

2023

Prescription Drug Guide

Humana Formulary

List of covered drugs

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

Humana Premier Rx Plan (PDP)

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Humana with any questions at 1-800-281-6918 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. 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 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.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.

Humana®

Welcome to Humana!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us," or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana. 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 formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the 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 Humana 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 Humana 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.

Please contact Humana Customer Care with any questions at **1-800-281-6918 (TTY: 711)**, five days a week April 1- September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. (EST). 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](https://www.humana.com).

How do I use the formulary?

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

Medical condition

The formulary starts on page 11. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 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 95. 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 five tiers.

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

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

How much will I pay for covered drugs?

Humana 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 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):** Humana 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 Humana before you fill your prescriptions. If you do not get approval, Humana may not cover the drug.
- **Quantity Limits (QL):** For some drugs, Humana limits the amount of the drug that is covered. Humana 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, Humana 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, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana 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 Humana that describes the use and the place where you receive and take the drug so a determination can be made.

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to Humana at **1-877-486-2621**.

Representatives are available Monday - Friday, 8 a.m. - 8 p.m. (EST).

Insulin Savings Program

Your plan participates in the Insulin Savings Program which provides affordable, predictable copayments for Select Insulins through the first three drug payment stages (Deductible (if applicable), Initial Coverage, and Coverage Gap) of the Part D benefit. To find out more about the Insulin Savings Program, visit [Humana.com/insulin](https://www.humana.com/insulin) or refer to your Evidence of Coverage for additional details.

To identify which Select Insulins are included within in the Insulin Savings Program, look for the **ISP** indicator in the Utilization Management column.

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

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

You can ask Humana to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 7 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this 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 Customer Care and ask if your drug is covered.

If Humana does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that Humana covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by Humana.
- You can ask Humana 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.

What is a compounded drug?

A compounded drug is used to provide drug therapies that are not commercially available as FDA-approved finished products in the same dose, formulation, and/or combination of ingredients, but are instead created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. While some compounded drugs may be Part D eligible, most compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered.

How do I request an exception to the Humana formulary?

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

Transition extension

Humana 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. CenterWell Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP). You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after CenterWell Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. 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 prescription drug coverage, please read your Evidence of Coverage (EOC) and other plan materials.

Please contact Humana Customer Care with any questions at **1-800-281-6918 (TTY: 711)**, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. (EST). 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**.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

Your Humana plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 94.

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:

