for 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.

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 are called Utilization Management Requirements. These requirements and limits may include:

- **Prior Authorization (PA):** The Humana Medicare Employer Plan requires you to get prior authorization for certain drugs to be covered under your plan. 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 some 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 coverage is available for 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 (B vs D):** 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 10.

You can also visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to get more information about the restrictions applied to specific covered drugs.

You can ask the Humana Medicare Employer Plan to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 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 list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Group Medicare Customer Care and ask if your drug is covered.

If the 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 the Humana Medicare Employer Plan covers. Show the list to your doctor and ask him or her 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.

Talk to your health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

### **How do I request an exception to the 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 to be made.

- **Formulary exception:** You can request that your drug be covered if it is not on the 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 request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was granted to cover a drug that was not on the formulary. *You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.*

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 other restrictions would not be as effective in treating your health condition and/or would cause adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception.

### **When you ask for an exception, you should submit a statement from your health care provider that supports your request. This is called a supporting statement.**

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we receive your health care provider's supporting statement.

### **Will my plan cover my drugs if they are not on the formulary?**

You may take drugs that your plan does not cover. Or you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior

Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you are a member of the plan.

Here is what we will do for each of your current Part D drugs that are not on the formulary, or if you have limited ability to get your drugs:

- We will temporarily cover a 30-day supply of your 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 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you have been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you are a resident of a long-term care facility and you take Part D drugs that are not on the formulary, we will cover a 31-day supply 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) during the first 90 days you are a member of our plan. We will cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

- You need a drug that is not on the formulary *or*
- You have limited ability to get your drugs *and*
- You are past the first 90 days of membership in the plan

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 read your Evidence of Coverage (EOC) and other plan materials.

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



# Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 182.

## How to read your formulary

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

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

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

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

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 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ANALGESICS</b>		
acetaminophen-caff-dihydrocod 320.5-30-16 mg CAPSULE <b>DL</b>	1	QL(300 per 30 days)
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION <b>DL</b>	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET <b>DL</b>	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET <b>DL</b>	1	QL(180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE <b>DL</b>	4	PA,QL(120 per 30 days)
ANAPROX DS 550 MG TABLET <b>MO</b>	3	
APADAZ 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET <b>DL</b>	3	
ARTHROTEC 50 50-200 MG-MCG TABLET, IR, DR, BIPHASIC <b>MO</b>	3	PA
ARTHROTEC 75 75-200 MG-MCG TABLET, IR, DR, BIPHASIC <b>MO</b>	3	PA
ascomp with codeine 30-50-325-40 mg CAPSULE <b>DL</b>	1	QL(360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM <b>DL</b>	3	QL(60 per 30 days)
benzhydrocodone-acetaminophen 4.08-325 mg, 6.12-325 mg, 8.16-325 mg TABLET <b>DL</b>	3	
BUPRENEX 0.3 MG/ML SOLUTION <b>DL</b>	4	QL(240 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY <b>DL</b>	1	QL(4 per 28 days)
buprenorphine hcl 0.3 mg/ml SYRINGE <b>DL</b>	1	QL(240 per 30 days)
butalbital compound w/codeine 30-50-325-40 mg CAPSULE <b>DL</b>	1	QL(360 per 30 days)
butorphanol 1 mg/ml SOLUTION <b>DL</b>	1	QL(960 per 30 days)
butorphanol 10 mg/ml SPRAY, NON-AEROSOL <b>DL</b>	1	QL(5 per 28 days)
butorphanol 2 mg/ml SOLUTION <b>DL</b>	1	QL(480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR PATCH, WEEKLY <b>DL</b>	3	PA,QL(4 per 28 days)
CALDOLOR 800 MG/200 ML (4 MG/ML) PIGGYBACK <b>MO</b>	3	
CALDOLOR 800 MG/8 ML (100 MG/ML) RECON SOLUTION <b>MO</b>	3	
CAMBIA 50 MG POWDER IN PACKET <b>DL</b>	4	ST,QL(9 per 30 days)
cataflam 50 mg TABLET <b>MO</b>	1	
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE <b>MO</b>	3	PA,QL(60 per 30 days)
celecoxib 100 mg, 200 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
codeine sulfate 15 mg, 30 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
codeine sulfate 60 mg TABLET <b>DL</b>	1	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
codeine-butalbital-asa-caff 30-50-325-40 mg CAPSULE <b>DL</b>	1	QL(360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, ER, BIPHASIC <b>DL</b>	3	ST,QL(30 per 30 days)
DAYPRO 600 MG TABLET <b>MO</b>	3	
DEMEROL 50 MG/ML SOLUTION <b>DL</b>	3	QL(720 per 30 days)
DEMEROL (PF) 100 MG/2 ML SOLUTION <b>DL</b>	3	QL(360 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE <b>DL</b>	3	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE <b>DL</b>	3	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE <b>DL</b>	3	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE <b>DL</b>	3	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE <b>DL</b>	4	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET <b>DL</b>	4	
diclofenac potassium 50 mg POWDER IN PACKET <b>MO</b>	3	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET <b>MO</b>	1	
diclofenac sodium 1 % GEL <b>MO</b>	1	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS <b>MO</b>	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. <b>MO</b>	1	
diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP <b>DL</b>	4	PA,QL(224 per 28 days)
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC <b>MO</b>	1	
diclofenac sodium 75 mg TABLET, DR/EC <b>MO</b>	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC <b>MO</b>	1	
diflunisal 500 mg TABLET <b>MO</b>	1	
DILAUDID 1 MG/ML LIQUID <b>DL</b>	3	PA,QL(2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET <b>DL</b>	3	PA,QL(360 per 30 days)
DILAUDID 8 MG TABLET <b>DL</b>	3	PA,QL(240 per 30 days)
DUEXIS 800-26.6 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
DURAMORPH (PF) 0.5 MG/ML SOLUTION <b>DL</b>	3	BvsD,QL(7200 per 30 days)
DURAMORPH (PF) 1 MG/ML SOLUTION <b>DL</b>	3	BvsD,QL(3600 per 30 days)
dvorah 325-30-16 mg TABLET <b>DL</b>	1	QL(300 per 30 days)
EC-NAPROSYN 375 MG, 500 MG TABLET, DR/EC <b>MO</b>	3	PA
ec-naproxen 375 mg TABLET, DR/EC <b>MO</b>	3	PA
ec-naproxen 500 mg TABLET, DR/EC <b>MO</b>	1	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
etodolac 400 mg, 500 mg TABLET <b>MO</b>	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. <b>MO</b>	1	
FELDENE 10 MG, 20 MG CAPSULE <b>MO</b>	3	
fenoprofen 200 mg, 400 mg CAPSULE <b>MO</b>	1	ST
fenoprofen 600 mg TABLET <b>MO</b>	1	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. <b>DL</b>	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE <b>DL</b>	4	PA,QL(120 per 30 days)
fentanyl citrate 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg TABLET, EFFERVESCENT <b>DL</b>	4	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE <b>DL</b>	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET, EFFERVESCENT <b>DL</b>	4	PA,QL(120 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET <b>MO</b>	1	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. <b>DL</b>	1	ST,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. <b>DL</b>	1	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml(15 ml) SOLUTION <b>DL</b>	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION <b>DL</b>	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID <b>DL</b>	1	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
hydromorphone 12 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE <b>DL</b>	1	QL(360 per 30 days)
hydromorphone 32 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 4 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(240 per 30 days)
hydromorphone (pf) 1 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(144 per 30 days)
hydromorphone (pf) 4 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(180 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. <b>DL</b>	3	ST,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET <b>MO</b>	1	
ibuprofen 100 mg/5 ml SUSPENSION <b>MO</b>	1	
ibuprofen 400 mg TABLET <b>MO</b>	1	
ibuprofen 600 mg, 800 mg TABLET <b>MO</b>	1	
ibuprofen-famotidine 800-26.6 mg TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION <b>DL</b>	4	
INDOCIN 50 MG SUPPOSITORY <b>MO</b>	3	
indomethacin 25 mg, 50 mg CAPSULE <b>MO</b>	1	
indomethacin 50 mg SUPPOSITORY <b>MO</b>	1	
indomethacin 75 mg CAPSULE, ER <b>MO</b>	1	
indomethacin sodium 1 mg RECON SOLUTION <b>MO</b>	1	
INFUMORPH P/F 10 MG/ML SOLUTION <b>DL</b>	3	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION <b>DL</b>	3	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	
ketoprofen 25 mg CAPSULE <b>MO</b>	1	ST
ketoprofen 50 mg, 75 mg CAPSULE <b>MO</b>	1	ST
ketorolac 10 mg TABLET <b>MO</b>	1	QL(20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION <b>MO</b>	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE <b>MO</b>	1	
ketorolac 15.75 mg/spray SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(5 per 30 days)
LAZANDA 100 MCG/SPRAY, 400 MCG/SPRAY SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(30 per 30 days)
levorphanol tartrate 2 mg TABLET <b>DL</b>	4	ST,QL(240 per 30 days)
levorphanol tartrate 3 mg TABLET <b>DL</b>	4	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
LODINE 400 MG TABLET <b>MO</b>	3	PA
lofena 25 mg TABLET <b>DL</b>	4	
lortab elixir 10-300 mg/15 ml SOLUTION <b>DL</b>	1	QL(6000 per 30 days)
meclofenamate 100 mg, 50 mg CAPSULE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mefenamic acid 250 mg CAPSULE <b>MO</b>	1	
meloxicam 15 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
meloxicam submicronized 10 mg, 5 mg CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
meperidine 10 mg/ml CARTRIDGE <b>DL</b>	1	QL(3600 per 30 days)
meperidine 50 mg TABLET <b>DL</b>	1	QL(480 per 30 days)
meperidine 50 mg/5 ml SOLUTION <b>DL</b>	1	QL(720 per 30 days)
meperidine (pf) 100 mg/ml SOLUTION <b>DL</b>	1	QL(360 per 30 days)
meperidine (pf) 25 mg/ml SOLUTION <b>DL</b>	1	QL(1440 per 30 days)
meperidine (pf) 50 mg/ml SOLUTION <b>DL</b>	1	QL(720 per 30 days)
methadone 10 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION <b>DL</b>	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE <b>DL</b>	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION <b>DL</b>	1	QL(360 per 30 days)
methadone 5 mg TABLET <b>DL</b>	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION <b>DL</b>	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE <b>DL</b>	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE <b>DL</b>	3	QL(360 per 30 days)
mitigo (pf) 10 mg/ml SOLUTION <b>DL</b>	3	BvsD,QL(360 per 30 days)
mitigo (pf) 25 mg/ml SOLUTION <b>DL</b>	3	BvsD,QL(150 per 30 days)
MOBIC 15 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
MOBIC 7.5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS <b>DL</b>	1	ST,QL(60 per 30 days)
morphine 10 mg/5 ml SOLUTION <b>DL</b>	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(360 per 30 days)
morphine 10 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER <b>DL</b>	1	QL(180 per 30 days)
morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR. <b>DL</b>	1	ST,QL(60 per 30 days)
morphine 15 mg TABLET ER <b>DL</b>	1	QL(120 per 30 days)
morphine 15 mg, 30 mg TABLET <b>DL</b>	1	QL(180 per 30 days)
morphine 2 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(1800 per 30 days)
morphine 2 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(1800 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION <b>DL</b>	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER <b>DL</b>	1	QL(90 per 30 days)
morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 30 mg, 60 mg TABLET ER <b>DL</b>	1	QL(120 per 30 days)
morphine 4 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(900 per 30 days)
morphine 4 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(900 per 30 days)
morphine 5 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(720 per 30 days)
morphine 5 mg/ml SYRINGE <b>DL</b>	1	BvsD
morphine 8 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(450 per 30 days)
morphine 8 mg/ml SYRINGE <b>DL</b>	1	BvsD,QL(450 per 30 days)
morphine (pf) 0.5 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(7200 per 30 days)
morphine (pf) 1 mg/ml SOLUTION <b>DL</b>	1	BvsD,QL(3600 per 30 days)
morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN <b>DL</b>	1	BvsD,QL(3600 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION <b>DL</b>	1	QL(540 per 30 days)
MS CONTIN 100 MG TABLET ER <b>DL</b>	3	PA,QL(180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER <b>DL</b>	3	PA,QL(120 per 30 days)
MS CONTIN 200 MG TABLET ER <b>DL</b>	3	PA,QL(90 per 30 days)
nabumetone 500 mg, 750 mg TABLET <b>MO</b>	1	
nalbuphine 10 mg/ml SOLUTION <b>DL</b>	1	QL(240 per 30 days)
nalbuphine 20 mg/ml SOLUTION <b>DL</b>	1	QL(120 per 30 days)
NALFON 400 MG CAPSULE <b>MO</b>	3	ST
NALFON 600 MG TABLET <b>MO</b>	1	ST
nalocet 2.5-300 mg TABLET <b>DL</b>	4	PA,QL(360 per 30 days)
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE <b>DL</b>	4	ST,QL(120 per 30 days)
NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE <b>DL</b>	4	ST,QL(90 per 30 days)
NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE <b>DL</b>	4	ST,QL(60 per 30 days)
NAPROSYN 500 MG TABLET <b>MO</b>	3	PA
naproxen 125 mg/5 ml SUSPENSION <b>MO</b>	1	
naproxen 250 mg, 375 mg TABLET <b>MO</b>	1	
naproxen 375 mg, 500 mg TABLET, DR/EC <b>MO</b>	1	
naproxen 500 mg TABLET <b>MO</b>	1	
naproxen sodium 275 mg, 550 mg TABLET <b>MO</b>	1	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	ST,QL(120 per 30 days)
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	ST,QL(60 per 30 days)
naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC <b>DL</b>	4	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET <b>DL</b>	4	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG, 50 MG TABLET, ER 12 HR. <b>DL</b>	4	ST,QL(60 per 30 days)
OLINVYK 1 MG/ML SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OLINVYK 30 MG/30 ML (1 MG/ML) PATIENT CONTROL ANALGESIA SOLN <b>DL</b>	4	PA
oxaprozin 600 mg TABLET <b>MO</b>	1	
OXAYDO 5 MG, 7.5 MG TABLET, ORAL ONLY <b>DL</b>	4	PA,QL(360 per 30 days)
oxycodone 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg TABLET, ER 12 HR. <b>DL</b>	3	PA,QL(90 per 30 days)
oxycodone 10 mg, 15 mg, 5 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE <b>DL</b>	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE <b>DL</b>	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION <b>DL</b>	1	QL(5400 per 30 days)
oxycodone 80 mg TABLET, ER 12 HR. <b>DL</b>	3	PA,QL(120 per 30 days)
oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	4	PA,QL(390 per 30 days)
oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION <b>DL</b>	4	PA,QL(900 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-300 mg TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION <b>DL</b>	1	QL(1800 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR. <b>DL</b>	3	PA,QL(90 per 30 days)
OXYCONTIN 80 MG TABLET, ER 12 HR. <b>DL</b>	3	PA,QL(120 per 30 days)
oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR. <b>DL</b>	1	ST,QL(60 per 30 days)
oxymorphone 10 mg, 5 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
oxymorphone 40 mg TABLET, ER 12 HR. <b>DL</b>	4	ST,QL(60 per 30 days)
PENNSAID 2 % SOLUTION IN PACKET <b>DL</b>	4	PA
PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP <b>DL</b>	4	PA,QL(224 per 28 days)
pentazocine-naloxone 50-0.5 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET <b>DL</b>	4	PA,QL(360 per 30 days)
PERCOCET 2.5-325 MG TABLET <b>DL</b>	1	PA,QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE <b>MO</b>	1	
primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	4	PA,QL(390 per 30 days)
prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET <b>DL</b>	4	PA,QL(390 per 30 days)
PROLATE 10-300 MG/5 ML SOLUTION <b>DL</b>	4	PA,QL(900 per 30 days)
RELAFEN 500 MG, 750 MG TABLET <b>DL</b>	4	ST
RELAFEN DS 1,000 MG TABLET <b>DL</b>	4	ST,QL(60 per 30 days)
ROXICODONE 15 MG TABLET <b>DL</b>	3	PA,QL(360 per 30 days)
ROXICODONE 30 MG TABLET <b>DL</b>	4	PA,QL(360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY <b>DL</b>	4	PA,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROXYBOND 5 MG TABLET, ORAL ONLY <b>DL</b>	4	PA,QL(360 per 30 days)
SEGLENTIS 44-56 MG TABLET <b>DL</b>	3	PA,QL(120 per 30 days)
SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(120 per 30 days)
sulindac 150 mg, 200 mg TABLET <b>MO</b>	1	
TIVORBEX 20 MG CAPSULE <b>DL</b>	4	ST,QL(90 per 30 days)
tolmetin 200 mg TABLET <b>MO</b>	1	
tramadol 100 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC <b>DL</b>	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. <b>DL</b>	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE <b>DL</b>	1	ST,QL(30 per 30 days)
tramadol 50 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET <b>DL</b>	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE <b>DL</b>	1	QL(300 per 30 days)
ULTRACET 37.5-325 MG TABLET <b>DL</b>	3	QL(240 per 30 days)
ULTRAM 50 MG TABLET <b>DL</b>	3	QL(240 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC <b>DL</b>	4	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. <b>DL</b>	2	QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE <b>DL</b>	4	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE <b>MO</b>	3	ST,QL(90 per 30 days)
<b>ANESTHETICS</b>		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION <b>MO</b>	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION <b>MO</b>	1	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION <b>MO</b>	1	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	1	
CARBOCAINE 1 % (10 MG/ML) SOLUTION <b>MO</b>	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) SOLUTION <b>MO</b>	3	
CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE <b>MO</b>	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION <b>MO</b>	1	
CLOROTEKAL 10 MG/ML (1 %) SOLUTION <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	4	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION <b>MO</b>	3	
glydo 2 % JELLY IN APPLICATOR <b>MO</b>	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED <b>MO</b>	1	PA,QL(90 per 30 days)
lidocaine 5 % OINTMENT <b>MO</b>	1	PA
lidocaine (pf) in d7.5w 50 mg/ml (5 %) SOLUTION <b>MO</b>	1	
lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION <b>MO</b>	1	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION <b>MO</b>	1	
lidocaine hcl 2 % JELLY <b>MO</b>	1	
lidocaine hcl 2 % JELLY IN APPLICATOR <b>MO</b>	1	
lidocaine viscous 2 % SOLUTION <b>MO</b>	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION <b>MO</b>	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE <b>MO</b>	1	
lidocaine-prilocaine 2.5-2.5 % CREAM <b>MO</b>	1	
LIDODERM 5 % ADHESIVE PATCH, MEDICATED <b>DL</b>	4	PA,QL(90 per 30 days)
lignospan standard 2 %-1:100,000 CARTRIDGE <b>MO</b>	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION <b>MO</b>	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION <b>MO</b>	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION <b>MO</b>	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	3	
marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE <b>MO</b>	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	3	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION <b>MO</b>	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION <b>MO</b>	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION <b>MO</b>	3	
PLIAGLIS 7-7 % CREAM <b>MO</b>	3	
polocaine 1 % (10 mg/ml), 2 % SOLUTION <b>MO</b>	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION <b>MO</b>	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION <b>MO</b>	1	
sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION <b>MO</b>	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION <b>MO</b>	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION <b>MO</b>	1	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION <b>MO</b>	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION <b>MO</b>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION <b>MO</b>	1	
SYNERA 70-70 MG PATCH, MEDICATED SELF-HEATING <b>DL</b>	4	PA
vivacaine 0.5 %-1:200,000 CARTRIDGE <b>MO</b>	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED <b>MO</b>	3	PA,QL(90 per 30 days)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
acamprosate 333 mg TABLET, DR/EC <b>MO</b>	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET <b>MO</b>	1	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM <b>MO</b>	1	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM <b>MO</b>	1	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET <b>MO</b>	3	PA,QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(90 per 30 days)
CHANTIX 1 MG TABLET <b>MO</b>	3	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	3	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK <b>MO</b>	3	PA,QL(53 per 28 days)
disulfiram 250 mg, 500 mg TABLET <b>MO</b>	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	3	PA,QL(2 per 30 days)
LUCEMYRA 0.18 MG TABLET <b>DL</b>	4	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION <b>MO</b>	1	
naloxone 0.4 mg/ml SOLUTION <b>MO</b>	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE <b>MO</b>	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL <b>MO</b>	2	QL(2 per 30 days)
naltrexone 50 mg TABLET <b>MO</b>	1	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	3	PA,QL(2 per 30 days)
NICOTROL 10 MG CARTRIDGE <b>MO</b>	3	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL <b>MO</b>	3	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	3	PA,QL(2 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUBOXONE 12-3 MG FILM <b>MO</b>	3	PA,QL(60 per 30 days)
SUBOXONE 2-0.5 MG, 4-1 MG, 8-2 MG FILM <b>MO</b>	3	PA,QL(90 per 30 days)
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK <b>MO</b>	1	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET <b>MO</b>	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON <b>DL</b>	4	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE <b>MO</b>	3	PA,QL(1 per 30 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET <b>MO</b>	1	QL(60 per 30 days)
<b>ANTIBACTERIALS</b>		
acetic acid 2 % SOLUTION <b>MO</b>	1	
ACTICLATE 150 MG TABLET <b>DL</b>	4	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET <b>DL</b>	4	ST,QL(60 per 30 days)
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION <b>MO</b>	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET <b>MO</b>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
amoxicillin 250 mg CAPSULE <b>MO</b>	1	
amoxicillin 500 mg CAPSULE <b>MO</b>	1	
amoxicillin 500 mg TABLET <b>MO</b>	1	
amoxicillin 875 mg TABLET <b>MO</b>	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. <b>MO</b>	1	
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET <b>MO</b>	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET <b>MO</b>	1	
amoxicillin-pot clavulanate 875-125 mg TABLET <b>MO</b>	1	
ampicillin 500 mg CAPSULE <b>MO</b>	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION <b>MO</b>	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION <b>DL</b>	4	PA,QL(235.2 per 28 days)
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	
AUGMENTIN 500-125 MG TABLET <b>MO</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	
AUGMENTIN XR 1,000-62.5 MG TABLET, ER 12 HR. <b>MO</b>	3	
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK <b>MO</b>	3	PA
<i>avidoxy 100 mg TABLET</i> <b>MO</b>	1	ST
AVYCAZ 2.5 GRAM RECON SOLUTION <b>DL</b>	4	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION <b>MO</b>	3	PA
<i>azithromycin 1 gram PACKET</i> <b>MO</b>	1	
<i>azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> <b>MO</b>	1	
<i>azithromycin 250 mg TABLET</i> <b>MO</b>	1	
<i>azithromycin 500 mg RECON SOLUTION</i> <b>MO</b>	1	
<i>azithromycin 500 mg, 600 mg TABLET</i> <b>MO</b>	1	
<i>aztreonam 1 gram, 2 gram RECON SOLUTION</i> <b>MO</b>	1	
<i>bacitracin 50,000 unit RECON SOLUTION</i> <b>MO</b>	1	
BACTRIM 400-80 MG TABLET <b>MO</b>	3	
BACTRIM DS 800-160 MG TABLET <b>MO</b>	3	
BAXDELA 300 MG RECON SOLUTION <b>DL</b>	4	QL(28 per 14 days)
BAXDELA 450 MG TABLET <b>DL</b>	4	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE <b>MO</b>	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE <b>MO</b>	3	
<i>cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> <b>MO</b>	1	
<i>cefaclor 250 mg, 500 mg CAPSULE</i> <b>MO</b>	1	
<i>cefaclor 500 mg TABLET, ER 12 HR.</i> <b>MO</b>	1	
<i>cefadroxil 1 gram TABLET</i> <b>MO</b>	1	
<i>cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> <b>MO</b>	1	
<i>cefadroxil 500 mg CAPSULE</i> <b>MO</b>	1	
<i>cefazolin 1 gram, 10 gram, 2 gram, 500 mg RECON SOLUTION</i> <b>MO</b>	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION <b>MO</b>	1	
<i>cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK</i> <b>MO</b>	1	
<i>cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> <b>MO</b>	1	
<i>cefdinir 300 mg CAPSULE</i> <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
cefepime 1 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK <b>MO</b>	3	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefixime 400 mg CAPSULE <b>MO</b>	1	
cefotaxime 1 gram RECON SOLUTION <b>MO</b>	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
cefpodoxime 100 mg, 200 mg TABLET <b>MO</b>	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cefprozil 250 mg, 500 mg TABLET <b>MO</b>	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION <b>MO</b>	1	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	1	
cefuroxime axetil 250 mg, 500 mg TABLET <b>MO</b>	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION <b>MO</b>	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
cephalexin 250 mg, 500 mg TABLET <b>MO</b>	1	
cephalexin 250 mg, 750 mg CAPSULE <b>MO</b>	1	
cephalexin 500 mg CAPSULE <b>MO</b>	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION <b>MO</b>	1	
CIPRO 250 MG, 500 MG TABLET <b>MO</b>	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON <b>MO</b>	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON <b>MO</b>	1	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET <b>MO</b>	1	
ciprofloxacin hcl 500 mg TABLET <b>MO</b>	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK <b>MO</b>	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION <b>MO</b>	3	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
clarithromycin 250 mg, 500 mg TABLET <b>MO</b>	1	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clarithromycin 500 mg TABLET, ER 24 HR. <b>MO</b>	1	
CLEOCIN 100 MG SUPPOSITORY <b>MO</b>	3	
CLEOCIN 150 MG/ML SOLUTION <b>MO</b>	1	
CLEOCIN 2 % CREAM <b>MO</b>	3	PA
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE <b>MO</b>	3	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION <b>MO</b>	1	
clindamycin hcl 150 mg, 75 mg CAPSULE <b>MO</b>	1	
clindamycin hcl 300 mg CAPSULE <b>MO</b>	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK <b>MO</b>	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK <b>MO</b>	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION <b>MO</b>	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION <b>MO</b>	1	
clindamycin phosphate 150 mg/ml SOLUTION <b>MO</b>	1	
clindamycin phosphate 2 % CREAM <b>MO</b>	1	
CLINDESSE 2 % CREAM, ER <b>MO</b>	3	
colistin (colistimethate na) 150 mg RECON SOLUTION <b>MO</b>	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION <b>DL</b>	4	
coremino 135 mg, 45 mg, 90 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
CUBICIN 500 MG RECON SOLUTION <b>DL</b>	4	
CUBICIN RF 500 MG RECON SOLUTION <b>DL</b>	4	
DALVANCE 500 MG SOLUTION <b>DL</b>	4	QL(4 per 28 days)
daptomycin 350 mg, 500 mg RECON SOLUTION <b>DL</b>	4	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK <b>MO</b>	3	
demeclocycline 150 mg TABLET <b>MO</b>	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE <b>MO</b>	1	
DIFICID 200 MG TABLET <b>DL</b>	4	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	
DORYX 200 MG TABLET, DR/EC <b>MO</b>	3	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC <b>MO</b>	3	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC <b>DL</b>	4	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC <b>MO</b>	3	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC <b>DL</b>	4	ST,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxy-100 100 mg RECON SOLUTION <b>MO</b>	1	
doxycycline hyclate 100 mg CAPSULE <b>MO</b>	1	
doxycycline hyclate 100 mg RECON SOLUTION <b>MO</b>	1	
doxycycline hyclate 100 mg TABLET <b>MO</b>	1	
doxycycline hyclate 100 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET <b>MO</b>	1	
doxycycline hyclate 200 mg TABLET, DR/EC <b>MO</b>	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE <b>MO</b>	1	
doxycycline hyclate 50 mg TABLET <b>MO</b>	1	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET <b>MO</b>	1	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC <b>DL</b>	4	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE <b>MO</b>	1	
doxycycline monohydrate 150 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC <b>MO</b>	1	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
E.E.S. 400 400 MG TABLET <b>MO</b>	1	
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	
ertapenem 1 gram RECON SOLUTION <b>MO</b>	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC <b>MO</b>	1	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	
ERYTHROCIN 500 MG RECON SOLUTION <b>MO</b>	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET <b>MO</b>	1	
erythromycin 250 mg CAPSULE, DR/EC <b>MO</b>	1	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC <b>MO</b>	1	
erythromycin 250 mg, 500 mg TABLET <b>MO</b>	1	
erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
erythromycin ethylsuccinate 400 mg TABLET <b>MO</b>	1	
erythromycin lactobionate 500 mg RECON SOLUTION <b>MO</b>	1	
FETROJA 1 GRAM RECON SOLUTION <b>DL</b>	4	QL(84 per 14 days)
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLAGYL 375 MG CAPSULE <b>MO</b>	3	QL(320 per 30 days)
<i>fosfomycin tromethamine</i> 3 gram PACKET <b>MO</b>	1	
FURADANTIN 25 MG/5 ML SUSPENSION <b>MO</b>	3	
<i>gentamicin</i> 0.1 % CREAM <b>MO</b>	1	
<i>gentamicin</i> 0.1 % OINTMENT <b>MO</b>	1	
<i>gentamicin</i> 20 mg/2 ml, 40 mg/ml SOLUTION <b>MO</b>	1	
<i>gentamicin in nacl (iso-osm)</i> 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK <b>MO</b>	1	
<i>gentamicin sulfate (ped) (pf)</i> 20 mg/2 ml SOLUTION <b>MO</b>	1	
<i>gentamicin sulfate (pf)</i> 100 mg/10 ml, 60 mg/6 ml SOLUTION <b>MO</b>	1	
HIPREX 1 GRAM TABLET <b>MO</b>	3	PA
HUMATIN 250 MG CAPSULE <b>DL</b>	4	
<i>imipenem-cilastatin</i> 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
INVANZ 1 GRAM RECON SOLUTION <b>MO</b>	3	
KEFLEX 750 MG CAPSULE <b>MO</b>	3	
KIMYRSA 1,200 MG RECON SOLUTION <b>DL</b>	4	QL(1 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
KLARON 10 % SUSPENSION <b>MO</b>	3	QL(118 per 30 days)
<i>levofloxacin</i> 25 mg/ml, 250 mg/10 ml SOLUTION <b>MO</b>	1	
<i>levofloxacin</i> 250 mg, 750 mg TABLET <b>MO</b>	1	
<i>levofloxacin</i> 500 mg TABLET <b>MO</b>	1	
<i>levofloxacin in d5w</i> 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK <b>MO</b>	1	
LINCOCIN 300 MG/ML SOLUTION <b>MO</b>	3	
<i>lincomycin</i> 300 mg/ml SOLUTION <b>MO</b>	1	
<i>linezolid</i> 100 mg/5 ml SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	QL(1800 per 30 days)
<i>linezolid</i> 600 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
<i>linezolid in dextrose 5%</i> 600 mg/300 ml PIGGYBACK <b>MO</b>	1	
<i>linezolid-0.9% sodium chloride</i> 600 mg/300 ml PARENTERAL SOLUTION <b>MO</b>	1	
MACROBID 100 MG CAPSULE <b>MO</b>	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	3	
<i>meropenem</i> 1 gram, 500 mg RECON SOLUTION <b>MO</b>	1	
<i>meropenem-0.9% sodium chloride</i> 1 gram/50 ml, 500 mg/50 ml PIGGYBACK <b>MO</b>	1	
<i>methenamine hippurate</i> 1 gram TABLET <b>MO</b>	1	
METRO I.V. 500 MG/100 ML PIGGYBACK <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METROCREAM 0.75 % CREAM <b>MO</b>	3	PA
METROGEL 1 % GEL <b>MO</b>	3	ST
METROGEL VAGINAL 0.75 % (37.5MG/5 GRAM) GEL <b>MO</b>	3	
METROLOTION 0.75 % LOTION <b>MO</b>	3	PA
metronidazole 0.75 % CREAM <b>MO</b>	1	
metronidazole 0.75 % LOTION <b>MO</b>	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL <b>MO</b>	1	
metronidazole 1 % GEL WITH PUMP <b>MO</b>	1	
metronidazole 250 mg TABLET <b>MO</b>	1	
metronidazole 375 mg CAPSULE <b>MO</b>	1	QL(320 per 30 days)
metronidazole 500 mg TABLET <b>MO</b>	1	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK <b>MO</b>	1	
MINOCIN 100 MG RECON SOLUTION <b>DL</b>	4	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
minocycline 100 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
MINOLIRA ER 105 MG, 135 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	ST,QL(30 per 30 days)
mondoxyne nl 100 mg CAPSULE <b>MO</b>	1	
mondoxyne nl 75 mg CAPSULE <b>MO</b>	1	ST,QL(60 per 30 days)
MONODOX 100 MG, 50 MG CAPSULE <b>MO</b>	3	ST
MONODOX 75 MG CAPSULE <b>MO</b>	3	ST,QL(60 per 30 days)
MONUROL 3 GRAM PACKET <b>MO</b>	3	
morgidox 100 mg, 50 mg CAPSULE <b>MO</b>	1	ST
moxifloxacin 400 mg TABLET <b>MO</b>	1	
moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK <b>MO</b>	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK <b>MO</b>	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK <b>DL</b>	4	
neomycin 500 mg TABLET <b>MO</b>	1	
nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION <b>DL</b>	4	
nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE <b>MO</b>	1	
NORITATE 1 % CREAM <b>DL</b>	4	ST,QL(60 per 30 days)
NUVESSA 1.3 % (65 MG/5 GRAM) GEL <b>MO</b>	3	
NUZYRA 100 MG RECON SOLUTION <b>DL</b>	4	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
NUZYRA 150 MG TABLET <b>DL</b>	4	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET <b>MO</b>	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC <b>DL</b>	4	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION <b>DL</b>	4	QL(3 per 28 days)
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION <b>MO</b>	1	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK <b>MO</b>	3	
paromomycin 250 mg CAPSULE <b>MO</b>	1	
penicillin g pot in dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK <b>MO</b>	3	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION <b>MO</b>	1	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE <b>MO</b>	1	
penicillin g sodium 5 million unit RECON SOLUTION <b>DL</b>	4	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION <b>MO</b>	1	
penicillin v potassium 250 mg, 500 mg TABLET <b>MO</b>	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION <b>MO</b>	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION <b>MO</b>	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION <b>MO</b>	1	
PRIMAXIN IV 500 MG RECON SOLUTION <b>MO</b>	3	
PRIMSOL 50 MG/5 ML SOLUTION <b>MO</b>	3	
RECARBRIO 1.25 GRAM RECON SOLUTION <b>DL</b>	4	
rosadan 0.75 % CREAM <b>MO</b>	1	ST
rosadan 0.75 % GEL <b>MO</b>	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET <b>DL</b>	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION <b>DL</b>	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET <b>DL</b>	4	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. <b>DL</b>	4	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET <b>MO</b>	3	PA
streptomycin 1 gram RECON SOLUTION <b>DL</b>	4	
sulfacetamide sodium 10 % OINTMENT <b>MO</b>	1	
sulfacetamide sodium (acne) 10 % SUSPENSION <b>MO</b>	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET <b>MO</b>	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION <b>MO</b>	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET <b>MO</b>	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION <b>MO</b>	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SULFATRIM 200-40 MG/5 ML SUSPENSION <b>MO</b>	3	
SUPRAX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
SYNERCID 500 MG RECON SOLUTION <b>DL</b>	4	
TARGADOX 50 MG TABLET <b>MO</b>	1	ST,QL(180 per 30 days)
<i>tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION</i> <b>MO</b>	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION <b>DL</b>	4	
<i>tetracycline 250 mg, 500 mg CAPSULE</i> <b>MO</b>	1	
<i>tigecycline 50 mg RECON SOLUTION</i> <b>DL</b>	4	
<i>tinidazole 250 mg, 500 mg TABLET</i> <b>MO</b>	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
<i>tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION</i> <b>DL</b>	4	PA
<i>tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION</i> <b>DL</b>	4	PA
<i>tobramycin sulfate 1.2 gram RECON SOLUTION</i> <b>DL</b>	4	
<i>tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION</i> <b>MO</b>	1	
<i>tobramycin with nebulizer 300 mg/5 ml SOLUTION FOR NEBULIZATION</i> <b>DL</b>	4	PA
<i>trimethoprim 100 mg TABLET</i> <b>MO</b>	1	
TYGACIL 50 MG RECON SOLUTION <b>DL</b>	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION <b>MO</b>	3	
VABOMERE 2 GRAM RECON SOLUTION <b>DL</b>	4	QL(84 per 14 days)
VANCOGIN 125 MG CAPSULE <b>MO</b>	3	PA,QL(120 per 30 days)
VANCOGIN 250 MG CAPSULE <b>DL</b>	4	PA,QL(240 per 30 days)
<i>vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION</i> <b>MO</b>	1	
<i>vancomycin 125 mg CAPSULE</i> <b>MO</b>	1	PA,QL(120 per 30 days)
<i>vancomycin 25 mg/ml RECON SOLUTION</i> <b>MO</b>	3	
<i>vancomycin 250 mg CAPSULE</i> <b>MO</b>	1	PA,QL(240 per 30 days)
<i>vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK</i> <b>MO</b>	3	
<i>vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK</i> <b>MO</b>	3	
<i>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</i> <b>MO</b>	3	
VANAZOLE 0.75 % (37.5MG/5 GRAM) GEL <b>MO</b>	3	
VIBATIV 750 MG RECON SOLUTION <b>DL</b>	4	
VIBRAMYCIN 100 MG CAPSULE <b>MO</b>	3	
VIBRAMYCIN (CALCIUM) 50 MG/5 ML SYRUP <b>MO</b>	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XACIATO 2 % GEL <b>MO</b>	3	
XENLETA 150 MG/15 ML SOLUTION <b>DL</b>	4	QL(210 per 7 days)
XENLETA 600 MG TABLET <b>DL</b>	4	QL(10 per 5 days)
XERAIVA 100 MG, 50 MG RECON SOLUTION <b>MO</b>	3	
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, ER 24 HR. <b>DL</b>	4	ST,QL(30 per 30 days)
ZEMDRI 50 MG/ML SOLUTION <b>DL</b>	4	
ZERBAXA 1.5 GRAM RECON SOLUTION <b>DL</b>	4	
ZITHROMAX 1 GRAM PACKET <b>MO</b>	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	
ZITHROMAX 250 MG, 500 MG TABLET <b>MO</b>	3	
ZITHROMAX 500 MG RECON SOLUTION <b>MO</b>	3	
ZITHROMAX TRI-PAK 500 MG TABLET <b>MO</b>	3	
ZITHROMAX Z-PAK 250 MG TABLET <b>MO</b>	3	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK <b>MO</b>	3	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK <b>MO</b>	3	
ZYVOX 600 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM 200 MG, 400 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET <b>DL</b>	4	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION <b>DL</b>	4	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION <b>DL</b>	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION <b>DL</b>	4	PA
carbamazepine 100 mg CHEWABLE TABLET <b>MO</b>	1	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	1	
carbamazepine 100 mg/5 ml, 200 mg/10 ml SUSPENSION <b>MO</b>	1	
carbamazepine 200 mg TABLET <b>MO</b>	1	
carbamazepine 400 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(225 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	3	
CELONTIN 300 MG CAPSULE <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION <b>MO</b>	3	
<i>clobazam 10 mg, 20 mg TABLET</i> <b>DL</b>	1	PA
<i>clobazam 2.5 mg/ml SUSPENSION</i> <b>DL</b>	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC <b>MO</b>	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. <b>MO</b>	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE <b>MO</b>	3	
DIACOMIT 250 MG, 500 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET <b>DL</b>	4	PA,QL(180 per 30 days)
DIASTAT 2.5 MG KIT <b>DL</b>	3	PA
DIASTAT ACUDIAL 12.5-15-17.5-20 MG, 5-7.5-10 MG KIT <b>DL</b>	3	PA
<i>diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT</i> <b>DL</b>	1	
DILANTIN 30 MG CAPSULE <b>MO</b>	1	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	1	PA
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	1	
DILANTIN-125 125 MG/5 ML SUSPENSION <b>MO</b>	3	
<i>divalproex 125 mg CAPSULE, DR SPRINKLE</i> <b>MO</b>	1	
<i>divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC</i> <b>MO</b>	1	
<i>divalproex 250 mg, 500 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	
EPIDIOLEX 100 MG/ML SOLUTION <b>DL</b>	4	PA
<i>epitol 200 mg TABLET</i> <b>MO</b>	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. <b>MO</b>	3	PA
<i>ethosuximide 250 mg CAPSULE</i> <b>MO</b>	1	
<i>ethosuximide 250 mg/5 ml SOLUTION</i> <b>MO</b>	1	
<i>felbamate 400 mg, 600 mg TABLET</i> <b>MO</b>	1	
<i>felbamate 600 mg/5 ml SUSPENSION</i> <b>MO</b>	1	
FELBATOL 400 MG, 600 MG TABLET <b>DL</b>	4	PA
FELBATOL 600 MG/5 ML SUSPENSION <b>DL</b>	4	PA
FINTEPLA 2.2 MG/ML SOLUTION <b>DL,LA</b>	4	PA,QL(360 per 30 days)
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION</i> <b>MO</b>	1	
FYCOMPA 0.5 MG/ML SUSPENSION <b>DL</b>	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg CAPSULE</i> <b>MO</b>	1	QL(270 per 30 days)
<i>gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION</i> <b>MO</b>	1	QL(2250 per 30 days)
<i>gabapentin 600 mg, 800 mg TABLET</i> <b>MO</b>	1	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
GABITRIL 12 MG, 16 MG, 2 MG, 4 MG TABLET <b>DL</b>	4	PA
KEPPRA 1,000 MG, 250 MG, 500 MG, 750 MG TABLET <b>DL</b>	4	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION <b>DL</b>	4	PA
KEPPRA XR 500 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(120 per 30 days)
<i>lacosamide</i> 10 mg/ml SOLUTION <b>MO</b>	1	QL(1395 per 30 days)
<i>lacosamide</i> 100 mg, 150 mg, 200 mg, 50 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
<i>lacosamide</i> 200 mg/20 ml SOLUTION <b>MO</b>	1	
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET <b>DL</b>	4	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE <b>DL</b>	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING <b>DL</b>	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK <b>DL</b>	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK <b>DL</b>	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK <b>DL</b>	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK <b>MO</b>	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK <b>MO</b>	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK <b>MO</b>	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR. <b>DL</b>	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK <b>MO</b>	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK <b>MO</b>	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK <b>MO</b>	3	
<i>lamotrigine</i> 100 mg, 200 mg TABLET <b>MO</b>	1	
<i>lamotrigine</i> 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	1	
<i>lamotrigine</i> 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING <b>MO</b>	1	
<i>lamotrigine</i> 150 mg, 25 mg TABLET <b>MO</b>	1	
<i>lamotrigine</i> 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK <b>MO</b>	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE <b>MO</b>	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET <b>MO</b>	1	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION <b>MO</b>	1	
levetiracetam 500 mg TABLET <b>MO</b>	1	
levetiracetam 500 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION <b>MO</b>	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK <b>MO</b>	1	
methsuximide 300 mg CAPSULE <b>MO</b>	1	
MYSOLINE 250 MG, 50 MG TABLET <b>DL</b>	4	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL <b>DL</b>	3	QL(10 per 30 days)
NEMBUTAL SODIUM 50 MG/ML SOLUTION <b>MO</b>	1	
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	3	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION <b>DL</b>	4	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET <b>DL</b>	4	PA
ONFI 2.5 MG/ML SUSPENSION <b>DL</b>	4	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET <b>MO</b>	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION <b>MO</b>	1	
OXTELLAR XR 150 MG, 300 MG, 600 MG TABLET, ER 24 HR. <b>DL</b>	4	ST
pentobarbital sodium 50 mg/ml SOLUTION <b>MO</b>	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR <b>MO</b>	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET <b>MO</b>	1	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION <b>DL</b>	4	
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION <b>MO</b>	1	
phenytoin 50 mg CHEWABLE TABLET <b>MO</b>	1	
phenytoin sodium 50 mg/ml SOLUTION <b>MO</b>	1	
phenytoin sodium 50 mg/ml SYRINGE <b>MO</b>	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE <b>MO</b>	1	
primidone 125 mg, 250 mg TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
primidone 50 mg TABLET <b>MO</b>	1	
roweepra 1,000 mg, 500 mg, 750 mg TABLET <b>MO</b>	1	
roweepra xr 500 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
rufinamide 200 mg TABLET <b>MO</b>	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION <b>MO</b>	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET <b>DL</b>	4	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
SECONAL SODIUM 100 MG CAPSULE <b>DL</b>	4	QL(90 per 30 days)
SEZABY 100 MG RECON SOLUTION <b>DL</b>	4	
SPRITAM 1,000 MG TABLET FOR SUSPENSION <b>MO</b>	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION <b>MO</b>	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION <b>MO</b>	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION <b>MO</b>	3	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET <b>MO</b>	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK <b>MO</b>	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK <b>MO</b>	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK <b>MO</b>	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM <b>DL</b>	4	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION <b>MO</b>	3	
TEGRETOL 200 MG TABLET <b>MO</b>	3	
TEGRETOL XR 100 MG, 200 MG TABLET, ER 12 HR. <b>MO</b>	3	QL(120 per 30 days)
TEGRETOL XR 400 MG TABLET, ER 12 HR. <b>MO</b>	3	QL(225 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET <b>MO</b>	1	
TRILEPTAL 150 MG, 300 MG, 600 MG TABLET <b>DL</b>	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION <b>DL</b>	4	PA
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION <b>MO</b>	1	
valproic acid 250 mg CAPSULE <b>MO</b>	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION <b>MO</b>	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL <b>DL</b>	4	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET <b>DL</b>	4	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET <b>DL</b>	4	PA,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
<i>vigadrone 500 mg TABLET</i> <b>DL</b>	4	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION <b>DL</b>	4	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION <b>DL</b>	4	PA
VIMPAT 50 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
XCOPRI 100 MG, 50 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET <b>DL</b>	4	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK <b>MO</b>	3	QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK <b>DL</b>	4	QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE <b>MO</b>	3	
ZARONTIN 250 MG/5 ML SOLUTION <b>MO</b>	1	
ZONEGRAN 100 MG, 25 MG CAPSULE <b>DL</b>	4	PA
ZONISADE 100 MG/5 ML SUSPENSION <b>DL</b>	4	PA,QL(900 per 30 days)
<i>zonisamide 100 mg, 25 mg, 50 mg CAPSULE</i> <b>MO</b>	1	
ZTALMY 50 MG/ML SUSPENSION <b>DL</b>	4	PA,QL(1080 per 30 days)
<b>ANTIDEMENTIA AGENTS</b>		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY <b>MO</b>	3	ST,QL(4 per 28 days)
ARICEPT 10 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
<i>donepezil 10 mg TABLET</i> <b>MO</b>	1	QL(60 per 30 days)
<i>donepezil 10 mg, 5 mg TABLET, DISINTEGRATING</i> <b>MO</b>	1	QL(30 per 30 days)
<i>donepezil 23 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>donepezil 5 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>ergoloid 1 mg TABLET</i> <b>MO</b>	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
<i>galantamine 12 mg, 4 mg, 8 mg TABLET</i> <b>MO</b>	1	QL(60 per 30 days)
<i>galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.</i> <b>MO</b>	1	QL(30 per 30 days)
<i>galantamine 4 mg/ml SOLUTION</i> <b>MO</b>	1	QL(200 per 30 days)
<i>memantine 10 mg, 5 mg TABLET</i> <b>MO</b>	1	PA,QL(60 per 30 days)
<i>memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.</i> <b>MO</b>	1	PA,QL(30 per 30 days)
<i>memantine 2 mg/ml SOLUTION</i> <b>MO</b>	1	PA,QL(360 per 30 days)
<i>memantine 5-10 mg TABLET, DOSE PACK</i> <b>MO</b>	1	PA,QL(98 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
NAMENDA TITRATION PAK 5-10 MG TABLET, DOSE PACK <b>MO</b>	3	PA,QL(98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	PA,QL(28 per 28 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	2	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	2	QL(28 per 28 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE ER PELLETS 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
<i>rivastigmine</i> 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
<i>rivastigmine tartrate</i> 1.5 mg, 3 mg CAPSULE <b>MO</b>	1	QL(90 per 30 days)
<i>rivastigmine tartrate</i> 4.5 mg, 6 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline</i> 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
<i>amitriptyline</i> 25 mg TABLET <b>MO</b>	1	
<i>amitriptyline-chlordiazepoxide</i> 12.5-5 mg, 25-10 mg TABLET <b>DL</b>	1	
<i>amoxapine</i> 100 mg, 150 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE <b>DL</b>	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR. <b>DL</b>	4	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC <b>DL</b>	4	PA,QL(60 per 30 days)
BRISDELLE 7.5 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
<i>bupropion hcl</i> 100 mg TABLET, SR 12 HR. <b>MO</b>	1	QL(120 per 30 days)
<i>bupropion hcl</i> 100 mg, 75 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
<i>bupropion hcl</i> 150 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
<i>bupropion hcl</i> 150 mg TABLET, SR 12 HR. <b>MO</b>	1	QL(90 per 30 days)
<i>bupropion hcl</i> 200 mg TABLET, SR 12 HR. <b>MO</b>	1	QL(60 per 30 days)
<i>bupropion hcl</i> 300 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
<i>bupropion hcl</i> 450 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 40 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
CELEXA 20 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
<i>citalopram</i> 10 mg, 40 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
<i>citalopram</i> 10 mg/5 ml SOLUTION <b>MO</b>	1	
<i>citalopram</i> 20 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
CITALOPRAM 30 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
<i>clomipramine</i> 25 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
CYMBALTA 20 MG CAPSULE, DR/EC <b>MO</b>	3	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
CYMBALTA 30 MG CAPSULE, DR/EC <b>MO</b>	3	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC <b>MO</b>	3	PA,QL(60 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET <b>MO</b>	1	
desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	3	ST,QL(30 per 30 days)
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE <b>MO</b>	3	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC <b>MO</b>	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC <b>MO</b>	1	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(90 per 30 days)
EFFEXOR XR 75 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET <b>MO</b>	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION <b>MO</b>	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET <b>MO</b>	1	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION <b>MO</b>	1	
fluoxetine 40 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fluoxetine 60 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC <b>MO</b>	1	QL(4 per 28 days)
fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. <b>MO</b>	3	ST,QL(30 per 30 days)
imipramine hcl 10 mg TABLET <b>MO</b>	1	
imipramine hcl 25 mg, 50 mg TABLET <b>MO</b>	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE <b>MO</b>	1	
LEXAPRO 10 MG TABLET <b>MO</b>	3	PA,QL(45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
MARPLAN 10 MG TABLET <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
<i>mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING</i> <b>MO</b>	1	QL(30 per 30 days)
<i>mirtazapine 15 mg, 30 mg, 7.5 mg TABLET</i> <b>MO</b>	1	
<i>mirtazapine 45 mg TABLET</i> <b>MO</b>	1	
<i>NARDIL 15 MG TABLET</i> <b>MO</b>	3	
<i>nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET</i> <b>MO</b>	1	
<i>NORPRAMIN 10 MG, 25 MG TABLET</i> <b>MO</b>	3	
<i>nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE</i> <b>MO</b>	1	
<i>nortriptyline 10 mg/5 ml SOLUTION</i> <b>MO</b>	1	
<i>olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE</i> <b>MO</b>	1	QL(30 per 30 days)
<i>PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE</i> <b>DL</b>	4	
<i>PARNATE 10 MG TABLET</i> <b>DL</b>	4	
<i>paroxetine hcl 10 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>paroxetine hcl 10 mg/5 ml SUSPENSION</i> <b>MO</b>	1	
<i>paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(60 per 30 days)
<i>paroxetine hcl 20 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>paroxetine hcl 25 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(90 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg TABLET</i> <b>MO</b>	1	QL(60 per 30 days)
<i>paroxetine mesylate(menop.sym) 7.5 mg CAPSULE</i> <b>MO</b>	1	QL(30 per 30 days)
<i>PAXIL 10 MG, 20 MG TABLET</i> <b>MO</b>	3	QL(30 per 30 days)
<i>PAXIL 10 MG/5 ML SUSPENSION</i> <b>MO</b>	3	
<i>PAXIL 30 MG, 40 MG TABLET</i> <b>MO</b>	3	QL(60 per 30 days)
<i>PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR.</i> <b>MO</b>	3	QL(60 per 30 days)
<i>PAXIL CR 25 MG TABLET, ER 24 HR.</i> <b>MO</b>	3	QL(90 per 30 days)
<i>perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET</i> <b>MO</b>	1	
<i>PEXEVA 10 MG, 20 MG TABLET</i> <b>MO</b>	3	QL(30 per 30 days)
<i>PEXEVA 30 MG, 40 MG TABLET</i> <b>MO</b>	3	QL(60 per 30 days)
<i>phenelzine 15 mg TABLET</i> <b>MO</b>	1	
<i>PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR.</i> <b>MO</b>	3	PA,QL(30 per 30 days)
<i>protriptyline 10 mg, 5 mg TABLET</i> <b>MO</b>	1	
<i>PROZAC 10 MG, 40 MG CAPSULE</i> <b>DL</b>	4	PA,QL(60 per 30 days)
<i>PROZAC 20 MG CAPSULE</i> <b>DL</b>	4	PA,QL(120 per 30 days)
<i>REMERON 15 MG, 30 MG TABLET</i> <b>MO</b>	3	
<i>REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING</i> <b>MO</b>	3	QL(30 per 30 days)
<i>sertraline 100 mg TABLET</i> <b>MO</b>	1	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SERTRALINE 150 MG, 200 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
<i>sertraline 20 mg/ml CONCENTRATE</i> <b>MO</b>	1	
<i>sertraline 25 mg, 50 mg TABLET</i> <b>MO</b>	1	QL(90 per 30 days)
SYMBYAX 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE <b>MO</b>	3	PA,QL(30 per 30 days)
<i>tranylcypromine 10 mg TABLET</i> <b>MO</b>	1	
<i>trazodone 100 mg, 150 mg, 50 mg TABLET</i> <b>MO</b>	1	
<i>trazodone 300 mg TABLET</i> <b>MO</b>	1	
<i>trimipramine 100 mg, 25 mg, 50 mg CAPSULE</i> <b>MO</b>	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
<i>venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET</i> <b>MO</b>	1	
<i>venlafaxine 150 mg CAPSULE, ER 24 HR.</i> <b>MO</b>	1	QL(60 per 30 days)
<i>venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(30 per 30 days)
<i>venlafaxine 37.5 mg CAPSULE, ER 24 HR.</i> <b>MO</b>	1	QL(90 per 30 days)
<i>venlafaxine 75 mg CAPSULE, ER 24 HR.</i> <b>MO</b>	1	QL(90 per 30 days)
<i>venlafaxine 75 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(60 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK <b>MO</b>	3	PA,QL(30 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
<i>vilazodone 10 mg, 20 mg, 40 mg TABLET</i> <b>MO</b>	1	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. <b>MO</b>	3	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. <b>MO</b>	3	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE <b>MO</b>	3	PA
ZOLOFT 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION <b>DL</b>	4	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE <b>DL</b>	4	PA,QL(14 per 365 days)
<b>ANTIEMETICS</b>		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION <b>DL</b>	4	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION <b>DL</b>	4	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE <b>DL</b>	4	PA,QL(4 per 28 days)
ANTIVERT 25 MG CHEWABLE TABLET <b>MO</b>	3	
ANTIVERT 50 MG TABLET <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANZEMET 50 MG TABLET <b>MO</b>	3	BvsD,QL(4 per 28 days)
APONVIE 7.2 MG/ML EMULSION <b>MO</b>	3	
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK <b>MO</b>	1	BvsD,QL(6 per 28 days)
aprepitant 125 mg, 40 mg CAPSULE <b>MO</b>	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE <b>MO</b>	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC <b>MO</b>	3	QL(60 per 30 days)
COMPAZINE 10 MG, 5 MG TABLET <b>MO</b>	3	BvsD
COMPAZINE 25 MG SUPPOSITORY <b>MO</b>	1	
compro 25 mg SUPPOSITORY <b>MO</b>	1	
DICLEGIS 10-10 MG TABLET, DR/EC <b>MO</b>	3	QL(120 per 30 days)
dimenhydrinate 50 mg/ml SOLUTION <b>MO</b>	1	
doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC <b>MO</b>	1	QL(120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE <b>MO</b>	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK <b>MO</b>	3	PA,QL(6 per 28 days)
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	3	PA,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION <b>MO</b>	3	PA
fosaprepitant 150 mg RECON SOLUTION <b>MO</b>	1	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP <b>DL</b>	4	PA,QL(9.8 per 28 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION <b>MO</b>	1	
granisetron hcl 1 mg TABLET <b>MO</b>	1	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION <b>MO</b>	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
meclizine 12.5 mg TABLET <b>MO</b>	1	
meclizine 25 mg TABLET <b>MO</b>	1	
meclizine 50 mg TABLET <b>MO</b>	3	
metoclopramide hcl 10 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(180 per 30 days)
metoclopramide hcl 10 mg, 5 mg TABLET <b>MO</b>	1	
metoclopramide hcl 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(360 per 30 days)
metoclopramide hcl 5 mg/5 ml, 5 mg/ml SOLUTION <b>MO</b>	1	
metoclopramide hcl 5 mg/ml SYRINGE <b>MO</b>	1	
ondansetron 4 mg TABLET, DISINTEGRATING <b>MO</b>	1	BvsD,QL(90 per 30 days)
ondansetron 8 mg TABLET, DISINTEGRATING <b>MO</b>	1	BvsD,QL(90 per 30 days)
ondansetron hcl 2 mg/ml SOLUTION <b>MO</b>	1	
ondansetron hcl 4 mg TABLET <b>MO</b>	1	BvsD,QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron hcl 4 mg/5 ml SOLUTION <b>MO</b>	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET <b>MO</b>	1	BvsD,QL(90 per 30 days)
ondansetron hcl (pf) 4 mg/2 ml SOLUTION <b>MO</b>	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE <b>MO</b>	1	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION <b>MO</b>	1	
prochlorperazine 25 mg SUPPOSITORY <b>MO</b>	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION <b>MO</b>	1	
prochlorperazine maleate 10 mg, 5 mg TABLET <b>MO</b>	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg SUPPOSITORY <b>MO</b>	1	
promethazine 12.5 mg, 50 mg TABLET <b>MO</b>	1	
promethazine 25 mg TABLET <b>MO</b>	1	
promethazine 25 mg/ml, 50 mg/ml SOLUTION <b>MO</b>	1	
promethazine 6.25 mg/5 ml SYRUP <b>MO</b>	1	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY <b>MO</b>	1	
REGLAN 10 MG, 5 MG TABLET <b>MO</b>	3	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY <b>DL</b>	4	QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY <b>MO</b>	1	QL(10 per 30 days)
SYNDROS 5 MG/ML SOLUTION <b>DL</b>	4	PA
TIGAN 100 MG/ML SOLUTION <b>MO</b>	3	
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY <b>MO</b>	3	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE <b>MO</b>	1	BvsD
VARUBI 90 MG TABLET <b>DL</b>	4	PA,QL(4 per 28 days)
ZOFRAN 4 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
<b>ANTIFUNGALS</b>		
ABELCET 5 MG/ML SUSPENSION <b>MO</b>	3	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	BvsD
amphotericin b 50 mg RECON SOLUTION <b>MO</b>	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	BvsD
ANCOBON 250 MG, 500 MG CAPSULE <b>MO</b>	3	
CANCIDAS 50 MG, 70 MG RECON SOLUTION <b>DL</b>	4	PA
caspofungin 50 mg RECON SOLUTION <b>DL</b>	4	
caspofungin 70 mg RECON SOLUTION <b>MO</b>	1	
ciclodan 8 % SOLUTION <b>MO</b>	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM <b>MO</b>	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL <b>MO</b>	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION <b>MO</b>	1	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