GC - Tier 1 or Tier 2 drugs that are covered in the gap

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. Humana 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
ANALGESICS		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION DL	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	3	QL(180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM DL	4	QL(60 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY DL	4	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE GC,MO	2	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE GC,MO	2	QL(60 per 30 days)
diclofenac sodium 1 % GEL MO	3	QL(1000 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. GC,MO	2	
diclofenac sodium 25 mg TABLET, DR/EC MO	3	
diclofenac sodium 50 mg TABLET, DR/EC GC,MO	2	
diclofenac sodium 75 mg TABLET, DR/EC GC,MO	2	
ec-naproxen 500 mg TABLET, DR/EC GC,MO	2	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	3	
etodolac 400 mg, 500 mg TABLET MO	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	4	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	4	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE DL	5	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE DL	4	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION DL	4	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET GC,MO	2	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	3	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml(15 ml) SOLUTION DL	4	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	4	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg TABLET DL	4	QL(150 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET DL	3	QL(150 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 2 mg, 4 mg TABLET DL	3	QL(360 per 30 days)
hydromorphone 8 mg TABLET DL	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET GC,MO	1	
ibuprofen 100 mg/5 ml SUSPENSION GC,MO	2	
ibuprofen 400 mg TABLET GC,MO	1	
ibuprofen 600 mg, 800 mg TABLET GC,MO	1	
indomethacin 25 mg, 50 mg CAPSULE GC,MO	2	
indomethacin 75 mg CAPSULE, ER MO	4	
ketorolac 10 mg TABLET MO	4	QL(20 per 30 days)
meloxicam 15 mg TABLET GC,MO	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET GC,MO	1	QL(60 per 30 days)
methadone 10 mg TABLET DL	4	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	3	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	3	QL(360 per 30 days)
methadone 5 mg TABLET DL	4	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	3	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	3	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	3	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	4	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	3	QL(180 per 30 days)
morphine 15 mg TABLET ER DL	3	QL(120 per 30 days)
morphine 15 mg, 30 mg TABLET DL	3	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION DL	3	QL(1350 per 30 days)
morphine 200 mg TABLET ER DL	3	QL(90 per 30 days)
morphine 30 mg, 60 mg TABLET ER DL	3	QL(120 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION DL	3	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET GC,MO	1	
naproxen 250 mg, 375 mg TABLET GC,MO	1	
naproxen 375 mg, 500 mg TABLET, DR/EC GC,MO	2	
naproxen 500 mg TABLET GC,MO	1	
naproxen sodium 275 mg, 550 mg TABLET MO	4	
oxycodone 10 mg, 15 mg, 5 mg TABLET DL	3	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET DL	3	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE DL	4	QL(270 per 30 days)
oxycodone 5 mg CAPSULE DL	4	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION DL	4	QL(5400 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION DL	4	QL(1800 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE MO	3	
sulindac 150 mg, 200 mg TABLET GC,MO	2	
tramadol 100 mg TABLET DL	4	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	4	ST,QL(30 per 30 days)
tramadol 50 mg TABLET DL,GC	2	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL,GC	2	QL(240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	3	QL(60 per 30 days)
ANESTHETICS		
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	4	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY MO	3	
lidocaine hcl 2 % JELLY IN APPLICATOR MO	3	
lidocaine hcl 2 % SOLUTION GC,MO	2	
lidocaine viscous 2 % SOLUTION GC,MO	2	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC MO	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM GC,MO	2	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM GC,MO	2	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET MO	3	
nalmefene 1 mg/ml SOLUTION GC,MO	1	
naloxone 0.4 mg/ml SOLUTION GC,MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE GC,MO	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	3	QL(2 per 30 days)
naltrexone 50 mg TABLET GC,MO	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	4	
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	3	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET MO	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET GC,MO	2	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET GC,MO	2	QL(60 per 30 days)
ANTIBACTERIALS		
acetic acid 2 % SOLUTION GC,MO	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	4	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET GC,MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	1	
amoxicillin 250 mg CAPSULE GC,MO	1	
amoxicillin 500 mg CAPSULE GC,MO	1	
amoxicillin 500 mg TABLET GC,MO	1	
amoxicillin 875 mg TABLET GC,MO	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET GC,MO	2	
amoxicillin-pot clavulanate 875-125 mg TABLET GC,MO	2	
ampicillin 500 mg CAPSULE GC,MO	2	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	4	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	4	
azithromycin 1 gram PACKET MO	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
azithromycin 250 mg TABLET GC,MO	2	
azithromycin 500 mg RECON SOLUTION MO	4	
azithromycin 500 mg, 600 mg TABLET GC,MO	2	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	4	
bacitracin 50,000 unit RECON SOLUTION MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	4	
cefaclor 250 mg, 500 mg CAPSULE MO	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefadroxil 500 mg CAPSULE GC,MO	2	
cefazolin 1 gram, 10 gram, 2 gram, 500 mg RECON SOLUTION MO	4	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefdinir 300 mg CAPSULE GC,MO	2	
cefepime 1 gram, 2 gram RECON SOLUTION MO	4	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
cefixime 400 mg CAPSULE MO	4	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
cefpodoxime 100 mg, 200 mg TABLET MO	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefprozil 250 mg, 500 mg TABLET MO	3	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	4	
cefuroxime axetil 250 mg, 500 mg TABLET MO	3	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION GC,MO	2	
cephalexin 250 mg CAPSULE GC,MO	1	
cephalexin 500 mg CAPSULE GC,MO	1	
ciprofloxacin hcl 100 mg TABLET MO	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET GC,MO	1	
ciprofloxacin hcl 500 mg TABLET GC,MO	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	4	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
clarithromycin 250 mg, 500 mg TABLET MO	3	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
clarithromycin 500 mg TABLET, ER 24 HR. MO	3	
CLEOCIN 100 MG SUPPOSITORY MO	4	
clindamycin hcl 150 mg, 75 mg CAPSULE GC,MO	2	
clindamycin hcl 300 mg CAPSULE GC,MO	2	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	4	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	4	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin phosphate 150 mg/ml SOLUTION MO	4	
clindamycin phosphate 2 % CREAM MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
colistin (colistimethate na) 150 mg RECON SOLUTION MO	4	
daptomycin 350 mg, 500 mg RECON SOLUTION DL	5	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	4	
demeclocycline 150 mg TABLET MO	4	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	4	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE GC,MO	2	
DIFICID 200 MG TABLET DL	5	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	
doxy-100 100 mg RECON SOLUTION MO	4	
doxycycline hyclate 100 mg CAPSULE MO	3	
doxycycline hyclate 100 mg TABLET MO	3	
doxycycline hyclate 20 mg TABLET GC,MO	2	
doxycycline hyclate 50 mg CAPSULE MO	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE GC,MO	2	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET MO	3	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
ertapenem 1 gram RECON SOLUTION MO	4	
ERYTHROCIN 500 MG RECON SOLUTION MO	4	
erythromycin 250 mg CAPSULE, DR/EC MO	4	
erythromycin lactobionate 500 mg RECON SOLUTION MO	4	
gentamicin 0.1 % CREAM MO	4	
gentamicin 0.1 % OINTMENT MO	4	
gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION MO	4	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION MO	4	
levofloxacin 250 mg, 750 mg TABLET GC,MO	2	
levofloxacin 250 mg/10 ml SOLUTION MO	4	
levofloxacin 500 mg TABLET GC,MO	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	4	
meropenem 1 gram, 500 mg RECON SOLUTION MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	4	
methenamine hippurate 1 gram TABLET MO	4	
metronidazole 0.75 % CREAM MO	4	
metronidazole 0.75 % LOTION MO	4	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL MO	4	
metronidazole 1 % GEL WITH PUMP MO	4	
metronidazole 250 mg TABLET GC,MO	2	
metronidazole 500 mg TABLET GC,MO	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	4	
minocycline 100 mg, 50 mg, 75 mg CAPSULE GC,MO	2	
mondoxyme nl 100 mg CAPSULE GC,MO	2	
moxifloxacin 400 mg TABLET MO	3	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
neomycin 500 mg TABLET MO	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE MO	4	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	3	
NUZYRA 150 MG TABLET DL	5	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET MO	4	
ORBACTIV 400 MG RECON SOLUTION DL	5	QL(3 per 28 days)
paromomycin 250 mg CAPSULE MO	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO	4	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE MO	4	
penicillin g sodium 5 million unit RECON SOLUTION DL	5	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION GC,MO	2	
penicillin v potassium 250 mg, 500 mg TABLET GC,MO	2	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	4	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	4	
PRIMSOL 50 MG/5 ML SOLUTION MO	4	
SIVEXTRO 200 MG RECON SOLUTION DL	5	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL(6 per 28 days)
sulfacetamide sodium 10 % OINTMENT MO	3	
sulfadiazine 500 mg TABLET MO	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET GC,MO	1	
SYNERCID 500 MG RECON SOLUTION DL	5	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	5	
tigecycline 50 mg RECON SOLUTION DL	5	
tinidazole 250 mg, 500 mg TABLET MO	3	
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION DL	5	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	4	
tobramycin with nebulizer 300 mg/5 ml SOLUTION FOR NEBULIZATION DL	5	PA
trimethoprim 100 mg TABLET GC,MO	2	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg RECON SOLUTION MO	4	
vancomycin 125 mg CAPSULE MO	4	PA,QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	4	PA,QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET DL	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	5	PA,QL(600 per 30 days)
carbamazepine 100 mg CHEWABLE TABLET MO	3	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. MO	4	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	4	
carbamazepine 100 mg/5 ml, 200 mg/10 ml SUSPENSION MO	4	
carbamazepine 200 mg TABLET MO	3	
carbamazepine 400 mg TABLET, ER 12 HR. MO	4	QL(225 per 30 days)
CELONTIN 300 MG CAPSULE MO	4	
clobazam 10 mg, 20 mg TABLET DL	4	PA
clobazam 2.5 mg/ml SUSPENSION DL	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE DL	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	4	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC GC,MO	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	3	
EPIDIOLEX 100 MG/ML SOLUTION DL	5	PA
epitol 200 mg TABLET MO	3	
ethosuximide 250 mg CAPSULE MO	3	
ethosuximide 250 mg/5 ml SOLUTION MO	4	
felbamate 400 mg, 600 mg TABLET MO	4	
felbamate 600 mg/5 ml SUSPENSION MO	4	
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	5	PA,QL(360 per 30 days)
FYCOMPA 0.5 MG/ML SUSPENSION DL	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE GC,MO	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET GC,MO	2	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION MO	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	4	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION MO	4	
lamotrigine 100 mg, 200 mg TABLET GC,MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. MO	4	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	4	
lamotrigine 150 mg, 25 mg TABLET GC,MO	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK MO	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK GC,MO	2	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE GC,MO	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET GC,MO	2	
levetiracetam 100 mg/ml SOLUTION GC,MO	2	
levetiracetam 500 mg TABLET GC,MO	2	
levetiracetam 500 mg TABLET, ER 24 HR. MO	3	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam 500 mg/5 ml (5 ml) SOLUTION GC,MO	2	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. MO	3	QL(120 per 30 days)
methsuximide 300 mg CAPSULE MO	4	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	3	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	3	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET MO	3	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	3	QL(300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION GC,MO	2	
phenytoin 50 mg CHEWABLE TABLET GC,MO	2	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE GC,MO	2	
primidone 125 mg, 250 mg TABLET GC,MO	2	
primidone 50 mg TABLET GC,MO	2	
roweepra 1,000 mg, 500 mg, 750 mg TABLET GC,MO	2	
roweepra xr 500 mg TABLET, ER 24 HR. GC,MO	2	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. GC,MO	2	QL(120 per 30 days)
rufinamide 200 mg TABLET MO	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	4	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET DL	5	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	4	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET GC,MO	2	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK GC,MO	2	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK GC,MO	2	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK GC,MO	2	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM DL	5	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	4	
valproic acid 250 mg CAPSULE GC,MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET DL	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET DL	4	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	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 DL	4	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	4	QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	4	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION DL	5	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE GC,MO	2	
ZTALMY 50 MG/ML SUSPENSION DL	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg TABLET GC,MO	1	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING GC,MO	1	QL(30 per 30 days)
donepezil 5 mg TABLET GC,MO	1	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET MO	4	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	4	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION MO	4	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET GC,MO	2	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION MO	4	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK GC,MO	2	PA,QL(98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	3	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	3	QL(28 per 28 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	4	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	4	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET GC,MO	2	
amitriptyline 25 mg TABLET GC,MO	2	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC DL	5	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. MO	3	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	3	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	3	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	3	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET GC,MO	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION MO	3	
citalopram 20 mg TABLET GC,MO	1	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	4	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC GC,MO	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC GC,MO	2	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC GC,MO	2	QL(60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET GC,MO	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET GC,MO	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION MO	4	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE GC,MO	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE GC,MO	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO	3	
fluoxetine 40 mg CAPSULE GC,MO	1	QL(60 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC MO	4	QL(4 per 28 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET GC,MO	2	QL(90 per 30 days)
imipramine hcl 10 mg TABLET GC,MO	2	
imipramine hcl 25 mg, 50 mg TABLET GC,MO	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE MO	4	
MARPLAN 10 MG TABLET MO	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET GC,MO	2	
mirtazapine 45 mg TABLET GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET ^{MO}	4	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	4	
nortriptyline 10 mg/5 ml SOLUTION ^{MO}	4	
paroxetine hcl 10 mg TABLET ^{GC,MO}	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION ^{MO}	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. ^{MO}	4	QL(60 per 30 days)
paroxetine hcl 20 mg TABLET ^{GC,MO}	1	QL(30 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. ^{MO}	4	QL(90 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET ^{GC,MO}	1	QL(60 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION ^{MO}	4	
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET ^{MO}	4	
phenelzine 15 mg TABLET ^{MO}	3	
protriptyline 10 mg, 5 mg TABLET ^{MO}	4	
sertraline 100 mg TABLET ^{GC,MO}	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE ^{MO}	3	
sertraline 25 mg, 50 mg TABLET ^{GC,MO}	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET ^{MO}	4	
trazodone 100 mg, 150 mg, 50 mg TABLET ^{GC,MO}	1	
trazodone 300 mg TABLET ^{MO}	3	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET ^{GC,MO}	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. ^{GC,MO}	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. ^{GC,MO}	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. ^{GC,MO}	2	QL(90 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK ^{MO}	4	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET ^{MO}	4	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE ^{DL}	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE ^{DL}	5	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK ^{MO}	4	BvsD,QL(6 per 28 days)
aprepitant 125 mg, 40 mg CAPSULE ^{MO}	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE ^{MO}	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY ^{MO}	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	4	BvsD,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION MO	3	
granisetron hcl 1 mg TABLET MO	3	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION MO	3	
meclizine 12.5 mg TABLET MO	3	
meclizine 25 mg TABLET MO	3	
metoclopramide hcl 10 mg, 5 mg TABLET GC,MO	1	
ondansetron 4 mg TABLET, DISINTEGRATING GC,MO	2	BvsD,QL(90 per 30 days)
ondansetron 8 mg TABLET, DISINTEGRATING GC,MO	2	BvsD,QL(90 per 30 days)
ondansetron hcl 2 mg/ml SOLUTION MO	4	
ondansetron hcl 4 mg TABLET GC,MO	2	BvsD,QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml SOLUTION MO	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET GC,MO	2	BvsD,QL(90 per 30 days)
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	4	
prochlorperazine 25 mg SUPPOSITORY MO	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	4	
prochlorperazine maleate 10 mg, 5 mg TABLET GC,MO	2	BvsD
promethazine 12.5 mg, 50 mg TABLET GC,MO	2	
promethazine 25 mg TABLET GC,MO	2	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	5	QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	4	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE MO	4	BvsD
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	4	BvsD
amphotericin b 50 mg RECON SOLUTION MO	4	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	5	BvsD
caspofungin 50 mg RECON SOLUTION DL	5	
caspofungin 70 mg RECON SOLUTION MO	4	
ciclodan 8 % SOLUTION GC,MO	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM GC,MO	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	4	QL(60 per 30 days)
ciclopirox 8 % SOLUTION GC,MO	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM GC,MO	2	
clotrimazole 1 % SOLUTION MO	3	
clotrimazole 10 mg TROCHE GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clotrimazole-betamethasone 1-0.05 % CREAM MO	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	4	QL(90 per 28 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET GC,MO	2	
fluconazole 150 mg TABLET GC,MO	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	3	
flucytosine 250 mg, 500 mg CAPSULE DL	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	4	
griseofulvin microsize 500 mg TABLET MO	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	4	
itraconazole 100 mg CAPSULE MO	4	QL(120 per 30 days)
ketoconazole 2 % CREAM MO	3	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO GC,MO	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	4	PA
miconazole-3 200 mg SUPPOSITORY MO	3	
NOXAFIL 100 MG TABLET, DR/EC DL	5	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	5	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	5	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	5	PA
nystatin 100,000 unit/gram CREAM GC,MO	2	
nystatin 100,000 unit/gram OINTMENT GC,MO	2	
nystatin 100,000 unit/ml SUSPENSION GC,MO	2	
nystatin 500,000 unit TABLET MO	3	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	4	
posaconazole 100 mg TABLET, DR/EC DL	5	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION DL	5	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION DL	5	PA
terbinafine hcl 250 mg TABLET GC,MO	1	
terconazole 0.4 %, 0.8 % CREAM GC,MO	2	
terconazole 80 mg SUPPOSITORY MO	4	
voriconazole 200 mg RECON SOLUTION DL	5	PA
voriconazole 200 mg, 50 mg TABLET MO	4	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(400 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIGOUT AGENTS		
<i>allopurinol</i> 100 mg, 300 mg TABLET GC,MO	2	
<i>colchicine</i> 0.6 mg TABLET MO	3	QL(120 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	3	
<i>probenecid</i> 500 mg TABLET MO	3	
<i>probenecid-colchicine</i> 500-0.5 mg TABLET MO	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	4	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	4	PA,QL(2 per 30 days)
<i>dihydroergotamine</i> 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)
EPRONTIA 25 MG/ML SOLUTION MO	4	PA,QL(480 per 30 days)
<i>ergotamine-caffeine</i> 1-100 mg TABLET MO	3	QL(40 per 30 days)
<i>naratriptan</i> 1 mg, 2.5 mg TABLET MO	3	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>rizatriptan</i> 10 mg TABLET GC,MO	2	QL(12 per 30 days)
<i>rizatriptan</i> 10 mg, 5 mg TABLET, DISINTEGRATING MO	3	QL(12 per 30 days)
<i>rizatriptan</i> 5 mg TABLET GC,MO	2	QL(12 per 30 days)
<i>sumatriptan succinate</i> 100 mg TABLET GC,MO	2	QL(9 per 30 days)
<i>sumatriptan succinate</i> 25 mg, 50 mg TABLET GC,MO	2	QL(9 per 30 days)
<i>sumatriptan succinate</i> 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE MO	4	QL(6 per 30 days)
<i>sumatriptan succinate</i> 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR MO	4	QL(6 per 30 days)
<i>sumatriptan succinate</i> 6 mg/0.5 ml SOLUTION MO	4	QL(6 per 30 days)
<i>sumatriptan succinate</i> 6 mg/0.5 ml SYRINGE MO	4	QL(6 per 30 days)
<i>topiramate</i> 100 mg, 200 mg TABLET GC,MO	2	QL(120 per 30 days)
<i>topiramate</i> 15 mg, 25 mg CAPSULE, SPRINKLE MO	3	
<i>topiramate</i> 25 mg TABLET GC,MO	2	QL(90 per 30 days)
<i>topiramate</i> 50 mg TABLET GC,MO	2	QL(120 per 30 days)
ANTIMYASTHENIC AGENTS		
<i>pyridostigmine bromide</i> 30 mg, 60 mg TABLET MO	3	
ANTIMYCOBACTERIALS		
<i>cycloserine</i> 250 mg CAPSULE DL	5	
<i>dapsone</i> 100 mg, 25 mg TABLET MO	3	
<i>ethambutol</i> 100 mg, 400 mg TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isoniazid 100 mg, 300 mg TABLET GC,MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	4	
PASER 4 GRAM DR GRANULES IN PACKET MO	4	
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg TABLET MO	4	
rifabutin 150 mg CAPSULE MO	4	
rifampin 150 mg, 300 mg CAPSULE MO	3	
rifampin 600 mg RECON SOLUTION MO	4	
SIRTURO 100 MG TABLET DL	5	PA,QL(68 per 28 days)
SIRTURO 20 MG TABLET DL	5	PA,QL(340 per 28 days)
TRECTOR 250 MG TABLET MO	4	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET DL	5	PA,QL(120 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET DL	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	5	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	5	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET GC,MO	1	QL(30 per 30 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
BALVERSA 3 MG TABLET DL	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL(30 per 30 days)
bexarotene 1 % GEL DL	5	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE DL	5	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET MO	3	QL(30 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	5	PA,QL(56 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET DL	5	PA,QL(63 per 28 days)
<i>cyclophosphamide 25 mg, 50 mg CAPSULE MO</i>	4	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET MO</i>	3	BvsD
DAURISMO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
EMCYT 140 MG CAPSULE DL	5	
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	5	PA,QL(120 per 30 days)
<i>erlotinib 100 mg, 150 mg TABLET DL</i>	5	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET DL</i>	5	PA,QL(90 per 30 days)
EULEXIN 125 MG CAPSULE DL	5	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL</i>	5	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION DL</i>	5	PA
<i>exemestane 25 mg TABLET MO</i>	4	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
<i>flutamide 125 mg CAPSULE MO</i>	4	
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	5	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
<i>gefitinib 250 mg TABLET DL</i>	5	PA,QL(30 per 30 days)
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE	5	PA
GLEOSTINE 100 MG CAPSULE DL	5	PA
<i>hydroxyurea 500 mg CAPSULE GC,MO</i>	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	5	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	5	PA,QL(60 per 30 days)
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>imatinib 100 mg TABLET DL</i>	5	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET DL</i>	5	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	5	PA
INLYTA 1 MG TABLET DL	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET DL	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	5	PA,QL(30 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	5	PA,QL(90 per 30 days)
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>lapatinib 250 mg TABLET DL</i>	5	PA,QL(180 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL</i>	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET GC,MO</i>	2	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET GC,MO</i>	2	
<i>leucovorin calcium 10 mg/ml SOLUTION MO</i>	4	
LEUKERAN 2 MG TABLET DL	5	
LONSURF 15-6.14 MG TABLET DL	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	5	PA,QL(80 per 30 days)
LORBRENA 100 MG TABLET DL	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	5	PA,QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUMAKRAS 320 MG TABLET DL	5	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL(120 per 30 days)
LYTGOBI 4 MG TABLET DL	5	PA,QL(140 per 28 days)
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>melphalan 2 mg TABLET MO</i>	4	BvsD
<i>mercaptopurine 50 mg TABLET MO</i>	3	
MESNEX 400 MG TABLET DL	5	
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>nilutamide 150 mg TABLET DL</i>	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(30 per 30 days)
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
ORSERDU 345 MG TABLET DL	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	5	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL DL	5	PA
<i>pazopanib 200 mg TABLET DL</i>	5	PA,QL(120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL(56 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
PURIXAN 20 MG/ML SUSPENSION DL	5	QL(300 per 30 days)
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
<i>sorafenib 200 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE</i> DL	5	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	5	PA
TABLOID 40 MG TABLET MO	4	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET</i> GC,MO	2	
TARGRETIN 75 MG CAPSULE DL	5	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	5	PA,QL(240 per 30 days)
TEPMETKO 225 MG TABLET DL	5	PA,QL(60 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>toremifene 60 mg TABLET</i> DL	5	QL(30 per 30 days)
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> DL	5	
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE DL	5	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE DL	5	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE DL	5	PA,QL(63 per 28 days)
TUKYSA 150 MG TABLET DL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VALCHLOR 0.016 % GEL DL	5	PA,QL(60 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	5	PA,QL(56 per 28 days)
VENCLEXTA 10 MG TABLET MO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	3	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
VISTOGARD 10 GRAM GRANULES IN PACKET DL	5	QL(20 per 365 days)
VITRAKVI 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL(120 per 30 days)
WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	5	PA,QL(60 per 30 days)
ZEJULA 100 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL(240 per 30 days)
ZOLINZA 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL(150 per 30 days)
ANTIPARASITICS		
<i>albendazole 200 mg TABLET MO</i>	4	
<i>atovaquone 750 mg/5 ml SUSPENSION MO</i>	4	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO</i>	4	
<i>chloroquine phosphate 250 mg, 500 mg TABLET MO</i>	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO	3	
hydroxychloroquine 200 mg TABLET MO	3	
ivermectin 3 mg TABLET MO	3	
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	4	
mefloquine 250 mg TABLET GC,MO	2	
NEBUPENT 300 MG RECON SOLUTION MO	4	BvsD
nitazoxanide 500 mg TABLET DL	5	QL(40 per 30 days)
PENTAM 300 MG RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	BvsD
praziquantel 600 mg TABLET MO	4	
primaquine 26.3 mg TABLET MO	3	
pyrimethamine 25 mg TABLET DL	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	4	
amantadine hcl 50 mg/5 ml SOLUTION MO	3	
benztropine 0.5 mg, 1 mg, 2 mg TABLET GC,MO	2	
bromocriptine 2.5 mg TABLET MO	4	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET GC,MO	2	
carbidopa-levodopa 25-100 mg TABLET GC,MO	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	3	
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 MO	4	QL(240 per 30 days)
carbidopa-levodopa-entacapone 50-200-200 mg TABLET MO	4	
entacapone 200 mg TABLET MO	3	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE DL	5	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	5	PA,QL(300 per 30 days)
KYNMOBI 10 MG, 15 MG, 20 MG, 25 MG, 30 MG FILM DL	5	PA,QL(150 per 30 days)
KYNMOBI 10-15-20-25-30 MG FILM DL	5	PA,QL(150 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET GC,MO	2	
rasagiline 0.5 mg, 1 mg TABLET MO	4	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET GC,MO	2	
RYTARY 23.75-95 MG CAPSULE, ER MO	4	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	4	ST,QL(270 per 30 days)
RYTARY 48.75-195 MG CAPSULE, ER MO	4	ST,QL(360 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	4	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	3	
selegiline hcl 5 mg TABLET MO	3	
trihexyphenidyl 0.4 mg/ml ELIXIR MO	3	
trihexyphenidyl 2 mg, 5 mg TABLET MO	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE MO	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE MO	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION MO	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE MO	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	4	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	5	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	4	
clozapine 100 mg TABLET MO	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	4	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	4	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	4	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET GC,MO	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	4	
haloperidol lactate 2 mg/ml CONCENTRATE GC,MO	2	
haloperidol lactate 5 mg/ml SOLUTION MO	4	
haloperidol lactate 5 mg/ml SYRINGE MO	4	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE MO	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE MO	4	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE MO	4	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE MO	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE MO	4	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE MO	4	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET DL	4	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE GC,MO	2	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET GC,MO	2	PA,QL(30 per 30 days)
lurasidone 80 mg TABLET GC,MO	2	PA,QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET MO	4	PA,QL(240 per 30 days)
molindone 25 mg TABLET MO	4	PA,QL(270 per 30 days)
molindone 5 mg TABLET MO	4	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION MO	4	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	4	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET MO	4	
quetiapine 100 mg TABLET GC,MO	2	QL(90 per 30 days)
quetiapine 150 mg TABLET GC,MO	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. MO	4	QL(90 per 30 days)
quetiapine 200 mg TABLET GC,MO	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET GC,MO	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET GC,MO	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET MO	4	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET GC,MO	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING MO	4	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET GC,MO	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING MO	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION GC,MO	2	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	4	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO	3	
VERSACLOZ 50 MG/ML SUSPENSION DL	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	4	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	4	QL(1 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET GC,MO	2	
baclofen 20 mg TABLET GC,MO	2	
baclofen 5 mg TABLET GC,MO	2	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE MO	4	
tizanidine 2 mg, 4 mg TABLET GC,MO	1	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	4	QL(960 per 30 days)
abacavir 300 mg TABLET MO	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	4	QL(30 per 30 days)
acyclovir 200 mg CAPSULE GC,MO	1	
acyclovir 400 mg TABLET GC,MO	2	
acyclovir 5 % OINTMENT MO	4	PA,QL(30 per 30 days)
acyclovir 800 mg TABLET GC,MO	2	
acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION MO	4	BvsD
acyclovir sodium 50 mg/ml SOLUTION MO	4	BvsD
adefovir 10 mg TABLET MO	4	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER DL	5	QL(21 per 365 days)
APTIVUS 250 MG CAPSULE DL	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER DL	5	QL(50 per 365 days)
CIMDUO 300-300 MG TABLET DL	5	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	5	QL(30 per 30 days)
darunavir ethanolate 600 mg TABLET DL	5	QL(60 per 30 days)
darunavir ethanolate 800 mg TABLET DL	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	5	QL(30 per 30 days)
DESCOVY 120-15 MG TABLET DL	5	QL(30 per 30 days)
DESCOVY 200-25 MG TABLET DL	5	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	4	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	5	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL(30 per 30 days)
efavirenz 200 mg CAPSULE MO	4	QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
efavirenz 50 mg CAPSULE MO	4	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET DL	5	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE MO	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET MO	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	4	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	4	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET MO	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	5	PA,QL(28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION MO	4	
etravirine 100 mg TABLET DL	5	QL(120 per 30 days)
etravirine 200 mg TABLET DL	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET MO	3	QL(90 per 30 days)
fosamprenavir 700 mg TABLET DL	5	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
HARVONI 45-200 MG TABLET DL	5	PA,QL(28 per 28 days)
HARVONI 90-400 MG TABLET DL	5	PA,QL(28 per 28 days)
INTELENCE 200 MG TABLET DL	5	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
INVIRASE 500 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
lamivudine 10 mg/ml SOLUTION MO	3	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	3	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamivudine 150 mg TABLET MO	3	QL(60 per 30 days)
lamivudine 300 mg TABLET MO	3	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	4	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET DL	5	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION MO	4	QL(1575 per 28 days)
lopinavir-ritonavir 100-25 mg TABLET MO	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	4	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	4	
maraviroc 150 mg TABLET DL	5	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	5	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
nevirapine 200 mg TABLET GC,MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	4	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	4	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	3	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	3	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	QL(1440 per 365 days)
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREZCOBIX 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
REYATAZ 50 MG POWDER IN PACKET MO	4	
ribavirin 200 mg CAPSULE MO	3	QL(168 per 28 days)
ribavirin 200 mg TABLET MO	3	QL(168 per 28 days)
rimantadine 100 mg TABLET MO	4	
ritonavir 100 mg TABLET MO	3	QL(360 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL(240 per 30 days)
SELZENTRY 75 MG TABLET DL	5	QL(120 per 30 days)
stavudine 15 mg, 20 mg CAPSULE MO	3	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE MO	3	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
TEMIXYS 300-300 MG TABLET DL	5	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET MO	3	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	5	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	5	
TYBOST 150 MG TABLET MO	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	3	
valganciclovir 450 mg TABLET MO	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION DL	5	QL(1056 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	5	PA,QL(28 per 28 days)
XOFLUZA 20 MG TABLET MO	4	QL(10 per 365 days)
XOFLUZA 40 MG TABLET MO	4	QL(10 per 365 days)
XOFLUZA 80 MG TABLET MO	4	QL(5 per 365 days)
zidovudine 10 mg/ml SYRUP MO	3	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	4	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zidovudine 300 mg TABLET GC,MO	2	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	4	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL,GC	2	QL(120 per 30 days)
alprazolam 2 mg TABLET DL,GC	2	QL(150 per 30 days)
buspirone 10 mg, 15 mg, 5 mg TABLET GC,MO	1	
buspirone 30 mg, 7.5 mg TABLET GC,MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	4	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	4	
clonazepam 0.5 mg, 1 mg TABLET DL	3	
clonazepam 2 mg TABLET DL	3	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	4	
diazepam 10 mg TABLET DL	3	QL(120 per 30 days)
diazepam 2 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	4	
doxepin 10 mg/ml CONCENTRATE MO	4	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	3	
hydroxyzine hcl 10 mg/5 ml SOLUTION MO	3	
hydroxyzine hcl 25 mg TABLET MO	3	
lorazepam 0.5 mg, 1 mg TABLET DL,GC	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL,GC	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE DL	3	QL(150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	4	
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE GC,MO	1	
lithium carbonate 300 mg TABLET GC,MO	1	
lithium carbonate 300 mg, 450 mg TABLET ER GC,MO	2	
lithium citrate 8 meq/5 ml SOLUTION MO	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR MO	4	QL(3.4 per 28 days)
diazoxide 50 mg/ml SUSPENSION DL	5	
FARXIGA 10 MG TABLET MO	4	QL(30 per 30 days)
FARXIGA 5 MG TABLET MO	4	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE MO	3	ISP
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION MO	3	ISP
glimepiride 1 mg TABLET GC,MO	1	
glimepiride 2 mg, 4 mg TABLET GC,MO	1	
glipizide 10 mg TABLET, ER 24 HR. GC,MO	2	
glipizide 10 mg, 5 mg TABLET GC,MO	1	
glipizide 2.5 mg TABLET GC,MO	1	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. GC,MO	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET GC,MO	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	3	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET GC,MO	2	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET GC,MO	2	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	3	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION DL	5	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN DL	5	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	3	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL(30 per 30 days)
JANUMET 50-1,000 MG TABLET MO	3	QL(60 per 30 days)
JANUMET 50-500 MG TABLET MO	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JANUMET XR 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG TABLET MO	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
KOMBIGLYZE XR 2.5-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	4	QL(60 per 30 days)
KOMBIGLYZE XR 5-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	4	QL(30 per 30 days)
KOMBIGLYZE XR 5-500 MG TABLET, ER 24 HR., MULTIPHASE MO	4	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION MO	3	ISP
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION MO	3	ISP
<i>metformin 1,000 mg, 500 mg TABLET</i> GC,MO	1	
<i>metformin 500 mg TABLET, ER 24 HR.</i> GC,MO	1	QL(120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR.</i> GC,MO	1	QL(60 per 30 days)
<i>metformin 850 mg TABLET</i> GC,MO	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	3	QL(2 per 28 days)
<i>nateglinide 120 mg, 60 mg TABLET</i> MO	3	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN MO	3	ISP
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION MO	3	ISP
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION MO	3	ISP
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION MO	3	ISP
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN MO	3	ISP
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION MO	3	ISP
NOVOLOG MIX 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN MO	3	ISP
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE MO	3	ISP
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION MO	3	ISP
ONGLYZA 2.5 MG, 5 MG TABLET MO	4	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 MO	3	QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR MO	3	QL(1.5 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OZEMPIC 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR ^{MO}	3	QL(3 per 28 days)
pioglitazone 15 mg, 30 mg TABLET ^{GC,MO}	2	QL(30 per 30 days)
pioglitazone 45 mg TABLET ^{GC,MO}	2	QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	3	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET ^{MO}	3	QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET ^{MO}	4	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE ^{MO}	4	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE ^{MO}	4	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN ^{MO}	3	QL(15 per 24 days),ISP
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	3	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{MO}	3	ISP
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{MO}	3	ISP
TRADJENTA 5 MG TABLET ^{MO}	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	3	ISP
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	3	ISP
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	3	ISP
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	3	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	3	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	3	QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	4	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	4	QL(60 per 30 days)
XIGDUO XR 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	4	QL(30 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN ^{MO}	3	QL(15 per 30 days),ISP
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	3	
BLOOD PRODUCTS AND MODIFIERS		
aminocaproic acid 1,000 mg, 500 mg TABLET ^{DL}	5	
aminocaproic acid 250 mg/ml (25 %) SOLUTION ^{DL}	5	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
anagrelide 0.5 mg, 1 mg CAPSULE MO	3	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO	4	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	3	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	5	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET GC,MO	2	
clopidogrel 300 mg TABLET MO	4	
clopidogrel 75 mg TABLET GC,MO	1	QL(30 per 30 days)
dabigatran etexilate 150 mg, 75 mg CAPSULE MO	4	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET MO	4	
ELIQUIS 2.5 MG TABLET MO	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	3	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	4	
enoxaparin 300 mg/3 ml SOLUTION MO	4	
FULPHILA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	3	
heparin (porcine) 5,000 unit/ml SYRINGE MO	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET GC,MO	1	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION DL	5	PA,QL(9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	5	PA,QL(1.2 per 28 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	5	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION DL	5	PA,QL(22.4 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION DL	5	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL(60 per 30 days)
prasugrel 10 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 20,000 UNIT/2 ML SOLUTION	5	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION	5	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL,LA	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL,LA	5	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET DL,LA	5	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	5	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
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 MO	4	PA,QL(14 per 30 days)
<i>tranexamic acid 650 mg TABLET MO</i>	3	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	5	PA,QL(1.2 per 28 days)
<i>warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET GC,MO</i>	1	
<i>warfarin 5 mg TABLET GC,MO</i>	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	3	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE DL	5	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE DL	5	PA,QL(11.2 per 30 days)
CARDIOVASCULAR AGENTS		
<i>acebutolol 200 mg, 400 mg CAPSULE GC,MO</i>	2	
<i>acetazolamide 125 mg, 250 mg TABLET MO</i>	4	
<i>acetazolamide 500 mg CAPSULE, ER MO</i>	3	
<i>amiloride 5 mg TABLET MO</i>	3	
<i>amiloride-hydrochlorothiazide 5-50 mg TABLET GC,MO</i>	2	
<i>amiodarone 100 mg TABLET MO</i>	4	
<i>amiodarone 200 mg TABLET GC,MO</i>	2	
<i>amiodarone 400 mg TABLET MO</i>	4	QL(60 per 30 days)
<i>amlodipine 10 mg, 2.5 mg, 5 mg TABLET GC,MO</i>	1	
<i>amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE GC,MO</i>	2	QL(60 per 30 days)
<i>amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE GC,MO</i>	2	QL(30 per 30 days)
<i>amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET MO</i>	3	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET GC,MO	2	QL(30 per 30 days)
atenolol 100 mg TABLET GC,MO	1	
atenolol 25 mg, 50 mg TABLET GC,MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET GC,MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET GC,MO	1	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET GC,MO	2	
bisoprolol fumarate 10 mg, 5 mg TABLET GC,MO	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET GC,MO	1	
bumetanide 0.5 mg, 2 mg TABLET GC,MO	2	
bumetanide 1 mg TABLET GC,MO	2	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET MO	3	QL(60 per 30 days)
candesartan 32 mg TABLET MO	3	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET MO	3	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	3	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	3	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET GC,MO	1	
chlorthalidone 25 mg TABLET GC,MO	2	
chlorthalidone 50 mg TABLET GC,MO	2	
cholestyramine (with sugar) 4 gram POWDER MO	3	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	3	
cholestyramine light 4 gram POWDER MO	3	
cholestyramine light 4 gram POWDER IN PACKET MO	3	
cholestyramine-aspartame 4 gram POWDER IN PACKET MO	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	4	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET GC,MO	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET GC,MO	1	
colestipol 1 gram TABLET MO	3	
colestipol 5 gram GRANULES MO	4	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORLANOR 5 MG, 7.5 MG TABLET MO	4	PA,QL(60 per 30 days)
DEMSER 250 MG CAPSULE DL	5	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET GC,MO	2	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET GC,MO	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET GC,MO	2	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET GC,MO	2	QL(30 per 30 days)
digoxin 62.5 mcg (0.0625 mg) TABLET MO	4	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
diltiazem hcl 120 mg CAPSULE, ER 12 HR. GC,MO	2	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET GC,MO	2	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. GC,MO	2	QL(180 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION MO	4	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	4	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET GC,MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET GC,MO	2	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET GC,MO	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET MO	3	QL(60 per 30 days)
ezetimibe 10 mg TABLET MO	3	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	3	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
fenofibrate 160 mg TABLET GC,MO	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET GC,MO	2	QL(60 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	3	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	3	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	3	QL(60 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	3	
fosinopril 10 mg, 20 mg, 40 mg TABLET GC,MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET GC,MO	2	
furosemide 10 mg/ml SOLUTION MO	4	
furosemide 10 mg/ml SYRINGE MO	4	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION GC,MO	2	
furosemide 20 mg, 40 mg TABLET GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
furosemide 80 mg TABLET GC,MO	1	
gemfibrozil 600 mg TABLET GC,MO	1	QL(60 per 30 days)
guanfacine 1 mg TABLET GC,MO	2	
guanfacine 2 mg TABLET GC,MO	2	
hydralazine 10 mg TABLET GC,MO	1	
hydralazine 100 mg TABLET GC,MO	2	
hydralazine 25 mg, 50 mg TABLET GC,MO	1	
hydrochlorothiazide 12.5 mg CAPSULE GC,MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET GC,MO	1	
hydrochlorothiazide 50 mg TABLET GC,MO	1	
indapamide 1.25 mg, 2.5 mg TABLET GC,MO	1	
irbesartan 150 mg, 75 mg TABLET GC,MO	1	QL(30 per 30 days)
irbesartan 300 mg TABLET GC,MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET GC,MO	2	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET GC,MO	2	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
isosorbide mononitrate 10 mg, 20 mg TABLET GC,MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. GC,MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. GC,MO	1	
isradipine 2.5 mg, 5 mg CAPSULE MO	4	
KERENDIA 10 MG, 20 MG TABLET MO	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET GC,MO	2	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET MO	4	QL(30 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
lisinopril 30 mg TABLET GC,MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET GC,MO	1	
losartan 100 mg, 25 mg, 50 mg TABLET GC,MO	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET GC,MO	1	QL(60 per 30 days)
lovastatin 10 mg TABLET GC,MO	1	
lovastatin 20 mg, 40 mg TABLET GC,MO	1	
methyldopa 250 mg, 500 mg TABLET GC,MO	2	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	3	
metolazone 10 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoprolol succinate 200 mg TABLET, ER 24 HR. GC,MO	2	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET MO	3	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET GC,MO	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET GC,MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	3	