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

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
klayesta 100,000 unit/gram POWDER <b>MO</b>	1	PA
LOPROX 1 % SHAMPOO <b>MO</b>	3	PA,QL(120 per 30 days)
LOPROX (AS OLAMINE) 0.77 % CREAM <b>MO</b>	3	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION <b>MO</b>	3	PA,QL(60 per 30 days)
luliconazole 1 % CREAM <b>MO</b>	1	ST,QL(60 per 28 days)
LUZU 1 % CREAM <b>MO</b>	3	ST,QL(60 per 28 days)
MENTAX 1 % CREAM <b>MO</b>	3	QL(30 per 30 days)
micafungin 100 mg, 50 mg RECON SOLUTION <b>DL</b>	4	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT <b>MO</b>	1	
miconazole-3 200 mg SUPPOSITORY <b>MO</b>	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION <b>DL</b>	4	
naftifine 1 % CREAM <b>MO</b>	1	ST,QL(90 per 30 days)
naftifine 1 % GEL <b>MO</b>	1	ST,QL(90 per 30 days)
naftifine 2 % CREAM <b>MO</b>	1	ST,QL(120 per 30 days)
naftifine 2 % GEL <b>MO</b>	1	ST,QL(120 per 30 days)
NAFTIN 1 % GEL <b>MO</b>	3	ST,QL(90 per 30 days)
NAFTIN 2 % GEL <b>MO</b>	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC <b>DL</b>	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION <b>DL</b>	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON <b>DL</b>	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION <b>DL</b>	4	PA
nyamyc 100,000 unit/gram POWDER <b>MO</b>	1	PA
nystatin 100,000 unit/gram CREAM <b>MO</b>	1	
nystatin 100,000 unit/gram OINTMENT <b>MO</b>	1	
nystatin 100,000 unit/gram POWDER <b>MO</b>	1	PA
nystatin 100,000 unit/ml SUSPENSION <b>MO</b>	1	
nystatin 500,000 unit TABLET <b>MO</b>	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM <b>MO</b>	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT <b>MO</b>	1	
nystop 100,000 unit/gram POWDER <b>MO</b>	1	PA
oxiconazole 1 % CREAM <b>DL</b>	4	PA,QL(60 per 30 days)
OXISTAT 1 % CREAM <b>MO</b>	3	QL(60 per 30 days)
OXISTAT 1 % LOTION <b>MO</b>	3	PA
posaconazole 100 mg TABLET, DR/EC <b>DL</b>	4	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION <b>DL</b>	4	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REZZAYO 200 MG RECON SOLUTION <b>DL</b>	4	PA
SPORANOX 10 MG/ML SOLUTION <b>DL</b>	4	
SPORANOX 100 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE <b>MO</b>	3	PA,QL(120 per 30 days)
tavaborole 5 % SOLUTION W/APPLICATOR <b>MO</b>	1	PA,QL(10 per 30 days)
terbinafine hcl 250 mg TABLET <b>MO</b>	1	
terconazole 0.4 %, 0.8 % CREAM <b>MO</b>	1	
terconazole 80 mg SUPPOSITORY <b>MO</b>	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION <b>DL</b>	4	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET <b>MO</b>	3	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION <b>DL</b>	4	
VIVJOA 150 MG CAPSULE <b>MO</b>	3	PA
voriconazole 200 mg RECON SOLUTION <b>DL</b>	4	PA
voriconazole 200 mg, 50 mg TABLET <b>MO</b>	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA,QL(400 per 30 days)
VUSION 0.25-15-81.35 % OINTMENT <b>MO</b>	3	
XOLEGEL 2 % GEL <b>DL</b>	4	
<b>ANTIGOUT AGENTS</b>		
allopurinol 100 mg, 300 mg TABLET <b>MO</b>	1	
allopurinol 200 mg TABLET <b>MO</b>	3	
allopurinol sodium 500 mg RECON SOLUTION <b>MO</b>	1	
ALOPRIM 500 MG RECON SOLUTION <b>MO</b>	3	
colchicine 0.6 mg TABLET <b>MO</b>	2	QL(120 per 30 days)
DUZALLO 200-200 MG, 200-300 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
febuxostat 40 mg, 80 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION <b>MO</b>	3	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE <b>MO</b>	2	
probenecid 500 mg TABLET <b>MO</b>	1	
probenecid-colchicine 500-0.5 mg TABLET <b>MO</b>	1	
ULORIC 40 MG, 80 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET <b>MO</b>	3	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(2 per 30 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1.5 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE <b>MO</b>	3	PA,QL(1.5 per 30 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET <b>MO</b>	3	PA,QL(9 per 30 days)
D.H.E.45 1 MG/ML SOLUTION <b>DL</b>	4	
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION <b>DL</b>	4	PA
eletriptan 20 mg, 40 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR <b>MO</b>	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE <b>MO</b>	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE <b>MO</b>	3	PA,QL(3 per 30 days)
EPRONTIA 25 MG/ML SOLUTION <b>MO</b>	3	PA,QL(480 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET <b>DL</b>	4	QL(20 per 28 days)
ergotamine-caffeine 1-100 mg TABLET <b>MO</b>	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET <b>DL</b>	4	ST,QL(12 per 30 days)
frovatriptan 2.5 mg TABLET <b>MO</b>	1	ST,QL(12 per 30 days)
IMITREX 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(12 per 30 days)
IMITREX 25 MG TABLET <b>MO</b>	3	PA,QL(9 per 30 days)
IMITREX 6 MG/0.5 ML SOLUTION <b>DL</b>	4	PA,QL(6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR <b>MO</b>	3	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE <b>DL</b>	4	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET <b>MO</b>	3	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING <b>MO</b>	3	PA,QL(12 per 30 days)
migergot 2-100 mg SUPPOSITORY <b>DL</b>	4	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL <b>DL</b>	4	QL(8 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET <b>MO</b>	1	QL(9 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. <b>DL</b>	4	ST,QL(16 per 30 days)
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. <b>DL</b>	4	PA,QL(90 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
RELPAK 20 MG, 40 MG TABLET <b>DL</b>	4	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET <b>MO</b>	3	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET <b>MO</b>	3	PA,QL(4 per 30 days)
rizatriptan 10 mg TABLET <b>MO</b>	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(12 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rizatriptan 5 mg TABLET <b>MO</b>	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL <b>MO</b>	1	QL(12 per 30 days)
sumatriptan succinate 100 mg TABLET <b>MO</b>	1	QL(9 per 30 days)
sumatriptan succinate 25 mg, 50 mg TABLET <b>MO</b>	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE <b>MO</b>	3	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR <b>MO</b>	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION <b>MO</b>	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE <b>MO</b>	1	QL(6 per 30 days)
sumatriptan-naproxen 85-500 mg TABLET <b>MO</b>	1	ST,QL(18 per 30 days)
TOPAMAX 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	QL(120 per 30 days)
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE <b>DL</b>	4	
TOPAMAX 25 MG TABLET <b>DL</b>	4	QL(90 per 30 days)
topiramate 100 mg, 200 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE <b>MO</b>	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. <b>MO</b>	1	PA,QL(90 per 30 days)
topiramate 25 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
topiramate 50 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(12 per 30 days)
TREXIMET 85-500 MG TABLET <b>DL</b>	4	ST,QL(18 per 30 days)
TROKENDI XR 100 MG, 50 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(90 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(8 per 30 days)
VYEPTI 100 MG/ML SOLUTION <b>MO</b>	3	PA,QL(3 per 90 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR <b>DL</b>	4	ST,QL(6 per 30 days)
zolmitriptan 2.5 mg TABLET <b>MO</b>	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET <b>MO</b>	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(6 per 30 days)
zomig 2.5 mg TABLET <b>DL</b>	4	ST,QL(9 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOMIG 2.5 MG TABLET <b>DL</b>	4	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(12 per 30 days)
zomig 5 mg TABLET <b>DL</b>	4	ST,QL(6 per 30 days)
ZOMIG 5 MG TABLET <b>DL</b>	4	ST,QL(6 per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
MESTINON 60 MG TABLET <b>DL</b>	4	PA
MESTINON 60 MG/5 ML SYRUP <b>DL</b>	4	
MESTINON TIMESPAN 180 MG TABLET ER <b>DL</b>	4	PA
pyridostigmine bromide 180 mg TABLET ER <b>MO</b>	1	
pyridostigmine bromide 30 mg, 60 mg TABLET <b>MO</b>	1	
pyridostigmine bromide 60 mg/5 ml SYRUP <b>MO</b>	1	
REGONOL 5 MG/ML SOLUTION <b>MO</b>	3	
<b>ANTIMYCOBACTERIALS</b>		
cycloserine 250 mg CAPSULE <b>DL</b>	4	
dapsone 100 mg, 25 mg TABLET <b>MO</b>	1	
ethambutol 100 mg, 400 mg TABLET <b>MO</b>	1	
isoniazid 100 mg, 300 mg TABLET <b>MO</b>	1	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION <b>MO</b>	1	
MYAMBUTOL 400 MG TABLET <b>MO</b>	3	
MYCOBUTIN 150 MG CAPSULE <b>MO</b>	3	
PASER 4 GRAM DR GRANULES IN PACKET <b>MO</b>	1	
PRETOMANID 200 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
PRIFTIN 150 MG TABLET <b>MO</b>	3	
pyrazinamide 500 mg TABLET <b>MO</b>	1	
rifabutin 150 mg CAPSULE <b>MO</b>	1	
RIFADIN 600 MG RECON SOLUTION <b>MO</b>	3	
rifampin 150 mg, 300 mg CAPSULE <b>MO</b>	1	
rifampin 600 mg RECON SOLUTION <b>MO</b>	1	
SIRTURO 100 MG TABLET <b>DL</b>	4	PA,QL(68 per 28 days)
SIRTURO 20 MG TABLET <b>DL</b>	4	PA,QL(340 per 28 days)
TRECTOR 250 MG TABLET <b>MO</b>	3	
<b>ANTINEOPLASTICS</b>		
abiraterone 250 mg TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
abiraterone 500 mg TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA
ADCETRIS 50 MG RECON SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>adriamycin 10 mg RECON SOLUTION</i> <b>MO</b>	1	BvsD
<i>adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION</i> <b>MO</b>	1	BvsD
ADRIAMYCIN 50 MG RECON SOLUTION <b>MO</b>	1	BvsD
<i>adrucil 2.5 gram/50 ml SOLUTION</i> <b>MO</b>	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION <b>DL</b>	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE <b>DL</b>	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION <b>DL</b>	4	PA
ALIQOPA 60 MG RECON SOLUTION <b>DL</b>	4	PA,QL(3 per 28 days)
ALKERAN 2 MG TABLET <b>MO</b>	3	BvsD
ALKERAN (AS HCL) 50 MG RECON SOLUTION <b>MO</b>	3	
ALUNBRIG 180 MG, 90 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION <b>DL</b>	4	PA
<i>anastrozole 1 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
ARIMIDEX 1 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
ARRANON 250 MG/50 ML SOLUTION <b>DL</b>	4	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> <b>DL</b>	4	PA
ASPARLAS 750 UNIT/ML SOLUTION <b>DL</b>	4	PA
AVASTIN 25 MG/ML SOLUTION <b>DL</b>	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> <b>DL</b>	4	PA
BALVERSA 3 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION <b>DL</b>	4	PA
BELEODAQ 500 MG RECON SOLUTION <b>DL</b>	4	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> <b>DL</b>	4	PA
BENDEKA 25 MG/ML SOLUTION <b>DL</b>	4	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION <b>DL</b>	4	PA
<i>bexarotene 1 % GEL</i> <b>DL</b>	4	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> <b>DL</b>	4	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICNU 100 MG RECON SOLUTION <b>MO</b>	3	
BLNREP 100 MG RECON SOLUTION <b>DL</b>	4	PA
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> <b>MO</b>	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION <b>DL</b>	4	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> <b>DL</b>	1	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> <b>DL</b>	4	PA
BOSULIF 100 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> <b>MO</b>	1	
BUSULFEX 60 MG/10 ML SOLUTION <b>MO</b>	3	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION <b>DL</b>	4	
CAPRELSA 100 MG TABLET <b>DL,LA</b>	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL,LA</b>	4	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION</i> <b>MO</b>	1	
<i>carmustine 100 mg RECON SOLUTION</i> <b>MO</b>	1	
CASODEX 50 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
<i>cisplatin 1 mg/ml SOLUTION</i> <b>MO</b>	1	
<i>cladribine 10 mg/10 ml SOLUTION</i> <b>DL</b>	4	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> <b>DL</b>	4	
CLOLAR 1 MG/ML SOLUTION <b>DL</b>	4	
COLUMVI 1 MG/ML SOLUTION <b>DL</b>	4	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE <b>DL</b>	4	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE <b>DL</b>	4	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE <b>DL</b>	4	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE <b>DL</b>	4	PA,QL(56 per 28 days)
COSELA 300 MG RECON SOLUTION <b>DL</b>	4	PA
COSMEGEN 0.5 MG RECON SOLUTION <b>DL</b>	4	
COTELLIC 20 MG TABLET <b>DL</b>	4	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION</i> <b>MO</b>	1	BvsD
CYCLOPHOSPHAMIDE 200 MG/ML SOLUTION <b>MO</b>	1	BvsD
<i>cyclophosphamide 200 mg/ml, 500 mg/ml SOLUTION</i> <b>MO</b>	1	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclophosphamide 25 mg, 50 mg CAPSULE <b>MO</b>	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET <b>MO</b>	1	BvsD
CYRAMZA 10 MG/ML SOLUTION <b>DL</b>	4	PA
cytarabine 20 mg/ml SOLUTION <b>MO</b>	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION <b>MO</b>	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION <b>MO</b>	1	
DACOGEN 50 MG RECON SOLUTION <b>DL</b>	4	PA
dactinomycin 0.5 mg RECON SOLUTION <b>DL</b>	4	
DANYELZA 4 MG/ML SOLUTION <b>DL</b>	4	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION <b>DL</b>	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION <b>DL</b>	4	PA
daunorubicin 5 mg/ml SOLUTION <b>MO</b>	1	
DAURISMO 100 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION <b>DL</b>	4	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
DOCEFREZ 20 MG RECON SOLUTION <b>MO</b>	3	
DOCEFREZ 80 MG RECON SOLUTION <b>DL</b>	4	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION <b>MO</b>	1	
DOXIL 2 MG/ML SUSPENSION <b>DL</b>	4	PA
doxorubicin 10 mg, 50 mg RECON SOLUTION <b>MO</b>	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION <b>MO</b>	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION <b>DL</b>	4	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION <b>DL</b>	4	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML SOLUTION <b>DL</b>	4	
ELREXFIO 40 MG/ML SOLUTION <b>DL</b>	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE <b>DL</b>	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION <b>DL</b>	4	PA
ENHERTU 100 MG RECON SOLUTION <b>DL</b>	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION <b>MO</b>	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION <b>DL</b>	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERIVEDGE 150 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
ETHYOL 500 MG RECON SOLUTION <b>DL</b>	4	
ETOPOPHOS 100 MG RECON SOLUTION <b>MO</b>	3	
etoposide 20 mg/ml SOLUTION <b>MO</b>	1	
EULEXIN 125 MG CAPSULE <b>DL</b>	4	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION <b>DL</b>	4	PA
EVOMELA 50 MG RECON SOLUTION <b>DL</b>	4	PA
exemestane 25 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE <b>DL</b>	4	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
floxuridine 0.5 gram RECON SOLUTION <b>MO</b>	1	BvsD
fludarabine 50 mg RECON SOLUTION <b>MO</b>	1	
fludarabine 50 mg/2 ml SOLUTION <b>DL</b>	4	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION <b>MO</b>	1	BvsD
flutamide 125 mg CAPSULE <b>MO</b>	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION <b>DL</b>	4	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE <b>DL</b>	4	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE <b>DL</b>	4	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE <b>DL</b>	4	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE <b>MO</b>	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION <b>DL</b>	4	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA
GAVRETO 100 MG CAPSULE <b>DL,LA</b>	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION <b>DL</b>	4	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION <b>MO</b>	1	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL,LA</b>	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE	4	PA
GLEOSTINE 100 MG CAPSULE <b>DL</b>	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION <b>DL</b>	4	
HERCEPTIN 150 MG, 420 MG RECON SOLUTION <b>DL</b>	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION <b>DL</b>	4	PA,QL(5 per 21 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION <b>DL</b>	4	PA
HYCANTIN 4 MG RECON SOLUTION <b>DL</b>	4	
HYDREA 500 MG CAPSULE <b>MO</b>	3	
<i>hydroxyurea 500 mg CAPSULE <b>MO</b></i>	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	4	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET <b>DL</b>	4	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION <b>DL</b>	4	
<i>idarubicin 1 mg/ml SOLUTION <b>DL</b></i>	4	
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION <b>MO</b>	3	
<i>ifosfamide 1 gram, 3 gram RECON SOLUTION <b>MO</b></i>	1	
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION <b>MO</b></i>	1	
<i>imatinib 100 mg TABLET <b>DL</b></i>	4	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET <b>DL</b></i>	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION <b>DL</b>	4	PA
IMFINZI 50 MG/ML SOLUTION <b>DL</b>	4	PA
IMJUDO 20 MG/ML SOLUTION <b>DL</b>	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION <b>DL</b>	4	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION <b>DL</b>	4	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK <b>DL</b>	4	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INLYTA 1 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET <b>DL</b>	4	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> <b>MO</b>	1	
ISTODAX 10 MG/2 ML RECON SOLUTION <b>DL</b>	4	PA
IXEMPRA 15 MG, 45 MG RECON SOLUTION <b>DL</b>	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	4	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION <b>DL</b>	4	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION <b>DL</b>	4	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION <b>DL</b>	4	PA
KEYTRUDA 25 MG/ML SOLUTION <b>DL</b>	4	PA
KHAPZORY 175 MG, 300 MG RECON SOLUTION <b>DL</b>	4	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION <b>DL</b>	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	4	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	4	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	4	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	4	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	4	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE <b>DL</b>	4	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION <b>DL</b>	4	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION <b>DL</b>	4	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION <b>DL</b>	4	PA,QL(12 per 28 days)
<i>lapatinib 250 mg TABLET</i> <b>DL</b>	4	PA,QL(180 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE</i> <b>DL</b>	4	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET <b>MO</b>	1	
leucovorin calcium 10 mg/ml SOLUTION <b>MO</b>	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
LEUKERAN 2 MG TABLET <b>DL</b>	4	
levoleucovorin calcium 10 mg/ml SOLUTION <b>DL</b>	4	PA
levoleucovorin calcium 50 mg RECON SOLUTION <b>DL</b>	4	PA
LEVULAN 20 % SOLUTION <b>MO</b>	3	
LIBTAYO 50 MG/ML SOLUTION <b>DL</b>	4	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET <b>DL</b>	4	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET <b>DL</b>	4	PA,QL(80 per 30 days)
LORBRENA 100 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
LUMAKRAS 320 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
LUMOXITI 1 MG RECON SOLUTION <b>DL</b>	4	PA
LUNSUMIO 1 MG/ML SOLUTION <b>DL</b>	4	PA
LYNPARZA 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
LYTGOBI 4 MG TABLET <b>DL</b>	4	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION <b>DL</b>	4	PA
MATULANE 50 MG CAPSULE <b>DL</b>	4	
MEKINIST 0.05 MG/ML RECON SOLUTION <b>DL</b>	4	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
melphalan 2 mg TABLET <b>MO</b>	1	BvsD
melphalan hcl 50 mg RECON SOLUTION <b>MO</b>	1	
mercaptopurine 50 mg TABLET <b>MO</b>	1	
mesna 100 mg/ml SOLUTION <b>MO</b>	1	
MESNEX 100 MG/ML SOLUTION <b>DL</b>	4	
MESNEX 400 MG TABLET <b>DL</b>	4	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION <b>DL</b>	4	
mitoxantrone 2 mg/ml CONCENTRATE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION <b>DL</b>	4	
MVASI 25 MG/ML SOLUTION <b>DL</b>	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION <b>DL</b>	4	PA
<i>nelarabine 250 mg/50 ml SOLUTION <b>DL</b></i>	4	
NERLYNX 40 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
<i>nilutamide 150 mg TABLET <b>DL</b></i>	4	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION <b>DL</b>	4	
NUBEQA 300 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION <b>DL</b>	4	PA
OJJAARA 100 MG, 150 MG, 200 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION <b>DL</b>	4	PA
ONIVYDE 4.3 MG/ML DISPERSION <b>DL</b>	4	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION <b>DL</b>	4	PA
ONUREG 200 MG, 300 MG TABLET <b>DL</b>	4	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION <b>DL</b>	4	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION <b>DL</b>	4	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION <b>DL</b>	4	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION <b>DL</b>	4	PA,QL(40 per 28 days)
ORSERDU 345 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
<i>oxaliplatin 100 mg, 50 mg RECON SOLUTION <b>MO</b></i>	1	
<i>oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION <b>MO</b></i>	1	
<i>paclitaxel 6 mg/ml CONCENTRATE <b>MO</b></i>	1	
<i>paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION <b>DL</b></i>	4	PA
PADCEV 20 MG RECON SOLUTION <b>DL</b>	4	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION <b>DL</b>	4	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL <b>DL</b>	4	PA
<i>paraplatin 10 mg/ml SOLUTION <b>MO</b></i>	1	
<i>pazopanib 200 mg TABLET <b>DL</b></i>	4	PA,QL(120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION <b>DL</b></i>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> <b>DL</b>	4	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> <b>DL</b>	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION <b>DL</b>	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION <b>DL</b>	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION <b>DL</b>	4	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET <b>DL</b>	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION <b>DL</b>	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION <b>DL</b>	4	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	4	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION <b>DL</b>	4	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> <b>DL</b>	4	PA
PROLEUKIN 22 MILLION UNIT RECON SOLUTION <b>DL</b>	4	
PURIXAN 20 MG/ML SUSPENSION <b>DL</b>	4	QL(300 per 30 days)
QINLOCK 50 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
RETEVMO 40 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION <b>DL</b>	4	PA
RITUXAN 10 MG/ML CONCENTRATE <b>DL</b>	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(13.4 per 28 days)
<i>romidepsin 10 mg/2 ml RECON SOLUTION</i> <b>DL</b>	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION <b>DL</b>	4	PA
ROZLYTREK 100 MG CAPSULE <b>DL</b>	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION <b>DL</b>	4	PA
RYBREVANT 50 MG/ML SOLUTION <b>DL</b>	4	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE <b>DL</b>	4	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION <b>DL</b>	4	PA
SARCLISA 20 MG/ML SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SCEMBLIX 20 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET <b>DL</b>	4	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION <b>DL</b>	4	
<i>sorafenib 200 mg TABLET <b>DL</b></i>	4	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET <b>DL</b>	4	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE <b>DL</b></i>	4	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION <b>DL</b>	4	PA
TABLOID 40 MG TABLET <b>MO</b>	3	
TABRECTA 150 MG, 200 MG TABLET <b>DL</b>	4	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION <b>DL</b>	4	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION <b>DL</b>	4	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET <b>MO</b></i>	1	
TARCEVA 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
TARCEVA 25 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL <b>DL</b>	4	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE <b>DL</b>	4	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(28 per 28 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION <b>DL</b>	4	PA
TEMODAR 100 MG RECON SOLUTION <b>DL</b>	4	PA,QL(27 per 30 days)
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION <b>DL</b></i>	4	PA,QL(8 per 28 days)
<i>teniposide 50 mg/5 ml SOLUTION <b>MO</b></i>	1	
TEPADINA 100 MG, 15 MG RECON SOLUTION <b>DL</b>	4	
TEPMETKO 225 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THALOMID 150 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION <b>DL</b>	4	
thiotepa 15 mg RECON SOLUTION <b>MO</b>	1	
TIBSOVO 250 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION <b>DL</b>	4	PA,QL(5 per 21 days)
toposar 20 mg/ml SOLUTION <b>MO</b>	1	
topotecan 4 mg RECON SOLUTION <b>MO</b>	1	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION <b>MO</b>	1	
toremifene 60 mg TABLET <b>DL</b>	4	QL(30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST) RECON SOLUTION <b>DL</b>	4	PA,QL(8 per 28 days)
TOTECT 500 MG RECON SOLUTION <b>DL</b>	4	
TRAZIMERA 150 MG, 420 MG RECON SOLUTION <b>DL</b>	4	PA
TREANDA 100 MG, 25 MG RECON SOLUTION <b>DL</b>	4	PA
tretinoin (antineoplastic) 10 mg CAPSULE <b>DL</b>	4	
TRISENOX 2 MG/ML SOLUTION <b>DL</b>	4	PA
TRODELVY 180 MG RECON SOLUTION <b>DL</b>	4	PA
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE <b>DL</b>	4	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE <b>DL</b>	4	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE <b>DL</b>	4	PA,QL(63 per 28 days)
TRUXIMA 10 MG/ML SOLUTION <b>DL</b>	4	PA
TUKYSA 150 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET <b>DL</b>	4	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE <b>DL,LA</b>	4	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION <b>DL</b>	4	PA
VALCHLOR 0.016 % GEL <b>DL</b>	4	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION <b>DL</b>	4	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION <b>DL</b>	4	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET <b>DL</b>	4	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION <b>DL</b>	4	PA
VEGZELMA 25 MG/ML SOLUTION <b>DL</b>	4	PA
VELCADE 3.5 MG RECON SOLUTION <b>DL</b>	4	PA
VENCLEXTA 10 MG TABLET <b>MO</b>	2	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET <b>MO</b>	2	PA,QL(28 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK <b>DL</b>	4	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION <b>DL</b>	4	PA
vinblastine 1 mg/ml SOLUTION <b>MO</b>	1	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION <b>MO</b>	1	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION <b>MO</b>	1	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION <b>MO</b>	1	
VISTOGARD 10 GRAM GRANULES IN PACKET <b>DL</b>	4	QL(20 per 365 days)
VITRAKVI 100 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION <b>DL</b>	4	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
VOTRIENT 200 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
VYXEOS 44-100 MG RECON SOLUTION <b>DL</b>	4	PA
WELIREG 40 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
XOSPATA 40 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET <b>DL</b>	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET <b>DL</b>	4	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET <b>DL</b>	4	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET <b>DL</b>	4	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION <b>DL</b>	4	PA
YONDELIS 1 MG RECON SOLUTION <b>DL</b>	4	PA
YONSA 125 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION <b>DL</b>	4	PA
ZANOSAR 1 GRAM RECON SOLUTION <b>MO</b>	3	
ZEJULA 100 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION <b>DL</b>	4	PA
ZIRABEV 25 MG/ML SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLINZA 100 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET <b>DL</b>	4	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION <b>DL</b>	4	PA
ZYNYZ 500 MG/20 ML SOLUTION <b>DL</b>	4	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
<b>ANTIPARASITICS</b>		
<i>albendazole 200 mg TABLET <b>MO</b></i>	1	
ALBENZA 200 MG TABLET <b>DL</b>	4	
<i>atovaquone 750 mg/5 ml SUSPENSION <b>MO</b></i>	1	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET <b>MO</b></i>	1	
<i>benznidazole 100 mg TABLET <b>MO</b></i>	3	QL(240 per 365 days)
<i>benznidazole 12.5 mg TABLET <b>MO</b></i>	3	QL(720 per 365 days)
BILTRICIDE 600 MG TABLET <b>DL</b>	4	PA
<i>chloroquine phosphate 250 mg, 500 mg TABLET <b>MO</b></i>	1	
COARTEM 20-120 MG TABLET <b>MO</b>	3	QL(24 per 30 days)
DARAPRIM 25 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET <b>MO</b>	3	
<i>emverm 100 mg CHEWABLE TABLET <b>DL</b></i>	4	
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET <b>MO</b></i>	1	
<i>hydroxychloroquine 200 mg TABLET <b>MO</b></i>	1	
IMPAVIDO 50 MG CAPSULE <b>DL</b>	4	QL(84 per 28 days)
<i>ivermectin 3 mg TABLET <b>MO</b></i>	1	
KRINTAFEL 150 MG TABLET <b>MO</b>	2	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET <b>MO</b>	3	
MALARONE 250-100 MG TABLET <b>MO</b>	3	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET <b>MO</b>	3	PA
<i>mefloquine 250 mg TABLET <b>MO</b></i>	1	
MEPRON 750 MG/5 ML SUSPENSION <b>DL</b>	4	
NEBUPENT 300 MG RECON SOLUTION <b>MO</b>	3	BvsD
<i>nitazoxanide 500 mg TABLET <b>DL</b></i>	4	QL(40 per 30 days)
PENTAM 300 MG RECON SOLUTION <b>MO</b>	3	
<i>pentamidine 300 mg RECON SOLUTION <b>MO</b></i>	1	BvsD
<i>pentamidine 300 mg RECON SOLUTION <b>MO</b></i>	1	
PLAQUENIL 200 MG TABLET <b>MO</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
praziquantel 600 mg TABLET <b>MO</b>	1	
primaquine 26.3 mg TABLET <b>MO</b>	1	
pyrimethamine 25 mg TABLET <b>DL</b>	4	QL(90 per 30 days)
QUALAQUIN 324 MG CAPSULE <b>MO</b>	3	PA,QL(42 per 7 days)
quinine sulfate 324 mg CAPSULE <b>MO</b>	1	PA,QL(42 per 7 days)
STROMEKTOL 3 MG TABLET <b>MO</b>	3	PA
<b>ANTIPARKINSON AGENTS</b>		
amantadine hcl 100 mg CAPSULE <b>MO</b>	1	
amantadine hcl 100 mg TABLET <b>MO</b>	1	
amantadine hcl 50 mg/5 ml SOLUTION <b>MO</b>	1	
APOKYN 10 MG/ML CARTRIDGE <b>DL</b>	4	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE <b>DL</b>	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET <b>MO</b>	1	
benztropine 1 mg/ml SOLUTION <b>MO</b>	1	
bromocriptine 2.5 mg TABLET <b>MO</b>	1	
bromocriptine 5 mg CAPSULE <b>MO</b>	1	QL(600 per 30 days)
carbidopa 25 mg TABLET <b>MO</b>	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING <b>MO</b>	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET <b>MO</b>	1	
carbidopa-levodopa 25-100 mg TABLET <b>MO</b>	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER <b>MO</b>	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg TABLET <b>MO</b>	1	QL(240 per 30 days)
carbidopa-levodopa-entacapone 50-200-200 mg TABLET <b>MO</b>	1	
COMTAN 200 MG TABLET <b>MO</b>	3	PA,QL(300 per 30 days)
DHIVY 25-100 MG TABLET <b>MO</b>	3	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION <b>DL</b>	4	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET <b>MO</b>	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE <b>DL</b>	4	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	4	PA,QL(300 per 30 days)
KYNMOBI 10 MG, 15 MG, 20 MG, 25 MG, 30 MG FILM <b>DL</b>	4	PA,QL(150 per 30 days)
KYNMOBI 10-15-20-25-30 MG FILM <b>DL</b>	4	PA,QL(150 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LODOSYN 25 MG TABLET <b>DL</b>	4	PA
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET <b>MO</b>	3	ST
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. <b>MO</b>	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. <b>MO</b>	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE <b>MO</b>	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	PA,QL(60 per 30 days)
PARLODEL 2.5 MG TABLET <b>MO</b>	3	PA
PARLODEL 5 MG CAPSULE <b>MO</b>	3	PA,QL(600 per 30 days)
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET <b>MO</b></i>	1	
<i>pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. <b>MO</b></i>	1	ST,QL(30 per 30 days)
<i>rasagiline 0.5 mg, 1 mg TABLET <b>MO</b></i>	1	PA,QL(30 per 30 days)
<i>ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET <b>MO</b></i>	1	
<i>ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. <b>MO</b></i>	1	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG CAPSULE, ER <b>MO</b>	3	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER <b>MO</b>	3	ST,QL(270 per 30 days)
RYTARY 48.75-195 MG CAPSULE, ER <b>MO</b>	3	ST,QL(360 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER <b>MO</b>	3	ST,QL(300 per 30 days)
<i>selegiline hcl 5 mg CAPSULE <b>MO</b></i>	1	
<i>selegiline hcl 5 mg TABLET <b>MO</b></i>	1	
SINEMET 10-100 MG, 25-100 MG TABLET <b>MO</b>	3	PA
STALEVO 100 25-100-200 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
STALEVO 125 31.25-125-200 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
STALEVO 150 37.5-150-200 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
STALEVO 200 50-200-200 MG TABLET <b>DL</b>	4	PA
STALEVO 50 12.5-50-200 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
STALEVO 75 18.75-75-200 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
TASMAR 100 MG TABLET <b>DL</b>	4	PA
<i>tolcapone 100 mg TABLET <b>DL</b></i>	4	PA
<i>trihexyphenidyl 0.4 mg/ml ELIXIR <b>MO</b></i>	1	
<i>trihexyphenidyl 2 mg, 5 mg TABLET <b>MO</b></i>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XADAGO 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING <b>DL</b>	4	
<b>ANTIPSYCHOTICS</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET <b>DL</b>	4	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 <b>DL</b>	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(1 per 28 days)
ABILIFY MYCITE 10 MG, 15 MG, 2 MG, 20 MG, 5 MG TABLET WITH SENSOR AND PATCH <b>DL</b>	4	PA,QL(30 per 30 days)
ABILIFY MYCITE 30 MG TABLET WITH SENSOR AND PATCH <b>DL</b>	4	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG, 30 MG TABLET WITH SENSOR AND STRIP <b>DL</b>	4	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 15 MG, 2 MG, 20 MG, 5 MG TABLET WITH SENSOR AND STRIP <b>DL</b>	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG TABLET W/SENSOR AND STRIP, POD <b>DL</b>	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD <b>DL</b>	4	PA,QL(30 per 30 days)
aripiprazole 1 mg/ml SOLUTION <b>MO</b>	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET <b>MO</b>	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET <b>MO</b>	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET <b>MO</b>	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE <b>MO</b>	1	
chlorpromazine 25 mg/ml SOLUTION <b>MO</b>	1	
clozapine 100 mg TABLET <b>MO</b>	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING <b>MO</b>	1	PA
clozapine 150 mg TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 200 mg TABLET <b>MO</b>	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET <b>MO</b>	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING <b>MO</b>	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET <b>MO</b>	1	
CLOZARIL 100 MG TABLET <b>DL</b>	4	QL(270 per 30 days)
CLOZARIL 200 MG TABLET <b>DL</b>	4	QL(135 per 30 days)
CLOZARIL 25 MG TABLET <b>DL</b>	4	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET <b>DL</b>	4	
droperidol 2.5 mg/ml SOLUTION <b>MO</b>	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK <b>MO</b>	3	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION <b>MO</b>	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR <b>MO</b>	1	
fluphenazine hcl 2.5 mg/ml SOLUTION <b>MO</b>	1	
fluphenazine hcl 5 mg/ml CONCENTRATE <b>MO</b>	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE <b>DL</b>	4	PA
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION <b>MO</b>	3	PA
HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION <b>MO</b>	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION <b>MO</b>	1	
haloperidol lactate 2 mg/ml CONCENTRATE <b>MO</b>	1	
haloperidol lactate 5 mg/ml SOLUTION <b>MO</b>	1	
haloperidol lactate 5 mg/ml SYRINGE <b>MO</b>	1	
INVEGA 1.5 MG, 3 MG, 9 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
INVEGA 6 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	4	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE <b>DL</b>	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE <b>DL</b>	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE <b>MO</b>	3	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	4	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	4	QL(1.75 per 90 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	4	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE <b>MO</b>	1	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
lurasidone 80 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
molindone 10 mg TABLET <b>MO</b>	1	PA,QL(240 per 30 days)
molindone 25 mg TABLET <b>MO</b>	1	PA,QL(270 per 30 days)
molindone 5 mg TABLET <b>MO</b>	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION <b>MO</b>	1	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET <b>MO</b>	1	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING <b>MO</b>	1	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET <b>MO</b>	1	
quetiapine 100 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
quetiapine 150 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(90 per 30 days)
quetiapine 200 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET <b>MO</b>	3	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION <b>DL</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON <b>MO</b>	3	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON <b>DL</b>	4	QL(2 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET</i> <b>MO</b>	1	QL(60 per 30 days)
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING</i> <b>MO</b>	1	ST,QL(60 per 30 days)
<i>risperidone 0.5 mg TABLET</i> <b>MO</b>	1	QL(120 per 30 days)
<i>risperidone 0.5 mg TABLET, DISINTEGRATING</i> <b>MO</b>	1	ST,QL(120 per 30 days)
<i>risperidone 1 mg/ml SOLUTION</i> <b>MO</b>	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET <b>MO</b>	3	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET <b>MO</b>	3	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK <b>MO</b>	3	PA,QL(15 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET</i> <b>MO</b>	1	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE</i> <b>MO</b>	1	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET</i> <b>MO</b>	1	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(0.28 per 28 days)
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	4	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	4	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	4	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE <b>DL</b>	4	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION <b>DL</b>	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK <b>MO</b>	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE</i> <b>MO</b>	1	
<i>ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION</i> <b>MO</b>	1	
ZYPREXA 10 MG RECON SOLUTION <b>MO</b>	3	
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	QL(2 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING <b>DL</b>	4	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING <b>DL</b>	4	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG TABLET, DISINTEGRATING <b>MO</b>	3	QL(30 per 30 days)
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen</i> 10 mg TABLET <b>MO</b>	1	
<i>baclofen</i> 10 mg/5 ml (2 mg/ml) SOLUTION <b>DL</b>	4	
<i>baclofen</i> 20 mg TABLET <b>MO</b>	1	
<i>baclofen</i> 25 mg/5 ml (5 mg/ml) SUSPENSION <b>DL</b>	4	QL(480 per 30 days)
<i>baclofen</i> 5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
DANTRIUM 20 MG RECON SOLUTION <b>MO</b>	3	
DANTRIUM 25 MG, 50 MG CAPSULE <b>MO</b>	3	
<i>dantrolene</i> 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b>	1	
<i>dantrolene</i> 20 mg RECON SOLUTION <b>MO</b>	1	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION <b>DL</b>	4	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET <b>DL</b>	4	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET <b>DL</b>	4	ST,QL(270 per 30 days)
<i>revonto</i> 20 mg RECON SOLUTION <b>MO</b>	1	
<i>tizanidine</i> 2 mg, 4 mg TABLET <b>MO</b>	1	
<i>tizanidine</i> 2 mg, 4 mg, 6 mg CAPSULE <b>MO</b>	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE <b>MO</b>	3	ST
ZANAFLEX 4 MG TABLET <b>MO</b>	3	ST
<b>ANTIVIRALS</b>		
<i>abacavir</i> 20 mg/ml SOLUTION <b>MO</b>	1	QL(960 per 30 days)
<i>abacavir</i> 300 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
<i>abacavir-lamivudine</i> 600-300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
<i>acyclovir</i> 200 mg CAPSULE <b>MO</b>	1	
<i>acyclovir</i> 200 mg/5 ml SUSPENSION <b>MO</b>	1	
<i>acyclovir</i> 400 mg TABLET <b>MO</b>	1	
<i>acyclovir</i> 5 % CREAM <b>DL</b>	4	PA,QL(5 per 30 days)
<i>acyclovir</i> 5 % OINTMENT <b>MO</b>	1	PA,QL(30 per 30 days)
<i>acyclovir</i> 800 mg TABLET <b>MO</b>	1	
<i>acyclovir sodium</i> 1,000 mg, 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
<i>acyclovir sodium</i> 50 mg/ml SOLUTION <b>MO</b>	1	BvsD
<i>adefovir</i> 10 mg TABLET <b>MO</b>	1	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER <b>DL</b>	4	QL(21 per 365 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTIVUS 250 MG CAPSULE <b>DL</b>	4	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION <b>DL</b>	4	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER <b>DL</b>	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION <b>DL</b>	4	
CIMDUO 300-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
darunavir ethanolate 600 mg TABLET <b>DL</b>	4	QL(60 per 30 days)
darunavir ethanolate 800 mg TABLET <b>DL</b>	4	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
DENAVIR 1 % CREAM <b>DL</b>	4	PA
DESCOVY 120-15 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
DESCOVY 200-25 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC <b>MO</b>	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
EDURANT 25 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
efavirenz 200 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE <b>MO</b>	1	QL(480 per 30 days)
efavirenz 600 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET <b>DL</b>	4	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION <b>MO</b>	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

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

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
lamivudine 10 mg/ml SOLUTION <b>MO</b>	1	QL(900 per 30 days)
lamivudine 100 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
lamivudine 150 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
lamivudine 300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION <b>MO</b>	3	QL(1575 per 28 days)
LEXIVA 700 MG TABLET <b>DL</b>	4	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET <b>MO</b>	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET <b>MO</b>	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION <b>MO</b>	1	
maraviroc 150 mg TABLET <b>DL</b>	4	QL(240 per 30 days)
maraviroc 300 mg TABLET <b>DL</b>	4	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET <b>DL</b>	4	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
nevirapine 200 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION <b>MO</b>	1	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET <b>MO</b>	3	QL(360 per 30 days)
NORVIR 100 MG TABLET <b>MO</b>	3	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION <b>MO</b>	3	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE <b>MO</b>	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE <b>MO</b>	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	QL(1440 per 365 days)
penciclovir 1 % CREAM <b>MO</b>	1	PA
PIFELTRO 100 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
PREVYMIS 240 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION <b>DL</b>	4	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET <b>DL</b>	4	PA
PREVYMIS 480 MG/24 ML SOLUTION <b>DL</b>	4	PA,QL(672 per 28 days)
PREZCOBIX 800-150 MG-MG TABLET <b>DL</b>	4	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION <b>DL</b>	4	QL(360 per 30 days)
PREZISTA 150 MG TABLET <b>DL</b>	4	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 600 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
PREZISTA 75 MG TABLET <b>MO</b>	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION <b>MO</b>	3	
RETROVIR 10 MG/ML SYRUP <b>MO</b>	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE <b>MO</b>	3	QL(180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE <b>DL</b>	4	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE <b>DL</b>	4	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET <b>MO</b>	3	
<i>ribavirin</i> 200 mg CAPSULE <b>MO</b>	1	QL(168 per 28 days)
<i>ribavirin</i> 200 mg TABLET <b>MO</b>	1	QL(168 per 28 days)
<i>rimantadine</i> 100 mg TABLET <b>MO</b>	1	
<i>ritonavir</i> 100 mg TABLET <b>MO</b>	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. <b>DL</b>	4	QL(60 per 30 days)
SELZENTRY 150 MG TABLET <b>DL</b>	4	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION <b>DL</b>	4	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	3	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	4	QL(120 per 30 days)
SITAVIG 50 MG MUCO-ADHESIVE BUCCAL TABLET <b>MO</b>	3	PA,QL(1 per 28 days)
SOVALDI 150 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
<i>stavudine</i> 15 mg, 20 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
<i>stavudine</i> 30 mg, 40 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
SUNLENCA 300 MG TABLET <b>DL</b>	4	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	4	QL(9 per 365 days)
SUSTIVA 200 MG CAPSULE <b>DL</b>	4	QL(120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>DL</b>	4	QL(480 per 30 days)
SUSTIVA 600 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
SYMFI 600-300-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE <b>MO</b>	3	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	3	PA,QL(112 per 365 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	PA,QL(1440 per 365 days)
TEMIXYS 300-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET <b>MO</b>	3	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION <b>DL</b>	4	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION <b>DL</b>	4	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION <b>DL</b>	4	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
TYBOST 150 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET</i> <b>MO</b>	1	
VALCYTE 450 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION <b>DL</b>	4	PA,QL(1056 per 30 days)
<i>valganciclovir 450 mg TABLET</i> <b>MO</b>	1	QL(120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION</i> <b>DL</b>	4	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET <b>MO</b>	3	PA
VEMLIDY 25 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG -50 MG/250 MG TABLET, DOSE PACK <b>DL</b>	4	PA,QL(112 per 28 days)
VIRACEPT 250 MG TABLET <b>DL</b>	4	QL(300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	4	QL(120 per 30 days)
VIRAMUNE XR 400 MG TABLET, ER 24 HR. <b>DL</b>	4	QL(30 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER <b>DL</b>	4	QL(240 per 30 days)
VOCABRIA 30 MG TABLET <b>DL</b>	4	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM <b>DL</b>	4	QL(5 per 30 days)
XOFLUZA 20 MG TABLET <b>MO</b>	3	QL(10 per 365 days)
XOFLUZA 40 MG TABLET <b>MO</b>	3	QL(10 per 365 days)
XOFLUZA 80 MG TABLET <b>MO</b>	3	QL(5 per 365 days)
ZEPATIER 50-100 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION <b>MO</b>	3	QL(960 per 30 days)
ZIAGEN 300 MG TABLET <b>MO</b>	3	QL(60 per 30 days)
<i>zidovudine 10 mg/ml SYRUP</i> <b>MO</b>	1	QL(1680 per 28 days)
<i>zidovudine 100 mg CAPSULE</i> <b>MO</b>	1	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zidovudine 300 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL <b>MO</b>	3	QL(5 per 30 days)
ZOVIRAX 200 MG/5 ML SUSPENSION <b>MO</b>	3	PA
ZOVIRAX 5 % CREAM <b>DL</b>	4	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT <b>DL</b>	4	PA,QL(30 per 30 days)
<b>ANXIOLYTICS</b>		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING <b>DL</b>	1	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. <b>DL</b>	1	QL(60 per 30 days)
alprazolam 2 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE <b>DL</b>	1	
ATIVAN 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET <b>DL</b>	4	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION <b>DL</b>	3	PA
buspirone 10 mg, 15 mg, 5 mg TABLET <b>MO</b>	1	
buspirone 30 mg, 7.5 mg TABLET <b>MO</b>	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE <b>DL</b>	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING <b>DL</b>	1	
clonazepam 0.5 mg, 1 mg TABLET <b>DL</b>	1	
clonazepam 2 mg TABLET <b>DL</b>	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET <b>DL</b>	1	
diazepam 10 mg TABLET <b>DL</b>	1	QL(120 per 30 days)
diazepam 2 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
diazepam 5 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION <b>DL</b>	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE <b>DL</b>	1	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION <b>DL</b>	1	
diazepam 5 mg/ml SYRINGE <b>DL</b>	1	
diazepam intensol 5 mg/ml CONCENTRATE <b>DL</b>	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	
doxepin 10 mg/ml CONCENTRATE <b>MO</b>	1	
hydroxyzine hcl 10 mg, 50 mg TABLET <b>MO</b>	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION <b>MO</b>	1	
hydroxyzine hcl 25 mg TABLET <b>MO</b>	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lorazepam 0.5 mg, 1 mg TABLET <b>DL</b>	1	QL(90 per 30 days)
lorazepam 2 mg TABLET <b>DL</b>	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE <b>DL</b>	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE <b>DL</b>	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION <b>DL</b>	1	
lorazepam intensol 2 mg/ml CONCENTRATE <b>DL</b>	1	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET <b>MO</b>	1	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE <b>DL</b>	1	
TRANXENE T-TAB 7.5 MG TABLET <b>DL</b>	3	PA
VALIUM 10 MG TABLET <b>DL</b>	3	PA,QL(120 per 30 days)
VALIUM 2 MG, 5 MG TABLET <b>DL</b>	3	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET <b>DL</b>	3	PA,QL(120 per 30 days)
XANAX 2 MG TABLET <b>DL</b>	3	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. <b>DL</b>	3	PA,QL(60 per 30 days)
<b>BIPOLAR AGENTS</b>		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE <b>MO</b>	1	
lithium carbonate 300 mg TABLET <b>MO</b>	1	
lithium carbonate 300 mg, 450 mg TABLET ER <b>MO</b>	1	
lithium citrate 8 meq/5 ml SOLUTION <b>MO</b>	1	
LITHOBID 300 MG TABLET ER <b>DL</b>	4	
<b>BLOOD GLUCOSE REGULATORS</b>		
acarbose 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
ACTOPLUS MET 15-500 MG, 15-850 MG TABLET <b>MO</b>	3	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ADLYXIN 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML PEN INJECTOR <b>MO</b>	3	ST,QL(6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN <b>MO</b>	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION <b>MO</b>	3	ST
AFREZZA 12 UNIT, 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL(90 per 30 days)
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL(180 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET <b>MO</b>	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN <b>MO</b>	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

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

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE <b>MO</b>	2	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE <b>MO</b>	2	
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT <b>MO</b>	3	ST
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	ST
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION <b>MO</b>	3	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN <b>MO</b>	3	ST
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION <b>MO</b>	3	ST
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN <b>MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE <b>MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION <b>MO</b>	3	ST
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN <b>MO</b>	3	ST
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION <b>MO</b>	3	ST
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION <b>MO</b>	3	ST
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION <b>DL</b>	4	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN <b>DL</b>	4	
INPEFA 200 MG, 400 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN <b>MO</b>	2	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION <b>MO</b>	2	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE <b>MO</b>	2	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION <b>MO</b>	2	
INSULIN DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION <b>MO</b>	3	PA
INSULIN GLARGINE 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	PA
INSULIN GLARGINE 100 UNIT/ML SOLUTION <b>MO</b>	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION <b>MO</b>	3	PA
INSULIN LISPRO 100 UNIT/ML INSULIN PEN <b>MO</b>	3	ST
INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT <b>MO</b>	3	ST
INSULIN LISPRO 100 UNIT/ML SOLUTION <b>MO</b>	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN <b>MO</b>	3	ST
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
JANUMET 50-1,000 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
JANUMET 50-500 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	2	QL(30 per 30 days)
JANUMET XR 50-1,000 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	2	QL(60 per 30 days)
JANUMET XR 50-500 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	2	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(30 per 30 days)
KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
KOMBIGLYZE XR 2.5-1,000 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	3	QL(60 per 30 days)
KOMBIGLYZE XR 5-1,000 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	3	QL(30 per 30 days)
KOMBIGLYZE XR 5-500 MG TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	2	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN <b>MO</b>	3	ST
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	ST
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN <b>MO</b>	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	3	ST
metformin 1,000 mg TABLET, ER 24 HR. <b>DL</b>	4	ST,QL(60 per 30 days)
metformin 1,000 mg TABLET, GAST. RETENTION 24 HR. <b>DL</b>	4	ST,QL(60 per 30 days)
metformin 1,000 mg, 500 mg TABLET <b>MO</b>	1	
metformin 500 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(120 per 30 days)
metformin 500 mg TABLET, ER 24 HR. <b>DL</b>	4	ST,QL(150 per 30 days)
metformin 500 mg TABLET, GAST. RETENTION 24 HR. <b>DL</b>	4	ST,QL(120 per 30 days)
metformin 500 mg/5 ml SOLUTION <b>MO</b>	1	QL(750 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

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

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIOMET ER 500 MG/5 ML SUSPENSION, ER, RECON <b>MO</b>	3	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE <b>MO</b>	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
SEMGLEE PEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	PA
SEMGLEE U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	3	PA
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION <b>MO</b>	3	PA
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN <b>MO</b>	2	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
STEGLUJAN 15-100 MG, 5-100 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR <b>DL</b>	4	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR <b>DL</b>	4	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN <b>MO</b>	2	
TRADJENTA 5 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN <b>MO</b>	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION <b>MO</b>	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	2	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR <b>MO</b>	2	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR <b>MO</b>	2	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR <b>MO</b>	2	QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	QL(60 per 30 days)
XIGDUO XR 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN <b>MO</b>	2	QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR <b>MO</b>	2	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE <b>MO</b>	2	
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE <b>MO</b>	3	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION <b>MO</b>	3	
AGRYLIN 0.5 MG CAPSULE <b>MO</b>	3	PA
AMICAR 1,000 MG, 500 MG TABLET <b>DL</b>	4	PA
AMICAR 250 MG/ML (25 %) SOLUTION <b>DL</b>	4	PA
<i>aminocaproic acid 1,000 mg, 500 mg TABLET <b>DL</b></i>	4	
<i>aminocaproic acid 250 mg/ml (25 %) SOLUTION <b>DL</b></i>	4	
<i>aminocaproic acid 250 mg/ml SOLUTION <b>MO</b></i>	1	
<i>anagrelide 0.5 mg, 1 mg CAPSULE <b>MO</b></i>	1	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE <b>MO</b>	3	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE <b>MO</b>	3	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION <b>MO</b>	3	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE <b>DL</b>	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE <b>MO</b>	3	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(18 per 30 days)
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. <b>MO</b></i>	1	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
CABLIVI 11 MG KIT <b>DL</b>	4	PA,QL(30 per 30 days)
<i>cilostazol 100 mg, 50 mg TABLET <b>MO</b></i>	1	
<i>clopidogrel 300 mg TABLET <b>MO</b></i>	1	
<i>clopidogrel 75 mg TABLET <b>MO</b></i>	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dabigatran etexilate 150 mg, 75 mg CAPSULE</i> <b>MO</b>	1	QL(60 per 30 days)
<i>dipyridamole 25 mg, 50 mg, 75 mg TABLET</i> <b>MO</b>	1	
DOPTELET (10 TAB PACK) 20 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET <b>MO</b>	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK <b>MO</b>	2	QL(74 per 30 days)
<i>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</i> <b>MO</b>	1	
<i>enoxaparin 300 mg/3 ml SOLUTION</i> <b>MO</b>	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION <b>MO</b>	3	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION <b>MO</b>	3	PA,QL(28 per 30 days)
<i>eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION</i> <b>MO</b>	1	
<i>fondaparinux 10 mg/0.8 ml SYRINGE</i> <b>DL</b>	4	QL(24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml SYRINGE</i> <b>DL</b>	4	QL(15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml SYRINGE</i> <b>DL</b>	4	QL(12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml SYRINGE</i> <b>DL</b>	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE <b>DL</b>	4	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE <b>DL</b>	4	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE <b>DL</b>	4	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE <b>DL</b>	4	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE <b>DL</b>	4	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION <b>DL</b>	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION <b>DL</b>	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE <b>DL</b>	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 28 days)
<i>heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION</i> <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE <b>MO</b>	1	
heparin (porcine) 5,000 unit/ml SYRINGE <b>MO</b>	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION <b>MO</b>	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE <b>MO</b>	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET <b>MO</b>	1	
KENGREAL 50 MG RECON SOLUTION <b>DL</b>	4	
LEUKINE 250 MCG RECON SOLUTION <b>DL</b>	4	PA
LOVENOX 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML SYRINGE <b>DL</b>	4	PA
LOVENOX 300 MG/3 ML SOLUTION <b>DL</b>	4	PA
LYSTEDA 650 MG TABLET <b>MO</b>	3	QL(30 per 5 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET <b>DL</b>	4	PA,QL(7 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR <b>DL</b>	4	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 30 days)
NYVEPRIA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
PLAVIX 75 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION <b>DL</b>	4	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	3	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET <b>DL</b>	4	PA,QL(60 per 30 days)
prasugrel 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML SOLUTION <b>MO</b>	3	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML SOLUTION <b>MO</b>	3	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION <b>MO</b>	3	PA,QL(28 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET <b>DL,LA</b>	4	PA,QL(360 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROMACTA 12.5 MG, 75 MG TABLET <b>DL,LA</b>	4	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET <b>DL,LA</b>	4	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET <b>DL,LA</b>	4	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET <b>DL,LA</b>	4	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION <b>DL</b>	4	PA
RELEUKO 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(14 per 30 days)
RELEUKO 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 30 days)
RELEUKO 480 MCG/1.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML SOLUTION <b>MO</b>	3	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION <b>MO</b>	3	
ROLVEDON 13.2 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
<i>tirofiban-0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION</i> <b>MO</b>	1	
<i>tranexamic acid 1,000 mg/10 ml (100 mg/ml) SOLUTION</i> <b>MO</b>	1	PA
<i>tranexamic acid 650 mg TABLET</i> <b>MO</b>	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(1.2 per 28 days)
<i>warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET</i> <b>MO</b>	1	
<i>warfarin 5 mg TABLET</i> <b>MO</b>	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	2	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK <b>MO</b>	2	QL(51 per 30 days)
YOSPRALA 325-40 MG, 81-40 MG TABLET, IR, DR, BIPHASIC <b>MO</b>	3	PA,QL(30 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
ZONTIVITY 2.08 MG TABLET <b>MO</b>	3	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>CARDIOVASCULAR AGENTS</b>		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET <b>MO</b>	3	
acebutolol 200 mg, 400 mg CAPSULE <b>MO</b>	1	
acetazolamide 125 mg, 250 mg TABLET <b>MO</b>	1	
acetazolamide 500 mg CAPSULE, ER <b>MO</b>	1	
acetazolamide sodium 500 mg RECON SOLUTION <b>MO</b>	1	
adenosine 3 mg/ml SOLUTION <b>MO</b>	1	
adenosine 3 mg/ml SYRINGE <b>MO</b>	1	
ALDACTAZIDE 25-25 MG, 50-50 MG TABLET <b>MO</b>	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
aliskiren 150 mg, 300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE <b>MO</b>	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. <b>DL</b>	4	ST,QL(30 per 30 days)
amiloride 5 mg TABLET <b>MO</b>	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET <b>MO</b>	1	
amiodarone 100 mg TABLET <b>MO</b>	1	
amiodarone 150 mg/3 ml SYRINGE <b>MO</b>	1	
amiodarone 200 mg TABLET <b>MO</b>	1	
amiodarone 400 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
amiodarone 50 mg/ml SOLUTION <b>MO</b>	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiacid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET <b>MO</b>	3	QL(60 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
ATACAND 32 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
atenolol 100 mg TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atenolol 25 mg, 50 mg TABLET <b>MO</b>	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET <b>MO</b>	1	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION <b>MO</b>	3	ST,QL(600 per 30 days)
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET <b>MO</b>	1	
AVALIDE 150-12.5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET <b>MO</b>	1	
BENICAR 20 MG, 40 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET <b>DL</b>	4	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET <b>DL</b>	4	PA
betaxolol 10 mg, 20 mg TABLET <b>MO</b>	1	
BIDIL 20-37.5 MG TABLET <b>MO</b>	3	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION <b>MO</b>	3	
bisoprolol fumarate 10 mg, 5 mg TABLET <b>MO</b>	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET <b>MO</b>	1	
bretylum tosylate 50 mg/ml SOLUTION <b>MO</b>	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION <b>MO</b>	3	
BREVIBLOC IN NAACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION <b>MO</b>	3	
bumetanide 0.25 mg/ml SOLUTION <b>MO</b>	1	
bumetanide 0.5 mg, 2 mg TABLET <b>MO</b>	1	
bumetanide 1 mg TABLET <b>MO</b>	1	
BYSTOLIC 10 MG TABLET <b>MO</b>	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
CALAN SR 120 MG, 240 MG TABLET ER <b>MO</b>	3	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
candesartan 32 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET <b>MO</b>	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET <b>MO</b>	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION <b>MO</b>	3	PA,QL(450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET <b>MO</b>	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. <b>MO</b>	1	QL(30 per 30 days)
CATAPRES-TTS-1 0.1 MG/24 HR PATCH, WEEKLY <b>MO</b>	3	PA,QL(4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR PATCH, WEEKLY <b>MO</b>	3	PA,QL(4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR PATCH, WEEKLY <b>MO</b>	3	PA,QL(4 per 28 days)
chlorothiazide sodium 500 mg RECON SOLUTION <b>MO</b>	1	
chlorthalidone 25 mg TABLET <b>MO</b>	1	
chlorthalidone 50 mg TABLET <b>MO</b>	1	
cholestyramine (with sugar) 4 gram POWDER <b>MO</b>	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET <b>MO</b>	1	
cholestyramine light 4 gram POWDER <b>MO</b>	1	
cholestyramine light 4 gram POWDER IN PACKET <b>MO</b>	1	
cholestyramine-aspartame 4 gram POWDER IN PACKET <b>MO</b>	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION <b>MO</b>	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY <b>MO</b>	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET <b>MO</b>	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET <b>MO</b>	1	
colesevelam 3.75 gram POWDER IN PACKET <b>MO</b>	1	QL(30 per 30 days)
colesevelam 625 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
COLESTID 1 GRAM TABLET <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLESTID 5 GRAM GRANULES <b>MO</b>	3	QL(1000 per 30 days)
COLESTID 5 GRAM PACKET <b>MO</b>	3	
COLESTID FLAVORED 5 GRAM GRANULES <b>MO</b>	3	QL(1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM PACKET <b>MO</b>	3	
colestipol 1 gram TABLET <b>MO</b>	1	
colestipol 5 gram GRANULES <b>MO</b>	1	QL(1000 per 30 days)
colestipol 5 gram PACKET <b>MO</b>	1	
CONJUPRI 2.5 MG, 5 MG TABLET <b>MO</b>	3	QL(30 per 30 days)
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET <b>MO</b>	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE ER MULTIPHASE 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
CORGARD 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	PA
CORLANOR 5 MG, 7.5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION <b>MO</b>	3	PA,QL(560 per 28 days)
CORLOPAM 10 MG/ML SOLUTION <b>MO</b>	3	
CORVERT 0.1 MG/ML SOLUTION <b>MO</b>	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	PA
DEMSER 250 MG CAPSULE <b>DL</b>	4	
DIBENZYLIN 10 MG CAPSULE <b>DL</b>	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET <b>MO</b>	1	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET <b>MO</b>	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET <b>MO</b>	1	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET <b>MO</b>	1	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION <b>MO</b>	1	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION <b>MO</b>	1	
diltiazem hcl 120 mg CAPSULE, ER 12 HR. <b>MO</b>	1	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET <b>MO</b>	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION <b>MO</b>	1	
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. <b>MO</b>	1	QL(180 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE <b>MO</b>	1	
DIURIL 250 MG/5 ML SUSPENSION <b>MO</b>	3	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION <b>MO</b>	1	BvsD
dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION <b>MO</b>	1	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE <b>MO</b>	1	
dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml) SOLUTION <b>MO</b>	1	BvsD
dopamine in 5 % dextrose 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) SOLUTION <b>MO</b>	1	BvsD
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	
droxidopa 100 mg, 200 mg CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE <b>MO</b>	3	
EDARBI 40 MG, 80 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
EDECIN 25 MG TABLET <b>DL</b>	4	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION <b>MO</b>	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET <b>MO</b>	1	
enalaprilat 1.25 mg/ml SOLUTION <b>MO</b>	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
EPANED 1 MG/ML SOLUTION <b>DL</b>	4	
eplerenone 25 mg, 50 mg TABLET <b>MO</b>	1	PA
eprosartan 600 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION <b>MO</b>	1	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION <b>MO</b>	1	
ethacrynate sodium 50 mg RECON SOLUTION <b>MO</b>	1	
ethacrynic acid 25 mg TABLET <b>MO</b>	1	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION <b>DL</b>	4	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE <b>MO</b>	3	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ezetimibe-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
ezetimibe-rosuvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 120 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibrate 40 mg, 54 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
fenofibrate 50 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE <b>MO</b>	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
fenofibrate micronized 30 mg, 90 mg CAPSULE <b>MO</b>	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET <b>MO</b>	2	QL(30 per 30 days)
fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC <b>MO</b>	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET <b>MO</b>	3	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET <b>MO</b>	3	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET <b>MO</b>	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET <b>MO</b>	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION <b>MO</b>	3	ST,QL(150 per 30 days)
fluvastatin 20 mg, 40 mg CAPSULE <b>MO</b>	1	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET <b>MO</b>	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET <b>MO</b>	1	
FUROSCIX 80 MG/10 ML KIT <b>MO</b>	3	PA
furosemide 10 mg/ml SYRINGE <b>MO</b>	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION <b>MO</b>	1	
furosemide 20 mg, 40 mg TABLET <b>MO</b>	1	
furosemide 80 mg TABLET <b>MO</b>	1	
gemfibrozil 600 mg TABLET <b>MO</b>	1	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GONITRO 400 MCG POWDER IN PACKET <b>MO</b>	3	
guanfacine 1 mg TABLET <b>MO</b>	1	
guanfacine 2 mg TABLET <b>MO</b>	1	
HEMANGEOL 4.28 MG/ML SOLUTION <b>MO</b>	3	
hydralazine 10 mg, 100 mg TABLET <b>MO</b>	1	
hydralazine 20 mg/ml SOLUTION <b>MO</b>	1	
hydralazine 25 mg, 50 mg TABLET <b>MO</b>	1	
hydrochlorothiazide 12.5 mg CAPSULE <b>MO</b>	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET <b>MO</b>	1	
hydrochlorothiazide 50 mg TABLET <b>MO</b>	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION <b>MO</b>	1	
IMMPHENTIV 0.1 MG/ML SOLUTION <b>MO</b>	3	
indapamide 1.25 mg, 2.5 mg TABLET <b>MO</b>	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. <b>DL</b>	4	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR. <b>DL</b>	4	
INSPIRA 25 MG, 50 MG TABLET <b>MO</b>	3	PA
irbesartan 150 mg, 75 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
irbesartan 300 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET <b>DL</b>	4	
ISORDIL TITRADOSE 5 MG TABLET <b>DL</b>	4	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
isosorbide mononitrate 10 mg, 20 mg TABLET <b>MO</b>	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. <b>MO</b>	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. <b>MO</b>	1	
isosorbide-hydralazine 20-37.5 mg TABLET <b>MO</b>	1	PA,QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE <b>MO</b>	1	
ISUPREL 0.2 MG/ML SOLUTION <b>MO</b>	3	
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE <b>DL</b>	4	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. <b>MO</b>	3	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION <b>MO</b>	3	QL(300 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