metyrosine 250 mg CAPSULE DL	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	3	
minoxidil 10 mg, 2.5 mg TABLET GC,MO	2	
moexipril 15 mg, 7.5 mg TABLET GC,MO	2	
MULTAQ 400 MG TABLET MO	3	QL(60 per 30 days)
nebivolol 10 mg TABLET MO	3	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	3	QL(60 per 30 days)
NEXLETOL 180 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	3	PA,QL(30 per 30 days)
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	4	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	3	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
nimodipine 30 mg CAPSULE MO	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr PATCH, 24 HR. GC,MO	2	QL(30 per 30 days)
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	3	
nitroglycerin 0.4 mg/hr PATCH, 24 HR. GC,MO	2	QL(60 per 30 days)
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
olmesartan 20 mg TABLET GC,MO	1	QL(30 per 30 days)
olmesartan 40 mg TABLET GC,MO	1	QL(30 per 30 days)
olmesartan 5 mg TABLET GC,MO	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 MO	4	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET GC,MO	2	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE MO	3	QL(120 per 30 days)
PACERONE 100 MG TABLET MO	4	
pacerone 200 mg TABLET GC,MO	2	
PACERONE 400 MG TABLET MO	4	QL(60 per 30 days)
pentoxifylline 400 mg TABLET ER GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET GC,MO	2	
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET GC,MO	2	
prazosin 1 mg, 2 mg, 5 mg CAPSULE GC,MO	2	
prevalite 4 gram POWDER MO	3	
prevalite 4 gram POWDER IN PACKET MO	3	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	3	
propafenone 225 mg, 325 mg CAPSULE, ER 12 HR. MO	4	QL(60 per 30 days)
propafenone 425 mg CAPSULE, ER 12 HR. MO	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET GC,MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	4	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET GC,MO	2	
quinidine sulfate 200 mg, 300 mg TABLET GC,MO	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE GC,MO	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
simvastatin 10 mg, 20 mg, 40 mg TABLET GC,MO	1	
simvastatin 5 mg, 80 mg TABLET GC,MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET GC,MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET GC,MO	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET GC,MO	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET GC,MO	2	
spironolactone 100 mg TABLET GC,MO	1	
spironolactone 25 mg, 50 mg TABLET GC,MO	1	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET GC,MO	2	QL(30 per 30 days)
telmisartan 80 mg TABLET GC,MO	2	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE GC,MO	1	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
torsemide 10 mg, 100 mg, 5 mg TABLET GC,MO	2	
torsemide 20 mg TABLET GC,MO	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET GC,MO	2	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE GC,MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET GC,MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET GC,MO	1	
valsartan 160 mg TABLET GC,MO	2	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET GC,MO	2	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET GC,MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. MO	3	
verapamil 120 mg, 180 mg, 240 mg TABLET ER GC,MO	2	
verapamil 120 mg, 40 mg, 80 mg TABLET GC,MO	1	QL(120 per 30 days)
verapamil 360 mg CAPSULE ER PELLETS 24 HR. MO	3	QL(60 per 30 days)
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET MO	3	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO	4	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO	4	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KIT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK DL	5	PA,QL(42 per 28 days)
BETASERON 0.3 MG KIT DL	5	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	5	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	5	PA,QL(12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. MO	3	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	3	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	4	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	4	QL(120 per 30 days)
dextroamphetamine sulfate 20 mg TABLET MO	4	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine sulfate 30 mg TABLET MO	4	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	4	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	3	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC DL	5	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC DL	5	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE DL	5	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	5	PA,QL(240 per 30 days)
GILENYA 0.25 MG CAPSULE DL	5	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE DL	5	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. GC,MO	2	QL(30 per 30 days)
methylphenidate hcl 10 mg TABLET ER MO	4	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	4	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE DL	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	3	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	3	QL(60 per 30 days)
riluzole 50 mg TABLET MO	4	
RUZURGI 10 MG TABLET DL	5	PA,QL(300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	3	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	3	QL(55 per 28 days)
teriflunomide 14 mg, 7 mg TABLET MO	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET MO	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET DL	5	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % MOUTHWASH GC,MO	2	
kourzeq 0.1 % PASTE MO	3	
oralone 0.1 % PASTE MO	3	
paroex oral rinse 0.12 % MOUTHWASH GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
periogard 0.12 % MOUTHWASH GC,MO	2	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	4	
triamcinolone acetonide 0.1 % PASTE MO	3	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
accutane 40 mg CAPSULE MO	4	QL(120 per 30 days)
acitretin 10 mg CAPSULE MO	4	PA,QL(90 per 30 days)
acitretin 17.5 mg CAPSULE MO	4	PA,QL(60 per 30 days)
acitretin 25 mg CAPSULE MO	4	PA
adapalene 0.3 % GEL MO	4	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	4	QL(45 per 30 days)
ammonium lactate 12 % CREAM GC,MO	2	
ammonium lactate 12 % LOTION GC,MO	2	
amnesteem 10 mg, 20 mg CAPSULE MO	4	QL(60 per 30 days)
amnesteem 40 mg CAPSULE MO	4	QL(120 per 30 days)
betamethasone dipropionate 0.05 % CREAM MO	3	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	3	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	4	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM GC,MO	2	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION MO	3	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT GC,MO	2	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM GC,MO	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	4	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	4	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	4	QL(100 per 30 days)
calcipotriene 0.005 % CREAM MO	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION MO	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
claravis 40 mg CAPSULE MO	4	QL(120 per 30 days)
clindamycin phosphate 1 % LOTION MO	4	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB GC,MO	2	
clobetasol 0.05 % CREAM MO	4	QL(120 per 30 days)
clobetasol 0.05 % GEL MO	4	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	4	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	4	QL(120 per 28 days)
clobetasol 0.05 % SOLUTION MO	3	QL(100 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clobetasol-emollient 0.05 % CREAM</i> MO	4	QL(120 per 30 days)
<i>diclofenac sodium 3 % GEL</i> MO	4	PA
ENSTILAR 0.005-0.064 % FOAM MO	4	QL(120 per 30 days)
<i>ery pads 2 % SWAB</i> MO	3	QL(60 per 30 days)
<i>erythromycin with ethanol 2 % SOLUTION</i> MO	4	QL(120 per 30 days)
<i>fluocinolone 0.01 % OIL</i> MO	4	QL(118.28 per 30 days)
<i>fluocinolone 0.025 % CREAM</i> MO	4	QL(120 per 30 days)
<i>fluocinolone 0.025 % OINTMENT</i> MO	4	QL(120 per 30 days)
<i>fluocinolone and shower cap 0.01 % OIL</i> MO	4	QL(118.28 per 30 days)
<i>fluocinonide 0.05 % CREAM</i> MO	4	QL(120 per 30 days)
<i>fluocinonide 0.05 % GEL</i> MO	4	QL(120 per 30 days)
<i>fluocinonide 0.05 % OINTMENT</i> MO	4	QL(120 per 30 days)
<i>fluocinonide 0.05 % SOLUTION</i> MO	4	QL(120 per 30 days)
<i>fluorouracil 2 % SOLUTION</i> MO	3	QL(30 per 30 days)
<i>fluorouracil 5 % CREAM</i> MO	4	
<i>fluorouracil 5 % SOLUTION</i> MO	3	QL(60 per 30 days)
<i>fluticasone propionate 0.005 % OINTMENT</i> GC,MO	2	QL(240 per 30 days)
<i>fluticasone propionate 0.05 % CREAM</i> GC,MO	2	QL(240 per 30 days)
<i>hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR</i> GC,MO	2	QL(28.4 per 30 days)
<i>hydrocortisone 1 %, 2.5 % CREAM</i> GC,MO	2	QL(240 per 30 days)
<i>hydrocortisone 1 %, 2.5 % OINTMENT</i> GC,MO	2	QL(240 per 30 days)
<i>hydrocortisone 10 mg, 20 mg, 5 mg TABLET</i> GC,MO	2	
<i>hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR</i> MO	4	QL(60 per 30 days)
<i>hydrocortisone 2.5 % LOTION</i> GC,MO	2	QL(236 per 30 days)
HYFTOR 0.2 % GEL DL	5	PA
<i>imiquimod 5 % CREAM IN PACKET</i> MO	3	QL(12 per 30 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg CAPSULE</i> MO	4	QL(60 per 30 days)
<i>isotretinoin 40 mg CAPSULE</i> MO	4	QL(120 per 30 days)
<i>lindane 1 % SHAMPOO</i> MO	4	QL(60 per 30 days)
<i>malathion 0.5 % LOTION</i> MO	4	
<i>methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL</i> DL	5	
<i>mometasone 0.1 % CREAM</i> GC,MO	2	QL(180 per 30 days)
<i>mometasone 0.1 % OINTMENT</i> GC,MO	2	QL(180 per 30 days)
<i>mometasone 0.1 % SOLUTION</i> GC,MO	2	QL(180 per 30 days)
<i>mupirocin 2 % OINTMENT</i> GC,MO	2	
<i>myorisan 10 mg, 20 mg, 30 mg CAPSULE</i> MO	4	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
myorisan 40 mg CAPSULE MO	4	QL(120 per 30 days)
OTEZLA 30 MG TABLET DL	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	5	PA,QL(27 per 30 days)
permethrin 5 % CREAM MO	3	
pimecrolimus 1 % CREAM MO	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION MO	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
REGRANEX 0.01 % GEL DL	5	PA
SANTYL 250 UNIT/GRAM OINTMENT MO	4	QL(180 per 30 days)
selenium sulfide 2.5 % LOTION GC,MO	2	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM GC,MO	2	
SSD 1 % CREAM GC,MO	2	
tacrolimus 0.03 %, 0.1 % OINTMENT MO	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	3	PA,QL(120 per 30 days)
tretinoin 0.01 % GEL MO	3	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL MO	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	4	PA,QL(45 per 30 days)
UVADEX 20 MCG/ML SOLUTION MO	4	
zenatane 10 mg, 20 mg, 30 mg CAPSULE MO	4	QL(60 per 30 days)
zenatane 40 mg CAPSULE MO	4	QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION MO	4	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION MO	4	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	4	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
calcium acetate(phosphat bind) 667 mg CAPSULE MO	3	
calcium acetate(phosphat bind) 667 mg TABLET MO	3	
carglumic acid 200 mg TABLET, DISPERSIBLE DL	5	PA
CHEMET 100 MG CAPSULE DL	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
CLINOLIPID 20 % EMULSION MO	4	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO	4	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE DL	5	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION GC,MO	2	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION GC,MO	2	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION GC,MO	2	
dextrose 25 % in water (d25w) SYRINGE GC,MO	2	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION GC,MO	2	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION GC,MO	2	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION GC,MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5 % in water (d5w) 5 % PIGGYBACK GC,MO	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION GC,MO	2	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION GC,MO	2	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION GC,MO	2	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION GC,MO	2	
dextrose 50 % in water (d50w) SYRINGE GC,MO	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION GC,MO	2	
electrolyte-48 in d5w PARENTERAL SOLUTION GC,MO	2	
INTRALIPID 20 %, 30 % EMULSION MO	4	BvsD
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET ER MO	4	
KABIVEN 3.31-9.8-3.9 % EMULSION MO	4	BvsD
KLOR-CON 10 10 MEQ TABLET ER GC,MO	2	
KLOR-CON 8 8 MEQ TABLET ER GC,MO	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
levocarnitine 330 mg TABLET MO	4	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	4	
m-natal plus 27 mg iron- 1 mg TABLET MO	4	
magnesium sulfate 4 meq/ml (50 %) SOLUTION MO	4	
magnesium sulfate 4 meq/ml SYRINGE MO	4	
NEONATAL COMPLETE 29-1 MG TABLET MO	4	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	4	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	4	
NUTRILIPID 20 % EMULSION MO	4	BvsD
O-CAL PRENATAL 15 MG IRON- 1,000 MCG TABLET MO	4	
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	4	BvsD
PLENAMINE 15 % PARENTERAL SOLUTION MO	4	BvsD
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	4	
potassium chloride 10 meq CAPSULE, ER GC,MO	2	
potassium chloride 10 meq, 20 meq TABLET ER GC,MO	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
potassium chloride 20 meq/15 ml LIQUID MO	4	QL(1125 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride 40 meq/15 ml LIQUID MO	4	
potassium chloride 8 meq CAPSULE, ER GC,MO	2	
potassium chloride 8 meq TABLET ER GC,MO	2	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	3	
pr natal 400 29-1-400 mg COMBO PACK MO	4	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	4	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	4	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	4	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	4	
PRENATABS FA 29-1 MG TABLET MO	4	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	4	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	4	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	4	
preplus 27 mg iron- 1 mg TABLET MO	4	
PROCALAMINE 3% 3 % PARENTERAL SOLUTION MO	4	BvsD
PROSOL 20 % PARENTERAL SOLUTION MO	4	BvsD
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	4	
sevelamer carbonate 0.8 gram POWDER IN PACKET MO	4	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET MO	4	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET MO	4	QL(540 per 30 days)
SMOFLIPID 20 % EMULSION MO	4	BvsD
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION MO	4	
sodium chloride 0.9 % PARENTERAL SOLUTION MO	4	
sodium chloride 0.9 % PIGGYBACK MO	4	
sodium polystyrene sulfonate POWDER MO	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
trientine 250 mg CAPSULE DL	5	QL(240 per 30 days)
trientine 500 mg CAPSULE DL	5	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	4	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
VELPHORO 500 MG CHEWABLE TABLET DL	4	
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
virt-c dha 35-1-200 mg CAPSULE MO	4	
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	4	
wesnata dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	4	
westab plus 27 mg iron- 1 mg TABLET ^{MO}	4	
GASTROINTESTINAL AGENTS		
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE ^{MO}	4	QL(120 per 30 days)
CHENODAL 250 MG TABLET ^{DL}	5	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET ^{GC,MO}	2	
cimetidine hcl 300 mg/5 ml SOLUTION ^{MO}	3	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION ^{MO}	3	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION ^{MO}	3	
constulose 10 gram/15 ml SOLUTION ^{GC,MO}	2	
dicyclomine 10 mg CAPSULE ^{GC,MO}	2	
dicyclomine 10 mg/5 ml SOLUTION ^{MO}	4	
dicyclomine 20 mg TABLET ^{GC,MO}	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET ^{MO}	4	
enulose 10 gram/15 ml SOLUTION ^{GC,MO}	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC ^{MO}	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC ^{MO}	3	QL(60 per 30 days)
famotidine 20 mg, 40 mg TABLET ^{GC,MO}	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION ^{MO}	4	
GATTEX 30-VIAL 5 MG KIT ^{DL,LA}	5	PA
GATTEX ONE-VIAL 5 MG KIT ^{DL,LA}	5	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION ^{GC,MO}	2	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{GC,MO}	2	
gavilyte-n 420 gram RECON SOLUTION ^{GC,MO}	2	
generlac 10 gram/15 ml SOLUTION ^{GC,MO}	2	
glycopyrrolate 1 mg, 2 mg TABLET ^{MO}	3	
lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION ^{GC,MO}	2	
lactulose 10 gram/15 ml SOLUTION ^{GC,MO}	2	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	3	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE ^{GC,MO}	2	
misoprostol 100 mcg TABLET ^{MO}	3	
misoprostol 200 mcg TABLET ^{MO}	3	
MOVANTIK 12.5 MG, 25 MG TABLET ^{MO}	3	QL(30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION ^{DL}	5	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nizatidine 150 mg, 300 mg CAPSULE GC,MO	2	
nizatidine 150 mg/10 ml SOLUTION MO	4	
omeprazole 10 mg CAPSULE, DR/EC GC,MO	1	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC GC,MO	1	QL(60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC GC,MO	1	QL(60 per 30 days)
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION GC,MO	2	
peg-electrolyte soln 420 gram RECON SOLUTION GC,MO	2	
PYLERA 140-125-125 MG CAPSULE MO	4	QL(120 per 30 days)
sucralfate 1 gram TABLET GC,MO	2	
sucralfate 100 mg/ml SUSPENSION MO	4	
ursodiol 250 mg TABLET MO	3	
ursodiol 300 mg CAPSULE MO	4	
ursodiol 500 mg TABLET MO	4	
XIFAXAN 200 MG TABLET DL	5	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER DL	5	
CERDELGA 84 MG CAPSULE DL	5	PA
CEREZYME 400 UNIT RECON SOLUTION DL	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	5	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 MO	3	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC MO	3	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
ELELYSO 200 UNIT RECON SOLUTION DL	5	PA
javygtor 100 mg TABLET, SOLUBLE DL	5	PA
javygtor 100 mg, 500 mg POWDER IN PACKET DL	5	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE DL	5	
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION DL	5	PA
PROLASTIN-C 1,000 MG RECON SOLUTION DL	5	PA
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	5	
sapropterin 100 mg TABLET, SOLUBLE DL	5	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	5	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	5	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	5	
VYNDAMAX 61 MG CAPSULE DL	5	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	5	PA,QL(120 per 30 days)
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 MO	4	
ZENPEP 25,000-79,000- 105,000 UNIT CAPSULE, DR/EC MO	4	
ZOKINVY 50 MG, 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. GC,MO	2	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	3	
dutasteride 0.5 mg CAPSULE MO	3	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	4	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
finasteride 5 mg TABLET GC,MO	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	3	QL(300 per 30 days)
oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
oxybutynin chloride 15 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET GC,MO	2	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET GC,MO	2	
oxybutynin chloride 5 mg/5 ml SYRUP GC,MO	2	
solifenacin 10 mg, 5 mg TABLET GC,MO	2	QL(30 per 30 days)
tamsulosin 0.4 mg CAPSULE GC,MO	2	
tiopronin 100 mg TABLET DL	5	
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	4	QL(30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET GC,MO	2	
dexamethasone 0.5 mg/5 ml ELIXIR MO	3	
dexamethasone 0.5 mg/5 ml SOLUTION GC,MO	2	
dexamethasone intensol 1 mg/ml DROPS MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fludrocortisone 0.1 mg TABLET GC,MO	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET GC,MO	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK GC,MO	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	4	
prednisolone 15 mg/5 ml SOLUTION GC,MO	2	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION GC,MO	2	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION MO	4	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	3	
prednisone 1 mg, 2.5 mg, 50 mg TABLET GC,MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET GC,MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK GC,MO	2	
prednisone 5 mg/5 ml SOLUTION MO	3	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	4	BvsD
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT GC,MO	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM GC,MO	2	
triamcinolone acetonide 0.1 % CREAM GC,MO	2	
triderm 0.1 %, 0.5 % CREAM GC,MO	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	4	PA
desmopressin 0.1 mg TABLET MO	3	
desmopressin 0.2 mg TABLET MO	4	
EGRIFTA SV 2 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION DL	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
afirmelle 0.1-20 mg-mcg TABLET MO	4	
altavera (28) 0.15-0.03 mg TABLET MO	4	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	4	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET MO	4	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amethyst (28) 90-20 mcg (28) TABLET MO	4	
apri 0.15-0.03 mg TABLET MO	4	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	4	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
abra 0.1-20 mg-mcg TABLET MO	4	
abra eq 0.1-20 mg-mcg TABLET MO	4	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	4	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
aviane 0.1-20 mg-mcg TABLET MO	4	
ayuna 0.15-0.03 mg TABLET MO	4	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
balziva (28) 0.4-35 mg-mcg TABLET MO	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
briellyn 0.4-35 mg-mcg TABLET MO	4	
camila 0.35 mg TABLET MO	4	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
caziant (28) 0.1/.125/.15-25 mg-mcg TABLET MO	4	
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	4	
chateal (28) 0.15-0.03 mg TABLET MO	4	
chateal eq (28) 0.15-0.03 mg TABLET MO	4	
cryelle (28) 0.3-30 mg-mcg TABLET MO	4	
cyclafem 1/35 (28) 1-35 mg-mcg TABLET MO	4	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
cyred 0.15-0.03 mg TABLET MO	4	
cyred eq 0.15-0.03 mg TABLET MO	4	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	4	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPO-ESTRADIOL 5 MG/ML OIL MO	4	QL(5 per 30 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET MO	4	
dolishale 90-20 mcg (28) TABLET MO	4	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	4	
DUAVEE 0.45-20 MG TABLET MO	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	4	
ELLA 30 MG TABLET MO	3	QL(1 per 30 days)
emoquette 0.15-0.03 mg TABLET MO	4	
ENDOMETRIN 100 MG INSERT MO	4	
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
enskyce 0.15-0.03 mg TABLET MO	4	
errin 0.35 mg TABLET MO	4	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	3	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	4	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET GC,MO	1	
estradiol 10 mcg TABLET MO	4	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	3	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	4	
falmina (28) 0.1-20 mg-mcg TABLET MO	4	
femynor 0.25-35 mg-mcg TABLET MO	4	
hailey 1.5-30 mg-mcg TABLET MO	4	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
heather 0.35 mg TABLET MO	4	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
incassia 0.35 mg TABLET MO	4	
isibloom 0.15-0.03 mg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	4	
jencycla 0.35 mg TABLET MO	4	
juleber 0.15-0.03 mg TABLET MO	4	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
kalliga 0.15-0.03 mg TABLET MO	4	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
kelnor 1-50 (28) 1-50 mg-mcg TABLET MO	4	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	4	
kurvelo (28) 0.15-0.03 mg TABLET MO	4	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
larissia 0.1-20 mg-mcg TABLET MO	4	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	4	
lessina 0.1-20 mg-mcg TABLET MO	4	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET MO	4	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET MO	4	
lillow (28) 0.15-0.03 mg TABLET MO	4	
lo-zumandimine (28) 3-0.02 mg TABLET MO	4	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	4	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	4	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	4	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	3	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	4	
luteru (28) 0.1-20 mg-mcg TABLET MO	4	
lyleq 0.35 mg TABLET MO	4	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	4	
marlissa (28) 0.15-0.03 mg TABLET MO	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
medroxyprogesterone 150 mg/ml SUSPENSION GC,MO	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE GC,MO	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET GC,MO	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION MO	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	4	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	4	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	4	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
mili 0.25-35 mg-mcg TABLET MO	4	
mimvey 1-0.5 mg TABLET MO	4	
MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET MO	4	
mono-linyah 0.25-35 mg-mcg TABLET MO	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	4	
nikki (28) 3-0.02 mg TABLET MO	4	
nora-be 0.35 mg TABLET MO	4	
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
norethindrone (contraceptive) 0.35 mg TABLET MO	4	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET MO	4	
norethindrone acetate 5 mg TABLET MO	3	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	
norlyda 0.35 mg TABLET MO	4	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	4	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	4	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	4	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	4	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
nymyo 0.25-35 mg-mcg TABLET MO	4	
ocella 3-0.03 mg TABLET MO	4	
orsythia 0.1-20 mg-mcg TABLET MO	4	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET MO	4	
OSPHENA 60 MG TABLET MO	3	PA
oxandrolone 10 mg TABLET MO	4	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	3	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	4	
pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET MO	4	
portia 28 0.15-0.03 mg TABLET MO	4	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM CREAM MO	3	
previfem 0.25-35 mg-mcg TABLET MO	4	
progesterone 50 mg/ml OIL MO	3	
progesterone micronized 100 mg, 200 mg CAPSULE MO	3	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
raloxifene 60 mg TABLET MO	3	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	4	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	4	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	4	QL(91 per 90 days)
SLYND 4 MG (28) TABLET MO	4	