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

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOVAZA 1 GRAM CAPSULE <b>MO</b>	3	PA,QL(120 per 30 days)
mannitol 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	1	
mannitol 20 % 20 % PARENTERAL SOLUTION <b>MO</b>	1	
mannitol 25 % 25 % SOLUTION <b>MO</b>	1	
mannitol 5 % 5 % PARENTERAL SOLUTION <b>MO</b>	1	
matzim la 180 mg, 240 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
MAXZIDE 75-50 MG TABLET <b>MO</b>	3	PA
MAXZIDE-25MG 37.5-25 MG TABLET <b>MO</b>	3	PA
methazolamide 25 mg, 50 mg TABLET <b>MO</b>	1	
methyldopa 250 mg, 500 mg TABLET <b>MO</b>	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET <b>MO</b>	1	
methyldopate 250 mg/5 ml SOLUTION <b>MO</b>	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. <b>MO</b>	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. <b>MO</b>	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET <b>MO</b>	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET <b>MO</b>	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET <b>MO</b>	1	
metoprolol tartrate 5 mg/5 ml SOLUTION <b>MO</b>	1	
metyrosine 250 mg CAPSULE <b>DL</b>	4	
mexiletine 150 mg, 200 mg, 250 mg CAPSULE <b>MO</b>	1	
MICARDIS 20 MG, 40 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
midodrine 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
milrinone 1 mg/ml SOLUTION <b>MO</b>	1	BvsD
milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK <b>MO</b>	1	BvsD
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE <b>MO</b>	3	
minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
minitran 0.4 mg/hr PATCH, 24 HR. <b>MO</b>	1	QL(60 per 30 days)
minoxidil 10 mg, 2.5 mg TABLET <b>MO</b>	1	
moexipril 15 mg, 7.5 mg TABLET <b>MO</b>	1	
MULTAQ 400 MG TABLET <b>MO</b>	2	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
<i>nadolol 20 mg, 40 mg, 80 mg TABLET</i> <b>MO</b>	1	
<i>nebivolol 10 mg TABLET</i> <b>MO</b>	1	QL(120 per 30 days)
<i>nebivolol 2.5 mg, 5 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>nebivolol 20 mg TABLET</i> <b>MO</b>	1	QL(60 per 30 days)
<b>NEXLETOL 180 MG TABLET</b> <b>MO</b>	2	PA,QL(30 per 30 days)
<b>NEXLIZET 180-10 MG TABLET</b> <b>MO</b>	2	PA,QL(30 per 30 days)
<b>NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION</b> <b>MO</b>	3	
<i>niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	
<i>niacin 500 mg TABLET</i> <b>MO</b>	1	
<i>niacor 500 mg TABLET</i> <b>MO</b>	1	
<b>NIASPAN EXTENDED-RELEASE 500 MG, 750 MG TABLET, ER 24 HR.</b> <b>MO</b>	3	PA
<i>nicardipine 20 mg, 30 mg CAPSULE</i> <b>MO</b>	1	
<i>nicardipine 25 mg/10 ml SOLUTION</i> <b>MO</b>	1	
<i>nifedipine 10 mg, 20 mg CAPSULE</i> <b>MO</b>	1	
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET ER</i> <b>MO</b>	1	QL(60 per 30 days)
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(60 per 30 days)
<i>nimodipine 30 mg CAPSULE</i> <b>MO</b>	1	
<i>nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(30 per 30 days)
<i>nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR.</i> <b>MO</b>	1	QL(60 per 30 days)
<b>NITRO-BID 2 % OINTMENT</b> <b>MO</b>	1	
<b>NITRO-DUR 0.1 MG/HR PATCH, 24 HR.</b> <b>MO</b>	3	QL(30 per 30 days)
<b>NITRO-DUR 0.2 MG/HR, 0.6 MG/HR PATCH, 24 HR.</b> <b>DL</b>	4	QL(30 per 30 days)
<b>NITRO-DUR 0.3 MG/HR, 0.8 MG/HR PATCH, 24 HR.</b> <b>DL</b>	4	
<b>NITRO-DUR 0.4 MG/HR PATCH, 24 HR.</b> <b>MO</b>	3	QL(60 per 30 days)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr PATCH, 24 HR.</i> <b>MO</b>	1	QL(30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET</i> <b>MO</b>	1	
<i>nitroglycerin 0.4 mg SUBLINGUAL TABLET</i> <b>MO</b>	1	
<i>nitroglycerin 0.4 mg/hr PATCH, 24 HR.</i> <b>MO</b>	1	QL(60 per 30 days)
<i>nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL</i> <b>MO</b>	1	
<i>nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION</i> <b>MO</b>	1	
<i>nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION</i> <b>MO</b>	1	
<b>NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL</b> <b>MO</b>	3	
<b>NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET</b> <b>MO</b>	2	
<i>norepinephrine bitartrate 1 mg/ml SOLUTION</i> <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORLIQVA 1 MG/ML SOLUTION <b>DL</b>	4	ST,QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE <b>MO</b>	3	
NORPACE CR 100 MG, 150 MG CAPSULE, ER <b>MO</b>	3	
NORTHERA 100 MG, 200 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA
NYMALIZE 30 MG/5 ML SYRINGE <b>DL</b>	4	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML SOLUTION <b>DL</b>	4	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE <b>DL</b>	4	QL(1260 per 28 days)
olmesartan 20 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
olmesartan 40 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
olmesartan 5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazyd 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE <b>MO</b>	1	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	3	
OSMITROL 15 % 15 % PARENTERAL SOLUTION <b>MO</b>	3	
OSMITROL 20 % 20 % PARENTERAL SOLUTION <b>MO</b>	3	
OSMITROL 5 % 5 % PARENTERAL SOLUTION <b>MO</b>	3	
PACERONE 100 MG TABLET <b>MO</b>	1	
pacerone 200 mg TABLET <b>MO</b>	1	
PACERONE 400 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
pentoxifylline 400 mg TABLET ER <b>MO</b>	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	
phenoxybenzamine 10 mg CAPSULE <b>DL</b>	4	
phenylephrine hcl 10 mg/ml SOLUTION <b>MO</b>	1	
pindolol 10 mg, 5 mg TABLET <b>MO</b>	1	
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR <b>MO</b>	3	PA,QL(2 per 28 days)
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET <b>MO</b>	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE <b>MO</b>	1	
PRESTALIA 14-10 MG, 3.5-2.5 MG, 7-5 MG TABLET <b>MO</b>	3	QL(30 per 30 days)
prevalite 4 gram POWDER <b>MO</b>	1	
prevalite 4 gram POWDER IN PACKET <b>MO</b>	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
propafenone 150 mg, 225 mg, 300 mg TABLET <b>MO</b>	1	
propafenone 225 mg, 325 mg CAPSULE, ER 12 HR. <b>MO</b>	1	QL(60 per 30 days)
propafenone 425 mg CAPSULE, ER 12 HR. <b>MO</b>	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION <b>MO</b>	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET <b>MO</b>	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. <b>MO</b>	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET <b>MO</b>	1	
QBRELIS 1 MG/ML SOLUTION <b>DL</b>	4	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER <b>MO</b>	1	
QUESTRAN 4 GRAM POWDER IN PACKET <b>MO</b>	1	
QUESTRAN LIGHT 4 GRAM POWDER <b>MO</b>	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET <b>MO</b>	1	
quinidine gluconate 324 mg TABLET ER <b>MO</b>	1	
quinidine sulfate 200 mg, 300 mg TABLET <b>MO</b>	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE <b>MO</b>	1	
RANEXA 1,000 MG, 500 MG TABLET, ER 12 HR. <b>MO</b>	3	PA,QL(120 per 30 days)
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. <b>MO</b>	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR <b>MO</b>	2	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR <b>MO</b>	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE <b>MO</b>	2	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET <b>MO</b>	1	
ROSZET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
RYTHMOL SR 225 MG, 325 MG CAPSULE, ER 12 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
RYTHMOL SR 425 MG CAPSULE, ER 12 HR. <b>MO</b>	3	PA
simvastatin 10 mg, 20 mg, 40 mg TABLET <b>MO</b>	1	
simvastatin 5 mg, 80 mg TABLET <b>MO</b>	1	
SOAAZ 20 MG, 40 MG, 60 MG TABLET <b>MO</b>	3	ST
SODIUM EDECRIN 50 MG RECON SOLUTION <b>MO</b>	3	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET <b>MO</b>	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET <b>MO</b>	1	
sotalol 150 mg/10 ml (15 mg/ml) SOLUTION <b>MO</b>	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET <b>MO</b>	1	
SOTYLIZE 5 MG/ML SOLUTION <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
spironolacton-hydrochlorothiaz 25-25 mg TABLET <b>MO</b>	1	
spironolactone 100 mg TABLET <b>MO</b>	1	
spironolactone 25 mg, 50 mg TABLET <b>MO</b>	1	
spironolactone 25 mg/5 ml SUSPENSION <b>MO</b>	3	PA,QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
telmisartan 80 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET <b>MO</b>	3	
TENORETIC 50 50-25 MG TABLET <b>MO</b>	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE <b>MO</b>	1	
THALITONE 15 MG TABLET <b>MO</b>	3	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. <b>MO</b>	3	QL(60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. <b>MO</b>	3	QL(30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE <b>MO</b>	3	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. <b>MO</b>	3	
torse mide 10 mg, 100 mg, 5 mg TABLET <b>MO</b>	1	
torse mide 20 mg TABLET <b>MO</b>	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET <b>MO</b>	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	1	
triamterene 100 mg, 50 mg CAPSULE <b>MO</b>	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE <b>MO</b>	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET <b>MO</b>	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIBENZOR 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC <b>MO</b>	3	PA,QL(30 per 30 days)
TWYNSTA 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
valsartan 160 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
VALSARTAN 4 MG/ML SOLUTION <b>DL</b>	4	ST,QL(2400 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <b>MO</b>	2	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE <b>MO</b>	2	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET <b>MO</b>	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET <b>DL</b>	4	PA
VAZCULEP 10 MG/ML SOLUTION <b>MO</b>	3	
vecamyl 2.5 mg TABLET <b>DL</b>	4	QL(300 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER <b>MO</b>	1	
verapamil 120 mg, 40 mg, 80 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
verapamil 2.5 mg/ml SOLUTION <b>MO</b>	1	
verapamil 2.5 mg/ml SYRINGE <b>MO</b>	1	
verapamil 360 mg CAPSULE ER PELLETS 24 HR. <b>MO</b>	1	QL(60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG CAPSULE ER PELLETS 24 HR. <b>MO</b>	3	
VERELAN 360 MG CAPSULE ER PELLETS 24 HR. <b>MO</b>	3	QL(60 per 30 days)
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. <b>MO</b>	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	2	PA,QL(30 per 30 days)
VYTORIN 10-10 10-10 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET <b>MO</b>	3	QL(30 per 30 days)
WELCHOL 625 MG TABLET <b>MO</b>	3	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET <b>MO</b>	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET <b>MO</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZETIA 10 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ZIAC 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG TABLET <b>MO</b>	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 80 MG TABLET <b>MO</b>	3	PA
ZYPITAMAG 2 MG, 4 MG TABLET <b>MO</b>	2	ST,QL(30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH <b>MO</b>	3	QL(30 per 30 days)
<i>amphetamine 1.25 mg/ml SUSPENSION, IR/ER BIPHASIC</i> <b>MO</b>	3	QL(450 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg TABLET</i> <b>MO</b>	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC <b>MO</b>	3	QL(30 per 30 days)
<i>atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE</i> <b>MO</b>	1	QL(60 per 30 days)
<i>atomoxetine 100 mg, 60 mg, 80 mg CAPSULE</i> <b>MO</b>	1	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(90 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK <b>DL</b>	4	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT <b>DL</b>	4	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC <b>DL</b>	4	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT <b>DL</b>	4	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	4	PA
<i>clonidine hcl 0.1 mg TABLET, ER 12 HR.</i> <b>MO</b>	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE <b>DL</b>	4	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE <b>DL</b>	4	PA,QL(12 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH <b>MO</b>	3	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH <b>MO</b>	3	QL(60 per 30 days)
dalfampridine 10 mg TABLET, ER 12 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
DAYBUE 200 MG/ML SOLUTION <b>DL</b>	4	PA,QL(3600 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. <b>MO</b>	3	QL(30 per 30 days)
DESOXYN 5 MG TABLET <b>DL</b>	4	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER <b>DL</b>	4	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER <b>DL</b>	4	PA,QL(120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE, ER <b>DL</b>	4	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg CAPSULE, ER <b>MO</b>	1	QL(180 per 30 days)
dextroamphetamine sulfate 10 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg CAPSULE, ER <b>MO</b>	1	QL(120 per 30 days)
dextroamphetamine sulfate 15 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
dextroamphetamine sulfate 20 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg CAPSULE, ER <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET <b>MO</b>	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION <b>MO</b>	1	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. <b>MO</b>	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC <b>DL</b>	4	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC <b>DL</b>	4	PA,QL(14 per 30 days)
DYANAVEL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC <b>MO</b>	3	QL(30 per 30 days)
DYANAVEL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC <b>MO</b>	3	QL(240 per 30 days)
EVEKEO 10 MG, 5 MG TABLET <b>MO</b>	1	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING <b>MO</b>	3	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING <b>MO</b>	3	QL(60 per 30 days)
EXSERVAN 50 MG FILM <b>DL</b>	4	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT <b>DL</b>	4	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION <b>DL</b>	4	PA,QL(15 per 30 days)
<i>fingolimod</i> 0.5 mg CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC <b>MO</b>	3	QL(30 per 30 days)
GILENYA 0.25 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
<i>glatiramer</i> 20 mg/ml SYRINGE <b>DL</b>	4	PA,QL(30 per 30 days)
<i>glatiramer</i> 40 mg/ml SYRINGE <b>DL</b>	4	PA,QL(12 per 28 days)
<i>glatopa</i> 20 mg/ml SYRINGE <b>DL</b>	4	PA,QL(30 per 30 days)
<i>glatopa</i> 40 mg/ml SYRINGE <b>DL</b>	4	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. <b>MO</b>	3	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. <b>MO</b>	3	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. <b>MO</b>	3	ST,QL(60 per 30 days)
<i>guanfacine</i> 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER <b>MO</b>	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK <b>DL</b>	4	PA,QL(28 per 28 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE <b>MO</b>	3	QL(30 per 30 days)
KAPVAY 0.1 MG TABLET, ER 12 HR. <b>MO</b>	3	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR <b>DL</b>	4	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION <b>DL</b>	4	PA,QL(6 per 365 days)
<i>lisdexamfetamine</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
<i>lisdexamfetamine</i> 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE <b>MO</b>	1	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	3	QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION <b>MO</b>	3	QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <b>MO</b>	3	QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAVENCLAD (10 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET <b>DL</b>	4	PA
MAYZENT 0.25 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(12 per 30 days)
metadate er 20 mg TABLET ER <b>MO</b>	1	QL(90 per 30 days)
methamphetamine 5 mg TABLET <b>DL</b>	4	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION <b>MO</b>	3	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION <b>MO</b>	3	PA,QL(1800 per 30 days)
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET <b>MO</b>	1	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER <b>MO</b>	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC <b>MO</b>	3	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION <b>MO</b>	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET <b>MO</b>	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER <b>MO</b>	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC <b>MO</b>	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR. <b>MO</b>	3	QL(30 per 30 days)
methylphenidate hcl 5 mg/5 ml SOLUTION <b>MO</b>	1	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. <b>MO</b>	3	QL(30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML PEN INJECTOR <b>DL</b>	4	PA,QL(1 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML - 94 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(14 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE <b>MO</b>	1	QL(90 per 30 days)
pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(30 per 30 days)
pregabalin 20 mg/ml SOLUTION <b>MO</b>	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE <b>MO</b>	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
pregabalin 330 mg TABLET, ER 24 HR. <b>MO</b>	1	PA,QL(60 per 30 days)
procentra 5 mg/5 ml SOLUTION <b>DL</b>	4	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION <b>DL</b>	4	PA
QELBREE 100 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE <b>MO</b>	3	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE <b>MO</b>	3	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON <b>MO</b>	3	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION <b>DL</b>	4	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION <b>DL</b>	4	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION <b>DL</b>	4	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR <b>DL</b>	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR <b>DL</b>	4	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE <b>DL</b>	4	PA,QL(4.2 per 28 days)
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. <b>MO</b>	3	QL(60 per 30 days)
relexxii 72 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
RELYVRIO 3-1 GRAM POWDER IN PACKET <b>DL</b>	4	PA,QL(56 per 28 days)
RILUTEK 50 MG TABLET <b>DL</b>	4	
riluzole 50 mg TABLET <b>MO</b>	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC <b>MO</b>	3	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC <b>MO</b>	3	PA,QL(60 per 30 days)
RUZURGI 10 MG TABLET <b>DL</b>	4	PA,QL(300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK <b>MO</b>	2	QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	3	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	3	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING <b>DL</b>	4	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC <b>DL</b>	4	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC <b>DL</b>	4	PA,QL(14 per 30 days)
teriflunomide 14 mg, 7 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET <b>MO</b>	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION <b>DL</b>	4	PA,QL(600 per 30 days)
TYSABRI 300 MG/15 ML SOLUTION <b>DL</b>	4	PA,QL(15 per 28 days)
VUMERITY 231 MG CAPSULE, DR/EC <b>DL</b>	4	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MO</b>	3	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. <b>MO</b>	3	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
zenzedi 10 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
ZENZEDI 15 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MO</b>	1	QL(90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	1	QL(60 per 30 days)
zenzedi 5 mg TABLET <b>MO</b>	1	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK <b>DL</b>	4	PA,QL(28 per 28 days)
ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG -0.92 MG (30) CAPSULE, DOSE PACK	4	PA,QL(37 per 37 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK <b>DL</b>	4	PA,QL(7 per 7 days)
<b>DENTAL &amp; ORAL AGENTS</b>		
cevimeline 30 mg CAPSULE <b>MO</b>	1	
chlorhexidine gluconate 0.12 % MOUTHWASH <b>MO</b>	1	
EVOXAC 30 MG CAPSULE <b>MO</b>	3	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION <b>DL</b>	4	
kourzeq 0.1 % PASTE <b>MO</b>	1	
oralone 0.1 % PASTE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroex oral rinse 0.12 % MOUTHWASH <b>MO</b>	1	
periogard 0.12 % MOUTHWASH <b>MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET <b>MO</b>	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET <b>MO</b>	3	
triamcinolone acetonide 0.1 % PASTE <b>MO</b>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE <b>DL</b>	4	ST,QL(60 per 30 days)
ABSORICA 40 MG CAPSULE <b>DL</b>	4	ST,QL(120 per 30 days)
ABSORICA LD 16 MG, 24 MG, 8 MG CAPSULE <b>DL</b>	4	ST,QL(60 per 30 days)
ABSORICA LD 32 MG CAPSULE <b>DL</b>	4	ST,QL(120 per 30 days)
ACANYA 1.2-2.5 % GEL WITH PUMP <b>MO</b>	3	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
accutane 40 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
acitretin 10 mg CAPSULE <b>MO</b>	1	PA,QL(90 per 30 days)
acitretin 17.5 mg CAPSULE <b>MO</b>	1	PA,QL(60 per 30 days)
acitretin 25 mg CAPSULE <b>MO</b>	1	PA
ACZONE 5 % GEL <b>MO</b>	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP <b>MO</b>	3	QL(90 per 30 days)
adapalene 0.1 % CREAM <b>MO</b>	1	QL(45 per 30 days)
adapalene 0.1 % SOLUTION <b>DL</b>	4	QL(60 per 30 days)
adapalene 0.1 % SWAB <b>MO</b>	1	QL(30 per 30 days)
adapalene 0.3 % GEL <b>MO</b>	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP <b>MO</b>	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(45 per 30 days)
adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP <b>MO</b>	3	QL(60 per 30 days)
AKLIEF 0.005 % CREAM <b>MO</b>	3	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
ALA-SCALP 2 % LOTION <b>MO</b>	1	QL(236.8 per 30 days)
alclometasone 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
alclometasone 0.05 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
ALDARA 5 % CREAM IN PACKET <b>MO</b>	3	PA,QL(12 per 30 days)
ALTABAX 1 % OINTMENT <b>MO</b>	3	
ALTRENO 0.05 % LOTION <b>MO</b>	3	PA,QL(90 per 30 days)
amcinonide 0.1 % CREAM <b>MO</b>	1	QL(120 per 30 days)
amcinonide 0.1 % OINTMENT <b>DL</b>	4	ST,QL(120 per 30 days)
ammonium lactate 12 % CREAM <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ammonium lactate 12 % LOTION <b>MO</b>	1	
amnesteam 10 mg, 20 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
amnesteam 40 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
AMZEEQ 4 % FOAM <b>MO</b>	3	PA,QL(30 per 30 days)
anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
apexicon e 0.05 % CREAM <b>MO</b>	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION <b>MO</b>	3	PA
ATRALIN 0.05 % GEL <b>MO</b>	3	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM <b>MO</b>	3	PA,QL(45 per 30 days)
AVITA 0.025 % GEL <b>MO</b>	3	PA,QL(45 per 30 days)
azelaic acid 15 % GEL <b>MO</b>	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM <b>MO</b>	3	QL(50 per 30 days)
BENZACLIN 1-5 % GEL <b>MO</b>	3	QL(50 per 30 days)
BENZACLIN PUMP 1-5 % GEL WITH PUMP <b>MO</b>	3	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL <b>MO</b>	3	QL(46.6 per 30 days)
beser 0.05 % LOTION <b>MO</b>	1	QL(240 per 30 days)
betamethasone dipropionate 0.05 % CREAM <b>MO</b>	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT <b>MO</b>	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM <b>MO</b>	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT <b>MO</b>	1	QL(180 per 30 days)
betamethasone valerate 0.12 % FOAM <b>MO</b>	1	QL(200 per 30 days)
betamethasone, augmented 0.05 % CREAM <b>MO</b>	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL <b>MO</b>	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION <b>MO</b>	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT <b>MO</b>	1	QL(100 per 30 days)
brimonidine 0.33 % GEL WITH PUMP <b>MO</b>	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION <b>MO</b>	3	ST,QL(200 per 30 days)
calcipotriene 0.005 % CREAM <b>MO</b>	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % FOAM <b>MO</b>	1	ST,QL(120 per 28 days)
calcipotriene 0.005 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
calcipotriene 0.005 % SOLUTION <b>MO</b>	1	QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % OINTMENT <b>MO</b>	1	PA,QL(60 per 30 days)
calcipotriene-betamethasone 0.005-0.064 % SUSPENSION <b>MO</b>	1	PA,QL(420 per 30 days)
calcitriol 3 mcg/gram OINTMENT <b>MO</b>	1	ST,QL(800 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calsodore 0.005 % CREAM <b>DL</b>	4	PA,QL(120 per 30 days)
CAPEX 0.01 % SHAMPOO <b>MO</b>	3	QL(840 per 30 days)
CARAC 0.5 % CREAM <b>DL</b>	4	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT <b>MO</b>	3	
claravis 10 mg, 20 mg, 30 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
claravis 40 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
CLEOCIN T 1 % LOTION <b>MO</b>	3	QL(60 per 30 days)
CLEOCIN T 1 % SOLUTION <b>MO</b>	3	QL(60 per 30 days)
clindacin 1 % FOAM <b>MO</b>	1	QL(100 per 30 days)
clindacin etz 1 % SWAB <b>MO</b>	1	
clindacin p 1 % SWAB <b>MO</b>	1	
CLINDAGEL 1 % GEL, ONCE DAILY <b>DL</b>	4	PA,QL(75 per 30 days)
clindamycin phosphate 1 % FOAM <b>MO</b>	1	QL(100 per 30 days)
clindamycin phosphate 1 % GEL <b>MO</b>	1	QL(60 per 30 days)
clindamycin phosphate 1 % GEL, ONCE DAILY <b>MO</b>	1	PA,QL(75 per 30 days)
clindamycin phosphate 1 % LOTION <b>MO</b>	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION <b>MO</b>	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB <b>MO</b>	1	
clindamycin-benzoyl peroxide 1-5 % GEL <b>MO</b>	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP <b>MO</b>	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL <b>MO</b>	1	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL <b>MO</b>	1	QL(60 per 30 days)
clobetasol 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM <b>MO</b>	1	QL(100 per 28 days)
clobetasol 0.05 % GEL <b>MO</b>	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION <b>MO</b>	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT <b>MO</b>	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO <b>MO</b>	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION <b>MO</b>	1	QL(100 per 30 days)
clobetasol 0.05 % SPRAY, NON-AEROSOL <b>MO</b>	1	QL(240 per 30 days)
clobetasol-emollient 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
clobetasol-emollient 0.05 % FOAM <b>MO</b>	1	QL(100 per 30 days)
CLOBEX 0.05 % LOTION <b>MO</b>	3	ST,QL(240 per 28 days)
CLOBEX 0.05 % SHAMPOO <b>MO</b>	3	ST,QL(240 per 30 days)
CLOBEX 0.05 % SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clocortolone pivalate 0.1 % CREAM</i> <b>MO</b>	1	QL(180 per 30 days)
<i>clodan 0.05 % SHAMPOO</i> <b>MO</b>	1	QL(240 per 30 days)
CLODERM 0.1 % CREAM <b>MO</b>	3	PA,QL(180 per 30 days)
CONDYLOX 0.5 % GEL <b>MO</b>	3	
CORDRAN 0.025 % CREAM <b>MO</b>	3	ST,QL(240 per 30 days)
CORDRAN 0.05 % CREAM <b>DL</b>	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % LOTION <b>DL</b>	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT <b>MO</b>	3	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE <b>DL</b>	4	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	
<i>crotan 10 % LOTION</i> <b>DL</b>	4	PA,QL(454 per 30 days)
<i>dapsone 5 % GEL</i> <b>MO</b>	1	QL(90 per 30 days)
<i>dapsone 7.5 % GEL WITH PUMP</i> <b>MO</b>	1	QL(90 per 30 days)
DERMA-SMOOTH/FS BODY OIL 0.01 % OIL <b>MO</b>	3	QL(118.28 per 30 days)
DERMA-SMOOTH/FS SCALP OIL 0.01 % OIL <b>MO</b>	3	QL(118.28 per 30 days)
<i>desonide 0.05 % CREAM</i> <b>MO</b>	1	QL(240 per 30 days)
<i>desonide 0.05 % GEL</i> <b>MO</b>	1	QL(240 per 30 days)
<i>desonide 0.05 % LOTION</i> <b>MO</b>	1	QL(240 per 30 days)
<i>desonide 0.05 % OINTMENT</i> <b>MO</b>	1	QL(240 per 30 days)
DESOWEN 0.05 % CREAM <b>MO</b>	3	QL(240 per 30 days)
<i>desoximetasone 0.05 % CREAM</i> <b>MO</b>	1	QL(240 per 30 days)
<i>desoximetasone 0.05 % GEL</i> <b>MO</b>	1	QL(240 per 30 days)
<i>desoximetasone 0.05 % OINTMENT</i> <b>MO</b>	1	QL(240 per 30 days)
<i>desoximetasone 0.25 % CREAM</i> <b>MO</b>	1	QL(120 per 30 days)
<i>desoximetasone 0.25 % OINTMENT</i> <b>MO</b>	1	QL(120 per 30 days)
<i>desoximetasone 0.25 % SPRAY, NON-AEROSOL</i> <b>MO</b>	1	QL(100 per 30 days)
<i>desrx 0.05 % GEL</i> <b>MO</b>	1	QL(240 per 30 days)
<i>diclofenac sodium 3 % GEL</i> <b>MO</b>	1	PA
DIFFERIN 0.1 % CREAM <b>MO</b>	3	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION <b>MO</b>	3	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP <b>MO</b>	3	QL(45 per 30 days)
<i>diflorasone 0.05 % CREAM</i> <b>DL</b>	4	QL(120 per 30 days)
<i>diflorasone 0.05 % OINTMENT</i> <b>DL</b>	4	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT <b>MO</b>	3	QL(100 per 30 days)
DOVONEX 0.005 % CREAM <b>MO</b>	3	PA,QL(120 per 30 days)
<i>doxepin 5 % CREAM</i> <b>DL</b>	4	PA,QL(45 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUOBRII 0.01-0.045 % LOTION <b>DL</b>	4	PA,QL(200 per 28 days)
EFUDEX 5 % CREAM <b>MO</b>	3	PA
ELIDEL 1 % CREAM <b>MO</b>	3	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM <b>MO</b>	3	
ENSTILAR 0.005-0.064 % FOAM <b>MO</b>	3	QL(120 per 30 days)
EPIDUO 0.1-2.5 % GEL WITH PUMP <b>MO</b>	3	QL(45 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP <b>MO</b>	3	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM <b>MO</b>	1	
EPSOLAY 5 % CREAM <b>MO</b>	3	ST,QL(30 per 30 days)
ery pads 2 % SWAB <b>MO</b>	1	QL(60 per 30 days)
ERYGEL 2 % GEL <b>MO</b>	1	QL(60 per 30 days)
erythromycin with ethanol 2 % GEL <b>MO</b>	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION <b>MO</b>	1	QL(120 per 30 days)
erythromycin-benzoyl peroxide 3-5 % GEL <b>MO</b>	1	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT <b>MO</b>	3	PA,QL(100 per 30 days)
EURAX 10 % CREAM <b>MO</b>	3	PA
EURAX 10 % LOTION <b>MO</b>	3	PA,QL(454 per 30 days)
EVOCLIN 1 % FOAM <b>MO</b>	3	PA,QL(100 per 30 days)
FABIOR 0.1 % FOAM <b>DL</b>	4	PA,QL(100 per 30 days)
FINACEA 15 % FOAM <b>MO</b>	3	ST,QL(50 per 30 days)
FINACEA 15 % GEL <b>MO</b>	3	ST,QL(50 per 30 days)
fluocinolone 0.01 % OIL <b>MO</b>	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION <b>MO</b>	1	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM <b>MO</b>	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL <b>MO</b>	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION <b>MO</b>	1	QL(120 per 30 days)
fluocinonide 0.1 % CREAM <b>MO</b>	1	QL(120 per 28 days)
fluocinonide-e 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM <b>MO</b>	1	QL(120 per 30 days)
FLUOROPLEX 1 % CREAM <b>DL</b>	4	
fluorouracil 0.5 % CREAM <b>DL</b>	4	QL(60 per 30 days)
fluorouracil 2 % SOLUTION <b>MO</b>	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
fluorouracil 5 % CREAM <b>MO</b>	1	
fluorouracil 5 % SOLUTION <b>MO</b>	1	QL(60 per 30 days)
flurandrenolide 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
flurandrenolide 0.05 % LOTION <b>DL</b>	4	QL(240 per 30 days)
flurandrenolide 0.05 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
fluticasone propionate 0.005 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
fluticasone propionate 0.05 % LOTION <b>MO</b>	1	QL(240 per 30 days)
halcinonide 0.1 % CREAM <b>MO</b>	1	QL(120 per 30 days)
halobetasol propionate 0.05 % CREAM <b>MO</b>	1	QL(100 per 30 days)
halobetasol propionate 0.05 % FOAM <b>DL</b>	4	PA,QL(100 per 30 days)
halobetasol propionate 0.05 % OINTMENT <b>MO</b>	1	QL(100 per 30 days)
HALOG 0.1 % CREAM <b>DL</b>	4	QL(120 per 30 days)
HALOG 0.1 % OINTMENT <b>MO</b>	3	QL(120 per 30 days)
HALOG 0.1 % SOLUTION <b>DL</b>	4	QL(120 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR <b>MO</b>	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION <b>MO</b>	1	QL(236 per 30 days)
hydrocortisone butyr-emollient 0.1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % CREAM <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone butyrate 0.1 % LOTION <b>MO</b>	1	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT <b>MO</b>	1	QL(180 per 30 days)
hydrocortisone butyrate 0.1 % SOLUTION <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % CREAM <b>MO</b>	1	QL(240 per 30 days)
hydrocortisone valerate 0.2 % OINTMENT <b>MO</b>	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL <b>DL</b>	4	PA
imiquimod 3.75 % CREAM IN PACKET <b>MO</b>	3	ST,QL(28 per 28 days)
imiquimod 3.75 % CREAM, METERED DOSE PUMP <b>DL</b>	4	ST,QL(15 per 30 days)
imiquimod 5 % CREAM IN PACKET <b>MO</b>	1	QL(12 per 30 days)
IMPEKLO 0.05 % LOTION IN METERED DOSE PUMP <b>DL</b>	4	ST,QL(136 per 28 days)
isotretinoin 10 mg, 20 mg, 30 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
isotretinoin 25 mg, 35 mg CAPSULE <b>DL</b>	4	QL(60 per 30 days)
isotretinoin 40 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ivermectin 1 % CREAM <b>MO</b>	1	ST,QL(45 per 30 days)
KLISYRI 1 % OINTMENT IN PACKET <b>DL</b>	4	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM <b>DL</b>	4	PA,QL(100 per 30 days)
lindane 1 % SHAMPOO <b>MO</b>	1	QL(60 per 30 days)
LOCOID 0.1 % LOTION <b>MO</b>	3	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM <b>MO</b>	3	QL(240 per 30 days)
LUXIQ 0.12 % FOAM <b>MO</b>	3	ST,QL(200 per 30 days)
mafenide acetate 50 gram PACKET <b>MO</b>	1	
malathion 0.5 % LOTION <b>MO</b>	1	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL <b>DL</b>	4	
MIRVASO 0.33 % GEL WITH PUMP <b>MO</b>	3	ST,QL(30 per 30 days)
mometasone 0.1 % CREAM <b>MO</b>	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT <b>MO</b>	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION <b>MO</b>	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT <b>MO</b>	1	
mupirocin calcium 2 % CREAM <b>MO</b>	1	ST
myorisan 10 mg, 20 mg, 30 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
myorisan 40 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
NATROBA 0.9 % SUSPENSION <b>MO</b>	3	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM <b>DL</b>	4	
neuac 1.2 %(1 % base) -5 % GEL <b>MO</b>	1	QL(45 per 30 days)
nolix 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)
nolix 0.05 % LOTION <b>MO</b>	1	QL(240 per 30 days)
OLUX 0.05 % FOAM <b>MO</b>	3	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM <b>MO</b>	3	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL <b>MO</b>	3	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP <b>MO</b>	3	QL(50 per 30 days)
OPZELURA 1.5 % CREAM <b>DL</b>	4	PA,QL(240 per 28 days)
OTEZLA 30 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(27 per 30 days)
OVIDE 0.5 % LOTION <b>MO</b>	3	PA
PANDEL 0.1 % CREAM <b>DL</b>	4	QL(160 per 30 days)
permethrin 5 % CREAM <b>MO</b>	1	
pimecrolimus 1 % CREAM <b>MO</b>	1	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION <b>MO</b>	1	QL(7 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prednicarbate 0.1 % CREAM</i> <b>MO</b>	1	QL(240 per 30 days)
<i>prednicarbate 0.1 % OINTMENT</i> <b>MO</b>	1	QL(240 per 30 days)
<i>procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> <b>MO</b>	1	QL(60 per 30 days)
<i>proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> <b>MO</b>	1	QL(60 per 30 days)
<i>proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> <b>MO</b>	1	QL(60 per 30 days)
PROTOPIC 0.03 %, 0.1 % OINTMENT <b>MO</b>	3	QL(200 per 30 days)
PRUDOXIN 5 % CREAM <b>DL</b>	4	PA,QL(45 per 30 days)
QBREXZA 2.4 % TOWELETTE <b>MO</b>	3	PA,QL(30 per 30 days)
REGGRANEX 0.01 % GEL <b>DL</b>	4	PA
RETIN-A 0.01 %, 0.025 % GEL <b>MO</b>	3	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM <b>MO</b>	3	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 %, 0.1 % GEL <b>DL</b>	4	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % GEL WITH PUMP <b>DL</b>	4	PA,QL(50 per 30 days)
RHOFADE 1 % CREAM <b>MO</b>	3	ST,QL(30 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT <b>MO</b>	3	QL(180 per 30 days)
<i>selenium sulfide 2.5 % LOTION</i> <b>MO</b>	1	QL(120 per 30 days)
SILVADENE 1 % CREAM <b>MO</b>	2	
<i>silver sulfadiazine 1 % CREAM</i> <b>MO</b>	1	
SOOLANTRA 1 % CREAM <b>MO</b>	3	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM <b>DL</b>	4	ST,QL(120 per 28 days)
<i>spinosad 0.9 % SUSPENSION</i> <b>MO</b>	3	QL(240 per 30 days)
SSD 1 % CREAM <b>MO</b>	1	
SULFAMYLLON 50 GRAM PACKET <b>MO</b>	3	
SULFAMYLLON 85 MG/G CREAM <b>MO</b>	3	
SYNALAR 0.01 % SOLUTION <b>MO</b>	3	QL(180 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT <b>DL</b>	4	PA,QL(60 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION <b>DL</b>	4	PA,QL(420 per 30 days)
<i>tacrolimus 0.03 %, 0.1 % OINTMENT</i> <b>MO</b>	1	QL(200 per 30 days)
<i>tazarotene 0.05 %, 0.1 % GEL</i> <b>MO</b>	1	PA,QL(200 per 30 days)
<i>tazarotene 0.1 % CREAM</i> <b>MO</b>	1	PA,QL(120 per 30 days)
<i>tazarotene 0.1 % FOAM</i> <b>DL</b>	4	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM <b>DL</b>	4	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL <b>MO</b>	3	PA,QL(200 per 30 days)
TEMOVATE 0.05 % OINTMENT <b>MO</b>	3	PA,QL(120 per 28 days)
TEXACORT 2.5 % SOLUTION <b>MO</b>	1	QL(240 per 30 days)
TOPICORT 0.05 % CREAM <b>MO</b>	1	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPICORT 0.05 % GEL <b>MO</b>	1	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT <b>MO</b>	3	QL(240 per 30 days)
TOPICORT 0.25 % CREAM <b>MO</b>	1	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT <b>MO</b>	1	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL <b>MO</b>	3	QL(100 per 30 days)
tovet emollient 0.05 % FOAM <b>MO</b>	1	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM <b>MO</b>	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL <b>MO</b>	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL WITH PUMP <b>MO</b>	1	PA,QL(50 per 30 days)
tretinoin microspheres 0.08 % GEL WITH PUMP <b>DL</b>	4	PA,QL(50 per 30 days)
TWYNEO 0.1-3 % CREAM <b>MO</b>	3	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION <b>DL</b>	4	QL(120 per 30 days)
UVADEX 20 MCG/ML SOLUTION <b>MO</b>	3	
VANOS 0.1 % CREAM <b>MO</b>	3	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT <b>DL</b>	4	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL <b>MO</b>	3	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM <b>DL</b>	4	QL(200 per 30 days)
VEREGEN 15 % OINTMENT <b>DL</b>	4	QL(30 per 30 days)
VTAMA 1 % CREAM <b>DL</b>	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM <b>MO</b>	3	PA
XEPI 1 % CREAM <b>MO</b>	3	PA
zenatane 10 mg, 20 mg, 30 mg CAPSULE <b>MO</b>	1	QL(60 per 30 days)
zenatane 40 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
ZIANA 1.2-0.025 % GEL <b>MO</b>	3	PA,QL(60 per 30 days)
ZILXI 1.5 % FOAM <b>MO</b>	3	PA,QL(30 per 30 days)
ZONALON 5 % CREAM <b>DL</b>	4	PA,QL(45 per 30 days)
ZORYVE 0.3 % CREAM <b>DL</b>	4	PA,QL(120 per 30 days)
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP <b>DL</b>	4	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET <b>MO</b>	3	ST,QL(28 per 28 days)
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
AURYXIA 210 MG IRON TABLET <b>MO</b>	3	PA,QL(360 per 30 days)
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP</i> <b>MO</b>	1	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> <b>MO</b>	1	
<i>calcium acetate(phosphat bind) 667 mg CAPSULE</i> <b>MO</b>	1	
<i>calcium acetate(phosphat bind) 667 mg TABLET</i> <b>MO</b>	1	
<i>calcium chloride 100 mg/ml (10 %) SOLUTION</i> <b>MO</b>	1	
<i>calcium chloride 100 mg/ml (10 %) SYRINGE</i> <b>MO</b>	1	
<i>calcium gluconate 100 mg/ml (10%) SOLUTION</i> <b>MO</b>	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE <b>DL</b>	4	PA
<i>carglumic acid 200 mg TABLET, DISPERSIBLE</i> <b>DL</b>	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION <b>MO</b>	3	
CARNITOR 330 MG TABLET <b>MO</b>	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION <b>MO</b>	3	
CHEMET 100 MG CAPSULE <b>DL</b>	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL <b>MO</b>	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
CLINOLIPID 20 % EMULSION <b>MO</b>	3	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK <b>MO</b>	1	
CUPRIMINE 250 MG CAPSULE <b>DL</b>	4	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET <b>DL</b>	4	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION <b>MO</b>	1	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE <b>DL</b>	4	PA
deferasirox 180 mg, 360 mg, 90 mg GRANULES IN PACKET <b>DL</b>	4	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET <b>DL</b>	4	PA
deferiprone 1,000 mg TABLET <b>DL</b>	4	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET <b>DL</b>	4	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	4	PA
DESFERAL 500 MG RECON SOLUTION <b>MO</b>	3	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 25 % in water (d25w) SYRINGE <b>MO</b>	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK <b>MO</b>	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION <b>MO</b>	1	
dextrose 50 % in water (d50w) SYRINGE <b>MO</b>	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION <b>MO</b>	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK <b>MO</b>	3	
electrolyte-148 PARENTERAL SOLUTION <b>MO</b>	1	
electrolyte-48 in d5w PARENTERAL SOLUTION <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>electrolyte-a</i> PARENTERAL SOLUTION <b>MO</b>	1	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE <b>DL</b>	4	PA
FERRIPROX 1,000 MG TABLET <b>DL</b>	4	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION <b>DL</b>	4	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET <b>DL</b>	4	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE <b>DL</b>	4	PA,QL(300 per 30 days)
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET <b>DL</b>	4	ST
FOSRENOL 1,000 MG, 750 MG POWDER IN PACKET <b>DL</b>	4	ST
GLYCOPHOS 1 MMOL/ML SOLUTION <b>MO</b>	1	
INTRALIPID 20 %, 30 % EMULSION <b>MO</b>	3	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION <b>MO</b>	3	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION <b>MO</b>	3	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION <b>MO</b>	3	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION <b>MO</b>	3	
ISOLYTE-S PARENTERAL SOLUTION <b>MO</b>	3	
JADENU 180 MG, 360 MG, 90 MG TABLET <b>DL</b>	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET <b>DL</b>	4	PA
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL <b>DL</b>	4	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET ER <b>MO</b>	3	
KABIVEN 3.31-9.8-3.9 % EMULSION <b>MO</b>	3	BvsD
<i>klor-con</i> 20 meq PACKET <b>MO</b>	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER <b>MO</b>	1	
KLOR-CON 8 8 MEQ TABLET ER <b>MO</b>	1	
<i>klor-con m</i> 10 10 meq TABLET, ER PARTICLES/CRYSTALS <b>MO</b>	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS <b>MO</b>	1	
<i>klor-con m</i> 20 20 meq TABLET, ER PARTICLES/CRYSTALS <b>MO</b>	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET <b>MO</b>	3	
<i>lactated ringers</i> PARENTERAL SOLUTION <b>MO</b>	1	
lanthanum 1,000 mg, 500 mg, 750 mg CHEWABLE TABLET <b>DL</b>	4	ST
levocarnitine 100 mg/ml, 200 mg/ml SOLUTION <b>MO</b>	1	
levocarnitine 330 mg TABLET <b>MO</b>	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION <b>MO</b>	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET <b>MO</b>	3	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>m-natal plus 27 mg iron- 1 mg TABLET</i> <b>MO</b>	1	
<i>magnesium sulfate 4 meq/ml (50 %) SOLUTION</i> <b>MO</b>	1	
<i>magnesium sulfate 4 meq/ml SYRINGE</i> <b>MO</b>	1	
<i>magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK</i> <b>MO</b>	1	
<i>magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK</i> <b>MO</b>	1	
<i>magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION</i> <b>MO</b>	1	
<i>NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET</i> <b>MO</b>	3	
<i>NEONATAL COMPLETE 29-1 MG TABLET</i> <b>MO</b>	1	
<i>NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET</i> <b>MO</b>	1	
<i>NEONATAL-DHA 29-1-200-500 MG COMBO PACK</i> <b>MO</b>	1	
<i>NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION</i> <b>MO</b>	3	
<i>NORMOSOL-R PARENTERAL SOLUTION</i> <b>MO</b>	3	
<i>NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION</i> <b>MO</b>	3	
<i>NORMOSOL-R PH 7.4 PARENTERAL SOLUTION</i> <b>MO</b>	3	
<i>NUTRILIPID 20 % EMULSION</i> <b>MO</b>	3	BvsD
<i>O-CAL PRENATAL 15 MG IRON- 1,000 MCG TABLET</i> <b>MO</b>	1	
<i>OB COMPLETE ONE 40-10-1-300 MG CAPSULE</i> <b>MO</b>	3	
<i>OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE</i> <b>MO</b>	3	
<i>OB COMPLETE PREMIER 30-20-1 MG TABLET</i> <b>MO</b>	3	
<i>OMEGAVEN 10 % EMULSION</i> <b>DL</b>	4	BvsD
<i>penicillamine 250 mg CAPSULE</i> <b>DL</b>	4	PA,QL(600 per 30 days)
<i>penicillamine 250 mg TABLET</i> <b>DL</b>	4	
<i>PERIKABIVEN 2.36-7.5-3.5 % EMULSION</i> <b>MO</b>	3	BvsD
<i>PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML SOLUTION</i> <b>MO</b>	3	ST
<i>PLASMA-LYTE 148 PARENTERAL SOLUTION</i> <b>MO</b>	3	
<i>PLASMA-LYTE A PARENTERAL SOLUTION</i> <b>MO</b>	3	
<i>PLENAMINE 15 % PARENTERAL SOLUTION</i> <b>MO</b>	1	BvsD
<i>pnv-dha 27 mg iron-1 mg -300 mg CAPSULE</i> <b>MO</b>	1	
<i>pnv-omega 28-1-300 mg CAPSULE</i> <b>MO</b>	1	
<i>potassium acetate 2 meq/ml SOLUTION</i> <b>MO</b>	1	
<i>potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION</i> <b>MO</b>	1	
<i>potassium chloride 10 meq CAPSULE, ER</i> <b>MO</b>	1	
<i>potassium chloride 10 meq, 20 meq TABLET ER</i> <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS <b>MO</b>	1	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS <b>MO</b>	1	
potassium chloride 2 meq/ml SOLUTION <b>MO</b>	1	
potassium chloride 20 meq PACKET <b>MO</b>	1	QL(240 per 30 days)
potassium chloride 20 meq/15 ml LIQUID <b>MO</b>	1	QL(1125 per 30 days)
potassium chloride 40 meq/15 ml LIQUID <b>MO</b>	1	
potassium chloride 8 meq CAPSULE, ER <b>MO</b>	1	
potassium chloride 8 meq TABLET ER <b>MO</b>	1	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK <b>MO</b>	1	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION <b>MO</b>	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER <b>MO</b>	1	
pr natal 400 29-1-400 mg COMBO PACK <b>MO</b>	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP <b>MO</b>	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK <b>MO</b>	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP <b>MO</b>	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET <b>MO</b>	1	
PRENATABS FA 29-1 MG TABLET <b>MO</b>	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET <b>MO</b>	1	
prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK <b>MO</b>	3	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET <b>MO</b>	1	
prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET <b>MO</b>	1	
prenatal-u 106.5-1 mg CAPSULE <b>MO</b>	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET <b>MO</b>	1	
preplus 27 mg iron- 1 mg TABLET <b>MO</b>	1	
PROCALAMINE 3% 3 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
PROSOL 20 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
RENAGEL 800 MG TABLET <b>DL</b>	4	ST

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RENVELA 0.8 GRAM POWDER IN PACKET <b>DL</b>	4	PA,QL(540 per 30 days)
RENVELA 2.4 GRAM POWDER IN PACKET <b>DL</b>	4	PA,QL(180 per 30 days)
RENVELA 800 MG TABLET <b>DL</b>	4	PA,QL(540 per 30 days)
ringer's PARENTERAL SOLUTION <b>MO</b>	1	
SAMSCA 15 MG, 30 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET <b>MO</b>	1	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET <b>MO</b>	3	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET <b>MO</b>	3	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK <b>MO</b>	3	
sevelamer carbonate 0.8 gram POWDER IN PACKET <b>MO</b>	1	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET <b>MO</b>	1	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET <b>MO</b>	1	QL(540 per 30 days)
sevelamer hcl 400 mg, 800 mg TABLET <b>MO</b>	1	ST
SMOFLIPID 20 % EMULSION <b>MO</b>	3	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE <b>MO</b>	1	
sodium chloride 2.5 meq/ml PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 0.9 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 0.9 % PIGGYBACK <b>MO</b>	1	
sodium chloride 0.9 % SOLUTION <b>MO</b>	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION <b>MO</b>	1	
sodium phosphate 3 mmol/ml SOLUTION <b>MO</b>	1	
sodium polystyrene sulfonate POWDER <b>MO</b>	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION <b>MO</b>	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA <b>MO</b>	1	
SYPRINE 250 MG CAPSULE <b>DL</b>	4	PA,QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION <b>MO</b>	3	
tolvaptan 15 mg, 30 mg TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION <b>MO</b>	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
TRICARE 27 MG IRON- 1 MG TABLET <b>MO</b>	1	
trientine 250 mg CAPSULE <b>DL</b>	4	QL(240 per 30 days)
trientine 500 mg CAPSULE <b>DL</b>	4	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET <b>MO</b>	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION <b>MO</b>	3	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER <b>MO</b>	3	
UROCIT-K 15 15 MEQ TABLET ER <b>MO</b>	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER <b>MO</b>	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION <b>MO</b>	3	
VELPHORO 500 MG CHEWABLE TABLET <b>DL</b>	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET <b>MO</b>	2	QL(30 per 30 days)
<i>virt-c dha 35-1-200 mg CAPSULE <b>MO</b></i>	1	
<i>virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE <b>MO</b></i>	1	
<i>virt-pn dha 27 mg iron-1 mg -300 mg CAPSULE <b>MO</b></i>	1	
<i>virt-pn plus 28-1-300 mg CAPSULE <b>MO</b></i>	1	
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET <b>MO</b>	3	
VITAFOL NANO 18 MG IRON- 1 MG TABLET <b>MO</b>	3	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAFOL-OB 65-1 MG TABLET <b>MO</b>	3	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK <b>MO</b>	3	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	3	
VITAMED MD ONE RX 30 MG IRON-1MG -200 MG CAPSULE <b>MO</b>	3	
VP-PNV-DHA 28 MG IRON- 1 MG-200 MG CAPSULE <b>MO</b>	3	
<i>wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE <b>MO</b></i>	1	
<i>wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK <b>MO</b></i>	1	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE <b>MO</b></i>	1	
<i>westab plus 27 mg iron- 1 mg TABLET <b>MO</b></i>	1	
<i>westgel dha 31 mg iron- 1 mg-200 mg CAPSULE <b>MO</b></i>	1	
XPHOZAH 20 MG, 30 MG TABLET <b>DL</b>	4	ST,QL(60 per 30 days)
<i>zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE <b>MO</b></i>	1	
<i>zatean-pn plus 28-1-300 mg CAPSULE <b>MO</b></i>	1	
<b>GASTROINTESTINAL AGENTS</b>		
ACIPHEX 20 MG TABLET, DR/EC <b>MO</b>	3	PA,QL(60 per 30 days)
ACIPHEX SPRINKLE 10 MG CAPSULE, DR SPRINKLE <b>DL</b>	4	QL(60 per 30 days)
ACIPHEX SPRINKLE 5 MG CAPSULE, DR SPRINKLE <b>DL</b>	4	QL(30 per 30 days)
AEMCOLO 194 MG TABLET, DR/EC <b>MO</b>	3	PA,QL(12 per 30 days)
<i>alose tron 0.5 mg TABLET <b>MO</b></i>	1	PA,QL(60 per 30 days)
<i>alose tron 1 mg TABLET <b>DL</b></i>	4	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MO</b>	3	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK <b>MO</b>	1	ST,QL(112 per 30 days)
atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE <b>MO</b>	1	
BENTYL 10 MG/ML SOLUTION <b>MO</b>	3	
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE <b>MO</b>	1	QL(120 per 30 days)
CARAFATE 1 GRAM TABLET <b>MO</b>	3	
CARAFATE 100 MG/ML SUSPENSION <b>MO</b>	3	
CHENODAL 250 MG TABLET <b>DL</b>	4	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET <b>MO</b>	1	
cimetidine hcl 300 mg/5 ml SOLUTION <b>MO</b>	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION <b>MO</b>	2	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION <b>MO</b>	2	
constulose 10 gram/15 ml SOLUTION <b>MO</b>	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION <b>MO</b>	3	
CYTOTEC 100 MCG, 200 MCG TABLET <b>DL</b>	4	
DARTISLA 1.7 MG TABLET, DISINTEGRATING <b>MO</b>	3	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC <b>MO</b>	3	ST,QL(30 per 30 days)
dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC <b>MO</b>	3	ST,QL(30 per 30 days)
dicyclomine 10 mg CAPSULE <b>MO</b>	1	
dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION <b>MO</b>	1	
dicyclomine 20 mg TABLET <b>MO</b>	1	
diphenoxylate-atropine 2.5-0.025 mg TABLET <b>MO</b>	1	
diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID <b>MO</b>	1	
ENDARI 5 GRAM POWDER IN PACKET <b>DL</b>	4	PA,QL(180 per 30 days)
enulose 10 gram/15 ml SOLUTION <b>MO</b>	1	
esomeprazole magnesium 10 mg, 20 mg, 40 mg DR GRANULES IN PACKET <b>MO</b>	1	QL(30 per 30 days)
esomeprazole magnesium 20 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
esomeprazole sodium 20 mg, 40 mg RECON SOLUTION <b>MO</b>	1	
ESOMEPRAZOLE STRONTIUM 49.3 MG CAPSULE, DR/EC <b>MO</b>	3	QL(30 per 30 days)
famotidine 10 mg/ml SOLUTION <b>MO</b>	1	
famotidine 20 mg, 40 mg TABLET <b>MO</b>	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION <b>MO</b>	1	
famotidine (pf) 20 mg/2 ml SOLUTION <b>MO</b>	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK <b>MO</b>	1	
GATTEX 30-VIAL 5 MG KIT <b>DL,LA</b>	4	PA
GATTEX ONE-VIAL 5 MG KIT <b>DL,LA</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION <b>MO</b>	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION <b>MO</b>	1	
gavilyte-n 420 gram RECON SOLUTION <b>MO</b>	1	
generlac 10 gram/15 ml SOLUTION <b>MO</b>	1	
GLYCATE 1.5 MG TABLET <b>MO</b>	1	
glycopyrrolate 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION <b>MO</b>	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg TABLET <b>MO</b>	1	
glycopyrrolate (pf) 0.6 mg/3 ml (0.2 mg/ml) SYRINGE <b>MO</b>	3	
glycopyrrolate (pf) in water 0.2 mg/ml SYRINGE <b>MO</b>	1	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION <b>MO</b>	3	ST
IBSRELA 50 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
KONVOMEPE 2-84 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET <b>MO</b>	1	
lactulose 10 gram PACKET <b>DL</b>	4	
lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION <b>MO</b>	1	
lactulose 10 gram/15 ml SOLUTION <b>MO</b>	1	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
lansoprazole 15 mg, 30 mg TABLET, DISINTEGRATING DR <b>MO</b>	1	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <b>MO</b>	2	QL(30 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET <b>MO</b>	3	
loperamide 2 mg CAPSULE <b>MO</b>	1	
LOTIRONEX 0.5 MG, 1 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
lubiprostone 24 mcg, 8 mcg CAPSULE <b>MO</b>	3	PA,QL(60 per 30 days)
methscopolamine 2.5 mg, 5 mg TABLET <b>MO</b>	1	
misoprostol 100 mcg TABLET <b>MO</b>	1	
misoprostol 200 mcg TABLET <b>MO</b>	1	
MOTTEGRITY 1 MG, 2 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET <b>MO</b>	3	
MOVANTIK 12.5 MG, 25 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET <b>MO</b>	3	ST
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION <b>DL</b>	4	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC <b>DL</b>	4	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC <b>MO</b>	3	PA,QL(60 per 30 days)
NEXIUM IV 40 MG RECON SOLUTION <b>MO</b>	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET <b>MO</b>	3	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nizatidine 150 mg, 300 mg CAPSULE <b>MO</b>	1	
nizatidine 150 mg/10 ml SOLUTION <b>MO</b>	1	
NULYTELY LEMON-LIME 420 GRAM RECON SOLUTION <b>MO</b>	3	ST
OCALIVA 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK <b>MO</b>	3	ST,QL(80 per 30 days)
omeprazole 10 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC <b>MO</b>	1	QL(60 per 30 days)
omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET <b>DL</b>	4	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE <b>MO</b>	1	ST,QL(30 per 30 days)
opium tincture 10 mg/ml (morphine) TINCTURE <b>MO</b>	3	QL(180 per 30 days)
OSMOPREP 1.5 GRAM TABLET <b>MO</b>	3	ST
pantoprazole 20 mg, 40 mg TABLET, DR/EC <b>MO</b>	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET <b>MO</b>	1	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION <b>MO</b>	1	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION <b>MO</b>	1	
peg-electrolyte soln 420 gram RECON SOLUTION <b>MO</b>	1	
peg-prep 5-210 mg-gram KIT <b>MO</b>	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET <b>MO</b>	1	ST
pepcid 20 mg, 40 mg TABLET <b>MO</b>	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL <b>MO</b>	3	ST
PREVACID 30 MG CAPSULE, DR/EC <b>MO</b>	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR <b>MO</b>	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON <b>MO</b>	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC <b>MO</b>	3	PA,QL(60 per 30 days)
PROTONIX 40 MG DR GRANULES IN PACKET <b>MO</b>	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION <b>MO</b>	3	PA
PYLERA 140-125-125 MG CAPSULE <b>MO</b>	3	QL(120 per 30 days)
rabeprazole 20 mg TABLET, DR/EC <b>MO</b>	1	QL(60 per 30 days)
RELISTOR 12 MG/0.6 ML SOLUTION <b>DL</b>	4	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE <b>DL</b>	4	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE <b>DL</b>	4	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET <b>MO</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROBINUL FORTE 2 MG TABLET <b>MO</b>	3	PA
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION <b>MO</b>	3	ST
sucralfate 1 gram TABLET <b>MO</b>	1	
sucralfate 100 mg/ml SUSPENSION <b>MO</b>	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION <b>MO</b>	3	ST
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION <b>MO</b>	3	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET <b>MO</b>	3	ST
SYMPROIC 0.2 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC <b>MO</b>	3	ST,QL(168 per 30 days)
TRULANCE 3 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
URSO 250 250 MG TABLET <b>MO</b>	3	PA
URSO FORTE 500 MG TABLET <b>MO</b>	3	PA
ursodiol 200 mg CAPSULE <b>DL</b>	4	PA,QL(150 per 30 days)
ursodiol 250 mg, 500 mg TABLET <b>MO</b>	1	
ursodiol 300 mg CAPSULE <b>MO</b>	1	
ursodiol 400 mg CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
VIBERZI 100 MG, 75 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK <b>MO</b>	3	ST,QL(112 per 30 days)
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK <b>MO</b>	3	ST,QL(112 per 30 days)
XERMELO 250 MG TABLET <b>DL</b>	4	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET <b>DL</b>	4	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET <b>DL</b>	4	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET <b>DL</b>	4	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE <b>DL</b>	4	ST,QL(30 per 30 days)
ZELNORM 6 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
ZINPLAVA 25 MG/ML SOLUTION <b>DL</b>	4	PA
<b>GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
ALDURAZYME 2.9 MG/5 ML SOLUTION <b>DL</b>	4	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(0.5 per 90 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION <b>DL</b>	4	PA
betaine 1 gram/scoop POWDER <b>DL</b>	4	
BUPHENYL 0.94 GRAM/GRAM POWDER <b>DL</b>	4	PA
BUPHENYL 500 MG TABLET <b>DL</b>	4	PA
CERDELGA 84 MG CAPSULE <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEREZYME 400 UNIT RECON SOLUTION <b>DL</b>	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC <b>MO</b>	2	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC <b>MO</b>	2	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION <b>DL</b>	4	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION <b>DL</b>	4	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER <b>DL</b>	4	PA
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	3	
<i>dichlorphenamide 50 mg TABLET</i> <b>DL</b>	4	PA,QL(120 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION <b>DL</b>	4	PA
ELELYSO 200 UNIT RECON SOLUTION <b>DL</b>	4	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION <b>DL</b>	4	PA
ELFABRIO 2 MG/ML SOLUTION <b>DL</b>	4	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION <b>DL</b>	4	PA,QL(240 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION <b>DL</b>	4	PA
GALAFOLD 123 MG CAPSULE <b>DL</b>	4	PA,QL(14 per 28 days)
GLASSIA 1 GRAM/50 ML (2 %) SOLUTION <b>DL</b>	4	PA
<i>javvgtor 100 mg TABLET, SOLUBLE</i> <b>DL</b>	4	PA
<i>javvgtor 100 mg, 500 mg POWDER IN PACKET</i> <b>DL</b>	4	PA
JOENJA 70 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION <b>DL</b>	4	PA
KEVEYIS 50 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE <b>DL</b>	4	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET <b>DL</b>	4	PA
LAMZEDE 10 MG RECON SOLUTION <b>DL</b>	4	PA
LUMIZYME 50 MG RECON SOLUTION <b>DL</b>	4	PA
MEPSEVII 2 MG/ML SOLUTION <b>DL</b>	4	PA
<i>miglustat 100 mg CAPSULE</i> <b>DL</b>	4	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION <b>DL</b>	4	PA
NEXVIAZYME 100 MG RECON SOLUTION <b>DL</b>	4	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> <b>DL</b>	4	
NITYR 10 MG, 2 MG, 5 MG TABLET <b>DL</b>	4	
NULIBRY 9.5 MG RECON SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET <b>DL</b>	4	PA
ONPATTRO 2 MG/ML SOLUTION <b>DL</b>	4	PA
OPFOLDA 65 MG CAPSULE <b>MO</b>	3	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	4	
ORFADIN 4 MG/ML SUSPENSION <b>DL</b>	4	
PALYNZIQ 10 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE <b>DL</b>	4	PA,QL(90 per 30 days)
PANCREAZE 10,500-35,500- 61,500 UNIT, 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, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC <b>DL</b>	4	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC <b>DL</b>	4	ST
PHEBURANE 483 MG/GRAM GRANULES <b>DL</b>	4	PA
POMBILITI 105 MG RECON SOLUTION <b>DL</b>	4	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE <b>DL</b>	4	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET <b>DL</b>	4	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE <b>DL</b>	4	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET <b>DL</b>	4	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION <b>DL</b>	4	PA
PROLASTIN-C 1,000 MG RECON SOLUTION <b>DL</b>	4	PA
RAVICTI 1.1 GRAM/ML LIQUID <b>DL</b>	4	PA,QL(525 per 30 days)
REVCOSI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION <b>DL</b>	4	
sapropterin 100 mg TABLET, SOLUBLE <b>DL</b>	4	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET <b>DL</b>	4	PA
sodium phenylbutyrate 0.94 gram/gram POWDER <b>DL</b>	4	
sodium phenylbutyrate 500 mg TABLET <b>DL</b>	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION <b>DL</b>	4	PA
SUCRAID 8,500 UNIT/ML SOLUTION <b>DL</b>	4	
TEGSEDI 284 MG/1.5 ML SYRINGE <b>DL</b>	4	PA,QL(6 per 28 days)
VIJOICE 125 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET <b>DL</b>	4	PA,QL(56 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET <b>DL</b>	4	ST
VPRIV 400 UNIT RECON SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYNDAMAX 61 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
VYNDAREL 20 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION <b>DL</b>	4	PA
XURIDEN 2 GRAM GRANULES IN PACKET <b>DL</b>	4	PA,QL(120 per 30 days)
yargesa 100 mg CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE <b>DL</b>	4	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION <b>DL</b>	4	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT CAPSULE, DR/EC <b>MO</b>	3	
ZENPEP 25,000-79,000- 105,000 UNIT CAPSULE, DR/EC <b>MO</b>	3	
ZOKINVY 50 MG, 75 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
<b>GENITOURINARY AGENTS</b>		
alfuzosin 10 mg TABLET, ER 24 HR. <b>MO</b>	1	
AVODART 0.5 MG CAPSULE <b>MO</b>	3	PA,QL(30 per 30 days)
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET <b>MO</b>	1	
CIALIS 2.5 MG, 5 MG TABLET <b>MO</b>	3	PA
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. <b>MO</b>	1	ST,QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
DITROPAN XL 10 MG, 5 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(60 per 30 days)
dutasteride 0.5 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. <b>MO</b>	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	3	QL(90 per 30 days)
ENTADFI 5-5 MG CAPSULE <b>MO</b>	3	PA,QL(182 per 365 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
finasteride 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
flavoxate 100 mg TABLET <b>MO</b>	1	
FLOMAX 0.4 MG CAPSULE <b>MO</b>	3	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET <b>MO</b>	3	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET <b>MO</b>	3	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. <b>MO</b>	2	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON <b>MO</b>	2	QL(300 per 30 days)
oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxybutynin chloride 15 mg TABLET, ER 24 HR. <b>MO</b>	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET <b>MO</b>	1	
oxybutynin chloride 5 mg/5 ml SYRUP <b>MO</b>	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	3	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE <b>MO</b>	3	PA,QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET <b>MO</b>	1	PA
tamsulosin 0.4 mg CAPSULE <b>MO</b>	1	
THIOLA 100 MG TABLET <b>DL</b>	4	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC <b>DL</b>	4	
tiopronin 100 mg TABLET <b>DL</b>	4	
tolterodine 1 mg, 2 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. <b>MO</b>	3	PA,QL(30 per 30 days)
tropium 20 mg TABLET <b>MO</b>	1	
tropium 60 mg CAPSULE, ER 24 HR. <b>MO</b>	1	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. <b>MO</b>	3	
VESICARE 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION <b>MO</b>	3	PA,QL(300 per 30 days)
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
ACTHAR 80 UNIT/ML GEL <b>DL</b>	4	PA,QL(30 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE <b>DL</b>	4	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION <b>MO</b>	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION <b>MO</b>	3	
CORTROPHIN GEL 80 UNIT/ML GEL <b>DL</b>	4	PA,QL(30 per 30 days)
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION <b>MO</b>	3	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK <b>MO</b>	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET <b>MO</b>	1	
dexamethasone 0.5 mg/5 ml ELIXIR <b>MO</b>	1	
dexamethasone 0.5 mg/5 ml SOLUTION <b>MO</b>	1	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK <b>MO</b>	1	
dexamethasone intensol 1 mg/ml DROPS <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION <b>MO</b>	1	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE <b>MO</b>	1	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION <b>MO</b>	1	
dexamethasone sodium phosphate 4 mg/ml SYRINGE <b>MO</b>	1	
DXEVO 1.5 MG (39 TABS) TABLET, DOSE PACK <b>MO</b>	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET <b>DL</b>	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION <b>DL</b>	4	PA
fludrocortisone 0.1 mg TABLET <b>MO</b>	1	
HEMADY 20 MG TABLET <b>MO</b>	3	PA,QL(24 per 28 days)
KENALOG 0.147 MG/GRAM AEROSOL <b>MO</b>	3	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION <b>MO</b>	3	
KENALOG-80 80 MG/ML SUSPENSION <b>MO</b>	3	
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET <b>MO</b>	3	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK <b>MO</b>	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET <b>MO</b>	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK <b>MO</b>	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION <b>MO</b>	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION <b>MO</b>	1	
millipred 5 mg TABLET <b>MO</b>	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK <b>MO</b>	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING <b>MO</b>	3	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION <b>MO</b>	3	
prednisolone 15 mg/5 ml SOLUTION <b>MO</b>	1	
prednisolone 5 mg TABLET <b>MO</b>	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING <b>MO</b>	1	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION <b>MO</b>	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET <b>MO</b>	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET <b>MO</b>	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK <b>MO</b>	1	
prednisone 5 mg/5 ml SOLUTION <b>MO</b>	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE <b>MO</b>	1	BvsD
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC <b>DL</b>	4	PA
SOLU-CORTEF 100 MG RECON SOLUTION <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION <b>MO</b>	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION <b>MO</b>	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION <b>MO</b>	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION <b>MO</b>	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM <b>MO</b>	1	
triamcinolone acetonide 0.1 % CREAM <b>MO</b>	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL <b>MO</b>	1	QL(200 per 30 days)
triamcinolone acetonide 40 mg/ml SUSPENSION <b>MO</b>	1	
trianex 0.05 % OINTMENT <b>MO</b>	1	
triderm 0.1 %, 0.5 % CREAM <b>MO</b>	1	
tritocin 0.05 % OINTMENT <b>MO</b>	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION <b>MO</b>	1	
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK <b>MO</b>	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON <b>MO</b>	3	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION <b>MO</b>	3	PA
DDAVP 0.1 MG TABLET <b>MO</b>	3	PA
DDAVP 0.2 MG TABLET <b>DL</b>	4	PA
DDAVP 4 MCG/ML SOLUTION <b>MO</b>	3	PA
desmopressin 0.1 mg, 0.2 mg TABLET <b>MO</b>	1	
desmopressin 10 mcg/spray (0.1 ml) SPRAY WITH PUMP <b>MO</b>	1	PA,QL(25 per 30 days)
desmopressin 10 mcg/spray (0.1 ml) SPRAY, NON-AEROSOL <b>MO</b>	1	PA,QL(25 per 30 days)
desmopressin 4 mcg/ml SOLUTION <b>DL</b>	4	
EGRIFTA SV 2 MG RECON SOLUTION <b>DL</b>	4	PA,QL(30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE <b>DL</b>	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE <b>DL</b>	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE <b>DL</b>	4	PA
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION <b>DL</b>	4	PA
INCRELEX 10 MG/ML SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR <b>DL</b>	4	PA
NOC DURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING <b>MO</b>	3	PA, QL(30 per 30 days)
NOC DURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING <b>MO</b>	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 <b>DL</b>	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT RECON SOLUTION <b>MO</b>	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR <b>DL</b>	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE <b>DL</b>	4	PA
OMNITROPE 5.8 MG RECON SOLUTION <b>DL</b>	4	PA
PREGNYL 10,000 UNIT RECON SOLUTION <b>MO</b>	3	PA
SAIZEN 5 MG RECON SOLUTION <b>DL</b>	4	PA, QL(28 per 28 days)
SAIZEN 8.8 MG RECON SOLUTION <b>DL</b>	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE <b>DL</b>	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION <b>DL</b>	4	PA, QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE <b>DL</b>	4	PA, QL(8 per 28 days)
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE <b>DL</b>	4	PA, QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR <b>DL</b>	4	PA, QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION <b>DL</b>	4	PA
ZOMACTON 5 MG RECON SOLUTION <b>DL</b>	4	PA, QL(28 per 28 days)
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>		
carboprost tromethamine 250 mcg/ml SOLUTION <b>MO</b>	1	
HEMABATE 250 MCG/ML SOLUTION <b>MO</b>	3	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)</b>		
ACTIVELLA 1-0.5 MG TABLET <b>MO</b>	3	
afirmelle 0.1-20 mg-mcg TABLET <b>MO</b>	1	
altavera (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET <b>MO</b>	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	3	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET <b>MO</b>	1	
ANDRODERM 2 MG/24 HOUR PATCH, 24 HR. <b>MO</b>	3	PA, QL(90 per 30 days)
ANDRODERM 4 MG/24 HR PATCH, 24 HR. <b>MO</b>	3	PA, QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) GEL IN PACKET <b>MO</b>	3	PA,QL(300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) GEL IN PACKET <b>DL</b>	4	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) GEL IN PACKET <b>DL</b>	4	PA,QL(150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP <b>DL</b>	4	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET <b>MO</b>	3	
ANNOVERA 0.15-0.013 MG/24 HOUR RING <b>MO</b>	3	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET <b>MO</b>	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET <b>MO</b>	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET <b>MO</b>	1	
aubra eq 0.1-20 mg-mcg TABLET <b>MO</b>	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION <b>DL</b>	4	PA
aviane 0.1-20 mg-mcg TABLET <b>MO</b>	1	
AYGESTIN 5 MG TABLET <b>MO</b>	1	
ayuna 0.15-0.03 mg TABLET <b>MO</b>	1	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET <b>MO</b>	3	
balziva (28) 0.4-35 mg-mcg TABLET <b>MO</b>	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET <b>MO</b>	3	
BIJUVA 1-100 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
briellyn 0.4-35 mg-mcg TABLET <b>MO</b>	1	
camila 0.35 mg TABLET <b>MO</b>	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	3	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
caziant (28) 0.1/.125/.15-25 mg-mcg TABLET <b>MO</b>	1	
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
chateal (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
chateal eq (28) 0.15-0.03 mg TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY <b>MO</b>	3	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY <b>MO</b>	3	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	3	QL(8 per 28 days)
CRINONE 4 %, 8 % GEL <b>MO</b>	3	
cryselle (28) 0.3-30 mg-mcg TABLET <b>MO</b>	1	
cyclafem 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
cyred 0.15-0.03 mg TABLET <b>MO</b>	1	
cyred eq 0.15-0.03 mg TABLET <b>MO</b>	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE <b>MO</b>	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET <b>MO</b>	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET <b>MO</b>	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL <b>MO</b>	3	
DEPO-ESTRADIOL 5 MG/ML OIL <b>MO</b>	1	QL(5 per 30 days)
DEPO-PROVERA 150 MG/ML SUSPENSION <b>MO</b>	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE <b>MO</b>	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE <b>MO</b>	3	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL <b>MO</b>	1	
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET <b>MO</b>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET <b>MO</b>	3	
dolishale 90-20 mcg (28) TABLET <b>MO</b>	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY <b>MO</b>	1	QL(8 per 28 days)
drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET <b>MO</b>	1	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET <b>MO</b>	1	
DUAVEE 0.45-20 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION GEL IN METERED DOSE PUMP <b>MO</b>	3	QL(52 per 30 days)
elinest 0.3-30 mg-mcg TABLET <b>MO</b>	1	
ELLA 30 MG TABLET <b>MO</b>	2	QL(1 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

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

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
haloette 0.12-0.015 mg/24 hr RING <b>MO</b>	1	QL(1 per 28 days)
heather 0.35 mg TABLET <b>MO</b>	1	
hydroxyprogesterone(pf)(preg preserv) 250 mg/ml (1 ml) OIL <b>DL</b>	4	PA
hydroxyprogesterone cap(ppres) 250 mg/ml OIL <b>DL</b>	4	PA
hydroxyprogesterone caproate 250 mg/ml OIL <b>DL</b>	4	PA
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
incassia 0.35 mg TABLET <b>MO</b>	1	
isibloom 0.15-0.03 mg TABLET <b>MO</b>	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET <b>MO</b>	1	
JATENZO 158 MG, 198 MG CAPSULE <b>DL</b>	4	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE <b>DL</b>	4	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET <b>MO</b>	1	
jjinteli 1-5 mg-mcg TABLET <b>MO</b>	1	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET <b>MO</b>	1	
juleber 0.15-0.03 mg TABLET <b>MO</b>	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
junel 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
kalliga 0.15-0.03 mg TABLET <b>MO</b>	1	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
kelnor 1-50 (28) 1-50 mg-mcg TABLET <b>MO</b>	1	
kelnor 1/35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
kurvelo (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
l norgest/e.estradiol-e.estradiol 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
larin 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
larissia 0.1-20 mg-mcg TABLET <b>MO</b>	1	
LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
leena 28 0.5/1/0.5-35 mg-mcg TABLET <b>MO</b>	1	
lessina 0.1-20 mg-mcg TABLET <b>MO</b>	1	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET <b>MO</b>	1	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET <b>MO</b>	1	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET <b>MO</b>	1	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET <b>MO</b>	1	
lillow (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET <b>MO</b>	3	
lo-zumandimine (28) 3-0.02 mg TABLET <b>MO</b>	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET <b>MO</b>	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET <b>MO</b>	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <b>MO</b>	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET <b>MO</b>	1	
LOSEASONIQUE 0.1 MG-20 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	3	QL(91 per 90 days)
low-ogestrel (28) 0.3-30 mg-mcg TABLET <b>MO</b>	1	
lutura (28) 0.1-20 mg-mcg TABLET <b>MO</b>	1	
lyleq 0.35 mg TABLET <b>MO</b>	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY <b>MO</b>	1	QL(8 per 28 days)
lyza 0.35 mg TABLET <b>MO</b>	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) OIL <b>DL</b>	4	PA
MAKENA (PF) 275 MG/1.1 ML AUTO-INJECTOR <b>DL</b>	4	PA
marlissa (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET <b>MO</b>	1	
medroxyprogesterone 150 mg/ml SUSPENSION <b>MO</b>	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE <b>MO</b>	1	QL(1 per 90 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
megestrol 20 mg, 40 mg TABLET <b>MO</b>	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION <b>MO</b>	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <b>MO</b>	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY <b>MO</b>	3	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	
METHITEST 10 MG TABLET <b>DL</b>	4	
methyltestosterone 10 mg CAPSULE <b>DL</b>	4	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET <b>MO</b>	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET <b>MO</b>	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
mili 0.25-35 mg-mcg TABLET <b>MO</b>	1	
mimvey 1-0.5 mg TABLET <b>MO</b>	1	
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET <b>MO</b>	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	3	QL(8 per 28 days)
MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET <b>MO</b>	1	
mono-lyyah 0.25-35 mg-mcg TABLET <b>MO</b>	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET <b>MO</b>	3	
NATESTO 5.5 MG/0.122 GRAM/ACTUATION GEL IN METERED DOSE PUMP <b>MO</b>	3	PA,QL(21.96 per 30 days)
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET <b>MO</b>	1	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET <b>MO</b>	3	
nikki (28) 3-0.02 mg TABLET <b>MO</b>	1	
nora-be 0.35 mg TABLET <b>MO</b>	1	
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET <b>MO</b>	1	
norethindrone (contraceptive) 0.35 mg TABLET <b>MO</b>	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET <b>MO</b>	1	
norethindrone acetate 5 mg TABLET <b>MO</b>	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO	1	
norlyda 0.35 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	
orsythia 0.1-20 mg-mcg TABLET MO	1	
ORTHO TRI-CYCLEN (28) 0.18/0.215/0.25 MG-35 MCG (28) TABLET MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET MO	1	
OSPHENA 60 MG TABLET MO	2	PA
oxandrolone 10 mg TABLET MO	1	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	1	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	1	
pimtrex (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg 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	
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	
previfem 0.25-35 mg-mcg TABLET MO	1	
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	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH <b>MO</b>	3	QL(91 per 90 days)
raloxifene 60 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET <b>MO</b>	1	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET <b>MO</b>	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	3	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET <b>MO</b>	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH <b>MO</b>	1	QL(91 per 90 days)
SLYND 4 MG (28) TABLET <b>MO</b>	3	
sprintec (28) 0.25-35 mg-mcg TABLET <b>MO</b>	1	
sronyx 0.1-20 mg-mcg TABLET <b>MO</b>	1	
syeda 3-0.03 mg TABLET <b>MO</b>	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET <b>MO</b>	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET <b>MO</b>	1	
taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE <b>MO</b>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE <b>MO</b>	3	
TESTIM 50 MG/5 GRAM (1 %) GEL <b>MO</b>	3	PA,QL(300 per 30 days)
testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET <b>MO</b>	1	PA,QL(300 per 30 days)
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET <b>MO</b>	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET <b>MO</b>	1	PA,QL(150 per 30 days)
testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(120 per 30 days)
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP <b>MO</b>	1	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP <b>MO</b>	3	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL <b>MO</b>	3	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL <b>MO</b>	1	
testosterone enanthate 200 mg/ml OIL <b>MO</b>	1	QL(24 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET <b>MO</b>	1	
TLANDO 112.5 MG CAPSULE <b>MO</b>	3	PA,QL(120 per 30 days)
tri femynor 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET <b>MO</b>	1	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET <b>MO</b>	1	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET <b>MO</b>	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET <b>MO</b>	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET <b>MO</b>	1	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET <b>MO</b>	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET <b>MO</b>	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET <b>MO</b>	1	
tulana 0.35 mg TABLET <b>MO</b>	1	
turqoz (28) 0.3-30 mg-mcg TABLET <b>MO</b>	1	
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET <b>MO</b>	3	
tydemy 3-0.03-0.451 mg (21) (7) TABLET <b>MO</b>	1	
VAGIFEM 10 MCG TABLET <b>MO</b>	3	PA
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET <b>MO</b>	1	
vestura (28) 3-0.02 mg TABLET <b>MO</b>	1	
vienva 0.1-20 mg-mcg TABLET <b>MO</b>	1	
violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY <b>MO</b>	3	QL(8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET <b>MO</b>	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP <b>MO</b>	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL <b>MO</b>	3	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET <b>MO</b>	1	
vyfemla (28) 0.4-35 mg-mcg TABLET <b>MO</b>	1	
vylibra 0.25-35 mg-mcg TABLET <b>MO</b>	1	
wera (28) 0.5-35 mg-mcg TABLET <b>MO</b>	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET <b>MO</b>	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY <b>MO</b>	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET <b>MO</b>	3	
YAZ (28) 3-0.02 MG TABLET <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
yuvafem 10 mcg TABLET <b>MO</b>	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY <b>MO</b>	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET <b>MO</b>	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
zovia 1/35e (28) 1-35 mg-mcg TABLET <b>MO</b>	1	
zumandimine (28) 3-0.03 mg TABLET <b>MO</b>	1	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET <b>MO</b>	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <b>MO</b>	3	
ERMEZA 30 MCG/ML SOLUTION <b>MO</b>	3	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	1	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	2	
levothyroxine 100 mcg RECON SOLUTION <b>MO</b>	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE <b>MO</b>	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET <b>MO</b>	1	
levothyroxine 100 mcg/ml, 20 mcg/ml, 40 mcg/ml SOLUTION <b>MO</b>	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET <b>MO</b>	1	
levothyroxine 200 mcg, 500 mcg RECON SOLUTION <b>DL</b>	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	1	
liothyronine 10 mcg/ml SOLUTION <b>MO</b>	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET <b>MO</b>	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	2	
THYQUIDITY 20 MCG/ML SOLUTION <b>MO</b>	3	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE <b>MO</b>	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIOSTAT 10 MCG/ML SOLUTION <b>MO</b>	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	2	
<b>HORMONAL AGENTS, SUPPRESSANT (ADRENAL)</b>		
LYSODREN 500 MG TABLET <b>DL</b>	4	
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
cabergoline 0.5 mg TABLET <b>MO</b>	1	QL(16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SYRINGE <b>MO</b>	3	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE <b>MO</b>	3	PA
ELIGARD (4 MONTH) 30 MG SYRINGE <b>MO</b>	3	PA
ELIGARD (6 MONTH) 45 MG SYRINGE <b>MO</b>	3	PA
FENSOLVI 45 MG SYRINGE	4	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION <b>DL</b>	4	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION <b>MO</b>	3	PA
lanreotide 120 mg/0.5 ml SYRINGE <b>DL</b>	4	PA,QL(0.5 per 28 days)
leuprolide 1 mg/0.2 ml KIT <b>MO</b>	1	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION <b>MO</b>	3	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT <b>MO</b>	3	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT <b>DL</b>	4	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT <b>MO</b>	3	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT <b>MO</b>	3	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT <b>DL</b>	4	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT <b>DL</b>	4	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC <b>DL</b>	4	PA,QL(112 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION <b>MO</b>	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE <b>MO</b>	1	PA
ORGOVYX 120 MG TABLET <b>DL</b>	4	PA,QL(32 per 30 days)
ORILISSA 150 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET <b>DL</b>	4	PA,QL(56 per 28 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION <b>DL</b>	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON <b>DL</b>	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION <b>DL</b>	4	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE <b>DL</b>	4	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE <b>DL</b>	4	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION <b>DL</b>	4	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION <b>DL</b>	4	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL <b>DL</b>	4	
TRELSTAR 11.25 MG, 22.5 MG SUSPENSION FOR RECONSTITUTION	4	PA
TRELSTAR 3.75 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	4	PA,QL(1 per 168 days)
ZOLADEX 10.8 MG IMPLANT <b>MO</b>	3	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT <b>MO</b>	3	PA,QL(1 per 28 days)
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
methimazole 10 mg, 5 mg TABLET <b>MO</b>	1	
propylthiouracil 50 mg TABLET <b>MO</b>	1	
<b>IMMUNOLOGICAL AGENTS</b>		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ABRYVO 120 MCG/0.5 ML RECON SOLUTION <b>DL</b>	1	
ACTEMRA 162 MG/0.9 ML SYRINGE <b>DL</b>	4	PA,QL(3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR <b>DL</b>	4	PA,QL(3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION <b>DL</b>	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION <b>DL</b>	4	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION <b>DL</b>	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE <b>DL</b>	1	
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR <b>DL</b>	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADB 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
ADALIMUMAB-ADB 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-ADBM 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ADBRY 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(6 per 28 days)
AMJEVITA(CF) 10 MG/0.2 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(4.8 per 28 days)
ARAVA 10 MG, 20 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION <b>DL</b>	4	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
ASCENIV 10 % SOLUTION <b>DL</b>	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. <b>MO</b>	3	BvsD
ATGAM 50 MG/ML SOLUTION <b>DL</b>	4	PA
AVSOLA 100 MG RECON SOLUTION <b>DL</b>	4	PA
AZASAN 100 MG, 75 MG TABLET <b>MO</b>	1	BvsD
<i>azathioprine 100 mg, 50 mg, 75 mg TABLET <b>MO</b></i>	1	BvsD
<i>azathioprine sodium 100 mg RECON SOLUTION <b>MO</b></i>	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
BENLYSTA 120 MG RECON SOLUTION <b>DL</b>	4	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION <b>DL</b>	4	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT <b>DL</b>	4	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION <b>DL</b>	4	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE <b>DL</b>	1	
BIMZELX 160 MG/ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(2 per 28 days)
BIVIGAM 10 % SOLUTION <b>DL</b>	4	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION <b>DL</b>	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE <b>DL</b>	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CELLCEPT 250 MG CAPSULE <b>DL</b>	4	BvsD
CELLCEPT 500 MG TABLET <b>DL</b>	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION <b>MO</b>	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT <b>DL</b>	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT <b>DL</b>	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT <b>DL</b>	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION <b>DL</b>	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION <b>DL</b>	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION <b>DL</b>	4	PA
<i>cyclosporine 100 mg, 25 mg CAPSULE <b>MO</b></i>	1	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE <b>MO</b></i>	1	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION <b>MO</b></i>	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
CYTOGAM 50 MG/ML SOLUTION <b>DL</b>	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION <b>DL</b>	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION <b>MO</b>	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR <b>DL</b>	4	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE <b>DL</b>	4	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE <b>DL</b>	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION <b>DL</b>	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE <b>DL</b>	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION <b>DL</b>	4	PA,QL(8 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE <b>DL</b>	4	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR <b>DL</b>	4	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION <b>DL</b>	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE <b>DL</b>	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE <b>DL</b>	1	BvsD
ENJAYMO 50 MG/ML SOLUTION <b>DL</b>	4	PA
ENSPRYNG 120 MG/ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR <b>DL</b>	4	PA,QL(1.36 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. <b>MO</b>	3	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. <b>DL</b>	3	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET <b>MO</b></i>	1	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET <b>DL</b></i>	4	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET <b>DL</b></i>	4	BvsD,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE <b>DL</b>	4	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION <b>DL</b>	4	PA
GAMASTAN 15-18 % RANGE SOLUTION <b>MO</b>	3	PA
GAMASTAN S/D 15-18 % RANGE SOLUTION <b>MO</b>	3	PA
GAMIFANT 5 MG/ML SOLUTION <b>DL</b>	4	PA
GAMMAGARD LIQUID 10 % SOLUTION <b>DL</b>	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION <b>DL</b>	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION <b>DL</b>	4	PA
GAMMAPLEX 10 % SOLUTION <b>DL</b>	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION <b>DL</b>	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION <b>DL</b>	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION <b>DL</b>	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION <b>DL</b>	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE <b>DL</b>	1	
<i>gengraf 100 mg, 25 mg CAPSULE <b>MO</b></i>	1	BvsD
<i>gengraf 100 mg/ml SOLUTION <b>MO</b></i>	1	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(2.4 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION <b>DL</b>	4	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE <b>DL</b>	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE <b>DL</b>	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION <b>DL</b>	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION <b>DL</b>	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE <b>DL</b>	4	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT <b>DL</b>	4	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION <b>DL</b>	4	BvsD
HYPERRAB S/D (PF) 150 UNIT/ML SOLUTION <b>DL</b>	4	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE <b>MO</b>	3	BvsD
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR <b>DL</b>	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR <b>DL</b>	4	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE <b>DL</b>	4	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE <b>DL</b>	4	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE <b>DL</b>	4	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR <b>DL</b>	4	PA,QL(2.4 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR <b>DL</b>	4	PA,QL(4.8 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE</i> <b>DL</b>	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT <b>DL</b>	4	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION <b>MO</b>	3	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION <b>DL</b>	1	BvsD
IMURAN 50 MG TABLET <b>MO</b>	3	PA
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE <b>DL</b>	1	
INFLECTRA 100 MG RECON SOLUTION <b>DL</b>	4	PA
INFLIXIMAB 100 MG RECON SOLUTION <b>DL</b>	4	PA
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML) RECON SOLUTION <b>MO</b>	3	PA
INTRON A 50 MILLION UNIT (1 ML) RECON SOLUTION <b>MO</b>	2	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION <b>DL</b>	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE <b>DL</b>	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION <b>DL</b>	4	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR <b>DL</b>	4	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE <b>DL</b>	4	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE <b>DL</b>	4	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE <b>DL</b>	1	
<i>leflunomide 10 mg, 20 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
LUPKYNIS 7.9 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION <b>DL</b>	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION <b>DL</b>	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION <b>MO</b>	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT <b>DL</b>	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION <b>DL</b>	1	
<i>methotrexate sodium 2.5 mg TABLET</i> <b>MO</b>	1	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> <b>MO</b>	1	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION</i> <b>MO</b>	1	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION</i> <b>MO</b>	1	
MONJUVI 200 MG RECON SOLUTION <b>DL</b>	4	PA
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION</i> <b>MO</b>	1	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mycophenolate mofetil 250 mg CAPSULE <b>MO</b>	1	BvsD
mycophenolate mofetil 500 mg TABLET <b>MO</b>	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION <b>MO</b>	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC <b>MO</b>	1	BvsD
MYFORTIC 180 MG TABLET, DR/EC <b>MO</b>	3	BvsD
MYFORTIC 360 MG TABLET, DR/EC <b>DL</b>	4	BvsD
NEORAL 100 MG, 25 MG CAPSULE <b>MO</b>	3	BvsD
NEORAL 100 MG/ML SOLUTION <b>MO</b>	3	BvsD
OCTAGAM 10 %, 5 % SOLUTION <b>DL</b>	4	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION <b>DL</b>	4	PA
OMVOH PEN 100 MG/ML PEN INJECTOR <b>DL</b>	4	PA,QL(2 per 28 days)
ORENCIA 125 MG/ML SYRINGE <b>DL</b>	4	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE <b>DL</b>	4	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1.6 per 28 days)
PANZYGA 10 % SOLUTION <b>DL</b>	4	PA
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE <b>DL</b>	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION <b>DL</b>	1	
PEGASYS 180 MCG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION <b>DL</b>	4	PA,QL(4 per 28 days)
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML KIT <b>DL</b>	1	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION <b>DL</b>	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
PRIVIGEN 10 % SOLUTION <b>DL</b>	4	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET <b>MO</b>	3	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE <b>MO</b>	3	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION <b>DL</b>	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE <b>DL</b>	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>DL</b>	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION <b>DL</b>	4	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION <b>DL</b>	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE <b>DL</b>	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE <b>MO</b>	3	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE <b>MO</b>	3	PA,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SYRINGE <b>MO</b>	3	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE <b>MO</b>	3	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE <b>MO</b>	3	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE <b>MO</b>	3	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE <b>MO</b>	3	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE <b>MO</b>	3	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION <b>DL</b>	4	PA
RENFLXIS 100 MG RECON SOLUTION <b>DL</b>	4	PA
REZUROCK 200 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE <b>MO</b>	3	
RIDAURA 3 MG CAPSULE <b>DL</b>	4	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(168 per 365 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION <b>DL</b>	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
ROTATEQ VACCINE 2 ML SOLUTION <b>DL</b>	1	
RUCONEST 2,100 UNIT RECON SOLUTION <b>DL</b>	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION <b>DL</b>	4	PA
<i>sajazir</i> 30 mg/3 ml SYRINGE <b>DL</b>	4	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE <b>MO</b>	3	BvsD
SANDIMMUNE 100 MG/ML SOLUTION <b>MO</b>	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(2 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
SILIQ 210 MG/1.5 ML SYRINGE <b>DL</b>	4	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR <b>DL</b>	4	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE <b>DL</b>	4	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR <b>DL</b>	4	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION <b>DL</b>	4	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION <b>DL</b>	4	BvsD
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET <b>MO</b>	1	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION <b>MO</b>	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	4	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
SKYRIZI 150MG/1.66ML(75 MG/0.83 ML X2) SYRINGE KIT	4	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR <b>DL</b>	4	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR <b>DL</b>	4	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION <b>DL</b>	4	PA,QL(30 per 365 days)
SKYRIZI 75 MG/0.83 ML SYRINGE	4	PA,QL(9.96 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION <b>DL</b>	4	PA
SOTYKTU 6 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
SPEVIGO 60 MG/ML SOLUTION <b>DL</b>	4	PA,QL(30 per 84 days)
STELARA 130 MG/26 ML SOLUTION <b>DL</b>	4	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION <b>DL</b>	4	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE <b>DL</b>	4	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE <b>DL</b>	4	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION <b>DL</b>	4	PA
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE <b>MO</b>	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE <b>DL</b>	4	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE <b>DL</b>	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE <b>DL</b>	4	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE <b>DL</b>	4	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION <b>DL</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION <b>DL</b>	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE <b>DL</b>	1	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION <b>DL</b>	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR <b>DL</b>	4	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE <b>DL</b>	4	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION <b>MO</b>	3	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE <b>DL</b>	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA,QL(8 per 365 days)
TREMFYA 100 MG/ML SYRINGE	4	PA,QL(8 per 365 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	1	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE <b>DL</b>	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE <b>DL</b>	1	
TYPHIM VI 25 MCG/0.5 ML SOLUTION <b>DL</b>	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE <b>DL</b>	1	
ULTOMIRIS 100 MG/ML SOLUTION	4	PA
UPLIZNA 10 MG/ML SOLUTION <b>DL</b>	4	PA,QL(120 per 365 days)
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION <b>DL</b>	1	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE <b>DL</b>	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION <b>DL</b>	4	PA,QL(12 per 30 days)
VELSIPITY 2 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION <b>DL</b>	4	PA
VYVGART 20 MG/ML SOLUTION <b>DL</b>	4	PA
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION <b>DL</b>	4	PA,QL(22.4 per 28 days)
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML SOLUTION <b>DL</b>	4	BvsD
XATMEP 2.5 MG/ML SOLUTION <b>MO</b>	3	PA
XELJANZ 1 MG/ML SOLUTION <b>DL</b>	4	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. <b>DL</b>	4	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION <b>DL</b>	4	PA
XOLAIR 150 MG RECON SOLUTION <b>DL,LA</b>	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML SYRINGE <b>DL,LA</b>	4	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE <b>DL,LA</b>	4	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YUFLYMA(CF) 40 MG/0.4 ML SYRINGE KIT <b>DL</b>	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT <b>DL</b>	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT <b>DL</b>	4	PA,QL(6 per 28 days)
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR <b>DL</b>	4	PA,QL(4.8 per 28 days)
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET <b>DL</b>	4	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>DL</b>	4	BvsD,QL(120 per 30 days)
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. <b>MO</b>	3	ST,QL(120 per 30 days)
ASACOL HD 800 MG TABLET, DR/EC <b>DL</b>	4	ST,QL(180 per 30 days)
AZULFIDINE 500 MG TABLET <b>MO</b>	3	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC <b>MO</b>	3	
<i>balsalazide 750 mg CAPSULE <b>MO</b></i>	1	
<i>budesonide 2 mg/actuation FOAM <b>MO</b></i>	1	PA
<i>budesonide 3 mg CAPSULE, DR/EC <b>MO</b></i>	1	
<i>budesonide 9 mg TABLET, DR/ER <b>MO</b></i>	1	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY <b>DL</b>	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE <b>DL</b>	4	PA
CORTENEMA 100 MG/60 ML ENEMA <b>MO</b>	3	
CORTIFOAM 10 % (80 MG) FOAM <b>MO</b>	3	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) <b>MO</b>	3	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE <b>DL</b>	4	ST,QL(120 per 30 days)
ENTOCORT EC 3 MG CAPSULE, DR/EC <b>DL</b>	4	
<i>hydrocortisone 100 mg/60 ml ENEMA <b>MO</b></i>	1	
LIALDA 1.2 GRAM TABLET, DR/EC <b>MO</b>	3	ST,QL(120 per 30 days)
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR. <b>MO</b></i>	1	QL(120 per 30 days)
<i>mesalamine 1,000 mg SUPPOSITORY <b>MO</b></i>	1	ST,QL(30 per 30 days)
<i>mesalamine 1.2 gram TABLET, DR/EC <b>MO</b></i>	1	ST,QL(120 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA <b>MO</b></i>	1	QL(1800 per 30 days)
<i>mesalamine 400 mg CAPSULE (WITH DR TABLETS) <b>MO</b></i>	1	ST,QL(180 per 30 days)
<i>mesalamine 500 mg CAPSULE, ER <b>DL</b></i>	4	ST,QL(300 per 30 days)
<i>mesalamine 800 mg TABLET, DR/EC <b>MO</b></i>	1	ST,QL(180 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE, ER <b>DL</b>	4	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER <b>DL</b>	4	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER <b>DL</b>	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	3	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA <b>MO</b>	3	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET <b>MO</b>	1	
sulfasalazine 500 mg TABLET, DR/EC <b>MO</b>	1	
TARPEYO 4 MG CAPSULE, DR/EC <b>DL</b>	4	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM <b>DL</b>	4	PA
UCERIS 9 MG TABLET, DR/ER <b>DL</b>	4	PA,QL(30 per 30 days)
<b>METABOLIC BONE DISEASE AGENTS</b>		
ACTONEL 150 MG TABLET <b>MO</b>	3	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET <b>MO</b>	3	PA,QL(4 per 28 days)
alendronate 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
alendronate 35 mg TABLET <b>MO</b>	1	QL(4 per 28 days)
alendronate 70 mg TABLET <b>MO</b>	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION <b>MO</b>	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC <b>MO</b>	3	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT <b>MO</b>	3	ST,QL(4 per 28 days)
BONIVA 150 MG TABLET <b>MO</b>	3	PA,QL(1 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL <b>MO</b>	1	QL(3.7 per 28 days)
calcitonin (salmon) 200 unit/ml SOLUTION <b>DL</b>	4	
calcitriol 0.25 mcg, 0.5 mcg CAPSULE <b>MO</b>	1	
calcitriol 1 mcg/ml SOLUTION <b>MO</b>	1	
cinacalcet 30 mg, 60 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE <b>MO</b>	1	
doxercalciferol 4 mcg/2 ml SOLUTION <b>MO</b>	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) SYRINGE <b>DL</b>	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR <b>DL</b>	4	PA,QL(2.4 per 28 days)
FOSAMAX 70 MG TABLET <b>MO</b>	3	PA,QL(4 per 28 days)
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET <b>MO</b>	3	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION <b>MO</b>	3	
ibandronate 150 mg TABLET <b>MO</b>	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION <b>MO</b>	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE <b>MO</b>	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION <b>DL</b>	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE <b>DL,LA</b>	4	PA,QL(2 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION <b>MO</b>	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION <b>MO</b>	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
paricalcitol 2 mcg/ml SOLUTION <b>MO</b>	1	QL(24 per 30 days)
paricalcitol 4 mcg CAPSULE <b>MO</b>	1	QL(12 per 30 days)
paricalcitol 5 mcg/ml SOLUTION <b>MO</b>	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE <b>MO</b>	3	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. <b>DL</b>	4	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK <b>MO</b>	3	PA,QL(100 per 365 days)
risedronate 150 mg TABLET <b>MO</b>	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
risedronate 35 mg TABLET <b>MO</b>	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC <b>MO</b>	1	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE <b>MO</b>	3	
ROCALTROL 1 MCG/ML SOLUTION <b>MO</b>	3	
SENSIPAR 30 MG, 60 MG TABLET <b>DL</b>	4	QL(60 per 30 days)
SENSIPAR 90 MG TABLET <b>DL</b>	4	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR <b>DL</b>	4	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION <b>DL</b>	4	PA,QL(1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
ZEMPLAR 2 MCG/ML SOLUTION <b>DL</b>	4	QL(24 per 30 days)
ZEMPLAR 5 MCG/ML SOLUTION <b>DL</b>	4	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK <b>MO</b>	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION <b>MO</b>	1	
zoledronic acid 4 mg/5 ml SOLUTION <b>MO</b>	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK <b>MO</b>	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK <b>MO</b>	1	PA,QL(100 per 365 days)
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
1ST TIER UNIFINE PENTIPS 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" NEEDLE <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS PLUS 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" NEEDLE <b>MO</b>	1	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ACETADOTE 200 MG/ML (20 %) SOLUTION <b>MO</b>	3	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION <b>MO</b>	1	
acetic acid 0.25 % SOLUTION <b>MO</b>	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION <b>MO</b>	1	
ADAKVEO 10 MG/ML SOLUTION <b>DL</b>	4	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	4	PA
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
ALCOHOL SWABS PADS, MEDICATED <b>MO</b>	1	
ALCOHOL WIPES PADS, MEDICATED <b>MO</b>	1	
ALLZITAL 25-325 MG TABLET <b>MO</b>	1	QL(360 per 30 days)
AMMONUL 10-10 % SOLUTION <b>DL</b>	4	
AQINJECT PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN <b>MO</b>	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE <b>MO</b>	1	
BD ALCOHOL SWABS PADS, MEDICATED <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE SLIP TIP 1 ML SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE <b>MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE <b>MO</b>	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE <b>DL</b>	4	
BORDERED GAUZE 2 X 2 " BANDAGE <b>MO</b>	1	
<i>bupap 50-300 mg TABLET <b>MO</b></i>	1	QL(180 per 30 days)
<i>butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE <b>DL</b></i>	1	QL(180 per 30 days)
<i>butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE <b>DL</b></i>	1	QL(360 per 30 days)
<i>butalbital-acetaminophen 50-300 mg CAPSULE <b>MO</b></i>	1	QL(180 per 30 days)
<i>butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET <b>MO</b></i>	1	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE <b>MO</b></i>	1	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg TABLET <b>MO</b></i>	1	QL(180 per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg CAPSULE <b>MO</b></i>	1	QL(180 per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg TABLET <b>MO</b></i>	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE <b>DL</b>	4	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLETT <b>DL</b>	4	PA,QL(360 per 30 days)
BYLVAY 400 MCG CAPSULE <b>DL</b>	4	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLETT <b>DL</b>	4	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION <b>MO</b>	3	
<i>caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION <b>MO</b></i>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium disodium versenate 200 mg/ml SOLUTION <b>MO</b>	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED <b>MO</b>	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
CERVIDIL 10 MG INSERT, ER <b>MO</b>	3	
CINVANTI 7.2 MG/ML EMULSION <b>MO</b>	3	PA,QL(36 per 28 days)
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE <b>MO</b>	3	ST,QL(60 per 30 days)
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
COMFORT EZ 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 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 5/16", 1 ML 28 GAUGE X 1/2", 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 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 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", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
COMFORT EZ PRO SAFETY PEN NDL 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
CURITY ALCOHOL SWABS PADS, MEDICATED <b>MO</b>	1	
CURITY GAUZE 2 X 2 " BANDAGE <b>MO</b>	1	
DEFITELIO 80 MG/ML SOLUTION <b>DL</b>	4	PA
DERMACEA 2 X 2 " BANDAGE <b>MO</b>	1	
DOJOLVI 8.3 KCAL/ML LIQUID <b>DL</b>	4	PA
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE <b>MO</b>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	2	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
EASY TOUCH 29 GAUGE X 1/2", 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 5/32" NEEDLE <b>MO</b>	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
EASY TOUCH FLIPLOCK INSULIN 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 5/16" SYRINGE <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYR 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 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 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MO</b>	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
EASY TOUCH SHEATHLOCK INSULIN 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 5/16" SYRINGE <b>MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MO</b>	1	
edetate calcium disodium 200 mg/ml SOLUTION <b>DL</b>	4	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION <b>DL</b>	4	ST,QL(43.2 per 30 days)
EMBRACE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
EMPAVELI 1,080 MG/20 ML SOLUTION <b>DL</b>	4	PA,QL(160 per 28 days)
ESGIC 50-325-40 MG CAPSULE <b>MO</b>	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET <b>MO</b>	1	QL(180 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
FILSPARI 200 MG, 400 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
fioricet 50-300-40 mg CAPSULE <b>MO</b>	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE <b>DL</b>	3	QL(180 per 30 days)
flumazenil 0.1 mg/ml SOLUTION <b>MO</b>	1	
fomepizole 1 gram/ml SOLUTION <b>MO</b>	1	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
GAUZE BANDAGE 2 X 2 " BANDAGE <b>MO</b>	1	
GAUZE PAD 2 X 2 " BANDAGE <b>MO</b>	1	
GIVLAARI 189 MG/ML SOLUTION <b>DL</b>	4	PA
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HEALTHY ACCENTS UNIFINE PENTIP 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" NEEDLE <b>MO</b>	1	
IGALMI 120 MCG, 180 MCG FILM <b>MO</b>	3	PA,QL(2 per 30 days)
INCONTROL ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
INCONTROL PEN NEEDLE 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" NEEDLE <b>MO</b>	1	
INSULIN SYR/NDL U100 HALF MARK 0.3 ML 31 GAUGE X 1/4" SYRINGE <b>MO</b>	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
INSULIN SYRINGE NEEDLELESS 1 ML SYRINGE <b>MO</b>	1	
INSULIN SYRINGE-NEEDLE U-100 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 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 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" SYRINGE <b>MO</b>	1	
INSUPEN PEN NEEDLE 29 GAUGE X 1/2", 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 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ISTURISA 1 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET <b>DL</b>	4	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
IV PREP WIPES PADS, MEDICATED <b>MO</b>	1	
KORLYM 300 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
<i>lactated ringers</i> SOLUTION <b>MO</b>	1	
LAGEVRIO (EUA) 200 MG CAPSULE <b>MO</b>	3	QL(40 per 5 days)
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE SYRINGE <b>MO</b>	1	
LITFULO 50 MG CAPSULE <b>DL</b>	4	PA,QL(28 per 28 days)
LITHOSTAT 250 MG TABLET <b>DL</b>	4	
LIVMARLI 9.5 MG/ML SOLUTION <b>DL</b>	4	PA,QL(90 per 30 days)
MAGELLAN INSULIN SAFETY SYRNG 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
<i>methylergonovine 0.2 mg TABLET <b>DL</b></i>	4	
<i>methylergonovine 0.2 mg/ml (1 ml) SOLUTION <b>MO</b></i>	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRING 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	1	
MYFEMBREE 40-1-0.5 MG TABLET <b>DL</b>	4	PA,QL(28 per 28 days)
<i>neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION <b>MO</b></i>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	1	
NOVOPEN ECHO INSULIN PEN <b>MO</b>	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <b>MO</b>	1	
NURTEC ODT 75 MG TABLET, DISINTEGRATING <b>DL</b>	4	PA,QL(18 per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) CARTRIDGE <b>MO</b>	2	
OMNIPOD 5 G6 PODS (GEN 5) CARTRIDGE <b>MO</b>	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE <b>MO</b>	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE <b>MO</b>	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE <b>MO</b>	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE <b>MO</b>	2	
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL <b>DL</b>	4	PA,QL(56 per 28 days)
<i>orlistat 120 mg CAPSULE</i> <b>MO</b>	3	PA
OXBRYTA 300 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
OXBRYTA 300 MG TABLET FOR SUSPENSION <b>DL</b>	4	PA,QL(150 per 30 days)
OXBRYTA 500 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA
<i>oxytocin 10 unit/ml SOLUTION</i> <b>MO</b>	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE <b>DL</b>	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET <b>DL</b>	3	PA
PALFORZIA INITIAL DOSE 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE <b>MO</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET <b>DL</b>	3	PA
PAXLOVID 150-100 MG TABLET, DOSE PACK <b>MO</b>	2	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK <b>MO</b>	2	QL(60 per 10 days)
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 29 GAUGE X 15/32", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 13/64", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PHEXXI 1.8-1-0.4 % GEL <b>MO</b>	3	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION <b>MO</b>	1	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PITOCIN 10 UNIT/ML SOLUTION <b>MO</b>	3	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE <b>MO</b>	3	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION <b>DL</b>	4	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
<i>promethazine vc 6.25-5 mg/5 ml SYRUP <b>MO</b></i>	1	
<i>promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP <b>MO</b></i>	1	
<i>protamine 10 mg/ml SOLUTION <b>MO</b></i>	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
QUTENZA 8 % KIT <b>DL</b>	4	PA
REBYOTA 150 ML ENEMA <b>DL</b>	4	PA
RECORLEV 150 MG TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION <b>MO</b>	3	
<i>ribavirin 6 gram RECON SOLUTION</i> <b>DL</b>	4	BvsD
RIMSO-50 50 % SOLUTION <b>DL</b>	4	
<i>ringer's SOLUTION</i> <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
SIKLOS 1,000 MG, 100 MG TABLET <b>MO</b>	3	PA
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
<i>sodium benzoate-sod phenylacet 10-10 % SOLUTION</i> <b>DL</b>	4	
<i>sodium chloride 0.9 % SOLUTION</i> <b>MO</b>	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE <b>DL</b>	4	PA
<i>sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION</i> <b>MO</b>	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
SURE COMFORT INS. SYR. U-100 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
SURE COMFORT 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", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 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 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" SYRINGE <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED <b>MO</b>	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION <b>DL</b>	4	PA
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
TECHLITE INSULN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 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" SYRINGE <b>MO</b>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
tencon 50-325 mg TABLET <b>MO</b>	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION <b>DL</b>	4	PA
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 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", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" SYRINGE <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" SYRINGE <b>MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
TRUE COMFORT PEN NEEDLE 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 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
TRUEPLUS PEN NEEDLE 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" NEEDLE <b>MO</b>	1	
TZIELD 1 MG/ML SOLUTION <b>DL</b>	4	PA,QL(28 per 365 days)
UBRELVY 100 MG, 50 MG TABLET <b>DL</b>	4	PA,QL(16 per 30 days)
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE <b>MO</b>	1	
ULTICARE INSULN SYR(HALF UNIT) 0.3 ML 31 GAUGE X 1/4" SYRINGE <b>MO</b>	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ULTIGUARD SAFEPACK-INSULIN SYR 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" SYRINGE <b>MO</b>	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED <b>MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 SYRINGE <b>MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ULTRA CMFT INS SYR (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" SYRINGE <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 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 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE SYRINGE <b>MO</b>	1	
ULTRA FLO INSUL SYR(HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
ULTRA-THIN II (SHORT) INS SYR 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INS PEN NEEDLES 29 GAUGE X 1/2" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
ULTRACARE PEN NEEDLE 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 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
V-GO 20 DEVICE <b>MO</b>	2	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
V-GO 30 DEVICE <b>MO</b>	2	
V-GO 40 DEVICE <b>MO</b>	2	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" SYRINGE <b>MO</b>	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
VEOZAH 45 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE <b>MO</b>	1	
VERIFINE PEN NEEDLE 29 GAUGE X 1/2", 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 5/32" NEEDLE <b>MO</b>	1	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
VIRAZOLE 6 GRAM RECON SOLUTION <b>DL</b>	4	BvsD
VOWST CAPSULE <b>DL</b>	4	PA
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION <b>DL</b>	4	PA,QL(30 per 30 days)
<i>vtol lq 50-325-40 mg/15 ml SOLUTION</i> <b>DL</b>	4	QL(450 per 30 days)
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL <b>DL</b>	4	PA,QL(10 per 28 days)
<i>water for irrigation, sterile SOLUTION</i> <b>MO</b>	1	
WEBCOL PADS, MEDICATED <b>MO</b>	1	
XDEMVI 0.25 % DROPS	4	PA,QL(10 per 42 days)
XENICAL 120 MG CAPSULE <b>MO</b>	3	PA
YCANTH 0.7 % SOLUTION W/APPLICATOR <b>DL</b>	4	PA
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL <b>DL</b>	4	PA,QL(8 per 30 days)
ZEBUTAL 50-325-40 MG CAPSULE <b>MO</b>	1	QL(180 per 30 days)
<i>zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET</i> <b>MO</b>	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION <b>MO</b>	3	
<b>OPHTHALMIC AGENTS</b>		
ACULAR 0.5 % DROPS <b>MO</b>	3	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS <b>MO</b>	3	ST,QL(10 per 30 days)
ACUVAIL (PF) 0.45 % DROPPERETTE <b>MO</b>	3	ST
<i>ak-poly-bac 500-10,000 unit/gram OINTMENT</i> <b>MO</b>	1	
ALCAINE 0.5 % DROPS <b>MO</b>	1	
ALOCRIL 2 % DROPS <b>MO</b>	3	
ALOMIDE 0.1 % DROPS <b>MO</b>	3	
ALPHAGAN P 0.1 % DROPS <b>MO</b>	2	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALPHAGAN P 0.15 % DROPS <b>MO</b>	3	PA
ALREX 0.2 % DROPS, SUSPENSION <b>MO</b>	3	ST
<i>apraclonidine 0.5 % DROPS <b>MO</b></i>	1	
<i>atropine 1 % DROPS <b>MO</b></i>	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE <b>MO</b>	1	
AZASITE 1 % DROPS <b>MO</b>	3	ST,QL(2.5 per 25 days)
<i>azelastine 0.05 % DROPS <b>MO</b></i>	1	
AZOPT 1 % DROPS, SUSPENSION <b>MO</b>	3	ST,QL(10 per 28 days)
<i>bacitracin 500 unit/gram OINTMENT <b>MO</b></i>	1	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT <b>MO</b></i>	1	
<i>balanced salt SOLUTION <b>MO</b></i>	1	
<i>bepotastine besilate 1.5 % DROPS <b>MO</b></i>	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS <b>MO</b>	3	ST,QL(5 per 25 days)
BESIVANCE 0.6 % DROPS, SUSPENSION <b>MO</b>	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	3	
<i>betaxolol 0.5 % DROPS <b>MO</b></i>	1	
BETIMOL 0.25 %, 0.5 % DROPS <b>MO</b>	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION <b>MO</b>	3	ST
<i>bimatoprost 0.03 % DROPS <b>MO</b></i>	1	QL(2.5 per 25 days)
BLEPHAMIDE 10-0.2 % DROPS, SUSPENSION <b>MO</b>	3	
<i>brimonidine 0.15 % DROPS <b>MO</b></i>	1	
<i>brimonidine 0.2 % DROPS <b>MO</b></i>	1	
<i>brinzolamide 1 % DROPS, SUSPENSION <b>MO</b></i>	1	ST,QL(10 per 28 days)
<i>bromfenac 0.09 % DROPS <b>MO</b></i>	1	QL(1.7 per 30 days)
BROMSITE 0.075 % DROPS <b>MO</b>	3	ST,QL(5 per 30 days)
BSS SOLUTION <b>MO</b>	3	
BSS PLUS SOLUTION <b>MO</b>	3	
<i>carteolol 1 % DROPS <b>MO</b></i>	1	
CEQUA 0.09 % DROPPERETTE <b>MO</b>	3	PA,QL(60 per 30 days)
CILOXAN 0.3 % DROPS <b>MO</b>	3	
CILOXAN 0.3 % OINTMENT <b>MO</b>	3	
<i>ciprofloxacin hcl 0.3 % DROPS <b>MO</b></i>	1	
COMBIGAN 0.2-0.5 % DROPS <b>MO</b>	2	QL(5 per 25 days)
COSOPT 22.3-6.8 MG/ML DROPS <b>MO</b>	3	ST
COSOPT (PF) 2-0.5 % DROPPERETTE <b>MO</b>	3	ST,QL(60 per 30 days)
<i>cromolyn 4 % DROPS <b>MO</b></i>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
CYSTADROPS 0.37 % DROPS <b>DL</b>	4	PA,QL(20 per 28 days)
CYSTARAN 0.44 % DROPS <b>DL</b>	4	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS <b>MO</b>	1	
DEXTENZA 0.4 MG INSERT <b>MO</b>	3	QL(1 per 30 days)
diclofenac sodium 0.1 % DROPS <b>MO</b>	1	
difluprednate 0.05 % DROPS <b>MO</b>	1	
dorzolamide 2 % DROPS <b>MO</b>	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS <b>MO</b>	1	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE <b>MO</b>	1	QL(60 per 30 days)
DUREZOL 0.05 % DROPS <b>MO</b>	2	
DURYSTA 10 MCG IMPLANT <b>DL</b>	4	PA
epinastine 0.05 % DROPS <b>MO</b>	1	ST,QL(5 per 25 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT <b>MO</b>	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION <b>MO</b>	2	QL(16.6 per 30 days)
FLAREX 0.1 % DROPS, SUSPENSION <b>MO</b>	3	ST
fluorometholone 0.1 % DROPS, SUSPENSION <b>MO</b>	1	
flurbiprofen sodium 0.03 % DROPS <b>MO</b>	1	
FML FORTE 0.25 % DROPS, SUSPENSION <b>MO</b>	3	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION <b>MO</b>	3	ST
gatifloxacin 0.5 % DROPS <b>MO</b>	1	QL(2.5 per 25 days)
gentak 0.3 % (3 mg/gram) OINTMENT <b>MO</b>	1	
gentamicin 0.3 % DROPS <b>MO</b>	1	
ILEVRO 0.3 % DROPS, SUSPENSION <b>MO</b>	2	QL(3 per 30 days)
INVELTYS 1 % DROPS, SUSPENSION <b>MO</b>	3	ST
IOPIDINE 1 % DROPPERETTE <b>MO</b>	3	
ISOPTO CARPINE 1 %, 2 % DROPS <b>MO</b>	3	
ISTALOL 0.5 % DROPS, ONCE DAILY <b>MO</b>	3	
IYUZEH 0.005 % DROPPERETTE <b>MO</b>	3	ST,QL(30 per 30 days)
ketorolac 0.4 % DROPS <b>MO</b>	1	QL(10 per 30 days)
ketorolac 0.5 % DROPS <b>MO</b>	1	QL(10 per 30 days)
LACRISERT 5 MG INSERT <b>MO</b>	3	
LASTACRAFT 0.25 % DROPS <b>MO</b>	3	ST
latanoprost 0.005 % DROPS <b>MO</b>	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS <b>MO</b>	1	
levofloxacin 0.5 %, 1.5 % DROPS <b>MO</b>	1	
LOTEMAX 0.5 % DROPS, GEL <b>MO</b>	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTEMAX 0.5 % DROPS, SUSPENSION <b>MO</b>	3	ST
LOTEMAX 0.5 % OINTMENT <b>MO</b>	3	ST
LOTEMAX SM 0.38 % DROPS, GEL <b>MO</b>	3	
loteprednol etabonate 0.5 % DROPS, GEL <b>MO</b>	1	ST
loteprednol etabonate 0.5 % DROPS, SUSPENSION <b>MO</b>	1	ST
LUMIGAN 0.01 % DROPS <b>MO</b>	2	QL(2.5 per 25 days)
MAXIDEX 0.1 % DROPS, SUSPENSION <b>MO</b>	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT <b>MO</b>	3	
MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION <b>MO</b>	1	
MIEBO 100 % DROPS <b>MO</b>	3	PA,QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION <b>MO</b>	3	
MOXEZA 0.5 % DROPS, VISCOUS <b>MO</b>	3	ST
moxifloxacin 0.5 % DROPS <b>MO</b>	1	
moxifloxacin 0.5 % DROPS, VISCOUS <b>MO</b>	1	ST
NATACYN 5 % DROPS, SUSPENSION <b>MO</b>	3	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT <b>MO</b>	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT <b>MO</b>	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT <b>MO</b>	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT <b>MO</b>	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT <b>MO</b>	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION <b>MO</b>	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS <b>MO</b>	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION <b>MO</b>	1	
NEVANAC 0.1 % DROPS, SUSPENSION <b>MO</b>	3	ST
OCUFLOX 0.3 % DROPS <b>MO</b>	3	
ofloxacin 0.3 % DROPS <b>MO</b>	1	
olopatadine 0.1 % DROPS <b>MO</b>	1	ST
olopatadine 0.2 % DROPS <b>MO</b>	1	
OXERVATE 0.002 % DROPS <b>DL</b>	4	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % DROPS <b>MO</b>	3	
pilocarpine hcl 1 %, 2 %, 4 % DROPS <b>MO</b>	1	
polycin 500-10,000 unit/gram OINTMENT <b>MO</b>	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS <b>MO</b>	1	
POLYTRIM 10,000 UNIT- 1 MG/ML DROPS <b>MO</b>	3	
PRED FORTE 1 % DROPS, SUSPENSION <b>MO</b>	3	ST