sprintec (28) 0.25-35 mg-mcg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sronyx 0.1-20 mg-mcg TABLET MO	4	
syeda 3-0.03 mg TABLET MO	4	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	4	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	4	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	4	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	4	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	4	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	3	
testosterone enanthate 200 mg/ml OIL MO	3	QL(24 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	4	
tri femynor 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	4	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	4	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET MO	4	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	4	
tulana 0.35 mg TABLET MO	4	
turqoz (28) 0.3-30 mg-mcg TABLET MO	4	
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET MO	4	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	4	
vestura (28) 3-0.02 mg TABLET MO	4	
vienva 0.1-20 mg-mcg TABLET MO	4	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	4	
vylibra 0.25-35 mg-mcg TABLET MO	4	
wera (28) 0.5-35 mg-mcg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	4	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	4	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	4	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	4	
zovia 1/35e (28) 1-35 mg-mcg TABLET MO	4	
zumandimine (28) 3-0.03 mg TABLET MO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET GC,MO	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 MO	3	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET GC,MO	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET GC,MO	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
liothyronine 10 mcg/ml SOLUTION MO	3	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN 500 MG TABLET DL	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline 0.5 mg TABLET MO	4	QL(16 per 28 days)
FIRMAGON 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	4	PA
lanreotide 120 mg/0.5 ml SYRINGE DL	5	PA,QL(0.5 per 28 days)
leuprolide 1 mg/0.2 ml KIT MO	4	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT MO	4	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT MO	4	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT MO	4	PA,QL(1 per 112 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT DL	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT DL	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION MO	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	4	PA
octreotide acetate 50 mcg/ml SOLUTION MO	3	PA
ORGOVYX 120 MG TABLET DL	5	PA,QL(32 per 30 days)
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	5	PA,QL(60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	5	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	5	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	5	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET GC,MO	2	
propylthiouracil 50 mg TABLET MO	3	
IMMUNOLOGICAL AGENTS		
ABRYSCO 120 MCG/0.5 ML RECON SOLUTION DL	3	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL	3	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION DL	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE DL	3	
ARCALYST 220 MG RECON SOLUTION DL	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION DL	3	
azathioprine 50 mg TABLET GC,MO	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION DL	4	
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE DL	3	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION DL	3	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE DL	3	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	BvsD
CELLCEPT 250 MG CAPSULE DL	5	BvsD
CELLCEPT 500 MG TABLET DL	5	BvsD
COSENTYX 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
<i>cyclosporine 100 mg, 25 mg CAPSULE MO</i>	4	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO</i>	4	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION MO</i>	4	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	3	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION MO	3	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	5	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION DL	3	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE DL	3	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE DL	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO	4	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. DL	5	PA
everolimus (immunosuppressive) 0.25 mg TABLET MO	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET DL	5	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL	5	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION DL	3	
GARDASIL 9 (PF) 0.5 ML SYRINGE DL	3	
gengraf 100 mg, 25 mg CAPSULE MO	4	BvsD
gengraf 100 mg/ml SOLUTION MO	4	BvsD
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE DL	3	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE DL	3	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	3	
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	5	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	5	PA,QL(4.8 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE</i> DL	5	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION DL	3	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	3	
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML) RECON SOLUTION MO	4	PA
INTRON A 50 MILLION UNIT (1 ML) RECON SOLUTION MO	3	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION DL	3	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE DL	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	3	
<i>leflunomide 10 mg, 20 mg TABLET</i> MO	4	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION DL	3	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION DL	3	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT DL	3	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION DL	3	
<i>methotrexate sodium 2.5 mg TABLET</i> MO	3	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> GC,MO	2	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION</i> GC,MO	2	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	4	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE</i> MO	3	BvsD
<i>mycophenolate mofetil 500 mg TABLET</i> MO	3	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION</i> MO	4	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC</i> MO	4	BvsD
MYFORTIC 180 MG TABLET, DR/EC MO	4	BvsD
MYFORTIC 360 MG TABLET, DR/EC DL	5	BvsD
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	3	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	PA,QL(4 per 28 days)
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML KIT DL	3	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION DL	3	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION DL	3	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	3	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	3	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	3	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION DL	3	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION DL	3	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE DL	3	BvsD
REZUROCK 200 MG TABLET DL	5	PA,QL(30 per 30 days)
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	5	PA,QL(168 per 365 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	3	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION DL	3	
ROTATEQ VACCINE 2 ML SOLUTION DL	3	
<i>sajazir</i> 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION MO	4	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION DL	3	
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET MO	4	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION MO	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(6 per 365 days)
SKYRIZI 150MG/1.66ML(75 MG/0.83 ML X2) SYRINGE KIT	5	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(16.8 per 365 days)
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA,QL(9.96 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE MO	4	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION DL	3	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION DL	3	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE DL	3	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL	3	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE DL	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUMENBA 120 MCG/0.5 ML SYRINGE DL	3	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE DL	3	
TYPHIM VI 25 MCG/0.5 ML SOLUTION DL	3	
TYPHIM VI 25 MCG/0.5 ML SYRINGE DL	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION DL	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE DL	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION DL	3	
XATMEP 2.5 MG/ML SOLUTION MO	4	PA
XOLAIR 150 MG RECON SOLUTION DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION DL	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide 750 mg CAPSULE MO</i>	4	
<i>budesonide 3 mg CAPSULE, DR/EC MO</i>	4	
<i>budesonide 9 mg TABLET, DR/ER MO</i>	4	PA,QL(30 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA MO</i>	3	
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR. MO</i>	4	QL(120 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA MO</i>	4	QL(1800 per 30 days)
<i>sulfasalazine 500 mg TABLET GC,MO</i>	2	
<i>sulfasalazine 500 mg TABLET, DR/EC GC,MO</i>	2	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate 10 mg, 5 mg TABLET GC,MO</i>	1	QL(30 per 30 days)
<i>alendronate 35 mg TABLET GC,MO</i>	1	QL(4 per 28 days)
<i>alendronate 70 mg TABLET GC,MO</i>	1	QL(4 per 28 days)
<i>calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO</i>	3	QL(3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg CAPSULE GC,MO</i>	2	
<i>calcitriol 1 mcg/ml SOLUTION MO</i>	4	
<i>cinacalcet 30 mg, 60 mg TABLET MO</i>	4	QL(60 per 30 days)
<i>cinacalcet 90 mg TABLET MO</i>	4	QL(120 per 30 days)
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
<i>ibandronate 150 mg TABLET MO</i>	3	QL(1 per 28 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE DL,LA	5	PA,QL(2 per 28 days)
<i>pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION MO</i>	3	QL(30 per 21 days)
<i>pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION MO</i>	3	QL(10 per 21 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paricalcitol 1 mcg, 2 mcg CAPSULE MO	4	QL(30 per 30 days)
paricalcitol 4 mcg CAPSULE MO	4	QL(12 per 30 days)
PROLIA 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	5	QL(60 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	4	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION MO	4	
zoledronic acid 4 mg/5 ml SOLUTION MO	4	QL(15 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	3	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
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 GC,MO	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 GC,MO	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 GC,MO	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	1	
ALCOHOL PADS PADS, MEDICATED GC,MO	1	
ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
ALCOHOL WIPES PADS, MEDICATED GC,MO	1	
AQINJECT PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE GC,MO	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 GC,MO	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" NEEDLE GC,MO	1	
ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE GC,MO	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN GC,MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN GC,MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BAND-AID GAUZE PADS 2 X 2 " BANDAGE GC,MO	1	
BD ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE GC,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE GC,MO	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 GC,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML SYRINGE GC,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE GC,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE GC,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE GC,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE GC,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE GC,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE GC,MO	1	
BORDERED GAUZE 2 X 2 " BANDAGE GC,MO	1	
<i>butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE DL</i>	4	QL(360 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg CAPSULE MO</i>	4	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg TABLET MO</i>	4	QL(180 per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg CAPSULE MO</i>	4	QL(180 per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg TABLET MO</i>	3	QL(180 per 30 days)
<i>caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION GC,MO</i>	1	
<i>calcium disodium versenate 200 mg/ml SOLUTION GC,MO</i>	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,MO	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED GC,MO	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 GC,MO	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 GC,MO	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	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 GC,MO	1	
COMFORT EZ PRO SAFETY PEN NDL 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	1	
CURITY ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
CURITY GAUZE 2 X 2 " BANDAGE GC,MO	1	
DERMACEA 2 X 2 " BANDAGE GC,MO	1	
DOJOLVI 8.3 KCAL/ML LIQUID DL	5	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 GC,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE GC,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED GC,MO	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 GC,MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED GC,MO	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 GC,MO	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 GC,MO	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 GC,MO	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED GC,MO	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 GC,MO	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 GC,MO	1	
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 GC,MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE GC,MO	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" NEEDLE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,MO	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 GC,MO	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE GC,MO	1	
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 GC,MO	1	
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 GC,MO	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 GC,MO	1	
GAUZE BANDAGE 2 X 2 " BANDAGE GC,MO	1	
GAUZE PAD 2 X 2 " BANDAGE GC,MO	1	
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 GC,MO	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
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 GC,MO	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED GC,MO	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 GC,MO	1	
INSULIN SYR/NDL U100 HALF MARK 0.3 ML 31 GAUGE X 1/4" SYRINGE GC,MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
INSULIN SYRINGE NEEDLELESS 1 ML SYRINGE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,MO	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 GC,MO	1	
IV PREP WIPES PADS, MEDICATED GC,MO	1	
KORLYM 300 MG TABLET DL	5	PA,QL(120 per 30 days)
LAGEVRIO (EUA) 200 MG CAPSULE MO	4	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 GC,MO	1	
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 GC,MO	1	
LITHOSTAT 250 MG TABLET DL	5	
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 GC,MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" SYRINGE GC,MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE GC,MO	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" NEEDLE GC,MO	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" SYRINGE GC,MO	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" NEEDLE GC,MO	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE GC,MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SAFETY SYRINGE 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 GC,MO	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 GC,MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE SYRINGE GC,MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE GC,MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE GC,MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE GC,MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE GC,MO	1	
NOVOPEN ECHO INSULIN PEN GC,MO	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE GC,MO	1	
PAXLOVID 150-100 MG TABLET, DOSE PACK MO	3	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	3	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 GC,MO	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 GC,MO	1	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	1	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	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 GC,MO	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 GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	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 GC,MO	1	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> DL	5	BvsD
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 GC,MO	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" NEEDLE GC,MO	1	
SECURES SAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
SECURES SAFE PEN NEEDLE 30 GAUGE X 5/16" NEEDLE GC,MO	1	
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE GC,MO	1	
<i>sodium benzoate-sod phenylacet 10-10 % SOLUTION</i> DL	5	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
SURE COMFORT INS. SYR. U-100 0.5 ML 29 GAUGE X 1/2" SYRINGE GC,MO	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 GC,MO	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 GC,MO	1	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE GC,MO	1	
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 GC,MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,MO	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 GC,MO	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 GC,MO	1	
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 GC,MO	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 GC,MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE GC,MO	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 GC,MO	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 SYRINGE GC,MO	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 GC,MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED GC,MO	1	
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 GC,MO	1	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	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 GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UBRELVY 100 MG, 50 MG TABLET DL	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 GC,MO	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 GC,MO	1	
ULTICARE INSULN SYR(HALF UNIT) 0.3 ML 31 GAUGE X 1/4" SYRINGE GC,MO	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 GC,MO	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE GC,MO	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 GC,MO	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 GC,MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED GC,MO	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 GC,MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" NEEDLE GC,MO	1	
ULTRA CMFT INS SYR (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" SYRINGE GC,MO	1	
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 GC,MO	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 GC,MO	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 GC,MO	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 GC,MO	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE GC,MO	1	
ULTRA-THIN II INS PEN NEEDLES 29 GAUGE X 1/2" NEEDLE GC,MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	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 GC,MO	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 GC,MO	1	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE GC,MO	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 GC,MO	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE GC,MO	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	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 GC,MO	1	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" SYRINGE GC,MO	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE GC,MO	1	
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 GC,MO	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 GC,MO	1	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE GC,MO	1	
WEBCOL PADS, MEDICATED GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPHTHALMIC AGENTS		
<i>ak-poly-bac 500-10,000 unit/gram OINTMENT</i> GC,MO	2	
ALCAINE 0.5 % DROPS GC,MO	2	
ALPHAGAN P 0.1 % DROPS MO	3	
<i>apraclonidine 0.5 % DROPS</i> MO	3	
<i>atropine 1 % DROPS</i> MO	3	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	3	
<i>azelastine 0.05 % DROPS</i> MO	3	
<i>bacitracin 500 unit/gram OINTMENT</i> MO	4	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT</i> GC,MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
<i>betaxolol 0.5 % DROPS</i> MO	3	
<i>brimonidine 0.15 % DROPS</i> MO	4	
<i>brimonidine 0.2 % DROPS</i> GC,MO	1	
<i>carteolol 1 % DROPS</i> GC,MO	1	
CILOXAN 0.3 % OINTMENT MO	4	
<i>ciprofloxacin hcl 0.3 % DROPS</i> GC,MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	3	QL(5 per 25 days)
<i>cromolyn 4 % DROPS</i> GC,MO	2	
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
<i>dexamethasone sodium phosphate 0.1 % DROPS</i> GC,MO	2	
<i>diclofenac sodium 0.1 % DROPS</i> GC,MO	2	
<i>difluprednate 0.05 % DROPS</i> MO	3	
<i>dorzolamide 2 % DROPS</i> GC,MO	2	
<i>dorzolamide-timolol 22.3-6.8 mg/ml DROPS</i> GC,MO	2	
DUREZOL 0.05 % DROPS MO	3	
<i>erythromycin 5 mg/gram (0.5 %) OINTMENT</i> GC,MO	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	3	QL(16.6 per 30 days)
<i>flurbiprofen sodium 0.03 % DROPS</i> GC,MO	2	
<i>gentak 0.3 % (3 mg/gram) OINTMENT</i> GC,MO	2	
<i>gentamicin 0.3 % DROPS</i> GC,MO	2	
ILEVRO 0.3 % DROPS, SUSPENSION MO	3	QL(3 per 30 days)
<i>ketorolac 0.4 % DROPS</i> GC,MO	2	QL(10 per 30 days)
<i>ketorolac 0.5 % DROPS</i> GC,MO	2	QL(10 per 30 days)
<i>latanoprost 0.005 % DROPS</i> GC,MO	1	QL(5 per 25 days)
<i>levobunolol 0.5 % DROPS</i> GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTEMAX SM 0.38 % DROPS, GEL MO	4	
LUMIGAN 0.01 % DROPS MO	3	QL(2.5 per 25 days)
moxifloxacin 0.5 % DROPS MO	3	
NATACYN 5 % DROPS, SUSPENSION MO	4	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	3	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	3	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT GC,MO	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION GC,MO	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	3	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	4	
ofloxacin 0.3 % DROPS GC,MO	2	
olopatadine 0.2 % DROPS GC,MO	2	
PHOSPHOLINE IODIDE 0.125 % DROPS MO	4	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	3	
polycin 500-10,000 unit/gram OINTMENT GC,MO	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS GC,MO	1	
PRED-G 0.3-1 % DROPS, SUSPENSION MO	4	
prednisolone acetate 1 % DROPS, SUSPENSION MO	3	
prednisolone sodium phosphate 1 % DROPS MO	3	
proparacaine 0.5 % DROPS GC,MO	2	
RESTASIS 0.05 % DROPPERETTE MO	3	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	3	QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	3	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	4	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS GC,MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS GC,MO	2	
timolol maleate 0.25 % DROPS GC,MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	4	
timolol maleate 0.5 % DROPS GC,MO	1	
timolol maleate 0.5 % DROPS, ONCE DAILY MO	4	
timolol maleate (pf) 0.25 % DROPPERETTE GC,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate (pf) 0.5 % DROPPERETTE MO	4	
tobramycin 0.3 % DROPS GC,MO	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	4	
trifluridine 1 % DROPS MO	4	
VYZULTA 0.024 % DROPS MO	4	QL(5 per 30 days)
ZERVIATE 0.24 % DROPPERETTE MO	4	QL(60 per 30 days)
OTIC AGENTS		
ciprofloxacin hcl 0.2 % DROPPERETTE MO	4	
fluocinolone acetonide oil 0.01 % DROPS MO	3	
hydrocortisone-acetic acid 1-2 % DROPS MO	4	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	3	
ofloxacin 0.3 % DROPS MO	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	4	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL,LA	5	PA,QL(90 per 30 days)
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(12 per 30 days)
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 GC,MO	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	4	
albuterol sulfate 2 mg/5 ml SYRUP GC,MO	2	
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	4	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
alyq 20 mg TABLET MO	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	4	
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	4	QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML AUTO-INJECTOR MO	3	
AUVI-Q 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) AEROSOL SPRAY MO	3	QL(30 per 25 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	4	QL(10.7 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREO ELLIPTA 50-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION</i> MO	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(84 per 28 days)
<i>cetirizine 1 mg/ml SOLUTION</i> GC,MO	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	4	QL(4 per 20 days)
<i>cromolyn 100 mg/5 ml CONCENTRATE</i> MO	4	
<i>cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION</i> DL	5	BvsD
<i>cyproheptadine 4 mg TABLET</i> MO	4	
DALIRESP 250 MCG TABLET MO	3	QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	QL(30 per 30 days)
<i>desloratadine 5 mg TABLET</i> MO	3	QL(30 per 30 days)
<i>diphenhydramine hcl 50 mg/ml SOLUTION</i> MO	4	
<i>epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR</i> MO	3	QL(4 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.6 per 30 days)
<i>fluticasone propion-salmeterol 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE</i> MO	3	QL(60 per 30 days)
<i>fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV.</i> MO	3	QL(1 per 30 days)
<i>fluticasone propion-salmeterol 250-50 mcg/dose BLISTER WITH DEVICE</i> MO	3	QL(60 per 30 days)
<i>fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION</i> GC,MO	2	QL(16 per 30 days)
<i>hydroxyzine pamoate 100 mg, 50 mg CAPSULE</i> MO	3	
<i>hydroxyzine pamoate 25 mg CAPSULE</i> MO	3	
<i>ipratropium bromide 0.02 % SOLUTION</i> GC,MO	2	BvsD
<i>ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL</i> GC,MO	2	QL(30 per 30 days)
<i>ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL</i> GC,MO	2	QL(45 per 30 days)
<i>ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION</i> GC,MO	2	BvsD