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRED MILD 0.12 % DROPS, SUSPENSION <b>MO</b>	3	ST
PRED-G 0.3-1 % DROPS, SUSPENSION <b>MO</b>	3	
<i>prednisolone acetate 1 % DROPS, SUSPENSION <b>MO</b></i>	1	
<i>prednisolone sodium phosphate 1 % DROPS <b>MO</b></i>	1	
PROLENSA 0.07 % DROPS <b>MO</b>	3	ST,QL(3 per 30 days)
<i>proparacaine 0.5 % DROPS <b>MO</b></i>	1	
RESTASIS 0.05 % DROPPERETTE <b>MO</b>	2	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS <b>MO</b>	2	QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS <b>MO</b>	2	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS <b>MO</b>	2	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION <b>MO</b>	3	QL(16 per 30 days)
<i>sulfacetamide sodium 10 % DROPS <b>MO</b></i>	1	
<i>sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS <b>MO</b></i>	1	
<i>tafluprost (pf) 0.0015 % DROPPERETTE <b>MO</b></i>	3	ST,QL(30 per 30 days)
<i>timolol maleate 0.25 % DROPS <b>MO</b></i>	1	
<i>timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION <b>MO</b></i>	1	
<i>timolol maleate 0.5 % DROPS <b>MO</b></i>	1	
<i>timolol maleate 0.5 % DROPS, ONCE DAILY <b>MO</b></i>	1	
<i>timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE <b>MO</b></i>	1	
TIMOPTIC 0.25 %, 0.5 % DROPS <b>MO</b>	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE <b>MO</b>	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % GEL FORMING SOLUTION <b>MO</b>	3	PA
TOBRADEX 0.3-0.1 % DROPS, SUSPENSION <b>MO</b>	3	
TOBRADEX 0.3-0.1 % OINTMENT <b>MO</b>	3	
TOBRADEX ST 0.3-0.05 % DROPS, SUSPENSION <b>MO</b>	3	
<i>tobramycin 0.3 % DROPS <b>MO</b></i>	1	
<i>tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION <b>MO</b></i>	1	
TOBREX 0.3 % DROPS <b>MO</b>	3	
TOBREX 0.3 % OINTMENT <b>MO</b>	3	
TRAVATAN Z 0.004 % DROPS <b>MO</b>	3	ST,QL(2.5 per 25 days)
<i>travoprost 0.004 % DROPS <b>MO</b></i>	1	QL(2.5 per 25 days)
<i>trifluridine 1 % DROPS <b>MO</b></i>	1	
TRUSOPT 2 % DROPS <b>MO</b>	3	
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL <b>MO</b>	3	PA,QL(8.4 per 30 days)
VERKAZIA 0.1 % DROPPERETTE <b>DL</b>	4	PA,QL(120 per 30 days)
VIGAMOX 0.5 % DROPS <b>MO</b>	3	PA

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VUITY 1.25 % DROPS <b>MO</b>	3	
VYZULTA 0.024 % DROPS <b>MO</b>	3	QL(5 per 30 days)
XALATAN 0.005 % DROPS <b>MO</b>	3	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION <b>MO</b>	3	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE <b>MO</b>	3	PA,QL(60 per 30 days)
ZERVIATE 0.24 % DROPPERETTE <b>MO</b>	3	QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE <b>MO</b>	3	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION <b>MO</b>	3	
ZYMAXID 0.5 % DROPS <b>MO</b>	3	ST,QL(2.5 per 25 days)
<b>OTIC AGENTS</b>		
CIPRO HC 0.2-1 % DROPS, SUSPENSION <b>MO</b>	3	
CIPRODEX 0.3-0.1 % DROPS, SUSPENSION <b>MO</b>	3	QL(7.5 per 30 days)
<i>ciprofloxacin hcl 0.2 % DROPPERETTE <b>MO</b></i>	1	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION <b>MO</b></i>	3	QL(7.5 per 30 days)
<i>ciprofloxacin-fluocinolone 0.3-0.025 % (0.25 ml) SOLUTION <b>MO</b></i>	3	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION <b>MO</b>	3	
DERMOTIC OIL 0.01 % DROPS <b>MO</b>	3	
<i>flac otic oil 0.01 % DROPS <b>MO</b></i>	1	
<i>fluocinolone acetonide oil 0.01 % DROPS <b>MO</b></i>	1	
<i>hydrocortisone-acetic acid 1-2 % DROPS <b>MO</b></i>	1	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION <b>MO</b></i>	1	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION <b>MO</b></i>	1	
<i>ofloxacin 0.3 % DROPS <b>MO</b></i>	1	
OTOVEL 0.3-0.025 % (0.25 ML) SOLUTION <b>MO</b>	3	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
ACCOLATE 10 MG, 20 MG TABLET <b>MO</b>	3	PA,QL(60 per 30 days)
<i>acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION <b>MO</b></i>	1	BvsD
ADCIRCA 20 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <b>DL,LA</b>	4	PA,QL(90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION <b>MO</b>	3	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(12 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER <b>DL</b>	4	PA,QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET <b>MO</b>	1	
albuterol sulfate 2 mg/5 ml SYRUP <b>MO</b>	1	
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. <b>MO</b>	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER <b>MO</b>	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(18.3 per 28 days)
alyq 20 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION <b>MO</b>	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	3	PA,QL(60 per 30 days)
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	PA,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML AUTO-INJECTOR <b>MO</b>	2	
AUVI-Q 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) AEROSOL SPRAY <b>MO</b>	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL <b>MO</b>	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER <b>MO</b>	3	QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET <b>DL</b>	4	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
BREO ELLIPTA 50-25 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	4	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION <b>MO</b>	1	BvsD
carbinoxamine maleate 4 mg TABLET <b>MO</b>	1	
carbinoxamine maleate 4 mg/5 ml LIQUID <b>MO</b>	1	
carbinoxamine maleate 6 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION <b>MO</b>	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION <b>DL</b>	4	PA
CLARINEX 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP <b>DL</b>	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET <b>MO</b>	1	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST <b>MO</b>	3	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE <b>MO</b>	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION <b>DL</b>	4	BvsD
cyproheptadine 2 mg/5 ml SYRUP <b>MO</b>	1	
cyproheptadine 4 mg TABLET <b>MO</b>	1	
DALIRESP 250 MCG TABLET <b>MO</b>	2	QL(28 per 365 days)
DALIRESP 500 MCG TABLET <b>MO</b>	2	QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING <b>MO</b>	1	ST,QL(30 per 30 days)
desloratadine 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
dexchlorpheniramine maleate 2 mg/5 ml SOLUTION <b>MO</b>	1	PA
DIPHEN 12.5 MG/5 ML ELIXIR <b>MO</b>	1	
diphen 12.5 mg/5 ml ELIXIR <b>MO</b>	1	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR <b>MO</b>	1	
diphenhydramine hcl 50 mg/ml SOLUTION <b>MO</b>	1	
diphenhydramine hcl 50 mg/ml SYRINGE <b>MO</b>	1	
DOPRAM 20 MG/ML SOLUTION <b>MO</b>	3	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>DL</b>	4	PA,QL(1 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR <b>MO</b>	1	
<i>epinephrine</i> 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR <b>MO</b>	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR <b>MO</b>	3	PA,QL(4 per 30 days)
<i>epoprostenol</i> 0.5 mg, 1.5 mg RECON SOLUTION <b>DL</b>	4	PA
<i>epoprostenol (glycine)</i> 0.5 mg, 1.5 mg RECON SOLUTION <b>DL</b>	4	PA
ESBRIET 267 MG CAPSULE <b>DL</b>	4	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET <b>DL</b>	4	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
FASENRA 30 MG/ML SYRINGE <b>DL</b>	4	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(10.6 per 30 days)
<i>flunisolide</i> 25 mcg (0.025 %) SPRAY, NON-AEROSOL <b>MO</b>	1	QL(50 per 30 days)
<i>fluticasone propion-salmeterol</i> 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
<i>fluticasone propion-salmeterol</i> 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. <b>MO</b>	2	QL(1 per 30 days)
<i>fluticasone propion-salmeterol</i> 250-50 mcg/dose BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
<i>fluticasone propionate</i> 50 mcg/actuation SPRAY, SUSPENSION <b>MO</b>	1	QL(16 per 30 days)
<i>formoterol fumarate</i> 20 mcg/2 ml SOLUTION FOR NEBULIZATION <b>MO</b>	1	PA,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE <b>MO</b>	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
<i>hydroxyzine pamoate</i> 100 mg, 50 mg CAPSULE <b>MO</b>	1	
<i>hydroxyzine pamoate</i> 25 mg CAPSULE <b>MO</b>	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE <b>MO</b>	3	PA,QL(30 per 30 days)
<i>ipratropium bromide</i> 0.02 % SOLUTION <b>MO</b>	1	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL</i> <b>MO</b>	1	QL(30 per 30 days)
<i>ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL</i> <b>MO</b>	1	QL(45 per 30 days)
<i>ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION</i> <b>MO</b>	1	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET <b>DL</b>	4	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
KARBINAL ER 4 MG/5 ML SUSPENSION, ER 12 HR. <b>MO</b>	3	
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
<i>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</i> <b>MO</b>	1	BvsD
<i>levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER</i> <b>MO</b>	1	ST,QL(30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml SOLUTION</i> <b>MO</b>	1	QL(300 per 30 days)
<i>levocetirizine 5 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION <b>DL</b>	4	PA,QL(180 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(60 per 365 days)
<i>mometasone 50 mcg/actuation SPRAY, NON-AEROSOL</i> <b>MO</b>	1	QL(34 per 30 days)
<i>montelukast 10 mg TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>montelukast 4 mg GRANULES IN PACKET</i> <b>MO</b>	1	QL(30 per 30 days)
<i>montelukast 4 mg, 5 mg CHEWABLE TABLET</i> <b>MO</b>	1	QL(30 per 30 days)
NUCALA 100 MG RECON SOLUTION <b>DL</b>	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR <b>DL</b>	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE <b>DL</b>	4	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE <b>DL</b>	4	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE <b>DL,LA</b>	4	PA,QL(60 per 30 days)
<i>olopatadine 0.6 % SPRAY, NON-AEROSOL</i> <b>MO</b>	1	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET <b>DL,LA</b>	4	PA,QL(30 per 30 days)
ORALAIR 100 INDX REACTIVITY, 100 IR (3) /300 IR (6), 300 INDX REACTIVITY SUBLINGUAL TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER <b>DL</b>	4	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER <b>DL</b>	4	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER <b>DL</b>	4	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER <b>DL</b>	4	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER <b>DL</b>	4	PA,QL(150 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK <b>DL</b>	4	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK <b>DL</b>	4	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK <b>DL</b>	4	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET <b>DL</b>	4	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET <b>DL</b>	4	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(120 per 30 days)
<i>pirfenidone</i> 267 mg CAPSULE <b>DL</b>	4	PA,QL(270 per 30 days)
<i>pirfenidone</i> 267 mg TABLET <b>DL</b>	1	PA,QL(270 per 30 days)
<i>pirfenidone</i> 534 mg, 801 mg TABLET <b>DL</b>	1	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(2 per 30 days)
PROAIR HFA 90 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION <b>MO</b>	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION <b>DL</b>	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION <b>MO</b>	3	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED <b>MO</b>	3	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED <b>MO</b>	3	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION <b>DL</b>	4	PA
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET <b>DL</b>	4	PA,QL(90 per 30 days)
<i>roflumilast</i> 250 mcg TABLET <b>MO</b>	1	QL(28 per 365 days)
<i>roflumilast</i> 500 mcg TABLET <b>MO</b>	1	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL <b>MO</b>	3	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION <b>MO</b>	1	

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYVENT 6 MG TABLET <b>MO</b>	1	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE <b>MO</b>	3	PA,QL(60 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION <b>DL</b>	4	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET <b>MO</b>	1	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET <b>MO</b>	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST <b>MO</b>	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE <b>MO</b>	2	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST <b>MO</b>	2	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST <b>MO</b>	2	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(10.2 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL <b>DL</b>	4	PA,QL(56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML SYRINGE <b>MO</b>	2	QL(4 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION <b>DL</b>	4	PA,QL(300 per 30 days)
terbutaline 1 mg/ml SOLUTION <b>MO</b>	1	
terbutaline 2.5 mg, 5 mg TABLET <b>MO</b>	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. <b>MO</b>	1	
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. <b>MO</b>	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. <b>MO</b>	1	
theophylline 80 mg/15 ml ELIXIR <b>MO</b>	1	
theophylline 80 mg/15 ml SOLUTION <b>MO</b>	1	
theophylline in dextrose 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION <b>MO</b>	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE <b>DL</b>	4	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION <b>DL</b>	4	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE <b>MO</b>	2	QL(60 per 30 days)
treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION <b>DL</b>	4	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL <b>DL</b>	4	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL <b>DL</b>	4	PA,QL(56 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. <b>MO</b>	3	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL(252 per 28 days)
TYVASO DPI 32-48 MCG CARTRIDGE WITH INHALER <b>DL</b>	4	PA,QL(224 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION <b>DL</b>	4	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK <b>DL</b>	4	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION <b>DL</b>	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	2	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE <b>MO</b>	3	
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE <b>MO</b>	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED <b>MO</b>	3	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION <b>DL</b>	4	PA,QL(90 per 30 days)
zafirlukast 10 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
zafirlukast 20 mg TABLET <b>MO</b>	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	ST,QL(6.1 per 28 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE <b>DL</b>	4	ST,QL(120 per 30 days)
ZYFLO 600 MG TABLET <b>DL</b>	4	ST,QL(120 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. <b>DL</b>	4	ST,QL(21 per 30 days)
carisoprodol 250 mg, 350 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
carisoprodol-aspirin 200-325 mg TABLET <b>MO</b>	1	
carisoprodol-aspirin-codeine 200-325-16 mg TABLET <b>DL</b>	1	QL(360 per 30 days)
chlorzoxazone 250 mg TABLET <b>DL</b>	4	ST,QL(360 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorzoxazone 375 mg, 750 mg TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
chlorzoxazone 500 mg TABLET <b>MO</b>	1	ST
cyclobenzaprine 10 mg, 5 mg TABLET <b>MO</b>	1	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. <b>MO</b>	1	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET <b>MO</b>	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET <b>MO</b>	1	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
LORZONE 750 MG TABLET <b>DL</b>	4	ST,QL(120 per 30 days)
metaxalone 400 mg, 800 mg TABLET <b>MO</b>	1	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET <b>DL</b>	4	PA
methocarbamol 100 mg/ml SOLUTION <b>MO</b>	1	
methocarbamol 500 mg, 750 mg TABLET <b>MO</b>	1	
norgesic 25-385-30 mg TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER <b>MO</b>	1	
orphenadrine citrate 30 mg/ml SOLUTION <b>MO</b>	1	ST
orphenadrine-asa-caffeine 25-385-30 mg TABLET <b>DL</b>	4	PA,QL(240 per 30 days)
orphenadrine-asa-caffeine 50-770-60 mg TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
orphengestic forte 50-770-60 mg TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION <b>DL</b>	4	
SKELAXIN 800 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
SOMA 250 MG, 350 MG TABLET <b>DL</b>	4	PA,QL(120 per 30 days)
vanadom 350 mg TABLET <b>MO</b>	1	QL(120 per 30 days)
<b>SLEEP DISORDER AGENTS</b>		
AMBIEN 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE <b>MO</b>	3	PA,QL(30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg TABLET <b>MO</b>	1	PA,QL(30 per 30 days)
armodafinil 50 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET <b>MO</b>	2	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET <b>MO</b>	2	QL(30 per 30 days)
BELSOMRA 5 MG TABLET <b>MO</b>	2	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
doxepin 3 mg, 6 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET <b>MO</b>	3	
EDLUAR 5 MG SUBLINGUAL TABLET <b>MO</b>	3	QL(30 per 30 days)
estazolam 1 mg, 2 mg TABLET <b>DL</b>	1	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
eszopiclone 1 mg, 2 mg, 3 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
flurazepam 15 mg CAPSULE <b>DL</b>	1	QL(60 per 30 days)
flurazepam 30 mg CAPSULE <b>DL</b>	1	QL(30 per 30 days)
HALCION 0.25 MG TABLET <b>DL</b>	3	PA,QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION <b>DL</b>	4	PA,QL(158 per 30 days)
LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET <b>DL</b>	4	PA,QL(30 per 30 days)
LUNESTA 1 MG, 2 MG, 3 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET <b>MO</b>	1	PA,QL(60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET <b>DL</b>	4	PA,QL(30 per 30 days)
NUVIGIL 50 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
QUVIVIQ 25 MG, 50 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
ramelteon 8 mg TABLET <b>MO</b>	1	ST,QL(30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
ROZEREM 8 MG TABLET <b>MO</b>	3	ST,QL(30 per 30 days)
SILENOR 3 MG, 6 MG TABLET <b>MO</b>	3	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION <b>DL,LA</b>	4	PA,QL(540 per 30 days)
SUNOSI 150 MG, 75 MG TABLET <b>MO</b>	3	PA,QL(30 per 30 days)
tasimelteon 20 mg CAPSULE <b>DL</b>	4	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE <b>DL</b>	1	QL(30 per 30 days)
temazepam 22.5 mg, 7.5 mg CAPSULE <b>DL</b>	1	QL(30 per 30 days)
triazolam 0.125 mg, 0.25 mg TABLET <b>DL</b>	1	QL(30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET <b>DL</b>	4	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION <b>DL,LA</b>	4	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION <b>DL</b>	4	PA,QL(540 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE <b>MO</b>	1	QL(30 per 30 days)
zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET <b>MO</b>	1	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET <b>MO</b>	1	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE <b>MO</b>	1	QL(30 per 30 days)
ZOLPIDEM 7.5 MG CAPSULE <b>MO</b>	3	QL(30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL <b>MO</b>	3	QL(23.1 per 365 days)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
• DL – Dispensing Limit • LA – Limited Access

# Index

## A

- abacavir... 66
- abacavir-lamivudine... 66
- ABELCET... 40
- ABILIFY ASIMTUFII... 62
- ABILIFY MAINTENA... 62
- ABILIFY MYCITE MAINTENANCE KIT... 62
- ABILIFY MYCITE STARTER KIT... 62
- ABILIFY MYCITE... 62
- ABILIFY... 62
- abiraterone... 46
- ABOUTTIME PEN NEEDLE... 153
- ABRAXANE... 46
- ABRILADA(CF) PEN... 141
- ABRILADA(CF)... 141
- ABRYSVO... 141
- ABSORICA LD... 103
- ABSORICA... 103
- acamprosate... 19
- ACANYA... 103
- acarbose... 73
- ACCOLATE... 172
- ACCUPRIL... 83
- ACCURETIC... 83
- acutane... 103
- acebutolol... 83
- ACETADOTE... 153
- acetaminophen... 154
- acetaminophen-caff-dihydrocod... 10
- acetaminophen-codeine... 10
- acetazolamide sodium... 83
- acetazolamide... 83
- acetic acid... 20, 154
- acetylcysteine... 154, 172
- ACIPHEX SPRINKLE... 118
- ACIPHEX... 118
- acitretin... 103
- ACTEMRA ACTPEN... 141
- ACTEMRA... 141
- ACTHAR... 126
- ACTHIB (PF)... 141
- ACTICLATE... 20
- ACTIMMUNE... 141
- ACTIQ... 10
- ACTIVELLA... 129
- ACTONEL... 152
- ACTOPLUS MET... 73
- ACTOS... 73
- ACULAR LS... 167
- ACULAR... 167
- ACUVAIL (PF)... 167
- acyclovir sodium... 66
- acyclovir... 66
- ACZONE... 103
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 141
- ADAKVEO... 154
- ADALIMUMAB-ADAZ... 141
- ADALIMUMAB-ADB... 141, 142
- ADALIMUMAB-ADB(CF) PEN CROHNS... 142
- ADALIMUMAB-ADB(CF) PEN PS-UV... 142
- ADALIMUMAB-FKJP... 142
- adapalene... 103
- adapalene-benzoyl peroxide... 103
- ADBRY... 142
- ADCETRIS... 46
- ADCIRCA... 172
- ADDERALL XR... 97
- ADDERALL... 97
- adefovir... 66
- ADEMPAS... 172
- adenosine... 83
- ADLARITY... 34
- ADLYXIN... 73
- ADMELOG SOLOSTAR U-100 INSULIN... 73
- ADMELOG U-100 INSULIN LISPRO... 73
- ADRENALIN... 172
- adriamycin... 47
- adrucil... 47
- ADSTILADRIN... 154
- ADVAIR DISKUS... 172
- ADVAIR HFA... 172
- ADVOCATE PEN NEEDLE... 154
- ADVOCATE SYRINGES... 154
- ADZENYS XR-ODT... 97
- AEMCOLO... 118
- AFINITOR DISPERZ... 47
- AFINITOR... 47
- afirmelle... 129

AFREZZA... 73	alfuzosin... 125	AMBIEN CR... 180
AGGRASTAT CONCENTRATE... 79	ALIMTA... 47	AMBIEN... 180
AGGRASTAT IN SODIUM CHLORIDE... 79	ALIQOPA... 47	AMBISOME... 40
AGRYLIN... 79	aliskiren... 83	ambrisentan... 173
AIMOVIG AUTOINJECTOR... 43	ALKERAN (AS HCL)... 47	amcinonide... 103
AIRDUO DIGIHALER... 173	ALKERAN... 47	AMERGE... 44
AIRDUO RESPICLICK... 173	ALKINDI SPRINKLE... 126	amethia... 129
AIRSUPRA... 173	allopurinol sodium... 43	amethyst (28)... 129
AJOVY AUTOINJECTOR... 43	allopurinol... 43	AMICAR... 79
AJOVY SYRINGE... 44	ALLZITAL... 154	amikacin... 20
ak-poly-bac... 167	almotriptan malate... 44	amiloride... 83
AKEEGA... 47	ALOCRI... 167	amiloride-hydrochlorothiazide... 83
AKLIEF... 103	ALOMIDE... 167	aminocaproic acid... 79
AKYNZEO (FOSNETUPITANT)... 38	ALOPRIM... 43	aminophylline... 173
AKYNZEO (NETUPITANT)... 38	alose tron... 118	AMINOSYN II 10 %... 111
ALA-CORT... 103	ALPHAGAN P... 167, 168	AMINOSYN II 15 %... 112
ALA-SCALP... 103	alprazolam intensol... 72	AMINOSYN II 7 %... 112
albendazole... 59	alprazolam... 72	AMINOSYN II 8.5 %... 112
ALBENZA... 59	ALREX... 168	AMINOSYN II 8.5 %-ELECTROLYTES... 112
albuterol sulfate... 173	ALTABAX... 103	AMINOSYN M 3.5 %... 112
ALCAINE... 167	ALTACE... 83	AMINOSYN 10 %... 111
alclometasone... 103	altavera (28)... 129	AMINOSYN 7 % WITH ELECTROLYTES... 111
ALCOHOL PADS... 154	ALTOPREV... 83	AMINOSYN 8.5 %... 111
ALCOHOL PREP PADS... 154	ALTRENO... 103	AMINOSYN 8.5 %-ELECTROLYTES... 111
ALCOHOL SWABS... 154	ALUNBRIG... 47	AMINOSYN-PF 10 %... 112
ALCOHOL WIPES... 154	ALVESCO... 173	AMINOSYN-PF 7 % (SULFITE-FREE)... 112
ALDACTAZIDE... 83	alyacen 1/35 (28)... 129	AMINOSYN-RF 5.2 %... 112
ALDACTONE... 83	alyacen 7/7/7 (28)... 129	amiodarone... 83
ALDARA... 103	ALYMSYS... 47	AMITIZA... 118
ALDURAZYME... 122	alyq... 173	amitriptyline... 35
ALECENSA... 47	amabelz... 129	
alendronate... 152	amantadine hcl... 60	
	AMARYL... 73	

amitriptyline-chlordiazepoxide... 35	ANDRODERM... 129	AREXVY (PF)... 142
AMJEVITA(CF) AUTOINJECTOR... 142	ANDROGEL... 130	arformoterol... 173
AMJEVITA(CF)... 142	ANGELIQ... 130	ARICEPT... 34
amlodipine... 83	ANNOVERA... 130	ARIKAYCE... 20
amlodipine-atorvastatin... 83	ANORO ELLIPTA... 173	ARIMIDEX... 47
amlodipine-benazepril... 83	ANTARA... 83	aripiprazole... 62
amlodipine-olmesartan... 83	ANTIVERT... 38	ARISTADA INITIO... 62
amlodipine-valsartan... 83	anusol-hc... 104	ARISTADA... 62
amlodipine-valsartan-hcthiazyd... 83	ANZEMET... 39	ARIXTRA... 79
ammonium lactate... 103, 104	APADAZ... 10	armodafinil... 180
AMMONUL... 154	apexicon e... 104	ARMONAIR DIGIHALER... 173
amnestem... 104	APIDRA SOLOSTAR U-100 INSULIN... 73	ARMOUR THYROID... 139
amoxapine... 35	APIDRA U-100 INSULIN... 73	ARNUITY ELLIPTA... 173
amoxicil-clarithromy-lansopraz... 119	APLENZIN... 35	AROMASIN... 47
amoxicillin... 20	APOKYN... 60	ARRANON... 47
amoxicillin-pot clavulanate... 20	apomorphine... 60	arsenic trioxide... 47
amphetamine sulfate... 97	APONVIE... 39	ARTHROTEC 50... 10
amphetamine... 97	apraclonidine... 168	ARTHROTEC 75... 10
amphotericin b liposome... 40	aprepitant... 39	ASACOL HD... 151
amphotericin b... 40	APRETUDE... 66	ASCENIV... 142
ampicillin sodium... 20	apri... 130	ascomp with codeine... 10
ampicillin... 20	APRISO... 151	asenapine maleate... 62
ampicillin-sulbactam... 20	APTENSIO XR... 97	ashlyna... 130
AMPYRA... 97	APTIOM... 29	ASMANEX HFA... 173
AMRIX... 179	APTIVUS... 67	ASMANEX TWISTHALER... 173
AMVUTTRA... 122	AQINJECT PEN NEEDLE... 154	ASPARLAS... 47
AMZEEQ... 104	ARALAST NP... 122	aspirin-dipyridamole... 79
ANAFRANIL... 35	aranelle (28)... 130	ASPRUZYO SPRINKLE... 83
anagrelide... 79	ARANESP (IN POLYSORBATE)... 79	ASSURE ID DUO-SHIELD... 154
ANAPROX DS... 10	ARAVA... 142	ASSURE ID INSULIN SAFETY... 154
anastrozole... 47	ARAZLO... 104	ASSURE ID PEN NEEDLE... 154
ANCOBON... 40	ARCALYST... 142	ASSURE ID PRO PEN NEEDLE... 154
		ASTAGRAF XL... 142



ATACAND HCT... 83  
 ATACAND... 83  
 atazanavir... 67  
 ATELVIA... 152  
 atenolol... 83, 84  
 atenolol-chlorthalidone... 84  
 ATGAM... 142  
 ATIVAN... 72  
 atomoxetine... 97  
 ATORVALIQ... 84  
 atorvastatin... 84  
 atovaquone... 59  
 atovaquone-proguanil... 59  
 ATRALIN... 104  
 ATRIPLA... 67  
 ATROPINE SULFATE (PF)... 168  
 atropine... 119, 168  
 ATROVENT HFA... 173  
 AUBAGIO... 97  
 aubra eq... 130  
 aubra... 130  
 AUGMENTIN ES-600... 21  
 AUGMENTIN XR... 21  
 AUGMENTIN... 20  
 aurovela fe 1.5/30 (28)... 130  
 aurovela fe 1-20 (28)... 130  
 aurovela 1.5/30 (21)... 130  
 aurovela 1/20 (21)... 130  
 aurovela 24 fe... 130  
 AURYXIA... 112  
 AUSTEDO XR TITRATION  
 KT(WK1-4)... 97  
 AUSTEDO XR... 97  
 AUSTEDO... 97  
 AUTOJECT 2 INJECTION DEVICE...  
 154  
 AUTOPEN 1 TO 21 UNITS... 154  
 AUTOPEN 2 TO 42 UNITS... 154  
 AUVELITY... 35  
 AUVI-Q... 173  
 AVALIDE... 84  
 AVAPRO... 84  
 AVASTIN... 47  
 AVEED... 130  
 AVELOX IN NACL (ISO-OSMOTIC)...  
 21  
 aviane... 130  
 avidoxy... 21  
 AVITA... 104  
 AVODART... 125  
 AVONEX... 97  
 AVSOLA... 142  
 AVYCAZ... 21  
 AYGESTIN... 130  
 ayuna... 130  
 AYVAKIT... 47  
 azacitidine... 47  
 AZACTAM... 21  
 AZASAN... 142  
 AZASITE... 168  
 azathioprine sodium... 142  
 azathioprine... 142  
 azelaic acid... 104  
 azelastine... 168, 173  
 azelastine-fluticasone... 173  
 AZELEX... 104  
 AZILECT... 60  
 azithromycin... 21  
 AZOPT... 168  
 AZOR... 84  
 AZSTARYS... 97  
 aztreonam... 21  
 AZULFIDINE EN-TABS... 151  
 AZULFIDINE... 151  
 azurette (28)... 130  
**B**  
 bacitracin... 21, 168  
 bacitracin-polymyxin b... 168  
 baclofen... 66  
 BACTRIM DS... 21  
 BACTRIM... 21  
 BAFIERTAM... 97  
 bal-care dha... 112  
 balanced salt... 168  
 BALCOLTRA... 130  
 balsalazide... 151  
 BALVERSA... 47  
 balziva (28)... 130  
 BAND-AID GAUZE PADS... 154  
 BANZEL... 29  
 BAQSIMI... 74  
 BARACLUDE... 67  
 BASAGLAR KWIKPEN U-100  
 INSULIN... 74  
 BASAGLAR TEMPO  
 PEN(U-100)INSLN... 74  
 BAVENCIO... 47  
 BAXDELA... 21  
 BCG VACCINE, LIVE (PF)... 142

BD ALCOHOL SWABS... 154	benazepril-hydrochlorothiazide... 84	BETHKIS... 21
BD AUTOSHIELD DUO PEN NEEDLE... 154	bendamustine... 47	BETIMOL... 168
BD ECLIPSE LUER-LOK... 154	BENDEKA... 47	BETOPTIC S... 168
BD INSULIN SYRINGE (HALF UNIT)... 154	BENICAR HCT... 84	BEVESPI AEROSPHERE... 173
BD INSULIN SYRINGE MICRO-FINE... 154	BENICAR... 84	bexarotene... 47
BD INSULIN SYRINGE SLIP TIP... 155	BENLYSTA... 142	BEXSERO... 142
BD INSULIN SYRINGE U-500... 155	BENTYL... 119	BEYAZ... 130
BD INSULIN SYRINGE ULTRA-FINE... 155	BENZAACLIN PUMP... 104	BEYFORTUS... 155
BD INSULIN SYRINGE... 154	BENZAACLIN... 104	bicalutamide... 47
BD LO-DOSE MICRO-FINE IV... 155	BENZAMYCIN... 104	BICILLIN C-R... 21
BD NANO 2ND GEN PEN NEEDLE... 155	benzhydrocodone-acetaminophen... 10	BICILLIN L-A... 21
BD SAFETYGLIDE INSULIN SYRINGE... 155	benznidazole... 59	BICNU... 48
BD SAFETYGLIDE SYRINGE... 155	benztropine... 60	BIDIL... 84
BD ULTRA-FINE MICRO PEN NEEDLE... 155	bepotastine besilate... 168	BIJUVA... 130
BD ULTRA-FINE MINI PEN NEEDLE... 155	BEPREVE... 168	BIKTARVY... 67
BD ULTRA-FINE NANO PEN NEEDLE... 155	BERINERT... 142	BILTRICIDE... 59
BD ULTRA-FINE ORIG PEN NEEDLE... 155	beser... 104	bimatoprost... 168
BD ULTRA-FINE SHORT PEN NEEDLE... 155	BESIVANCE... 168	BIMZELX AUTOINJECTOR... 142
BD VEO INSULIN SYR (HALF UNIT)... 155	BESPONSA... 47	BIMZELX... 142
BD VEO INSULIN SYRINGE UF... 155	BESREMI... 142	BINOSTO... 152
BECONASE AQ... 173	BETADINE OPHTHALMIC PREP... 168	BIORPHEN... 84
BELBUCA... 10	betaine... 122	bismuth subcit k-metronidz-tcn... 119
BELEODAQ... 47	betamethasone acet,sod phos... 126	bisoprolol fumarate... 84
BELSOMRA... 180	betamethasone dipropionate... 104	bisoprolol-hydrochlorothiazide... 84
benazepril... 84	betamethasone valerate... 104	BIVIGAM... 142
	betamethasone, augmented... 104	BLNREP... 48
	BETAPACE AF... 84	bleomycin... 48
	BETAPACE... 84	BLEPHAMIDE... 168
	BETASERON... 97	blisovi fe 1.5/30 (28)... 130
	betaxolol... 84, 168	blisovi fe 1/20 (28)... 130
	bethanechol chloride... 125	blisovi 24 fe... 130
		BONIVA... 152

BONJESTA... 39	bupivacaine hcl... 17	CADUET... 84
BOOSTRIX TDAP... 142	bupivacaine-dextrose-water(pf)... 17	CAFCIT... 155
BORDERED GAUZE... 155	bupivacaine-epinephrine (pf)... 17	caffeine citrate... 155
BORTEZOMIB... 48	bupivacaine-epinephrine... 17	CALAN SR... 84
bosentan... 173	BUPRENEX... 10	calcipotriene... 104
BOSULIF... 48	buprenorphine hcl... 10, 19	calcipotriene-betamethasone... 104
BRAFTOVI... 48	buprenorphine... 10	calcitonin (salmon)... 152
BREO ELLIPTA... 174	buprenorphine-naloxone... 19	calcitriol... 104, 152
bretylium tosylate... 84	bupropion hcl (smoking deter)... 19	calcium acetate(phosphat bind)... 112
BREVIBLOC IN NACL (ISO-OSM)... 84	bupropion hcl... 35	calcium chloride... 112
BREVIBLOC... 84	bupirone... 72	calcium disodium versenate... 156
BREZTRI AEROSPHERE... 174	busulfan... 48	calcium gluconate... 112
briellyn... 130	BUSULFEX... 48	CALDOLOR... 10
BRILINTA... 79	butalbital compound w/codeine... 10	CALQUENCE (ACALABRUTINIB MAL)... 48
brimonidine... 104, 168	butalbital-acetaminop-caf-cod... 155	CALQUENCE... 48
brinzolamide... 168	butalbital-acetaminophen... 155	calsodore... 105
BRISDELLE... 35	butalbital-acetaminophen-caff... 155	CAMBIA... 10
BRIUMVI... 97	butalbital-aspirin-caffeine... 155	camila... 130
BRIVIACT... 29	butorphanol... 10	CAMPTOSAR... 48
bromfenac... 168	BUTRANS... 10	camrese lo... 130
bromocriptine... 60	BYDUREON BCISE... 74	camrese... 130
BROMSITE... 168	BYETTA... 74	CAMZYOS... 84
BRONCHITOL... 174	BYLVAY... 155	CANASA... 151
BROVANA... 174	BYSTOLIC... 84	CANCIDAS... 40
BRUKINSA... 48		candesartan... 84, 85
BRYHALI... 104		candesartan-hydrochlorothiazid... 85
BSS PLUS... 168		CAPEX... 105
BSS... 168		CAPLYTA... 62
budesonide... 151, 174		CAPRELSA... 48
bumetanide... 84		captopril... 85
bupap... 155		captopril-hydrochlorothiazide... 85
BUPHENYL... 122		
bupivacaine (pf)... 17		

**C**

CARAC... 105	carteolol... 168	CELEBREX... 10
CARAFATE... 119	cartia xt... 85	celecoxib... 10
CARBAGLU... 112	carvedilol phosphate... 85	CELESTONE SOLUSPAN... 126
carbamazepine... 29	carvedilol... 85	CELEXA... 35
CARBATROL... 29	CASODEX... 48	CELLCEPT INTRAVENOUS... 143
carbidopa... 60	caspofungin... 40	CELLCEPT... 142, 143
carbidopa-levodopa... 60	cataflam... 10	CELONTIN... 29
carbidopa-levodopa-entacapone... 60	CATAPRES-TTS-1... 85	CENTANY... 105
carbinoxamine maleate... 174	CATAPRES-TTS-2... 85	cephalexin... 22
CARBOCAINE (PF)... 17	CATAPRES-TTS-3... 85	CEQUA... 168
CARBOCAINE WITH NEO-COBEFRIN... 17	CAYSTON... 174	CERDELGA... 122
CARBOCAINE... 17	caziant (28)... 130	CEREBYX... 30
carboplatin... 48	cefaclor... 21	CEREZYME... 123
carboprost tromethamine... 129	cefadroxil... 21	CERVIDIL... 156
CARDIZEM CD... 85	cefazolin in dextrose (iso-os)... 21	cetirizine... 174
CARDIZEM LA... 85	cefazolin... 21	cevimeline... 102
CARDIZEM... 85	cefdinir... 21	CHANTIX CONTINUING MONTH BOX... 19
CARDURA XL... 85	cefepime in dextrose 5 %... 22	CHANTIX STARTING MONTH BOX... 19
CARDURA... 85	cefepime in dextrose,iso-osm... 22	CHANTIX... 19
CAREFINE PEN NEEDLE... 156	cefepime... 22	charlotte 24 fe... 130
CARETOUCH ALCOHOL PREP PAD... 156	cefixime... 22	chateal (28)... 130
CARETOUCH INSULIN SYRINGE... 156	cefotaxime... 22	chateal eq (28)... 130
CARETOUCH PEN NEEDLE... 156	cefotetan... 22	CHEMET... 112
carglumic acid... 112	cefoxitin in dextrose, iso-osm... 22	CHENODAL... 119
carisoprodol... 179	cefoxitin... 22	chloramphenicol sod succinate... 22
carisoprodol-aspirin... 179	cefpodoxime... 22	chlordiazepoxide hcl... 72
carisoprodol-aspirin-codeine... 179	cefprozil... 22	chlorhexidine gluconate... 102
carmustine... 48	ceftazidime in d5w... 22	chloroprocaine (pf)... 17
CARNITOR (SUGAR-FREE)... 112	ceftazidime... 22	chloroquine phosphate... 59
CARNITOR... 112	ceftriaxone in dextrose,iso-os... 22	chlorothiazide sodium... 85
CAROSPIR... 85	ceftriaxone... 22	chlorpromazine... 62
	cefuroxime axetil... 22	
	cefuroxime sodium... 22	

chlorthalidone... 85  
 chlorzoxazone... 179, 180  
 CHOLBAM... 123  
 cholestyramine (with sugar)... 85  
 cholestyramine light... 85  
 cholestyramine-aspartame... 85  
 CHORIONIC GONADOTROPIN,  
 HUMAN... 128  
 CIALIS... 125  
 CIBINQO... 143  
 ciclodan... 40  
 ciclopirox... 40, 41  
 cidofovir... 67  
 cilostazol... 79  
 CILOXAN... 168  
 CIMDUO... 67  
 cimetidine hcl... 119  
 cimetidine... 119  
 CIMZIA POWDER FOR RECONST...  
 143  
 CIMZIA STARTER KIT... 143  
 CIMZIA... 143  
 cinacalcet... 152  
 CINQAIR... 174  
 CINRYZE... 143  
 CINVANTI... 156  
 CIPRO HC... 172  
 CIPRO... 22  
 CIPRODEX... 172  
 ciprofloxacin hcl... 22, 168, 172  
 ciprofloxacin in 5 % dextrose... 22  
 ciprofloxacin... 22  
 ciprofloxacin-dexamethasone...  
 172  
 ciprofloxacin-fluocinolone... 172  
 cisplatin... 48  
 citalopram... 35  
 CITRANATAL B-CALM (FE GLUC)...  
 112  
 cladribine... 48  
 CLAFORAN... 22  
 claravis... 105  
 CLARINEX... 174  
 CLARINEX-D 12 HOUR... 156  
 clarithromycin... 22, 23  
 clemastine... 174  
 CLENPIQ... 119  
 CLEOCIN HCL... 23  
 CLEOCIN PEDIATRIC... 23  
 CLEOCIN T... 105  
 CLEOCIN... 23  
 CLEVIPREX... 85  
 CLICKFINE PEN NEEDLE... 156  
 CLIMARA PRO... 131  
 CLIMARA... 131  
 clindacin etz... 105  
 clindacin p... 105  
 clindacin... 105  
 CLINDAGEL... 105  
 clindamycin hcl... 23  
 clindamycin in 0.9 % sod chlor... 23  
 clindamycin in 5 % dextrose... 23  
 clindamycin palmitate hcl... 23  
 clindamycin pediatric... 23  
 clindamycin phosphate... 23, 105  
 clindamycin-benzoyl peroxide...  
 105  
 clindamycin-tretinoin... 105  
 CLINDESSE... 23  
 CLINIMIX E 2.75%/D5W SULF FREE...  
 112  
 CLINIMIX E 4.25%/D10W SUL  
 FREE... 112  
 CLINIMIX E 4.25%/D5W SULF FREE...  
 112  
 CLINIMIX E 5%/D15W SULFIT FREE...  
 112  
 CLINIMIX E 5%/D20W SULFIT FREE...  
 112  
 CLINIMIX E 8%-D10W  
 SULFITEFREE... 113  
 CLINIMIX E 8%-D14W  
 SULFITEFREE... 113  
 CLINIMIX 4.25%/D10W SULF FREE...  
 112  
 CLINIMIX 4.25%/D5W SULFIT  
 FREE... 112  
 CLINIMIX  
 5%-D20W(SULFITE-FREE)... 112  
 CLINIMIX 5%/D15W SULFITE FREE...  
 112  
 CLINIMIX 6%-D5W  
 (SULFITE-FREE)... 112  
 CLINIMIX  
 8%-D10W(SULFITE-FREE)... 112  
 CLINIMIX  
 8%-D14W(SULFITE-FREE)... 112  
 CLINISOL SF 15 %... 113  
 CLINOLIPID... 113  
 clobazam... 30  
 clobetasol... 105  
 clobetasol-emollient... 105  
 CLOBEX... 105  
 clocortolone pivalate... 106

clodan... 106	COMFORT EZ INSULIN SYRINGE... 156	COSENTYX (2 SYRINGES)... 143
CLODERM... 106	COMFORT EZ PEN NEEDLES... 156	COSENTYX PEN (2 PENS)... 143
clofarabine... 48	COMFORT EZ PRO SAFETY PEN NDL... 156	COSENTYX PEN... 143
CLOLAR... 48	COMFORT TOUCH PEN NEEDLE... 156	COSENTYX UNOREADY PEN... 143
clomipramine... 35	COMPAZINE... 39	COSENTYX... 143
clonazepam... 72	COMPLERA... 67	COSMEGEN... 48
clonidine hcl... 85, 97	complete natal dha... 113	COSOPT (PF)... 168
clonidine... 85	compro... 39	COSOPT... 168
clopidogrel... 79	COMTAN... 60	COTELLIC... 48
clorazepate dipotassium... 72	CONCERTA... 97	COTEMPLA XR-ODT... 98
CLOROTEKAL... 17	CONDYLOX... 106	COZAAR... 86
clotrimazole... 41	CONJUPRI... 86	CREON... 123
clotrimazole-betamethasone... 41	constulose... 119	CRESEMBA... 41
clozapine... 62, 63	CONZIP... 11	CRESTOR... 86
CLOZARIL... 63	COPAXONE... 97	CRINONE... 131
COARTEM... 59	COPIKTRA... 48	cromolyn... 168, 174
codeine sulfate... 10	CORDRAN TAPE LARGE ROLL... 106	crotan... 106
codeine-butalbital-asa-caff... 11	CORDRAN... 106	cryselle (28)... 131
COLAZAL... 151	COREG CR... 86	CRYSVITA... 123
colchicine... 43	COREG... 86	CUBICIN RF... 23
colesevelam... 85	coremino... 23	CUBICIN... 23
COLESTID FLAVORED... 86	CORGARD... 86	CUPRIMINE... 113
COLESTID... 85, 86	CORLANOR... 86	CURITY ALCOHOL SWABS... 156
colestipol... 86	CORLOPAM... 86	CURITY GAUZE... 156
colistin (colistimethate na)... 23	CORTEF... 106	CUTAQUIG... 143
COLUMVI... 48	CORTENEMA... 151	CUVPOSA... 119
COLY-MYCIN M PARENTERAL... 23	CORTIFOAM... 151	CUVRIOR... 113
COMBIGAN... 168	CORTISPORIN-TC... 172	cyclafem 1/35 (28)... 131
COMBIPATCH... 131	CORTROPHIN GEL... 126	cyclafem 7/7/7 (28)... 131
COMBIVENT RESPIMAT... 174	CORVERT... 86	cyclobenzaprine... 180
COMBIVIR... 67	COSELA... 48	cyclophosphamide... 48, 49
COMETRIQ... 48		cycloserine... 46
		CYCLOSET... 74

cyclosporine modified... 143	dantrolene... 66	DEMEROL (PF)... 11
cyclosporine... 143	DANYELZA... 49	DEMEROL... 11
CYKLOKAPRON... 79	dapsone... 46, 106	DEMSEER... 86
CYLTEZO(CF) PEN CROHN'S-UC-HS... 143	DAPTACEL (DTAP PEDIATRIC) (PF)... 143	DENAVIR... 67
CYLTEZO(CF) PEN PSORIASIS-UV... 143	daptomycin in 0.9 % sod chlor... 23	DENGVAXIA (PF)... 143
CYLTEZO(CF) PEN... 143	daptomycin... 23	DEPAKOTE ER... 30
CYLTEZO(CF)... 143	DARAPRIM... 59	DEPAKOTE SPRINKLES... 30
CYMBALTA... 35, 36	darifenacin... 125	DEPAKOTE... 30
cyproheptadine... 174	DARTISLA... 119	DEPEN TITRATABS... 113
CYRAMZA... 49	darunavir ethanolate... 67	DEPO-ESTRADIOL... 131
cyred eq... 131	DARZALEX FASPRO... 49	DEPO-MEDROL... 126
cyred... 131	DARZALEX... 49	DEPO-PROVERA... 131
CYSTADANE... 123	dasetta 1/35 (28)... 131	DEPO-SUBQ PROVERA 104... 131
CYSTADROPS... 169	dasetta 7/7/7 (28)... 131	DEPO-TESTOSTERONE... 131
CYSTAGON... 123	daunorubicin... 49	DERMA-SMOOTHIE/FS BODY OIL... 106
CYSTARAN... 169	DAURISMO... 49	DERMA-SMOOTHIE/FS SCALP OIL... 106
cytarabine (pf)... 49	DAYBUE... 98	DERMACEA... 156
cytarabine... 49	DAYPRO... 11	dermacinrx lidocan... 18
CYTOGAM... 143	daysee... 131	DERMOTIC OIL... 172
CYTOMEL... 139	DAYTRANA... 98	DESCOVY... 67
CYTOTEC... 119	DAYVIGO... 180	DESFERAL... 113
	DDAVP... 128	desipramine... 36
<b>D</b>	deblitane... 131	desloratadine... 174
D.H.E.45... 44	decitabine... 49	desmopressin... 128
dabigatran etexilate... 80	deferasirox... 113	desog-e.estradiol/e.estradiol... 131
dacarbazine... 49	deferiprone... 113	desogestrel-ethinyl estradiol... 131
DACOGEN... 49	deferoxamine... 113	desonide... 106
dactinomycin... 49	DEFITELIO... 156	DESOWEN... 106
dalfampridine... 98	DELESTROGEN... 131	desoximetasone... 106
DALIRESP... 174	DELSTRIGO... 67	DESOXYN... 98
DALVANCE... 23	DELZICOL... 151	desrx... 106
danazol... 131	demeclocycline... 23	
DANTRIUM... 66		

desvenlafaxine succinate... 36	dextrose 5%-0.2 % sod chloride... 113	dihydroergotamine... 44
desvenlafaxine... 36	dextrose 5%-0.3 % sod.chloride... 113	DILANTIN EXTENDED... 30
DETROL LA... 125	dextrose 50 % in water (d50w)... 113	DILANTIN INFATABS... 30
DETROL... 125	dextrose 70 % in water (d70w)... 113	DILANTIN... 30
dexabliss... 126	DHIVY... 60	DILANTIN-125... 30
dexamethasone intensol... 126	DIACOMIT... 30	DILAUDID... 11
dexamethasone sodium phos (pf)... 127	DIASTAT ACUDIAL... 30	dilt-xr... 86
dexamethasone sodium phosphate... 127, 169	DIASTAT... 30	diltiazem hcl... 86
dexamethasone... 126	diazepam intensol... 72	dimenhydrinate... 39
dexchlorpheniramine maleate... 174	diazepam... 30, 72	dimethyl fumarate... 98
DEXEDRINE SPANSULE... 98	diazoxide... 74	DIOVAN HCT... 87
DEXILANT... 119	DIBENZYLINE... 86	DIOVAN... 86
dexlansoprazole... 119	dichlorphenamide... 123	DIPENTUM... 151
dexmethylphenidate... 98	DICLEGIS... 39	DIPHEN... 174
dexrazoxane hcl... 49	diclofenac epolamine... 11	diphenhydramine hcl... 174
DEXTENZA... 169	diclofenac potassium... 11	diphenoxylate-atropine... 119
dextroamphetamine sulfate... 98	diclofenac sodium... 11, 106, 169	DIPROLENE (AUGMENTED)... 106
dextroamphetamine-amphetamine... 98	diclofenac-misoprostol... 11	dipyridamole... 80
dextrose 10 % and 0.2 % nacl... 113	dicloxacillin... 23	disopyramide phosphate... 87
dextrose 10 % in water (d10w)... 113	dicyclomine... 119	disulfiram... 19
dextrose 20 % in water (d20w)... 113	didanosine... 67	DITROPAN XL... 125
dextrose 25 % in water (d25w)... 113	DIFFERIN... 106	DIURIL... 87
dextrose 30 % in water (d30w)... 113	DIFICID... 23	divalproex... 30
dextrose 40 % in water (d40w)... 113	diflorasone... 106	DIVIGEL... 131
dextrose 5 % in water (d5w)... 113	DIFLUCAN... 41	dobutamine in d5w... 87
dextrose 5 %-lactated ringers... 113	diflunisal... 11	dobutamine... 87
	difluprednate... 169	DOCEFREZ... 49
	digitek... 86	docetaxel... 49
	digox... 86	dofetilide... 87
	digoxin... 86	DOJOLVI... 156
		dolishale... 131
		donepezil... 34
		dopamine in 5 % dextrose... 87



dopamine... 87  
DOPRAM... 174  
DOPTelet (10 TAB PACK)... 80  
DOPTelet (15 TAB PACK)... 80  
DOPTelet (30 TAB PACK)... 80  
DORYX MPC... 23  
DORYX... 23  
dorzolamide... 169  
dorzolamide-timolol (pf)... 169  
dorzolamide-timolol... 169  
dotti... 131  
DOVATO... 67  
DOVONEX... 106  
doxazosin... 87  
doxepin... 72, 106, 180  
doxercalciferol... 152  
DOXIL... 49  
doxorubicin... 49  
doxorubicin, peg-liposomal... 49  
doxy-100... 24  
doxycycline hyclate... 24  
doxycycline monohydrate... 24  
doxylamine-pyridoxine (vit b6)... 39  
DRIZALMA SPRINKLE... 36  
dronabinol... 39  
droperidol... 63  
DROPLET INSULIN SYR(HALF UNIT)... 156  
DROPLET INSULIN SYRINGE... 157  
DROPLET MICRON PEN NEEDLE... 157  
DROPLET PEN NEEDLE... 157  
DROPSAFE ALCOHOL PREP PADS... 157  
DROPSAFE INSULIN SYRINGE... 157  
DROPSAFE PEN NEEDLE... 157  
drospirenone-e.estradiol-lm.fa... 131  
drospirenone-ethinyl estradiol... 131  
DROXIA... 157  
droxidopa... 87  
DUAKLIR PRESSAIR... 174  
DUAVEE... 131  
DUET DHA WITH OMEGA-3... 113  
DUETACT... 74  
DUEXIS... 11  
DULERA... 175  
duloxetine... 36  
DUOBRII... 107  
DUOPA... 60  
DUPIXENT PEN... 143  
DUPIXENT SYRINGE... 143  
DURAMORPH (PF)... 11  
DUREZOL... 169  
DURYSTA... 169  
dutasteride... 125  
dutasteride-tamsulosin... 125  
DUZALLO... 43  
dvorah... 11  
DXEVO... 127  
DYANAVEL XR... 98  
DYMISTA... 175  
DYRENIUM... 87  
d10 %-0.45 % sodium chloride... 113  
d2.5 %-0.45 % sodium chloride... 113  
d5 % and 0.9 % sodium chloride... 113  
d5 %-0.45 % sodium chloride... 113

**E**

E.E.S. GRANULES... 24  
E.E.S. 400... 24  
EASY COMFORT ALCOHOL PAD... 157  
EASY COMFORT INSULIN SYRINGE... 157  
EASY COMFORT PEN NEEDLES... 157  
EASY GLIDE INSULIN SYRINGE... 157  
EASY GLIDE PEN NEEDLE... 157  
EASY TOUCH ALCOHOL PREP PADS... 157  
EASY TOUCH FLIPLOCK INSULIN... 157  
EASY TOUCH INSULIN SAFETY SYR... 157  
EASY TOUCH INSULIN SYRINGE... 158  
EASY TOUCH LUER LOCK INSULIN... 158  
EASY TOUCH PEN NEEDLE... 158  
EASY TOUCH SAFETY PEN NEEDLE... 158  
EASY TOUCH SHEATHLOCK INSULIN... 158  
EASY TOUCH UNI-SLIP... 158  
EASY TOUCH... 157  
EC-NAPROSYN... 11  
ec-naproxen... 11  
econazole... 41  
EDARBI... 87  
EDARBYCLOR... 87  
EDECIN... 87  
edetate calcium disodium... 158

EDLUAR... 180	ELMIRON... 125	ENJAYMO... 144
EDURANT... 67	ELREXFIO... 49	enoxaparin... 80
efavirenz... 67	eluryng... 132	enpresse... 132
efavirenz-emtricitabin-tenofov... 67	ELYXYB... 158	enskyce... 132
efavirenz-lamivu-tenofov disop... 67	ELZONRIS... 49	ENSPRYNG... 144
EFFEXOR XR... 36	EMBRACE PEN NEEDLE... 158	ENSTILAR... 107
EFFIENT... 80	EMCYT... 49	entacapone... 60
EFUDEX... 107	EMEND (FOSAPREPITANT)... 39	ENTADFI... 125
EGATEN... 59	EMEND... 39	entecavir... 67
EGRIFTA SV... 128	EMFLAZA... 127	ENTOCORT EC... 151
ELAPRASE... 123	EMGALITY PEN... 44	ENTRESTO... 87
electrolyte-a... 114	EMGALITY SYRINGE... 44	ENTYVIO PEN... 144
electrolyte-148... 113	emoquette... 132	ENTYVIO... 144
electrolyte-48 in d5w... 113	EMPAVELI... 158	enulose... 119
ELELYSO... 123	EMPLICITI... 49	ENVARUSUS XR... 144
ELESTRIN... 131	EMSAM... 36	EPANED... 87
eletriptan... 44	emtricitabine... 67	EPCLUSA... 67
ELEVIDYS... 123	emtricitabine-tenofovir (tdf)... 67	EPIDIOLEX... 30
ELFABRIO... 123	EMTRIVA... 67	EPIDUO FORTE... 107
ELIDEL... 107	emverm... 59	EPIDUO... 107
ELIGARD (3 MONTH)... 140	enalapril maleate... 87	EPIFOAM... 107
ELIGARD (4 MONTH)... 140	enalapril-hydrochlorothiazide... 87	epinastine... 169
ELIGARD (6 MONTH)... 140	enalaprilat... 87	epinephrine... 175
ELIGARD... 140	ENBREL MINI... 144	EPIPEN JR 2-PAK... 175
ELIMITE... 107	ENBREL SURECLICK... 144	EPIPEN JR... 175
elinest... 131	ENBREL... 143	EPIPEN 2-PAK... 175
ELIQUIS DVT-PE TREAT 30D START... 80	ENDARI... 119	EPIPEN... 175
ELIQUIS... 80	endocet... 11	epirubicin... 49
ELITEK... 49	ENDOMETRIN... 132	epitol... 30
ELIXOPHYLLIN... 175	ENGERIX-B (PF)... 144	EPIVIR HBV... 68
ELLA... 131	ENGERIX-B PEDIATRIC (PF)... 144	EPIVIR... 68
ELLEENCE... 49	ENHERTU... 49	EPKINLY... 49
	enilloring... 132	eplerenone... 87

EPOGEN... 80	erythromycin-benzoyl peroxide... 107	EUTHYROX... 139
epoprostenol (glycine)... 175	ESBRIET... 175	EVAMIST... 132
epoprostenol... 175	escitalopram oxalate... 36	EVEKEO ODT... 98, 99
EPRONTIA... 44	ESGIC... 158	EVEKEO... 98
eprosartan... 87	esmolol in nacl (iso-osm)... 87	EVENITY... 152
EPSOLAY... 107	esmolol... 87	everolimus (antineoplastic)... 50
eptifibatide... 80	esomeprazole magnesium... 119	everolimus (immunosuppressive)... 144
EPZICOM... 68	esomeprazole sodium... 119	EVISTA... 132
EQUETRO... 30	ESOMEPRAZOLE STRONTIUM... 119	EVKEEZA... 87
ERAXIS(WATER DILUENT)... 41	estarylla... 132	EVOCLIN... 107
ERBITUX... 49	estazolam... 180	EVOMELA... 50
ergoloid... 34	ESTRACE... 132	EVOTAZ... 68
ERGOMAR... 44	estradiol valerate... 132	EVOXAC... 102
ergotamine-caffeine... 44	estradiol... 132	EVRYSDI... 123
ERIVEDGE... 50	estradiol-norethindrone acet... 132	EXEL INSULIN... 158
ERLEADA... 50	ESTRING... 132	EXELDERM... 41
erlotinib... 50	ESTROGEL... 132	EXELON PATCH... 34
ERMEZA... 139	eszopiclone... 181	exemestane... 50
errin... 132	ethacrynate sodium... 87	EXFORGE HCT... 88
ERTACZO... 41	ethacrynic acid... 87	EXFORGE... 87
ertapenem... 24	ethambutol... 46	EXJADE... 114
ery pads... 107	ethosuximide... 30	EXKIVITY... 50
ERY-TAB... 24	ethynodiol diac-eth estradiol... 132	EXPAREL (PF)... 18
ERYGEL... 107	ETHYOL... 50	EXSERVAN... 99
ERYPED 200... 24	etodolac... 11, 12	EXTAVIA... 99
ERYPED 400... 24	etonogestrel-ethinyl estradiol... 132	EXTINA... 41
ERYTHROCIN (AS STEARATE)... 24	ETOPOPHOS... 50	EYSUVIS... 169
ERYTHROCIN... 24	etoposide... 50	EZALLOR SPRINKLE... 88
erythromycin ethylsuccinate... 24	etravirine... 68	ezetimibe... 88
erythromycin lactobionate... 24	EUCRISA... 107	ezetimibe-atorvastatin... 88
erythromycin with ethanol... 107	EULEXIN... 50	ezetimibe-rosuvastatin... 88
erythromycin... 24, 169	EURAX... 107	ezetimibe-simvastatin... 88

**F**

FABIOR... 107	fentanyl... 12	FLECTOR... 12
FABRAZYME... 123	FENTORA... 12	FLEQSUVY... 66
falmina (28)... 132	FERRIPROX (2 TIMES A DAY)... 114	FLOLIPID... 88
famciclovir... 68	FERRIPROX... 114	FLOMAX... 125
famotidine (pf)... 119	fesoterodine... 125	FLOVENT DISKUS... 175
famotidine (pf)-nacl (iso-os)... 119	FETROJA... 24	FLOVENT HFA... 175
famotidine... 119	FETZIMA... 36	floxuridine... 50
FANAPT... 63	FEXMID... 180	fluconazole in nacl (iso-osm)... 41
FARESTON... 50	FIASP FLEXTOUCH U-100 INSULIN... 74	fluconazole... 41
FARXIGA... 74	FIASP PENFILL U-100 INSULIN... 74	flucytosine... 41
FASENRA PEN... 175	FIASP U-100 INSULIN... 74	fludarabine... 50
FASENRA... 175	FIBRICOR... 88	fludrocortisone... 127
FASLODEX... 50	FILSPARI... 158	FLUMADINE... 68
febuxostat... 43	FINACEA... 107	flumazenil... 158
felbamate... 30	finasteride... 125	flunisolide... 175
FELBATOL... 30	fingolimod... 99	fluocinolone acetonide oil... 172
FELDENE... 12	FINTEPLA... 30	fluocinolone and shower cap... 107
felodipine... 88	finzala... 132	fluocinolone... 107
FEMARA... 50	FIORICET WITH CODEINE... 158	fluocinonide... 107
FEMHRT LOW DOSE... 132	fioricet... 158	fluocinonide-e... 107
FEMRING... 132	FIRAZYR... 144	fluocinonide-emollient... 107
femynor... 132	FIRDAPSE... 99	fluorometholone... 169
fenofibrate micronized... 88	FIRMAGON KIT W DILUENT SYRINGE... 140	FLUOROPLEX... 107
fenofibrate nanocrystallized... 88	FIRMAGON... 140	fluorouracil... 50, 107, 108
fenofibrate... 88	FIRVANQ... 24	fluoxetine... 36
fenofibric acid (choline)... 88	flac otic oil... 172	fluphenazine decanoate... 63
fenofibric acid... 88	FLAGYL... 25	fluphenazine hcl... 63
FENOGLIDE... 88	FLAREX... 169	flurandrenolide... 108
fenoprofen... 12	flavoxate... 125	flurazepam... 181
FENSOLVI... 140	FLEBOGAMMA DIF... 144	flurbiprofen sodium... 169
fentanyl citrate (pf)... 12	flecainide... 88	flurbiprofen... 12
fentanyl citrate... 12		flutamide... 50

fluticasone propion-salmeterol... 175	FULPHILA... 80	GAUZE BANDAGE... 158
fluticasone propionate... 108, 175	fulvestrant... 50	GAUZE PAD... 158
fluvastatin... 88	FURADANTIN... 25	gavilyte-c... 120
fluvoxamine... 36	FUROSCIX... 88	gavilyte-g... 120
FML FORTE... 169	furosemide... 88	gavilyte-n... 120
FML LIQUIFILM... 169	FUSILEV... 50	GAVRETO... 50
FOCALIN XR... 99	FUZEON... 68	GAZYVA... 50
FOCALIN... 99	FYARRO... 50	gefitinib... 50
FOLOTYN... 50	fyavolv... 132	GELNIQUE... 125
fomepizole... 158	FYCOMPA... 30	gemcitabine... 50
fondaparinux... 80	FYLNETRA... 80	gemfibrozil... 88
FORFIVO XL... 36		gemmily... 132
formoterol fumarate... 175	<b>G</b>	GEMTESA... 125
FORTEO... 152	gabapentin... 30	GENERESS FE... 132
FORTESTA... 132	GABITRIL... 31	generlac... 120
FOSAMAX PLUS D... 152	GALAFOLD... 123	gengraf... 144
FOSAMAX... 152	galantamine... 34	GENOTROPIN MINIQUICK... 128
fosamprenavir... 68	GAMASTAN S/D... 144	GENOTROPIN... 128
fosaprepitant... 39	GAMASTAN... 144	gentak... 169
foscarnet... 68	GAMIFANT... 144	gentamicin in nacl (iso-osm)... 25
FOSCAVIR... 68	GAMMAGARD LIQUID... 144	gentamicin sulfate (ped) (pf)... 25
fosfomycin tromethamine... 25	GAMMAGARD S-D (IGA < 1 MCG/ML)... 144	gentamicin sulfate (pf)... 25
fosinopril... 88	GAMMAKED... 144	gentamicin... 25, 169
fosinopril-hydrochlorothiazide... 88	GAMMAPLEX (WITH SORBITOL)... 144	GENVOYA... 68
fosphenytoin... 30	GAMMAPLEX... 144	GEODON... 63
FOSRENOL... 114	GAMUNEX-C... 144	GILENYA... 99
FOTIVDA... 50	ganciclovir sodium... 68	GILOTRIF... 51
FRAGMIN... 80	GARDASIL 9 (PF)... 144	GIMOTI... 39
FREESTYLE PRECISION... 158	GASTROCROM... 175	GIVLAARI... 158
FROVA... 44	gatifloxacin... 169	GLASSIA... 123
frovatriptan... 44	GATTEX ONE-VIAL... 119	glatiramer... 99
FRUZAQLA... 50	GATTEX 30-VIAL... 119	glatopa... 99
		GLEEVEC... 51

GLEOSTINE... 51	GVOKE HYPOPEN 1-PACK... 74	heather... 133
glimepiride... 74	GVOKE HYPOPEN 2-PACK... 74	HECTOROL... 152
glipizide... 74	GVOKE PFS 1-PACK SYRINGE... 75	HEMABATE... 129
glipizide-metformin... 74	GVOKE PFS 2-PACK SYRINGE... 75	HEMADY... 127
GLOPERBA... 43	GVOKE... 74	HEMANGEOL... 89
GLUCAGEN HYPOKIT... 74	gynazole-1... 41	heparin (porcine)... 80, 81
GLUCAGON (HCL) EMERGENCY KIT... 74	<b>H</b>	heparin, porcine (pf)... 81
GLUCAGON EMERGENCY KIT (HUMAN)... 74	HADLIMA PUSHTOUCH... 144	HEPLISAV-B (PF)... 145
GLUCOTROL XL... 74	HADLIMA... 144	HEPSERA... 68
GLUMETZA... 74	HADLIMA(CF) PUSHTOUCH... 145	HERCEPTIN HYLECTA... 51
glyburide micronized... 74	HADLIMA(CF)... 144	HERCEPTIN... 51
glyburide... 74	HAEGARDA... 145	HERZUMA... 51
glyburide-metformin... 74	hailey fe 1.5/30 (28)... 133	HETLIOZ LQ... 181
GLYCATE... 120	hailey fe 1/20 (28)... 133	HETLIOZ... 181
GLYCOPHOS... 114	hailey 24 fe... 133	HIBERIX (PF)... 145
glycopyrrolate (pf) in water... 120	hailey... 132	HIPREX... 25
glycopyrrolate (pf)... 120	HALAVEN... 51	HIZENTRA... 145
glycopyrrolate... 120	halcinonide... 108	HORIZANT... 99
glydo... 18	HALCION... 181	HULIO(CF) PEN... 145
GLYNASE... 74	HALDOL DECANOATE... 63	HULIO(CF)... 145
GLYXAMBI... 74	halobetasol propionate... 108	HUMALOG JUNIOR KWIKPEN U-100... 75
GOCOVRI... 60	haloette... 133	HUMALOG KWIKPEN INSULIN... 75
GOLYTELY... 120	HALOG... 108	HUMALOG MIX 50-50 INSULN U-100... 75
GONITRO... 89	haloperidol decanoate... 63	HUMALOG MIX 50-50 KWIKPEN... 75
GRALISE... 99	haloperidol lactate... 63	HUMALOG MIX 75-25 KWIKPEN... 75
granisetron (pf)... 39	haloperidol... 63	HUMALOG MIX 75-25(U-100)INSULN... 75
granisetron hcl... 39	HARVONI... 68	HUMALOG MIX 75-25(U-100)INSULN... 75
GRANIX... 80	HAVRIX (PF)... 145	HUMALOG MIX 75-25(U-100)INSULN... 75
GRASTEK... 175	HEALTHWISE INSULIN SYRINGE... 158	HUMALOG MIX 75-25(U-100)INSULN... 75
griseofulvin microsize... 41	HEALTHWISE PEN NEEDLE... 158	HUMALOG U-100 INSULIN... 75
griseofulvin ultramicrosize... 41	HEALTHY ACCENTS UNIFINE PENTIP... 159	HUMATIN... 25
guanfacine... 89, 99		HUMATROPE... 128

HUMIRA PEN CROHNS-UC-HS START... 145	hydrocortisone butyr-emollient... 108	IBSRELA... 120
HUMIRA PEN PSOR-UVEITS-ADOL HS... 145	hydrocortisone butyrate... 108	ibu... 13
HUMIRA PEN... 145	hydrocortisone valerate... 108	ibuprofen... 13
HUMIRA... 145	hydrocortisone... 108, 151	ibuprofen-famotidine... 13
HUMIRA(CF) PEDI CROHNS STARTER... 145	hydrocortisone-acetic acid... 172	ibutilide fumarate... 89
HUMIRA(CF) PEN CROHNS-UC-HS... 145	hydromorphone (pf)... 13	icatibant... 146
HUMIRA(CF) PEN PEDIATRIC UC... 145	hydromorphone... 12, 13	iclevia... 133
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 145	hydroxychloroquine... 59	ICLUSIG... 51
HUMIRA(CF) PEN... 145	hydroxyprogesterone cap(ppres)... 133	IDACIO(CF) PEN CROHN-UC STARTR... 146
HUMIRA(CF)... 145	hydroxyprogesterone caproate... 133	IDACIO(CF) PEN PSORIASIS START... 146
HUMULIN N NPH INSULIN KWIKPEN... 75	hydroxyprogesterone caproate... 133	IDACIO(CF) PEN... 146
HUMULIN N NPH U-100 INSULIN... 75	hydroxyurea... 51	IDACIO(CF)... 146
HUMULIN R REGULAR U-100 INSULN... 75	hydroxyzine hcl... 72	IDAMYCIN PFS... 51
HUMULIN R U-500 (CONC) INSULIN... 75	hydroxyzine pamoate... 175	idarubicin... 51
HUMULIN R U-500 (CONC) KWIKPEN... 75	HYFTOR... 108	IDHIFA... 51
HUMULIN 70/30 U-100 INSULIN... 75	HYPERRAB (PF)... 145	IFEX... 51
HUMULIN 70/30 U-100 KWIKPEN... 75	HYPERRAB S/D (PF)... 145	ifosfamide... 51
HYCAMTIN... 51	HYPERTET (PF)... 145	IGALMI... 159
hydralazine... 89	HYRIMOZ PEN CROHN'S-UC STARTER... 145	ILEVRO... 169
HYDREA... 51	HYRIMOZ PEN PSORIASIS STARTER... 145	ILUMYA... 146
hydrochlorothiazide... 89	HYRIMOZ(CF) PEDI CROHN STARTER... 145	imatinib... 51
hydrocodone bitartrate... 12	HYRIMOZ(CF) PEN... 145, 146	IMBRUVICA... 51
hydrocodone-acetaminophen... 12	HYRIMOZ(CF)... 145	IMFINZI... 51
hydrocodone-ibuprofen... 12	HYSINGLA ER... 13	imipenem-cilastatin... 25
	HYZAAR... 89	imipramine hcl... 36
		imipramine pamoate... 36
	<b>I</b>	imiquimod... 108
	ibandronate... 152	IMITREX STATDOSE PEN... 44
	IBRANCE... 51	IMITREX STATDOSE REFILL... 44
		IMITREX... 44
		IMJUDO... 51

IMLYGIC... 51	INSULIN ASPART U-100... 75	ipratropium bromide... 175, 176
IMMPHENTIV... 89	INSULIN DEGLUDEC... 75	ipratropium-albuterol... 176
IMOGAM RABIES-HT (PF)... 146	INSULIN GLARGINE... 75	irbesartan... 89
IMOVAX RABIES VACCINE (PF)... 146	INSULIN GLARGINE-YFGN... 75	irbesartan-hydrochlorothiazide... 89
IMPAVIDO... 59	INSULIN LISPRO PROTAMIN-LISPRO... 76	IRESSA... 52
IMPEKLO... 108	INSULIN LISPRO... 75	irinotecan... 52
IMURAN... 146	INSULIN SYR/NDL U100 HALF MARK... 159	ISENTRESS HD... 68
INBRIJA... 60	INSULIN SYRINGE MICROFINE... 159	ISENTRESS... 68
incassia... 133	INSULIN SYRINGE NEEDLELESS... 159	isibloom... 133
INCONTROL ALCOHOL PADS... 159	INSULIN SYRINGE... 159	ISOLYTE S PH 7.4... 114
INCONTROL PEN NEEDLE... 159	INSULIN SYRINGE-NEEDLE U-100... 159	ISOLYTE-P IN 5 % DEXTROSE... 114
INCRELEX... 128	INSUPEN PEN NEEDLE... 159	ISOLYTE-S... 114
INCRUSE ELLIPTA... 175	INTELENCE... 68	isoniazid... 46
indapamide... 89	INTRALIPID... 114	ISOPTO CARPINE... 169
INDERAL LA... 89	INTRON A... 146	ISORDIL TITRADOSE... 89
INDOCIN... 13	INTUNIV ER... 99	ISORDIL... 89
indomethacin sodium... 13	INVANZ... 25	isosorbide dinitrate... 89
indomethacin... 13	INVEGA HAFYERA... 63	isosorbide mononitrate... 89
INFANRIX (DTAP) (PF)... 146	INVEGA SUSTENNA... 63	isosorbide-hydralazine... 89
INFLECTRA... 146	INVEGA TRINZA... 63, 64	isotretinoin... 108
INFLIXIMAB... 146	INVEGA... 63	isradipine... 89
INFUGEM... 51	INVELTYS... 169	ISTALOL... 169
INFUMORPH P/F... 13	INVIRASE... 68	ISTODAX... 52
INGREZZA INITIATION PACK... 99	INVOKAMET XR... 76	ISTURISA... 159
INGREZZA... 99	INVOKAMET... 76	ISUPREL... 89
INLYTA... 52	INVOKANA... 76	itraconazole... 41
INNOPRAN XL... 89	IONOSOL-B IN D5W... 114	IV PREP WIPES... 159
INPEFA... 75	IONOSOL-MB IN D5W... 114	ivermectin... 59, 109
INQOVI... 52	IOPIDINE... 169	IXEMPRA... 52
INREBIC... 52	IPOSOL... 146	IXIARO (PF)... 146
INSPIRA... 89		IYUZEH... 169
INSULIN ASP PRT-INSULIN ASPART... 75		

**J**

JADENU SPRINKLE... 114



JADENU... 114	<b>K</b>	KEVEYIS... 123
jaimiess... 133	K-TAB... 114	KEVZARA... 146
JAKAFI... 52	KABIVEN... 114	KEYTRUDA... 52
JALYN... 125	KADCYLA... 52	KHAPZORY... 52
jantoven... 81	kaitlib fe... 133	KIMMTRAK... 52
JANUMET XR... 76	KALETRA... 68	KIMYRSA... 25
JANUMET... 76	kalliga... 133	KINERET... 146
JANUVIA... 76	KALYDECO... 176	KINRIX (PF)... 146
JARDIANCE... 76	KANJINTI... 52	KISQALI FEMARA CO-PACK... 52
jasmiel (28)... 133	KANUMA... 123	KISQALI... 52
JATENZO... 133	KAPSPARGO SPRINKLE... 89	KITABIS PAK... 25
javygtor... 123	KAPVAY... 99	KLARON... 25
JAYPIRCA... 52	KARBINAL ER... 176	klayesta... 42
JEMPERLI... 52	kariva (28)... 133	KLISYRI... 109
jencycla... 133	KATERZIA... 89	KLONOPIN... 72
JENTADUETO XR... 76	KAZANO... 76	klor-con m10... 114
JENTADUETO... 76	KEDRAB (PF)... 146	KLOR-CON M15... 114
JEVTANA... 52	KEFLEX... 25	klor-con m20... 114
jinteli... 133	kelnor 1-50 (28)... 133	KLOR-CON 10... 114
JOENJA... 123	kelnor 1/35 (28)... 133	KLOR-CON 8... 114
jolessa... 133	KENALOG... 127	klor-con... 114
JORNAY PM... 99	KENALOG-80... 127	KLOXXADO... 19
joyeaux... 133	KENGREAL... 81	KOMBIGLYZE XR... 76
JUBLIA... 41	KEPIVANCE... 102	KONVOMEF... 120
juleber... 133	KEPPRA XR... 31	KORLYM... 159
JULUCA... 68	KEPPRA... 31	KOSELUGO... 52
junel fe 1.5/30 (28)... 133	KERENDIA... 90	KOSHER PRENATAL PLUS IRON... 114
junel fe 1/20 (28)... 133	KERYDIN... 41	kourzeq... 102
junel fe 24... 133	KESIMPTA PEN... 99	KRAZATI... 52
junel 1.5/30 (21)... 133	ketoconazole... 41	KRINTAFEL... 59
junel 1/20 (21)... 133	ketodan... 41	KRISTALOSE... 120
JUXTAPID... 89	ketoprofen... 13	kurvelo (28)... 133
JYNARQUE... 114	ketorolac... 13, 169	KUVAN... 123

KYNMOBI... 60  
 KYPROLIS... 52  
**L**  
 l norgest/e.estradiol-e.estrad... 133  
 LABETALOL IN DEXTROSE,ISO-OSM... 90  
 LABETALOL IN NACL (ISO-OSMOT)... 90  
 labetalol... 90  
 lacosamide... 31  
 LACRISERT... 169  
 lactated ringers... 114, 159  
 lactulose... 120  
 LAGEVRIO (EUA)... 159  
 LAMICTAL ODT STARTER (BLUE)... 31  
 LAMICTAL ODT STARTER (GREEN)... 31  
 LAMICTAL ODT STARTER (ORANGE)... 31  
 LAMICTAL ODT... 31  
 LAMICTAL STARTER (BLUE) KIT... 31  
 LAMICTAL STARTER (GREEN) KIT... 31  
 LAMICTAL STARTER (ORANGE) KIT... 31  
 LAMICTAL XR STARTER (BLUE)... 31  
 LAMICTAL XR STARTER (GREEN)... 31  
 LAMICTAL XR STARTER (ORANGE)... 31  
 LAMICTAL XR... 31  
 LAMICTAL... 31  
 lamivudine... 69  
 lamivudine-zidovudine... 69  
 lamotrigine... 31, 32  
 LAMPIT... 59  
 LAMZEDE... 123  
 LANOXIN PEDIATRIC... 90  
 LANOXIN... 90  
 lanreotide... 140  
 lansoprazole... 120  
 lanthanum... 114  
 LANTUS SOLOSTAR U-100 INSULIN... 76  
 LANTUS U-100 INSULIN... 76  
 lapatinib... 52  
 larin fe 1.5/30 (28)... 134  
 larin fe 1/20 (28)... 134  
 larin 1.5/30 (21)... 133  
 larin 1/20 (21)... 133  
 larin 24 fe... 134  
 larissia... 134  
 LASIX... 90  
 LASTACAFT... 169  
 latanoprost... 169  
 LATUDA... 64  
 LAYOLIS FE... 134  
 LAZANDA... 13  
 ledipasvir-sofosbuvir... 69  
 leena 28... 134  
 leflunomide... 146  
 LEMTRADA... 99  
 lenalidomide... 52  
 LENVIMA... 52, 53  
 LEQVIO... 90  
 LESCOL XL... 90  
 lessina... 134  
 LETAIRIS... 176  
 letrozole... 53  
 leucovorin calcium... 53  
 LEUKERAN... 53  
 LEUKINE... 81  
 leuprolide (3 month)... 140  
 leuprolide... 140  
 levalbuterol hcl... 176  
 levalbuterol tartrate... 176  
 levamlodipine... 90  
 LEVEMIR FLEXPEN... 76  
 LEVEMIR FLEXTOUCH U100 INSULIN... 76  
 LEVEMIR U-100 INSULIN... 76  
 levetiracetam in nacl (iso-os)... 32  
 levetiracetam... 32  
 LEVO-T... 139  
 levobunolol... 169  
 levocarnitine (with sugar)... 114  
 levocarnitine... 114  
 levocetirizine... 176  
 levofloxacin in d5w... 25  
 levofloxacin... 25, 169  
 levoleucovorin calcium... 53  
 levonest (28)... 134  
 levonorg-eth estrad triphasic... 134  
 levonorgestrel-ethinyl estrad... 134  
 LEVOPHED (BITARTRATE)... 90  
 levora-28... 134  
 levorphanol tartrate... 13  
 levothyroxine... 139  
 LEVOXYL... 139  
 LEVULAN... 53  
 LEXAPRO... 36  
 LEXETTE... 109

LEXIVA... 69	LITFULO... 160	lorazepam... 73
LIALDA... 151	lithium carbonate... 73	LORBRENA... 53
LIBTAYO... 53	lithium citrate... 73	LOREEV XR... 73
LICART... 13	LITHOBID... 73	lortab elixir... 13
lidocaine (pf) in d7.5w... 18	LITHOSTAT... 160	loryna (28)... 134
lidocaine (pf)... 18, 90	LIVALO... 90	LORZONE... 180
lidocaine hcl... 18	LIVMARLI... 160	losartan... 90
lidocaine in 5 % dextrose (pf)... 90	LIVTENCITY... 69	losartan-hydrochlorothiazide... 90
lidocaine viscous... 18	LO LOESTRIN FE... 134	LOSEASONIQUE... 134
lidocaine... 18	lo-zumandimine (28)... 134	LOTEMAX SM... 170
lidocaine-epinephrine bit... 18	LOCOID LIPOCREAM... 109	LOTEMAX... 169, 170
lidocaine-epinephrine... 18	LOCOID... 109	LOTENSIN HCT... 90
lidocaine-prilocaine... 18	LODINE... 13	LOTENSIN... 90
LIDODERM... 18	LODOCO... 90	loteprednol etabonate... 170
lignospan standard... 18	LODOSYN... 61	LOTREL... 90
lillow (28)... 134	LOESTRIN FE 1.5/30 (28-DAY)... 134	LOTRONEX... 120
LINCOCIN... 25	LOESTRIN FE 1/20 (28-DAY)... 134	lovastatin... 90
lincomycin... 25	LOESTRIN 1.5/30 (21)... 134	LOVAZA... 91
lindane... 109	LOESTRIN 1/20 (21)... 134	LOVENOX... 81
linezolid in dextrose 5%... 25	lofena... 13	low-ogestrel (28)... 134
linezolid... 25	lojaimiess... 134	loxapine succinate... 64
linezolid-0.9% sodium chloride... 25	LOKELMA... 114	lubiprostone... 120
LINZESS... 120	LOMOTIL... 120	LUCEMYRA... 19
liothyronine... 139	LONHALA MAGNAIR REFILL... 176	luliconazole... 42
LIPITOR... 90	LONHALA MAGNAIR STARTER... 176	LUMAKRAS... 53
LIPOFEN... 90	LONSURF... 53	LUMIGAN... 170
LIQREV... 176	loperamide... 120	LUMIZYME... 123
lisdexamphetamine... 99	LOPID... 90	LUMOXITI... 53
lisinopril... 90	lopinavir-ritonavir... 69	LUMRYZ... 181
lisinopril-hydrochlorothiazide... 90	LOPRESSOR... 90	LUNESTA... 181
LITE TOUCH INSULIN PEN NEEDLES... 159	LOPROX (AS OLAMINE)... 42	LUNSUMIO... 53
LITE TOUCH INSULIN SYRINGE... 160	LOPROX... 42	LUPKYNIS... 146
	lorazepam intensol... 73	LUPRON DEPOT (3 MONTH)... 140

LUPRON DEPOT (4 MONTH)... 140	MAGELLAN INSULIN SAFETY SYRNG... 160	MAVENCLAD (8 TABLET PACK)... 100
LUPRON DEPOT (6 MONTH)... 140	MAGELLAN SYRINGE... 160	MAVENCLAD (9 TABLET PACK)... 100
LUPRON DEPOT... 140	magnesium sulfate in d5w... 115	MAVYRET... 69
LUPRON DEPOT-PED (3 MONTH)... 140	magnesium sulfate in water... 115	MAXALT... 44
LUPRON DEPOT-PED... 140	magnesium sulfate... 115	MAXALT-MLT... 44
lurasidone... 64	MAKENA (PF)... 134	MAXI-COMFORT INSULIN SYRINGE... 160
lutera (28)... 134	MAKENA... 134	MAXICOMFORT II PEN NEEDLE... 160
LUXIQ... 109	MALARONE PEDIATRIC... 59	MAXICOMFORT INSULIN SYRINGE... 160
LUZU... 42	MALARONE... 59	MAXICOMFORT SAFETY PEN NEEDLE... 160
LYBALVI... 64	malathion... 109	MAXIDEX... 170
lyleq... 134	mannitol 10 %... 91	MAXITROL... 170
lyllana... 134	mannitol 20 %... 91	MAXZIDE... 91
LYNPARZA... 53	mannitol 25 %... 91	MAXZIDE-25MG... 91
LYRICA CR... 99	mannitol 5 %... 91	MAYZENT STARTER(FOR 1MG MAINT)... 100
LYRICA... 99	maraviroc... 69	MAYZENT STARTER(FOR 2MG MAINT)... 100
LYSODREN... 140	MARCAINE (PF)... 18	MAYZENT... 100
LYSTEDA... 81	MARCAINE SPINAL (PF)... 18	meclizine... 39
LYTGOBI... 53	MARCAINE... 18	meclofenamate... 13
LYUMJEV KWIKPEN U-100 INSULIN... 76	MARCAINE-EPINEPHRINE (PF)... 18	MEDROL (PAK)... 127
LYUMJEV KWIKPEN U-200 INSULIN... 76	MARCAINE-EPINEPHRINE... 18	MEDROL... 127
LYUMJEV TEMPO PEN(U-100)INSULN... 76	MARGENZA... 53	medroxyprogesterone... 134
LYUMJEV U-100 INSULIN... 76	MARINOL... 39	mefenamic acid... 14
LYVISPAH... 66	marlissa (28)... 134	mefloquine... 59
lyza... 134	MARPLAN... 36	megestrol... 135
	MATULANE... 53	MEKINIST... 53
	matzim la... 91	MEKTOVI... 53
	MAVENCLAD (10 TABLET PACK)... 100	meloxicam submicronized... 14
	MAVENCLAD (4 TABLET PACK)... 100	meloxicam... 14
	MAVENCLAD (5 TABLET PACK)... 100	melphalan hcl... 53
	MAVENCLAD (6 TABLET PACK)... 100	
	MAVENCLAD (7 TABLET PACK)... 100	

**M**

M-M-R II (PF)... 146

m-natal plus... 115

MACROBID... 25

MACRODANTIN... 25

mafenide acetate... 109

melphalan... 53  
 memantine... 34  
 MENACTRA (PF)... 146  
 MENEST... 135  
 MENOSTAR... 135  
 MENQUADFI (PF)... 146  
 MENTAX... 42  
 MENVEO A-C-Y-W-135-DIP (PF)... 146  
 meperidine (pf)... 14  
 meperidine... 14  
 meprobamate... 73  
 MEPRON... 59  
 MEPSEVII... 123  
 mercaptopurine... 53  
 meropenem... 25  
 meropenem-0.9% sodium chloride... 25  
 merzee... 135  
 mesalamine... 151  
 mesna... 53  
 MESNEX... 53  
 MESTINON TIMESPAN... 46  
 MESTINON... 46  
 metadate er... 100  
 metaxalone... 180  
 metformin... 76, 77  
 methadone intensol... 14  
 methadone... 14  
 METHADOSE... 14  
 methamphetamine... 100  
 methazolamide... 91  
 methenamine hippurate... 25  
 methimazole... 141  
 METHITEST... 135  
 methocarbamol... 180  
 methotrexate sodium (pf)... 146  
 methotrexate sodium... 146  
 methoxsalen... 109  
 methscopolamine... 120  
 methsuximide... 32  
 methyl dopa... 91  
 methyl dopa-hydrochlorothiazide... 91  
 methyl dopate... 91  
 methylergonovine... 160  
 METHYLIN... 100  
 methylphenidate hcl... 100  
 methylphenidate... 100  
 methylprednisolone acetate... 127  
 methylprednisolone sodium succ... 127  
 methylprednisolone... 127  
 methyltestosterone... 135  
 metoclopramide hcl... 39  
 metolazone... 91  
 metoprolol succinate... 91  
 metoprolol ta-hydrochlorothiaz... 91  
 metoprolol tartrate... 91  
 METRO I.V.... 25  
 METROCREAM... 26  
 METROGEL VAGINAL... 26  
 METROGEL... 26  
 METROLOTION... 26  
 metronidazole in nacl (iso-os)... 26  
 metronidazole... 26  
 metytrosine... 91  
 mexiletine... 91  
 MIACALCIN... 152  
 mibelas 24 fe... 135  
 micafungin... 42  
 MICARDIS HCT... 91  
 MICARDIS... 91  
 miconazole nitrate-zinc ox-pet... 42  
 miconazole-3... 42  
 MICRODOT INSULIN PEN NEEDLE... 160  
 microgestin fe 1.5/30 (28)... 135  
 microgestin fe 1/20 (28)... 135  
 microgestin 1.5/30 (21)... 135  
 microgestin 1/20 (21)... 135  
 microgestin 24 fe... 135  
 midodrine... 91  
 MIEBO... 170  
 migergot... 44  
 miglitol... 77  
 miglustat... 123  
 MIGRANAL... 44  
 mili... 135  
 millipred dp... 127  
 millipred... 127  
 milrinone in 5 % dextrose... 91  
 milrinone... 91  
 mimvey... 135  
 MINASTRIN 24 FE... 135  
 MINI ULTRA-THIN II... 160  
 MINIPRESS... 91  
 minitran... 91  
 MINIVELLE... 135  
 MINOCIN... 26

minocycline... 26	morphine... 14, 15	MYSOLINE... 32
MINOLIRA ER... 26	MOTEGRITY... 120	MYTESI... 120
minoxidil... 91	MOTOFEN... 120	<b>N</b>
MIOSTAT... 170	MOUNJARO... 77	nabumetone... 15
MIRAPEX ER... 61	MOVANTIK... 120	nadolol... 92
MIRAPEX... 61	MOVIPREP... 120	nafcillin in dextrose iso-osm... 26
MIRCETTE (28)... 135	MOXEZA... 170	nafcillin... 26
mirtazapine... 37	moxifloxacin... 26, 170	naftifine... 42
MIRVASO... 109	moxifloxacin-sod.ace,sul-water... 26	NAFTIN... 42
misoprostol... 120	moxifloxacin-sod.chloride(iso)... 26	NAGLAZYME... 123
MITIGARE... 43	MOZOBIL... 81	nalbuphine... 15
mitigo (pf)... 14	MS CONTIN... 15	NALFON... 15
mitomycin... 53	MULPLETA... 81	nalmefene... 19
mitoxantrone... 53	MULTAQ... 91	nalocet... 15
MOBIC... 14	mupirocin calcium... 109	naloxone... 19
modafinil... 181	mupirocin... 109	naltrexone... 19
moexipril... 91	MUTAMYCIN... 54	NAMENDA TITRATION PAK... 35
molindone... 64	MVASI... 54	NAMENDA XR... 35
mometasone... 109, 176	MYALEPT... 120	NAMENDA... 35
mondoxyne nl... 26	MYAMBUTOL... 46	NAMZARIC... 35
MONJUVI... 146	MYCAMINE... 42	NAPRELAN CR... 15
mono-linyah... 135	MYCAPSSA... 140	NAPROSYN... 15
MONODOX... 26	MYCOBUTIN... 46	naproxen sodium... 15
MONOJECT INSULIN SAFETY SYRINGE... 160	mycophenolate mofetil (hcl)... 147	naproxen... 15
MONOJECT INSULIN SYRINGE... 160	mycophenolate mofetil... 146, 147	naproxen-esomeprazole... 15
MONOJECT SYRINGE... 160	mycophenolate sodium... 147	naratriptan... 44
MONOJECT ULTRA COMFORT INSULIN... 160	MYDAYIS... 100	NARCAN... 19
montelukast... 176	MYFEMBREE... 160	NARDIL... 37
MONUROL... 26	MYFORTIC... 147	NAROPIN (PF)... 18
morgidox... 26	MYLOTARG... 54	NATACHEW (FE BIS-GLYCINATE)... 115
morphine (pf)... 15	myorisan... 109	NATACYN... 170
morphine concentrate... 15	MYRBETRIQ... 125	NATAZIA... 135

nateglinide... 77	NEULASTA... 81	NITRO-DUR... 92
NATESTO... 135	NEUPOGEN... 81	nitrofurantoin macrocrystal... 26
NATPARA... 152	NEUPRO... 61	nitrofurantoin monohyd/m-cryst... 26
NATROBA... 109	NEURONTIN... 32	nitrofurantoin... 26
NAYZILAM... 32	NEVANAC... 170	nitroglycerin in 5 % dextrose... 92
nebivolol... 92	nevirapine... 69	nitroglycerin... 92
NEBUPENT... 59	NEXAVAR... 54	NITROLINGUAL... 92
necon 0.5/35 (28)... 135	NEXIUM IV... 120	NITROSTAT... 92
nefazodone... 37	NEXIUM PACKET... 120	NITYR... 123
nelarabine... 54	NEXIUM... 120	NIVESTYM... 81
NEMBUTAL SODIUM... 32	NEXLETOL... 92	nizatidine... 121
neo-polycin hc... 170	NEXLIZET... 92	NOCDURNA (MEN)... 129
neo-polycin... 170	NEXTERONE... 92	NOCDURNA (WOMEN)... 129
NEO-SYNALAR... 109	NEXTSTELLIS... 135	nolix... 109
neomycin... 26	NEXVIAZYME... 123	nora-be... 135
neomycin-bacitracin-poly-hc... 170	NGENLA... 129	NORDITROPIN FLEXPRO... 129
neomycin-bacitracin-polymyxin... 170	niacin... 92	norepinephrine bitartrate... 92
neomycin-polymyxin b gu... 160	niacor... 92	noreth-ethinyl estradiol-iron... 135
neomycin-polymyxin b-dexameth... 170	NIASPAN EXTENDED-RELEASE... 92	norethindrone (contraceptive)... 135
neomycin-polymyxin-gramicidin... 170	nicardipine... 92	norethindrone ac-eth estradiol... 135
neomycin-polymyxin-hc... 170, 172	NICOTROL NS... 19	norethindrone acetate... 135
NEONATAL COMPLETE... 115	NICOTROL... 19	norethindrone-e.estradiol-iron... 135, 136
NEONATAL PLUS VITAMIN... 115	nifedipine... 92	NORGESIC FORTE... 180
NEONATAL-DHA... 115	nikki (28)... 135	norgesic... 180
NEORAL... 147	NILANDRON... 54	norgestimate-ethinyl estradiol... 136
NERLYNX... 54	nilutamide... 54	NORITATE... 26
NESACAINE... 18	nimodipine... 92	NORLIQVA... 93
NESACAINE-MPF... 18	NINLARO... 54	norlyda... 136
NESINA... 77	NIPENT... 54	NORMOSOL-M IN 5 % DEXTROSE... 115
neuac... 109	nisoldipine... 92	
NEULASTA ONPRO... 81	nitazoxanide... 59	
	nitisinone... 123	
	NITRO-BID... 92	