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	5	PA,QL(60 per 30 days)
levocetirizine 5 mg TABLET GC,MO	2	QL(30 per 30 days)
montelukast 10 mg TABLET GC,MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	4	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET GC,MO	1	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	5	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	5	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	5	PA,QL(112 per 28 days)
pirfenidone 267 mg CAPSULE DL	5	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET DL	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET DL	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
roflumilast 250 mcg TABLET MO	3	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	3	QL(30 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	3	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.2 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML SYRINGE MO	3	QL(4 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	4	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(84 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. 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 • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
zafirlukast 10 mg TABLET MO	4	QL(60 per 30 days)
zafirlukast 20 mg TABLET MO	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg TABLET GC,MO	2	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET GC,MO	2	
FEXMID 7.5 MG TABLET MO	4	ST,QL(90 per 30 days)
methocarbamol 500 mg, 750 mg TABLET GC,MO	2	
orphenadrine citrate 100 mg TABLET ER MO	4	
vanadom 350 mg TABLET GC,MO	2	QL(120 per 30 days)
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET GC,MO	2	QL(30 per 30 days)
HETLIOZ 20 MG CAPSULE DL	5	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION DL	5	PA,QL(158 per 30 days)
modafinil 100 mg, 200 mg TABLET MO	3	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml SOLUTION DL,LA	5	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE DL	5	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE DL,GC	2	QL(30 per 30 days)
XYREM 500 MG/ML SOLUTION DL,LA	5	PA,QL(540 per 30 days)
zolpidem 10 mg, 5 mg TABLET GC,MO	2	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL – Dispensing Limit • GC- Gap Coverage • ISP – Insulin Savings Program • LA – Limited Access