NORMOSOL-R IN 5 % DEXTROSE... 115	NOVOLOG PENFILL U-100 INSULIN... 77	OB COMPLETE ONE... 115
NORMOSOL-R PH 7.4... 115	NOVOLOG U-100 INSULIN ASPART... 77	OB COMPLETE PETITE... 115
NORMOSOL-R... 115	NOVOPEN ECHO... 161	OB COMPLETE PREMIER... 115
NORPACE CR... 93	NOVOTWIST... 161	OCALIVA... 121
NORPACE... 93	NOXAFIL... 42	ocella... 136
NORPRAMIN... 37	NUBEQA... 54	OCREVUS... 100
NORTHERA... 93	NUCALA... 176	OCTAGAM... 147
nortrel 0.5/35 (28)... 136	NUCYN TA ER... 15	octreotide acetate... 140
nortrel 1/35 (21)... 136	NUCYN TA... 15	OCUFLOX... 170
nortrel 1/35 (28)... 136	NUEDEXTA... 100	ODACTRA... 176
nortrel 7/7/7 (28)... 136	NULIBRY... 123	ODEFSEY... 69
nortriptyline... 37	NULYTELY LEMON-LIME... 121	ODOMZO... 54
NORVASC... 93	NUPLAZID... 64	OFEV... 176
NORVIR... 69	NURTEC ODT... 161	ofloxacin... 27, 170, 172
NOURIANZ... 61	NUTRILIPID... 115	OGIVRI... 54
NOVAREL... 129	NUTROPIN AQ NUSPIN... 129	OJJAARA... 54
NOVOFINE AUTOCOVER... 160	NUVARING... 136	olanzapine... 64
NOVOFINE PLUS... 161	NUVESSA... 26	olanzapine-fluoxetine... 37
NOVOFINE 32... 160	NUVIGIL... 181	OLINVYK... 15, 16
NOVOLIN N FLEXPEN... 77	NUZYRA... 26, 27	olmesartan... 93
NOVOLIN N NPH U-100 INSULIN... 77	nyamyc... 42	olmesartan-amlodipin-hcthiazyd... 93
NOVOLIN R FLEXPEN... 77	nylia 1/35 (28)... 136	olmesartan-hydrochlorothiazide... 93
NOVOLIN R REGULAR U100 INSULIN... 77	nylia 7/7/7 (28)... 136	olopatadine... 170, 176
NOVOLIN 70-30 FLEXPEN U-100... 77	NYMALIZE... 93	OLPRUVA... 124
NOVOLIN 70/30 U-100 INSULIN... 77	nymyo... 136	OLUMIANT... 147
NOVOLOG FLEXPEN U-100 INSULIN... 77	nystatin... 42	OLUX... 109
NOVOLOG MIX 70-30 U-100 INSULN... 77	nystatin-triamcinolone... 42	OLUX-E... 109
NOVOLOG MIX 70-30FLEXPEN U-100... 77	nystop... 42	OMECLAMOX-PAK... 121
	NYVEPRIA... 81	omega-3 acid ethyl esters... 93
	<b>O</b>	OMEGAVEN... 115
	O-CAL PRENATAL... 115	omeprazole... 121



omeprazole-sodium bicarbonate... 121	ONPATTRO... 124	orphengesic forte... 180
OMNARIS... 176	ONTRUZANT... 54	ORSERDU... 54
OMNIPOD CLASSIC PODS (GEN 3)... 161	ONUREG... 54	orsythia... 136
OMNIPOD DASH INTRO KIT (GEN 4)... 161	ONZETRA XSAIL... 44	ORTHO TRI-CYCLEN (28)... 136
OMNIPOD DASH PODS (GEN 4)... 161	OPDIVO... 54	ORTHO-NOVUM 7/7/7 (28)... 136
OMNIPOD GO PODS 10 UNITS/DAY... 161	OPDUALAG... 54	ORTIKOS... 151
OMNIPOD GO PODS 15 UNITS/DAY... 161	OPFOLDA... 124	oseltamivir... 69
OMNIPOD GO PODS 20 UNITS/DAY... 161	opium tincture... 121	OSENI... 77
OMNIPOD GO PODS 25 UNITS/DAY... 161	OPSUMIT... 176	OSMITROL 10 %... 93
OMNIPOD GO PODS 30 UNITS/DAY... 161	OPVEE... 19	OSMITROL 15 %... 93
OMNIPOD GO PODS 40 UNITS/DAY... 161	OPZELURA... 109	OSMITROL 20 %... 93
OMNIPOD GO PODS... 161	ORACEA... 27	OSMITROL 5 %... 93
OMNIPOD 5 G6 INTRO KIT (GEN 5)... 161	ORALAIR... 176	OSMOLEX ER... 61
OMNIPOD 5 G6 PODS (GEN 5)... 161	oralone... 102	OSMOPREP... 121
OMNITROPE... 129	ORAPRED ODT... 127	OSPHENA... 136
OMVOH PEN... 147	ORBACTIV... 27	OTEZLA STARTER... 109
OMVOH... 147	ORENCIA CLICKJECT... 147	OTEZLA... 109
ONCASPAR... 54	ORENCIA... 147	OTOVEL... 172
ondansetron hcl (pf)... 40	ORENITRAM MONTH 1 TITRATION KT... 177	OTREXUP (PF)... 147
ondansetron hcl... 39, 40	ORENITRAM MONTH 2 TITRATION KT... 177	OVIDE... 109
ondansetron... 39	ORENITRAM MONTH 3 TITRATION KT... 177	oxacillin in dextrose(iso-osm)... 27
ONEXTON... 109	ORENITRAM... 176	oxacillin... 27
ONFI... 32	ORFADIN... 124	oxaliplatin... 54
ONGENTYS... 61	ORGOVYX... 140	oxandrolone... 136
ONGLYZA... 77	ORIAHNN... 161	oxaprozin... 16
ONIVYDE... 54	ORILISSA... 140	OXAYDO... 16
	ORKAMBI... 177	oxazepam... 73
	ORLADEYO... 147	OXBRYTA... 161
	orlistat... 161	oxcarbazepine... 32
	orphenadrine citrate... 180	OXERVATE... 170
	orphenadrine-asa-caffeine... 180	oxiconazole... 42
		OXISTAT... 42
		OXLUMO... 161

OXTELLAR XR... 32  
 oxybutynin chloride... 125, 126  
 oxycodone... 16  
 oxycodone-acetaminophen... 16  
 OXYCONTIN... 16  
 oxymorphone... 16  
 oxytocin... 161  
 OXYTROL... 126  
 OZEMPIC... 77

**P**

PACERONE... 93  
 paclitaxel protein-bound... 54  
 paclitaxel... 54  
 PADCEV... 54  
 PALFORZIA (LEVEL 1)... 161  
 PALFORZIA (LEVEL 10)... 161  
 PALFORZIA (LEVEL 11 UP-DOSE)... 161  
 PALFORZIA (LEVEL 2)... 161  
 PALFORZIA (LEVEL 3)... 161  
 PALFORZIA (LEVEL 4)... 161  
 PALFORZIA (LEVEL 5)... 161  
 PALFORZIA (LEVEL 6)... 161  
 PALFORZIA (LEVEL 7)... 161  
 PALFORZIA (LEVEL 8)... 161  
 PALFORZIA (LEVEL 9)... 161  
 PALFORZIA INITIAL DOSE... 161  
 PALFORZIA LEVEL 11 MAINTENANCE... 162  
 paliperidone... 64  
 PALYNZIQ... 124  
 PAMELOR... 37  
 pamidronate... 153  
 PANCREAZE... 124  
 PANDEL... 109  
 PANRETIN... 54  
 pantoprazole... 121  
 PANZYGA... 147  
 paraplatin... 54  
 paricalcitol... 153  
 PARLODEL... 61  
 PARNATE... 37  
 paroex oral rinse... 103  
 paromomycin... 27  
 paroxetine hcl... 37  
 paroxetine mesylate(menop.sym)... 37  
 PASER... 46  
 PATANASE... 177  
 PAXIL CR... 37  
 PAXIL... 37  
 PAXLOVID... 162  
 pazopanib... 54  
 PEDIAPRED... 127  
 PEDIARIX (PF)... 147  
 PEDVAX HIB (PF)... 147  
 peg 3350-electrolytes... 121  
 peg-electrolyte soln... 121  
 peg-prep... 121  
 PEGASYS... 147  
 peg3350-sod sul-nacl-kcl-asb-c... 121  
 PEMAZYRE... 54  
 pemetrexed disodium... 55  
 pemetrexed... 54  
 PEN NEEDLE... 162  
 PEN NEEDLE, DIABETIC... 162  
 PEN NEEDLE, DIABETIC, SAFETY... 162  
 penciclovir... 69  
 penicillamine... 115  
 penicillin g pot in dextrose... 27  
 penicillin g potassium... 27  
 penicillin g procaine... 27  
 penicillin g sodium... 27  
 penicillin v potassium... 27  
 PENNSAID... 16  
 PENTACEL (PF)... 147  
 PENTAM... 59  
 pentamidine... 59  
 PENTASA... 151  
 pentazocine-naloxone... 16  
 PENTIPS... 162  
 pentobarbital sodium... 32  
 pentoxifylline... 93  
 pepcid... 121  
 PERCOCET... 16  
 PERFOROMIST... 177  
 PERIKABIVEN... 115  
 perindopril erbumine... 93  
 periogard... 103  
 PERJETA... 55  
 permethrin... 109  
 perphenazine... 64  
 perphenazine-amitriptyline... 37  
 PERSERIS... 64  
 PERTZYE... 124  
 PEXEVA... 37  
 pfizerpen-g... 27  
 PHEBURANE... 124

phenelzine... 37	PITOCIN... 162	potassium chloride in 0.9%nacl... 116
PHENERGAN... 40	PLAQUENIL... 59	potassium chloride in 5 % dex... 116
phenobarbital sodium... 32	PLASMA-LYTE A... 115	potassium chloride... 115, 116
phenobarbital... 32	PLASMA-LYTE 148... 115	potassium chloride-d5-0.2%nacl... 116
phenoxybenzamine... 93	PLAVIX... 81	potassium chloride-d5-0.3%nacl... 116
phenylephrine hcl... 93	PLEGRIDY... 100, 101	potassium chloride-d5-0.9%nacl... 116
PHENYTEK... 32	PLENAMINE... 115	potassium chloride-0.45 % nacl... 116
phenytoin sodium extended... 32	PLENVU... 121	potassium citrate... 116
phenytoin sodium... 32	plerixafor... 81	POTELIGEO... 55
phenytoin... 32	PLIAGLIS... 18	pr natal 400 ec... 116
PHESGO... 55	pnv-dha... 115	pr natal 400... 116
PHEXXI... 162	pnv-omega... 115	pr natal 430 ec... 116
philith... 136	podofilox... 109	pr natal 430... 116
PHOSLYRA... 115	POLIVY... 55	PRADAXA... 81
PHOSPHOLINE IODIDE... 170	polocaine... 18	pralatrexate... 55
PHYSIOLYTE... 162	polocaine-mpf... 18	PRALUENT PEN... 93
PHYSIOSOL IRRIGATION... 162	polycin... 170	pramipexole... 61
PIFELTRO... 69	polymyxin b sulf-trimethoprim... 170	prasugrel... 81
pilocarpine hcl... 103, 170	polymyxin b sulfate... 27	pravastatin... 93
pimecrolimus... 109	POLYTRIM... 170	praziquantel... 60
pimozide... 64	POMALYST... 55	prazosin... 93
pimtrea (28)... 136	POMBILITI... 124	PRECOSE... 77
pindolol... 93	PONVORY 14-DAY STARTER PACK... 101	PRED FORTE... 170
pioglitazone... 77	PONVORY... 101	PRED MILD... 171
pioglitazone-glimepiride... 77	portia 28... 136	PRED-G... 171
pioglitazone-metformin... 77	PORTRAZZA... 55	prednicarbate... 110
PIP PEN NEEDLE... 162	posaconazole... 42	prednisolone acetate... 171
piperacillin-tazobactam... 27	potassium acetate... 115	prednisolone sodium phosphate... 127, 171
PIQRAY... 55	potassium chlorid-d5-0.45%nacl... 115	prednisolone... 127
pirfenidone... 177	potassium chloride in lr-d5... 116	
pirmella... 136	potassium chloride in water... 116	
piroxicam... 16		
pitavastatin calcium... 93		

prednisone intensol... 127  
 prednisone... 127  
 PREFEST... 136  
 pregabalin... 101  
 PREGNYL... 129  
 PREHEVBRIO (PF)... 147  
 PREMARIN... 136  
 PREMASOL 10 %... 116  
 PREMPHASE... 136  
 PREMPRO... 136  
 PRENATA... 116  
 PRENATABS FA... 116  
 prenatal plus (calcium carb)... 116  
 prenatal plus dha... 116  
 prenatal plus vitamin-mineral... 116  
 prenatal vitamin plus low iron... 116  
 prenatal-u... 116  
 PRENATE ELITE... 116  
 preplus... 116  
 PRESTALIA... 93  
 PRETOMANID... 46  
 PREVACID SOLUTAB... 121  
 PREVACID... 121  
 prevalite... 93  
 PREVDUO... 162  
 PREVENT DROPSAFE PEN NEEDLE... 162  
 previfem... 136  
 PREVYMIS... 69  
 PREZCOBIX... 69  
 PREZISTA... 69, 70  
 PRIALT... 162  
 PRIFTIN... 46  
 PRILOSEC... 121  
 primaquine... 60  
 PRIMAXIN IV... 27  
 primidone... 32, 33  
 primlev... 16  
 PRIMSOL... 27  
 PRIORIX (PF)... 147  
 PRISTIQ... 37  
 PRIVIGEN... 147  
 PRO COMFORT ALCOHOL PADS... 162  
 PRO COMFORT INSULIN SYRINGE... 162  
 PRO COMFORT PEN NEEDLE... 162  
 PROAIR DIGIHALER... 177  
 PROAIR HFA... 177  
 PROAIR RESPICLICK... 177  
 probenecid... 43  
 probenecid-colchicine... 43  
 procainamide... 93  
 PROCALAMINE 3%... 116  
 PROCARDIA XL... 94  
 procentra... 101  
 prochlorperazine edisylate... 40  
 prochlorperazine maleate... 40  
 prochlorperazine... 40  
 PROCRIT... 81  
 procto-med hc... 110  
 PROCTOFOAM HC... 151  
 proctosol hc... 110  
 proctozone-hc... 110  
 PROCYSBI... 124  
 PRODIGY INSULIN SYRINGE... 162  
 progesterone micronized... 136  
 progesterone... 136  
 PROGLYCEM... 77  
 PROGRAF... 147  
 PROLASTIN-C... 124  
 prolate... 16  
 PROLENSA... 171  
 PROLEUKIN... 55  
 PROLIA... 153  
 PROMACTA... 81, 82  
 promethazine vc... 162  
 promethazine... 40  
 promethazine-phenylephrine... 162  
 promethegan... 40  
 PROMETRIUM... 136  
 propafenone... 94  
 proparacaine... 171  
 propranolol... 94  
 propranolol-hydrochlorothiazid... 94  
 propylthiouracil... 141  
 PROQUAD (PF)... 147  
 PROSCAR... 126  
 PROSOL 20 %... 116  
 protamine... 162  
 PROTONIX... 121  
 PROTOPIC... 110  
 protriptyline... 37  
 PROVENTIL HFA... 177  
 PROVERA... 136  
 PROVIGIL... 181  
 PROZAC... 37  
 PRUDOXIN... 110  
 PULMICORT FLEXHALER... 177  
 PULMICORT... 177

PULMOZYME... 177  
 PURE COMFORT ALCOHOL PADS... 162  
 PURE COMFORT PEN NEEDLE... 162  
 PURE COMFORT SAFETY PEN NEEDLE... 163  
 PURIXAN... 55  
 PYLERA... 121  
 pyrazinamide... 46  
 pyridostigmine bromide... 46  
 pyrimethamine... 60  
 PYRUKYND... 82

**Q**

QALSODY... 101  
 QBRELIS... 94  
 QBREXZA... 110  
 QELBREE... 101  
 QINLOCK... 55  
 QNASL... 177  
 QTERN... 77  
 QUADRACEL (PF)... 147  
 QUALAQUIN... 60  
 QUARTETTE... 137  
 QUDEXY XR... 44  
 QUESTRAN LIGHT... 94  
 QUESTRAN... 94  
 quetiapine... 64  
 QUILLICHEW ER... 101  
 QUILLIVANT XR... 101  
 quinapril... 94  
 quinapril-hydrochlorothiazide... 94  
 quinidine gluconate... 94  
 quinidine sulfate... 94  
 quinine sulfate... 60

QULIPTA... 44  
 QUTENZA... 163  
 QUVIVIQ... 181  
 QUZYTIR... 177  
 QVAR REDIHALER... 177

**R**

RABAVERT (PF)... 147  
 rabeprazole... 121  
 RADICAVA ORS STARTER KIT SUSP... 101  
 RADICAVA ORS... 101  
 RADICAVA... 101  
 RAGWITEK... 177  
 raloxifene... 137  
 ramelteon... 181  
 ramipril... 94  
 RANEXA... 94  
 ranolazine... 94  
 RAPAFLO... 126  
 RAPAMUNE... 148  
 rasagiline... 61  
 RASUVO (PF)... 148  
 RAVICTI... 124  
 RAYALDEE... 153  
 RAYOS... 127  
 RAZADYNE ER... 35  
 REBIF (WITH ALBUMIN)... 101  
 REBIF REBIDOSE... 101  
 REBIF TITRATION PACK... 101  
 REBLOZYL... 82  
 REBYOTA... 163  
 RECARBRIO... 27  
 RECLAST... 153

reclipsen (28)... 137  
 RECOMBIVAX HB (PF)... 148  
 RECORLEV... 163  
 RECTIV... 163  
 REDITREX (PF)... 148  
 REGLAN... 40  
 REGONOL... 46  
 REGRANEX... 110  
 RELAFEN DS... 16  
 RELAFEN... 16  
 RELENZA DISKHALER... 70  
 RELEUKO... 82  
 RELEXXII... 101  
 RELISTOR... 121  
 RELPAX... 44  
 RELTONE... 121  
 RELYVRIO... 101  
 REMERON SOLTAB... 37  
 REMERON... 37  
 REMICADE... 148  
 REMODULIN... 177  
 RENACIDIN... 163  
 RENAGEL... 116  
 RENFLEXIS... 148  
 RENVELA... 117  
 repaglinide... 77  
 REPATHA PUSHTRONEX... 94  
 REPATHA SURECLICK... 94  
 REPATHA SYRINGE... 94  
 RESTASIS MULTIDOSE... 171  
 RESTASIS... 171  
 RESTORIL... 181  
 RETACRIT... 82

RETEVMO... 55	risedronate... 153	ROZEREM... 181
RETIN-A MICRO PUMP... 110	RISPERDAL CONSTA... 64	ROZLYTREK... 55
RETIN-A MICRO... 110	RISPERDAL... 64	RUBRACA... 55
RETIN-A... 110	risperidone... 65	RUCONEST... 148
RETROVIR... 70	RITALIN LA... 101	rufinamide... 33
REVATIO... 177	RITALIN... 101	RUKOBIA... 70
REVCOVI... 124	ritonavir... 70	RUXIENCE... 55
revonto... 66	RITUXAN HYCELA... 55	RUZURGI... 101
REXULTI... 64	RITUXAN... 55	RYALTRIS... 177
REYATAZ... 70	rivastigmine tartrate... 35	RYBELSUS... 78
REYVOW... 44	rivastigmine... 35	RYBREVANT... 55
REZLIDHIA... 55	rivelsa... 137	RYCLORA... 177
REZUROCK... 148	rizatriptan... 44, 45	RYDAPT... 55
REZVOGLAR KWIKPEN... 77	ROBAXIN... 180	RYLAZE... 55
REZZAYO... 43	ROBINUL FORTE... 122	RYSTIGGO... 148
RHOFADE... 110	ROBINUL... 121	RYTARY... 61
RHOPHYLAC... 148	ROCALTROL... 153	RYTHMOL SR... 94
RHOPRESSA... 171	ROCKLATAN... 171	RYVENT... 178
RIABNI... 55	roflumilast... 177	<b>S</b>
RIASTAP... 82	ROLVEDON... 82	SABRIL... 33
ribavirin... 70, 163	romidepsin... 55	SAFESNAP INSULIN SYRINGE... 163
RIDAURA... 148	ropinirole... 61	SAFETY PEN NEEDLE... 163
rifabutin... 46	ropivacaine (pf)... 18	SAFYRAL... 137
RIFADIN... 46	rosadan... 27	SAIZEN SAIZENPREP... 129
rifampin... 46	rosuvastatin... 94	SAIZEN... 129
RILUTEK... 101	ROSZET... 94	sajazir... 148
riluzole... 101	ROTARIX... 148	SALAGEN (PILOCARPINE)... 103
rimantadine... 70	ROTATEQ VACCINE... 148	SAMSCA... 117
RIMSO-50... 163	ROWASA... 152	SANCUSO... 40
ringer's... 117, 163	roweepra xr... 33	SANDIMMUNE... 148
RINVOQ... 148	roweepra... 33	SANDOSTATIN LAR DEPOT... 141
RIOMET ER... 78	ROXICODONE... 16	SANDOSTATIN... 140
RIOMET... 77	ROXYBOND... 16, 17	SANTYL... 110

SAPHNELO... 149

SAPHRIS... 65

sapropterin... 124

SARCLISA... 55

SAVAYSA... 82

SAVELLA... 101

saxagliptin... 78

saxagliptin-metformin... 78

SCEMBLIX... 56

scopolamine base... 40

se-natal 19 chewable... 117

SEASONIQUE... 137

SECONAL SODIUM... 33

SECUADO... 65

SECURESAFE INSULIN SYRINGE... 163

SECURESAFE PEN NEEDLE... 163

SEGLENTIS... 17

SEGLUROMET... 78

SELECT-OB (FOLIC ACID)... 117

SELECT-OB + DHA... 117

SELECT-OB... 117

selegiline hcl... 61

selenium sulfide... 110

SELZENTRY... 70

SEMGLEE PEN U-100 INSULIN... 78

SEMGLEE U-100 INSULIN... 78

SEMGLEE(INSULIN GLARG-YFGN)PEN... 78

SEMGLEE(INSULIN GLARGINE-YFGN)... 78

SENSIPAR... 153

SENSORCAINE... 19

sensorcaine-epinephrine... 19

sensorcaine-mpf spinal... 19

sensorcaine-mpf... 19

sensorcaine-mpf/epinephrine... 19

SEREVENT DISKUS... 178

SEROQUEL XR... 65

SEROQUEL... 65

SEROSTIM... 129

sertraline... 37, 38

setlakin... 137

sevelamer carbonate... 117

sevelamer hcl... 117

SEYSARA... 27

SEZABY... 33

SFROWASA... 152

sharobel... 137

SHINGRIX (PF)... 149

SIGNIFOR LAR... 141

SIGNIFOR... 141

SIKLOS... 163

sildenafil (pulm.hypertension)... 178

SILENOR... 181

SILIQ... 149

silodosin... 126

SILVADENE... 110

silver sulfadiazine... 110

SIMBRINZA... 171

simliya (28)... 137

simpesse... 137

SIMPONI ARIA... 149

SIMPONI... 149

SIMULECT... 149

simvastatin... 94

SINEMET... 61

SINGULAIR... 178

sirolimus... 149

SIRTURO... 46

SITAVIG... 70

SIVEXTRO... 27

SKELAXIN... 180

SKY SAFETY PEN NEEDLE... 163

SKYCLARYS... 101

SKYRIZI... 149

SKYTROFA... 129

SLYND... 137

SMOFLIPID... 117

SOAANZ... 94

sodium benzoate-sod phenylacet... 163

sodium bicarbonate... 117

sodium chloride 0.45 %... 117

sodium chloride 0.9 %... 117

sodium chloride 3 % hypertonic... 117

sodium chloride 5 % hypertonic... 117

sodium chloride... 117, 163

SODIUM EDECRIN... 94

sodium oxybate... 181

sodium phenylbutyrate... 124

sodium phosphate... 117

sodium polystyrene sulfonate... 117

sodium,potassium,mag sulfates... 122

SOGROYA... 129

SOHONOS... 163

solifenacin... 126

SOLIQUA 100/33... 78

SOLIRIS... 149	SPRYCEL... 56	sulfacetamide sodium (acne)... 27
SOLODYN... 27	SPS (WITH SORBITOL)... 117	sulfacetamide sodium... 27, 171
SOLOSEC... 27	sronyx... 137	sulfacetamide-prednisolone... 171
SOLTAMOX... 56	SSD... 110	sulfadiazine... 27
SOLU-CORTEF ACT-O-VIAL (PF)... 128	STALEVO 100... 61	sulfamethoxazole-trimethoprim... 27
SOLU-CORTEF... 127	STALEVO 125... 61	SULFAMYLON... 110
SOLU-MEDROL (PF)... 128	STALEVO 150... 61	sulfasalazine... 152
SOLU-MEDROL... 128	STALEVO 200... 61	SULFATRIM... 28
SOMA... 180	STALEVO 50... 61	sulindac... 17
SOMATULINE DEPOT... 141	STALEVO 75... 61	sumatriptan succinate... 45
SOMAVERT... 141	stavudine... 70	sumatriptan... 45
SOOLANTRA... 110	STEGLATRO... 78	sumatriptan-naproxen... 45
sorafenib... 56	STEGLUJAN... 78	sunitinib malate... 56
sorbitol-mannitol... 163	STELARA... 149	SUNLENCA... 70
SORILUX... 110	STIMUFEND... 82	SUNOSI... 181
sorine... 94	STIOLTO RESPIMAT... 178	SUPRAX... 28
sotalol af... 94	STIVARGA... 56	SUPREP BOWEL PREP KIT... 122
sotalol... 94	STRATTERA... 102	SURE COMFORT ALCOHOL PREP PADS... 163
SOTYKTU... 149	STRENSIQ... 124	SURE COMFORT INS. SYR. U-100... 163
SOTYLIZE... 94	streptomycin... 27	SURE COMFORT INSULIN SYRINGE... 163
SOVALDI... 70	STRIBILD... 70	SURE COMFORT PEN NEEDLE... 163
SPEVIGO... 149	STRIVERDI RESPIMAT... 178	SURE COMFORT SAFETY PEN NEEDLE... 163
spinosad... 110	STROMECTOL... 60	SURE-FINE PEN NEEDLES... 163
SPIRIVA RESPIMAT... 178	SUBOXONE... 20	SURE-JECT INSULIN SYRINGE... 164
SPIRIVA WITH HANDIHALER... 178	SUBSYS... 17	SURE-PREP ALCOHOL PREP PADS... 164
spironolacton-hydrochlorothiaz... 95	subvenite starter (blue) kit... 33	SUSTIVA... 70
spironolactone... 95	subvenite starter (green) kit... 33	SUTAB... 122
SPORANOX PULSEPAK... 43	subvenite starter (orange) kit... 33	SUTENT... 56
SPORANOX... 43	subvenite... 33	syeda... 137
sprintec (28)... 137	SUCRAID... 124	
SPRITAM... 33	sucralfate... 122	
SPRIX... 17	SUFLAVE... 122	
	SULAR... 95	



SYLVANT... 149  
 SYMBICORT... 178  
 SYMBYAX... 38  
 SYMDEKO... 178  
 SYMFI LO... 70  
 SYMFI... 70  
 SYMJEPI... 178  
 SYMLINPEN 120... 78  
 SYMLINPEN 60... 78  
 SYMPAZAN... 33  
 SYMPROIC... 122  
 SYMTUZA... 70  
 SYNAGIS... 164  
 SYNALAR... 110  
 SYNAREL... 141  
 SYNDROS... 40  
 SYNERA... 19  
 SYNERCID... 28  
 SYNJARDY XR... 78  
 SYNJARDY... 78  
 SYNRIPO... 56  
 SYNTHROID... 139  
 SYPRINE... 117

**T**

TABLOID... 56  
 TABRECTA... 56  
 TACLONEX... 110  
 tacrolimus... 110, 149  
 tadalafil (pulm. hypertension)... 178  
 tadalafil... 126  
 TADLIQ... 178  
 TAFINLAR... 56  
 tafluprost (pf)... 171

TAGRISSO... 56  
 TAKHZYRO... 149  
 TALICIA... 122  
 TALTZ AUTOINJECTOR (2 PACK)... 149  
 TALTZ AUTOINJECTOR (3 PACK)... 149  
 TALTZ AUTOINJECTOR... 149  
 TALTZ SYRINGE... 149  
 TALVEY... 56  
 TALZENNA... 56  
 TAMIFLU... 70, 71  
 tamoxifen... 56  
 tamsulosin... 126  
 taperdex... 128  
 TARCEVA... 56  
 TARGADOX... 28  
 TARGRETIN... 56  
 tarina fe 1-20 eq (28)... 137  
 tarina fe 1/20 (28)... 137  
 tarina 24 fe... 137  
 TARPEYO... 152  
 TASCENSO ODT... 102  
 TASIGNA... 56  
 tasimelteon... 181  
 TASMAR... 61  
 tavaborole... 43  
 TAVALISSE... 82  
 TAVNEOS... 149  
 taysofy... 137  
 TAYTULLA... 137  
 tazarotene... 110  
 tazicef... 28

TAZORAC... 110  
 taztia xt... 95  
 TAZVERIK... 56  
 TDVAX... 149  
 TECENTRIQ... 56  
 TECFIDERA... 102  
 TECHLITE INSULIN SYRINGE... 164  
 TECHLITE INSULN SYR(HALF UNIT)... 164  
 TECHLITE PEN NEEDLE... 164  
 TECVAYLI... 56  
 TEFLARO... 28  
 TEGRETOL XR... 33  
 TEGRETOL... 33  
 TEGSEDI... 124  
 TEKTRUNA HCT... 95  
 TEKTRUNA... 95  
 telmisartan... 95  
 telmisartan-amlodipine... 95  
 telmisartan-hydrochlorothiazid... 95  
 temazepam... 181  
 TEMIXYS... 71  
 TEMODAR... 56  
 TEMOVATE... 110  
 temsirolimus... 56  
 tencon... 164  
 teniposide... 56  
 TENIVAC (PF)... 150  
 tenofovir disoproxil fumarate... 71  
 TENORETIC 100... 95  
 TENORETIC 50... 95  
 TENORMIN... 95  
 TEPADINA... 56

TEPEZZA... 164	tiagabine... 33	tobramycin-dexamethasone... 171
TEPMETKO... 56	TIAZAC... 95	TOBREX... 171
terazosin... 95	TIBSOVO... 57	tolcapone... 61
terbinafine hcl... 43	TICOVAC... 150	tolmetin... 17
terbutaline... 178	TIGAN... 40	TOLSURA... 43
terconazole... 43	tigecycline... 28	tolterodine... 126
teriflunomide... 102	TIGLUTIK... 102	tolvaptan... 117
TERUMO INSULIN SYRINGE... 164	TIKOSYN... 95	TOPAMAX... 45
TESTIM... 137	tilia fe... 137	TOPCARE CLICKFINE... 164
testosterone cypionate... 137	timolol maleate (pf)... 171	TOPCARE ULTRA COMFORT... 164
testosterone enanthate... 137	timolol maleate... 95, 171	TOPICORT... 110, 111
testosterone... 137	TIMOPTIC OCUDOSE (PF)... 171	topiramate... 45
TETANUS,DIPHThERIA TOX PED(PF)... 150	TIMOPTIC... 171	toposar... 57
tetrabenazine... 102	TIMOPTIC-XE... 171	topotecan... 57
tetracycline... 28	tinidazole... 28	TOPROL XL... 95
TEXACORT... 110	tiopronin... 126	toremifene... 57
TEZSPIRE... 150	tirofiban-0.9% sodium chloride... 82	TORISEL... 57
THALITONE... 95	TIROSINT... 139	toremide... 95
THALOMID... 56, 57	TIROSINT-SOL... 139	TOSYMRA... 45
THAM... 117	TIVDAK... 57	TOTECT... 57
THEO-24... 178	TIVICAY PD... 71	TOUJEO MAX U-300 SOLOSTAR... 78
theophylline in dextrose 5 %... 178	TIVICAY... 71	TOUJEO SOLOSTAR U-300 INSULIN... 78
theophylline... 178	TIVORBEX... 17	tovet emollient... 111
THINPRO INSULIN SYRINGE... 164	tizanidine... 66	TOVIAZ... 126
THIOLA EC... 126	TLANDO... 137	TPN ELECTROLYTES... 117
THIOLA... 126	TOBI PODHALER... 178	TRACLEER... 178
thioridazine... 65	TOBI... 28	TRADJENTA... 78
thiotepa... 57	TOBRADEX ST... 171	tramadol... 17
thiothixene... 65	TOBRADEX... 171	tramadol-acetaminophen... 17
THYMOGLOBULIN... 150	tobramycin in 0.225 % nacl... 28	trandolapril... 95
THYQUIDITY... 139	tobramycin sulfate... 28	trandolapril-verapamil... 95
tiadylt er... 95	tobramycin with nebulizer... 28	tranexamic acid... 82
	tobramycin... 28, 171	

TRANSDERM-SCOP... 40	tri-previfem (28)... 138	TRIUMEQ... 71
TRANXENE T-TAB... 73	tri-sprintec (28)... 138	trivora (28)... 138
tranylcypromine... 38	tri-vylibra lo... 138	TRIZIVIR... 71
TRAVASOL 10 %... 117	tri-vylibra... 138	TRODELVY... 57
TRAVATAN Z... 171	triamcinolone acetonide... 103, 128	TROGARZO... 71
travoprost... 171	triamterene... 95	TROKENDI XR... 45
TRAZIMERA... 57	triamterene-hydrochlorothiazid... 95	TROPHAMINE 10 %... 118
trazodone... 38	trianex... 128	tropium... 126
TREANDA... 57	triazolam... 181	TRUDHESA... 45
TRECATOR... 46	TRIBENZOR... 96	TRUE COMFORT ALCOHOL PADS... 164
TRELEGY ELLIPTA... 178	TRICARE... 117	TRUE COMFORT INSULIN SYRINGE... 164
TRELSTAR... 141	TRICOR... 96	TRUE COMFORT PEN NEEDLE... 164
TREMFYA... 150	triderm... 128	TRUE COMFORT PRO ALCOHOL PADS... 164
treprostinil sodium... 178	trientine... 117	TRUE COMFORT PRO INS SYRINGE... 165
TRESIBA FLEXTOUCH U-100... 78	trifluoperazine... 65	TRUE COMFORT SAFETY PEN NEEDLE... 165
TRESIBA FLEXTOUCH U-200... 78	trifluridine... 171	TRUEPLUS INSULIN... 165
TRESIBA U-100 INSULIN... 78	trihexyphenidyl... 61	TRUEPLUS PEN NEEDLE... 165
tretinoin (antineoplastic)... 57	TRIJARDY XR... 78	TRULANCE... 122
tretinoin microspheres... 111	TRIKAFTA... 178	TRULICITY... 78
tretinoin... 111	TRILEPTAL... 33	TRUMENBA... 150
TREXALL... 150	TRILIPIX... 96	TRUSELTIQ... 57
TREXIMET... 45	trimethobenzamide... 40	TRUSOPT... 171
TREZIX... 17	trimethoprim... 28	TRUVADA... 71
tri femynor... 137	trimipramine... 38	TRUXIMA... 57
tri-estarylla... 137	trinatal rx 1... 117	TUDORZA PRESSAIR... 179
tri-legest fe... 138	TRINTELLIX... 38	TUKYSA... 57
tri-linyah... 138	TRIOSTAT... 140	tulana... 138
tri-lo-estarylla... 138	TRIPTODUR... 141	TURALIO... 57
tri-lo-marzia... 138	TRISENOX... 57	turqoz (28)... 138
tri-lo-mili... 138	TRISTART DHA... 117	
tri-lo-sprintec... 138	tritocin... 128	
tri-mili... 138	TRIUMEQ PD... 71	
tri-nymyo... 138		

TWINRIX (PF)... 150	ULTIGUARD SAFEPACK-PEN NEEDLE... 165	UNIFINE ULTRA PEN NEEDLE... 166
TWYNEO... 111	ULTILET ALCOHOL SWAB... 165	UNITHROID... 140
TWYNSTA... 96	ULTILET INSULIN SYRINGE... 165	UNITUXIN... 57
TYBLUME... 138	ULTILET PEN NEEDLE... 165	UPLIZNA... 150
TYBOST... 71	ULTOMIRIS... 150	UPTRAVI... 179
tydemy... 138	ULTRA CMFT INS SYR (HALF UNIT)... 165	UROCIT-K 10... 118
TYGACIL... 28	ULTRA COMFORT INSULIN SYRINGE... 166	UROCIT-K 15... 118
TYKERB... 57	ULTRA FLO INSUL SYR(HALF UNIT)... 166	UROCIT-K 5... 118
TYMLOS... 153	ULTRA FLO INSULIN SYRINGE... 166	UROXATRAL... 126
TYPHIM VI... 150	ULTRA FLO PEN NEEDLE... 166	URSO FORTE... 122
TYRVAYA... 171	ULTRA THIN PEN NEEDLE... 166	URSO 250... 122
TYSABRI... 102	ULTRA-THIN II (SHORT) INS SYR... 166	ursodiol... 122
TYVASO DPI... 179	ULTRA-THIN II (SHORT) PEN NDL... 166	UVADEX... 111
TYVASO INSTITUTIONAL START KIT... 179	ULTRA-THIN II INS PEN NEEDLES... 166	UZEDY... 65
TYVASO REFILL KIT... 179	ULTRA-THIN II INSULIN SYRINGE... 166	
TYVASO STARTER KIT... 179	ULTRACARE INSULIN SYRINGE... 166	<b>V</b>
TYVASO... 179	ULTRACARE PEN NEEDLE... 166	V-GO 20... 166
TZIELD... 165	ULTRACET... 17	V-GO 30... 167
<b>U</b>	ULTRAM... 17	V-GO 40... 167
UBRELVY... 165	ULTRAVATE... 111	VABOMERE... 28
UCERIS... 152	UNASYN... 28	VAGIFEM... 138
UDENYCA AUTOINJECTOR... 82	UNIFINE PEN NEEDLE... 166	valacyclovir... 71
UDENYCA... 82	UNIFINE PENTIPS MAXFLOW... 166	VALCHLOR... 57
ULORIC... 43	UNIFINE PENTIPS PLUS MAXFLOW... 166	VALCYTE... 71
ULTICARE INSULIN SYRINGE... 165	UNIFINE PENTIPS PLUS... 166	valganciclovir... 71
ULTICARE INSULN SYR(HALF UNIT)... 165	UNIFINE PENTIPS... 166	VALIUM... 73
ULTICARE PEN NEEDLE... 165	UNIFINE SAFECONTROL... 166	valproate sodium... 33
ULTICARE SAFETY PEN NEEDLE... 165		valproic acid (as sodium salt)... 33
ULTICARE... 165		valproic acid... 33
ULTIGUARD SAFEPACK-INSULIN SYR... 165		valrubicin... 57
		valsartan... 96
		valsartan-hydrochlorothiazide... 96
		VALSTAR... 57
		VALTOCO... 33

VALTRES... 71	VELTASSA... 118	VICTOZA 2-PAK... 78
vanadom... 180	VELTIN... 111	VICTOZA 3-PAK... 78
VANCOCIN... 28	VEMLIDY... 71	VIDAZA... 58
vancomycin in dextrose 5 %... 28	VENCLEXTA STARTING PACK... 58	VIEKIRA PAK... 71
vancomycin in 0.9 % sodium chl... 28	VENCLEXTA... 57	vienva... 138
vancomycin... 28	VENLAFAXINE BESYLATE... 38	vigabatrin... 33
vancomycin-diluent combo no.1... 28	venlafaxine... 38	vigadrone... 33, 34
VANDAZOLE... 28	VENTAVIS... 179	VIGAMOX... 171
VANFLYTA... 57	VENTOLIN HFA... 179	VIIBRYD... 38
VANISHPOINT INSULIN SYRINGE... 167	VEOPOZ... 150	VIJOICE... 124
VANISHPOINT SYRINGE... 167	VEOZAH... 167	vilazodone... 38
VANOS... 111	verapamil... 96	VIMOVO... 17
VAPRISOL IN 5 % DEXTROSE... 118	VERDESO... 111	VIMPAT... 34
VAQTA (PF)... 150	VEREGEN... 111	vinblastine... 58
varenicline... 20	VERELAN PM... 96	vincasar pfs... 58
VARIVAX (PF)... 150	VERELAN... 96	vincristine... 58
VARIZIG... 150	VERIFINE INSULIN SYRINGE... 167	vinorelbine... 58
VARUBI... 40	VERIFINE PEN NEEDLE... 167	VIOKACE... 124
VASCEPA... 96	VERIFINE PLUS PEN NEEDLE... 167	violele (28)... 138
VASERETIC... 96	VERIPRED 20... 128	VIRACEPT... 71
VASOTEC... 96	VERKAZIA... 171	VIRAMUNE XR... 71
VAZCULEP... 96	VERQUOVO... 96	VIRAZOLE... 167
vecamyl... 96	VERSACLOZ... 65	VIREAD... 71
VECTIBIX... 57	VERZENIO... 58	virt-c dha... 118
VECTICAL... 111	VESICARE LS... 126	virt-nate dha... 118
VEGZELMA... 57	VESICARE... 126	virt-pn dha... 118
VELCADE... 57	vestura (28)... 138	virt-pn plus... 118
VELETRI... 179	VFEND IV... 43	VISTARIL... 179
velivet triphasic regimen (28)... 138	VFEND... 43	VISTOGARD... 58
VELPHORO... 118	VIBATIV... 28	VITAFOL FE PLUS... 118
VELSIPITY... 150	VIBERZI... 122	VITAFOL GUMMIES... 118
	VIBRAMYCIN (CALCIUM)... 28	VITAFOL NANO... 118
	VIBRAMYCIN... 28	VITAFOL ULTRA... 118

VITAFOL-OB... 118	VYJUVEK... 167	XACIATO... 29
VITAFOL-OB+DHA... 118	vylibra... 138	XADAGO... 62
VITAFOL-ONE... 118	VYNDAMAX... 125	XALATAN... 172
VITAMED MD ONE RX... 118	VYNDAQEL... 125	XALKORI... 58
VITRAKVI... 58	VYTORIN 10-10... 96	XANAX XR... 73
vivacaine... 19	VYTORIN 10-20... 96	XANAX... 73
VIVELLE-DOT... 138	VYTORIN 10-40... 96	XARELTO DVT-PE TREAT 30D START... 82
VIVITROL... 20	VYTORIN 10-80... 96	XARELTO... 82
VIVJOA... 43	VYVANSE... 102	XATMEP... 150
VIVLODEX... 17	VYVGART HYTRULO... 150	XCOPRI MAINTENANCE PACK... 34
VIZIMPRO... 58	VYVGART... 150	XCOPRI TITRATION PACK... 34
VOCABRIA... 71	VYXEOS... 58	XCOPRI... 34
VOGELXO... 138	VYZULTA... 172	XDEMVI... 167
volnea (28)... 138		XELJANZ XR... 150
VONJO... 58	<b>W</b>	XELJANZ... 150
VOQUEZNA DUAL PAK... 122	WAKIX... 181	XELPROS... 172
VOQUEZNA TRIPLE PAK... 122	warfarin... 82	XELSTRYM... 102
VOQUEZNA... 122	water for irrigation, sterile... 167	XEMBIFY... 150
voriconazole... 43	WEBCOL... 167	XENAZINE... 102
VOSEVI... 71	WELCHOL... 96	XENICAL... 167
VOTRIENT... 58	WELIREG... 58	XENLETA... 29
VOWST... 167	WELLBUTRIN SR... 38	XENPOZYME... 125
VOXZOGO... 167	WELLBUTRIN XL... 38	XEPI... 111
VP-PNV-DHA... 118	wera (28)... 138	XERAVA... 29
VPRIV... 124	wescap-pn dha... 118	XERESE... 71
VRAYLAR... 65	wesnatal dha complete... 118	XERMELO... 122
VTAMA... 111	wesnate dha... 118	XGEVA... 153
vtol lq... 167	westab plus... 118	XHANCE... 179
VUITY... 172	westgel dha... 118	XIFAXAN... 122
VUMERITY... 102	WINLEVI... 111	XIGDUO XR... 78
VUSION... 43	WINRHO SDF... 150	XIIDRA... 172
VYEPTI... 45	wixela inhub... 179	XIMINO... 29
vyfemla (28)... 138	wymzya fe... 138	
	<b>X</b>	

XOFLUZA... 71	zafemy... 139	ZEPOSIA STARTER KIT (37-DAY)... 102
XOLAIR... 150	zafirlukast... 179	ZEPOSIA STARTER PACK (7-DAY)... 102
XOLEGEL... 43	zaleplon... 181	ZEPOSIA... 102
XOPENEX HFA... 179	ZALTRAP... 58	ZEPZELCA... 58
XOSPATA... 58	ZANAFLEX... 66	ZERBAXA... 29
XPHOZAH... 118	ZANOSAR... 58	ZERVIATE... 172
XPOVIO... 58	zarah... 139	ZESTORETIC... 96
XTAMPZA ER... 17	ZARONTIN... 34	ZESTRIL... 96
XTANDI... 58	ZARXIO... 82	ZETIA... 97
xulane... 138	zatean-pn dha... 118	ZETONNA... 179
XULTOPHY 100/3.6... 79	zatean-pn plus... 118	ZIAC... 97
XURIDEN... 125	ZAVESCA... 125	ZIAGEN... 71
XYOSTED... 138	ZAVZPRET... 167	ZIANA... 111
XYREM... 181	ZCORT... 128	zidovudine... 71, 72
XYWAV... 181	ZEBUTAL... 167	ZIEXTENZO... 82
<b>Y</b>	ZEGALOGUE AUTOINJECTOR... 79	zileuton... 179
yargesa... 125	ZEGALOGUE SYRINGE... 79	ZILRETTA... 128
YASMIN (28)... 138	ZEGERID... 122	ZILXI... 111
YAZ (28)... 138	ZEJULA... 58	ZIMHI... 20
YCANTH... 167	ZELAPAR... 62	zingiber... 167
YERVOY... 58	ZELBORAF... 58	ZINPLAVA... 122
YF-VAX (PF)... 150	ZELNORM... 122	ZIOPTAN (PF)... 172
YONDELIS... 58	ZEMAIRA... 125	ziprasidone hcl... 65
YONSA... 58	ZEMBRACE SYMTOUCH... 45	ziprasidone mesylate... 65
YOSPRALA... 82	ZEMDRI... 29	ZIPSOR... 17
YUFLYMA(CF) AI CROHN'S-UC-HS... 151	ZEMPLAR... 153	ZIRABEV... 58
YUFLYMA(CF) AUTOINJECTOR... 151	zenatane... 111	ZIRGAN... 72
YUFLYMA(CF)... 151	ZENPEP... 125	ZITHROMAX TRI-PAK... 29
YUPELRI... 179	zenzedi... 102	ZITHROMAX Z-PAK... 29
YUSIMRY(CF) PEN... 151	ZEPATIER... 71	ZITHROMAX... 29
yuvafem... 139	ZEPOSIA STARTER KIT (28-DAY)... 102	ZOCOR... 97
<b>Z</b>		

ZOFRAN... 40	ZYDELIG... 59
ZOKINVY... 125	ZYFLO... 179
ZOLADEX... 141	ZYKADIA... 59
zoledronic ac-mannitol-0.9nacl... 153	ZYLET... 172
zoledronic acid... 153	ZYLOPRIM... 43
zoledronic acid-mannitol-water... 153	ZYMAXID... 172
ZOLINZA... 59	ZYNLONTA... 59
zolmitriptan... 45	ZYNRELEF... 167
ZOLOFT... 38	ZYNYZ... 59
zolpidem... 181	ZYPITAMAG... 97
ZOLPIMIST... 181	ZYPREXA RELPREV... 65, 66
ZOMACTON... 129	ZYPREXA ZYDIS... 66
zomig... 45, 46	ZYPREXA... 65
ZONALON... 111	ZYTIGA... 59
ZONEGRAN... 34	ZYVOX... 29
ZONISADE... 34	1ST TIER UNIFINE PENTIPS PLUS... 153
zonisamide... 34	1ST TIER UNIFINE PENTIPS... 153
ZONTIVITY... 82	
ZORTRESS... 151	
ZORVOLEX... 17	
ZORYVE... 111	
ZOSYN IN DEXTROSE (ISO-OSM)... 29	
zovia 1-35 (28)... 139	
zovia 1/35e (28)... 139	
ZOVIRAX... 72	
ZTALMY... 34	
ZTLIDO... 19	
ZUBSOLV... 20	
ZULRESSO... 38	
zumandimine (28)... 139	
ZURZUVAE... 38	
ZYCLARA... 111	



## Important!

---

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-866-396-8810** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

**Auxiliary aids and services, free of charge, are available to you. 1-866-396-8810 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## 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 (TTY: 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 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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

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

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

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

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

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

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

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

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

**Portugues:** 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:** 当社の健康健康保険と薬品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があります。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。日本語を話す人が支援いたします。これは無料のサービスです。











This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Humana Medicare Employer Plan with any questions at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week by visiting **Humana.com**.



Humana.com