Humana Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction		
<i>sildenafil 100 mg, 25 mg, 50 mg TABLET</i>	2	QL(6 per 30 days)

Your Humana plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D. These drugs are not subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

B vs D - Part B vs Part D • MO - Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy
• DL - Dispensing Limit • GC - Gap Coverage • ISP - Insulin Savings Program • LA - Limited Access

Index

A

- abacavir... 37
abacavir-lamivudine... 37
ABELCET... 24
ABILIFY ASIMTUFI... 34
ABILIFY MAINTENA... 34
abiraterone... 27
ABOUTTIME PEN NEEDLE... 77
ABRYSCO... 71
acamprosate... 13
acarbose... 41
accutane... 54
acebutolol... 46
acetaminophen-codeine... 11
acetazolamide... 46
acetic acid... 14
acetylcysteine... 90
acitretin... 54
ACTHIB (PF)... 71
ACTIMMUNE... 71
acyclovir sodium... 37
acyclovir... 37
ADACEL(TDAP
ADOLESN/ADULT)(PF)... 71
adapalene... 54
adefovir... 37
ADEMPAS... 90
ADVAIR DISKUS... 90
ADVAIR HFA... 90
ADVOCATE PEN NEEDLE... 77
ADVOCATE SYRINGES... 77
afirmelle... 63
AIMOVIG AUTOINJECTOR... 26
ak-poly-bac... 88
AKEEGA... 27
albendazole... 32
albuterol sulfate... 90
ALCAINE... 88
ALCOHOL PADS... 77
ALCOHOL PREP PADS... 77
ALCOHOL SWABS... 77
ALCOHOL WIPES... 77
ALECENSA... 27
alendronate... 76
alfuzosin... 62
allopurinol... 26
ALPHAGAN P... 88
alprazolam... 41
altavera (28)... 63
ALUNBRIG... 27
alyacen 1/35 (28)... 63
alyacen 7/7/7 (28)... 63
alyq... 90
amabelz... 63
amantadine hcl... 33
ambrisentan... 90
amethia... 63
amethyst (28)... 64
amikacin... 14
amiloride... 46
amiloride-hydrochlorothiazide... 46
aminocaproic acid... 44
aminophylline... 90
AMINOSYN II 10 %... 56
AMINOSYN II 15 %... 56
AMINOSYN II 7 %... 56
AMINOSYN II 8.5 %... 56
AMINOSYN II 8.5 %-ELECTROLYTES...
56
AMINOSYN M 3.5 %... 56
AMINOSYN 10 %... 56
AMINOSYN 7 % WITH
ELECTROLYTES... 56
AMINOSYN 8.5 %... 56
AMINOSYN 8.5 %-ELECTROLYTES...
56
AMINOSYN-PF 10 %... 56
AMINOSYN-PF 7 % (SULFITE-FREE)...
56
AMINOSYN-RF 5.2 %... 57
amiodarone... 46
amitriptyline... 21
amlodipine... 46
amlodipine-benazepril... 46
amlodipine-olmesartan... 46
amlodipine-valsartan... 47
ammonium lactate... 54
amnesteem... 54
amoxapine... 21
amoxicillin... 14
amoxicillin-pot clavulanate... 14
amphotericin b liposome... 24
amphotericin b... 24
ampicillin sodium... 14

ampicillin... 14
 ampicillin-sulbactam... 14
 anagrelide... 45
 anastrozole... 27
 apraclonidine... 88
 aprepitant... 23
 APRETUDE... 37
 apri... 64
 APTIOM... 18
 APTIVUS... 37
 AQINJECT PEN NEEDLE... 77
 aranelle (28)... 64
 ARCALYST... 71
 AREXVY (PF)... 71
 aripiprazole... 34
 ARISTADA INITIO... 34
 ARISTADA... 34
 ARNUITY ELLIPTA... 90
 asenapine maleate... 34
 ashlyna... 64
 aspirin-dipyridamole... 45
 ASSURE ID DUO-SHIELD... 77
 ASSURE ID INSULIN SAFETY... 77
 ASSURE ID PEN NEEDLE... 77
 ASSURE ID PRO PEN NEEDLE... 77
 atazanavir... 37
 atenolol... 47
 atenolol-chlorthalidone... 47
 atomoxetine... 52
 atorvastatin... 47
 atovaquone... 32
 atovaquone-proguanil... 32
 ATROPINE SULFATE (PF)... 88
 atropine... 88
 ATROVENT HFA... 90
 aubra eq... 64
 aubra... 64
 aurovela fe 1.5/30 (28)... 64
 aurovela fe 1-20 (28)... 64
 aurovela 1.5/30 (21)... 64
 aurovela 1/20 (21)... 64
 aurovela 24 fe... 64
 AUSTEDO XR TITRATION
 KT(WK1-4)... 52
 AUSTEDO XR... 52
 AUSTEDO... 52
 AUTOJECT 2 INJECTION DEVICE... 77
 AUTOPEN 1 TO 21 UNITS... 77
 AUTOPEN 2 TO 42 UNITS... 77
 AUVELITY... 22
 AUVI-Q... 90
 aviane... 64
 ayuna... 64
 AYVAKIT... 27
 azathioprine... 71
 azelastine... 88, 90
 azithromycin... 14
 aztreonam... 14
 azurette (28)... 64

B

bacitracin... 14, 88
 bacitracin-polymyxin b... 88
 baclofen... 37
 bal-care dha... 57
 balsalazide... 76
 BALVERSA... 27
 balziva (28)... 64
 BAND-AID GAUZE PADS... 78
 BAQSIMI... 42
 BARACLUDE... 37
 BCG VACCINE, LIVE (PF)... 71
 BD ALCOHOL SWABS... 78
 BD AUTOSHIELD DUO PEN NEEDLE...
 78
 BD ECLIPSE LUER-LOK... 78
 BD INSULIN SYRINGE (HALF UNIT)...
 78
 BD INSULIN SYRINGE MICRO-FINE...
 78
 BD INSULIN SYRINGE SLIP TIP... 78
 BD INSULIN SYRINGE U-500... 78
 BD INSULIN SYRINGE ULTRA-FINE...
 78
 BD INSULIN SYRINGE... 78
 BD LO-DOSE MICRO-FINE IV... 78
 BD NANO 2ND GEN PEN NEEDLE... 78
 BD SAFETYGLIDE INSULIN SYRINGE...
 78
 BD SAFETYGLIDE SYRINGE... 78
 BD ULTRA-FINE MICRO PEN
 NEEDLE... 78
 BD ULTRA-FINE MINI PEN NEEDLE...
 78
 BD ULTRA-FINE NANO PEN NEEDLE...
 78
 BD ULTRA-FINE ORIG PEN NEEDLE...
 78
 BD ULTRA-FINE SHORT PEN
 NEEDLE... 78
 BD VEO INSULIN SYR (HALF UNIT)...
 78
 BD VEO INSULIN SYRINGE UF... 78

BELBUCA... 11
 BELSOMRA... 93
 benazepril... 47
 benazepril-hydrochlorothiazide... 47
 BENLYSTA... 71
 benztropine... 33
 BETADINE OPHTHALMIC PREP... 88
 betaine... 61
 betamethasone dipropionate... 54
 betamethasone valerate... 54
 betamethasone, augmented... 54
 BETASERON... 52
 betaxolol... 88
 bethanechol chloride... 62
 BEVESPI AEROSPHERE... 90
 bexarotene... 27
 BEXSERO... 72
 bicalutamide... 27
 BICILLIN L-A... 14
 BIKTARVY... 37
 bismuth subcit k-metronidz-tcn... 60
 bisoprolol fumarate... 47
 bisoprolol-hydrochlorothiazide... 47
 blisovi fe 1.5/30 (28)... 64
 blisovi fe 1/20 (28)... 64
 blisovi 24 fe... 64
 BOOSTRIX TDAP... 72
 BORDERED GAUZE... 78
 BOSULIF... 27
 BRAFTOVI... 27
 BREO ELLIPTA... 91
 BREZTRI AEROSPHERE... 91
 briellyn... 64
 BRILINTA... 45
 brimonidine... 88
 BRIVIACT... 18
 bromocriptine... 33
 BRUKINSA... 27
 budesonide... 76, 91
 bumetanide... 47
 buprenorphine hcl... 13
 buprenorphine... 11
 buprenorphine-naloxone... 13
 bupropion hcl (smoking deter)... 13
 bupropion hcl... 22
 buspirone... 41
 butalbital-acetaminop-caf-cod... 78
 butalbital-acetaminophen-caff... 78
 butalbital-aspirin-caffeine... 78
 BYDUREON BCISE... 42

C

c-nate dha... 57
 CABENUVA... 37
 cabergoline... 70
 CABLIVI... 45
 CABOMETYX... 27
 caffeine citrate... 78
 calcipotriene... 54
 calcitonin (salmon)... 76
 calcitriol... 76
 calcium acetate(phosphat bind)... 57
 calcium disodium versenate... 78
 CALQUENCE (ACALABRUTINIB MAL)... 27
 CALQUENCE... 27
 camila... 64
 camrese lo... 64
 camrese... 64
 CAMZYOS... 47
 candesartan... 47
 candesartan-hydrochlorothiazid... 47
 CAPLYTA... 34
 CAPRELSA... 27
 captopril... 47
 captopril-hydrochlorothiazide... 47
 carbamazepine... 18
 carbidopa-levodopa... 33
 carbidopa-levodopa-entacapone... 33
 CAREFINE PEN NEEDLE... 79
 CARETOUCH ALCOHOL PREP PAD... 79
 CARETOUCH INSULIN SYRINGE... 79
 CARETOUCH PEN NEEDLE... 79
 carglumic acid... 57
 carisoprodol... 93
 carteolol... 88
 cartia xt... 47
 carvedilol... 47
 caspofungin... 24
 CAYSTON... 91
 caziant (28)... 64
 cefaclor... 14
 cefadroxil... 14
 cefazolin... 14
 cefdinir... 14, 15
 cefepime in dextrose 5 %... 15

cefepime... 15
 cefixime... 15
 cefotetan... 15
 cefoxitin... 15
 cefpodoxime... 15
 cefprozil... 15
 ceftazidime... 15
 ceftriaxone... 15
 cefuroxime axetil... 15
 cefuroxime sodium... 15
 celecoxib... 11
 CELLCEPT... 72
 CELONTIN... 18
 cephalixin... 15
 CERDELGA... 61
 CEREZYME... 61
 cetirizine... 91
 charlotte 24 fe... 64
 chateal (28)... 64
 chateal eq (28)... 64
 CHEMET... 57
 CHENODAL... 60
 chlordiazepoxide hcl... 41
 chlorhexidine gluconate... 53
 chloroquine phosphate... 32
 chlorpromazine... 34
 chlorthalidone... 47
 CHOLBAM... 61
 cholestyramine (with sugar)... 47
 cholestyramine light... 47
 cholestyramine-aspartame... 47
 CHORIONIC GONADOTROPIN,
 HUMAN... 63
 ciclodan... 24
 ciclopirox... 24
 cilostazol... 45
 CILOXAN... 88
 CIMDUO... 37
 cimetidine hcl... 60
 cimetidine... 60
 cinacalcet... 76
 ciprofloxacin hcl... 15, 88, 90
 ciprofloxacin in 5 % dextrose... 15
 citalopram... 22
 claravis... 54
 clarithromycin... 15
 CLENPIQ... 60
 CLEOCIN... 15
 CLICKFINE PEN NEEDLE... 79
 clindamycin hcl... 15
 clindamycin in 0.9 % sod chlor... 15
 clindamycin in 5 % dextrose... 15
 clindamycin palmitate hcl... 15
 clindamycin pediatric... 15
 clindamycin phosphate... 15, 54
 CLINIMIX E 2.75%/D5W SULF FREE...
 57
 CLINIMIX E 4.25%/D10W SUL
 FREE... 57
 CLINIMIX E 4.25%/D5W SULF FREE...
 57
 CLINIMIX E 5%/D15W SULFIT FREE...
 57
 CLINIMIX E 5%/D20W SULFIT FREE...
 57
 CLINIMIX E 8%-D10W
 SULFITEFREE... 57
 CLINIMIX E 8%-D14W
 SULFITEFREE... 57
 CLINIMIX 4.25%/D10W SULF FREE...
 57
 CLINIMIX 4.25%/D5W SULFIT
 FREE... 57
 CLINIMIX
 5%-D20W(SULFITE-FREE)... 57
 CLINIMIX 5%/D15W SULFITE FREE...
 57
 CLINIMIX 6%-D5W
 (SULFITE-FREE)... 57
 CLINIMIX
 8%-D10W(SULFITE-FREE)... 57
 CLINIMIX
 8%-D14W(SULFITE-FREE)... 57
 CLINISOL SF 15 %... 57
 CLINOLIPID... 57
 clobazam... 18
 clobetasol... 54
 clobetasol-emollient... 55
 clomipramine... 22
 clonazepam... 41
 clonidine hcl... 47
 clonidine... 47
 clopidogrel... 45
 clorazepate dipotassium... 41
 clotrimazole... 24
 clotrimazole-betamethasone... 25
 clozapine... 34
 COARTEM... 33
 colchicine... 26
 colestipol... 47
 colistin (colistimethate na)... 16
 COMBIGAN... 88

COMBIVENT RESPIMAT... 91
 COMETRIQ... 27, 28
 COMFORT EZ INSULIN SYRINGE... 79
 COMFORT EZ PEN NEEDLES... 79
 COMFORT EZ PRO SAFETY PEN NDL... 79
 COMFORT TOUCH PEN NEEDLE... 79
 COMPLERA... 37
 complete natal dha... 57
 compro... 23
 constulose... 60
 COPAXONE... 52
 COPIKTRA... 28
 CORLANOR... 48
 COSENTYX (2 SYRINGES)... 72
 COSENTYX PEN (2 PENS)... 72
 COSENTYX PEN... 72
 COSENTYX UNOREADY PEN... 72
 COSENTYX... 72
 COTELLIC... 28
 CREON... 61
 cromolyn... 88, 91
 cryselle (28)... 64
 CURITY ALCOHOL SWABS... 79
 CURITY GAUZE... 79
 cyclafem 1/35 (28)... 64
 cyclafem 7/7/7 (28)... 64
 cyclobenzaprine... 93
 cyclophosphamide... 28
 cycloserine... 26
 cyclosporine modified... 72
 cyclosporine... 72
 CYLTEZO(CF) PEN CROHN'S-UC-HS... 72
 CYLTEZO(CF) PEN PSORIASIS-UV... 72
 CYLTEZO(CF) PEN... 72
 CYLTEZO(CF)... 72
 cyproheptadine... 91
 cyred eq... 64
 cyred... 64
 CYSTAGON... 61
 CYSTARAN... 88

D

dabigatran etexilate... 45
 dalfampridine... 52
 DALIRESP... 91
 danazol... 64
 dantrolene... 37
 dapsone... 26
 DAPTACEL (DTAP PEDIATRIC) (PF)... 72
 daptomycin in 0.9 % sod chlor... 16
 daptomycin... 16
 darunavir ethanolate... 37
 dasetta 1/35 (28)... 64
 dasetta 7/7/7 (28)... 64
 DAURISMO... 28
 daysee... 64
 deblitane... 64
 deferasirox... 57
 DELSTRIGO... 37
 demeclocycline... 16
 DEMSER... 48
 DENG VAXIA (PF)... 72
 DEPO-ESTRADIOL... 65
 DERMACEA... 79
 DESCOVY... 37
 desipramine... 22
 desloratadine... 91
 desmopressin... 63
 desog-e.estradiol/e.estradiol... 65
 desogestrel-ethinyl estradiol... 65
 desvenlafaxine succinate... 22
 dexamethasone intensol... 62
 dexamethasone sodium phosphate... 88
 dexamethasone... 62
 dexmethylphenidate... 52
 dextroamphetamine sulfate... 52, 53
 dextroamphetamine-amphetamine... 53
 dextrose 10 % and 0.2 % nacl... 57
 dextrose 10 % in water (d10w)... 57
 dextrose 20 % in water (d20w)... 57
 dextrose 25 % in water (d25w)... 57
 dextrose 30 % in water (d30w)... 57
 dextrose 40 % in water (d40w)... 57
 dextrose 5 % in water (d5w)... 57, 58
 dextrose 5 %-lactated ringers... 58
 dextrose 5%-0.2 % sod chloride... 58
 dextrose 5%-0.3 % sod.chloride... 58
 dextrose 50 % in water (d50w)... 58
 dextrose 70 % in water (d70w)... 58
 DIACOMIT... 18
 diazepam intensol... 41
 diazepam... 19, 41
 diazoxide... 42

diclofenac sodium... 11, 55, 88	doxycycline monohydrate... 16	EASY TOUCH FLIPLOCK INSULIN... 80
dicloxacillin... 16	DRIZALMA SPRINKLE... 22	EASY TOUCH INSULIN SAFETY SYR... 80
dicyclomine... 60	dronabinol... 23	EASY TOUCH INSULIN SYRINGE... 80
didanosine... 37	DROPLET INSULIN SYR(HALF UNIT)... 79	EASY TOUCH LUER LOCK INSULIN... 80
DIFICID... 16	DROPLET INSULIN SYRINGE... 79	EASY TOUCH PEN NEEDLE... 80
difluprednate... 88	DROPLET MICRON PEN NEEDLE... 80	EASY TOUCH SAFETY PEN NEEDLE... 81
digitek... 48	DROPLET PEN NEEDLE... 80	EASY TOUCH SHEATHLOCK INSULIN... 81
digox... 48	DROPSAFE ALCOHOL PREP PADS... 80	EASY TOUCH UNI-SLIP... 81
digoxin... 48	DROPSAFE INSULIN SYRINGE... 80	EASY TOUCH... 80
dihydroergotamine... 26	DROPSAFE PEN NEEDLE... 80	ec-naproxen... 11
DILANTIN INFATABS... 19	drosiprenone-ethinyl estradiol... 65	EDURANT... 37
DILANTIN-125... 19	DROXIA... 80	efavirenz... 37, 38
dilt-xr... 48	DUAVEE... 65	efavirenz-emtricitabin-tenofov... 38
diltiazem hcl... 48	duloxetine... 22	efavirenz-lamivu-tenofov disop... 38
dimethyl fumarate... 53	DUPIXENT PEN... 72	EGRIFTA SV... 63
diphenhydramine hcl... 91	DUPIXENT SYRINGE... 72	electrolyte-48 in d5w... 58
diphenoxylate-atropine... 60	DUREZOL... 88	ELELYSO... 61
dipyridamole... 45	dutasteride... 62	elinest... 65
disulfiram... 13	dutasteride-tamsulosin... 62	ELIQUIS DVT-PE TREAT 30D START... 45
DIURIL... 48	d10 %-0.45 % sodium chloride... 57	ELIQUIS... 45
divalproex... 19	d2.5 %-0.45 % sodium chloride... 57	ELLA... 65
dofetilide... 48	d5 % and 0.9 % sodium chloride... 57	ELMIRON... 62
DOJOLVI... 79	d5 %-0.45 % sodium chloride... 57	EMBRACE PEN NEEDLE... 81
dolishale... 65		EMCYT... 28
donepezil... 21	E	EMGALITY PEN... 26
dorzolamide... 88	EASY COMFORT ALCOHOL PAD... 80	EMGALITY SYRINGE... 26
dorzolamide-timolol... 88	EASY COMFORT INSULIN SYRINGE... 80	emoquette... 65
dotti... 65	EASY COMFORT PEN NEEDLES... 80	EMSAM... 22
DOVATO... 37	EASY GLIDE INSULIN SYRINGE... 80	emtricitabine... 38
doxazosin... 48	EASY GLIDE PEN NEEDLE... 80	
doxepin... 41	EASY TOUCH ALCOHOL PREP PADS... 80	
doxy-100... 16		
doxycycline hyclate... 16		

emtricitabine-tenofovir (tdf)... 38	ERYTHROCIN... 16	FARXIGA... 42
EMTRIVA... 38	erythromycin lactobionate... 16	felbamate... 19
enalapril maleate... 48	erythromycin with ethanol... 55	felodipine... 48
enalapril-hydrochlorothiazide... 48	erythromycin... 16, 88	femynor... 65
ENBREL MINI... 72	escitalopram oxalate... 22	fenofibrate micronized... 48
ENBREL SURECLICK... 72	esomeprazole magnesium... 60	fenofibrate nanocrystallized... 48
ENBREL... 72	estradiol valerate... 65	fenofibrate... 48
endocet... 11	estradiol... 65	fentanyl citrate (pf)... 11
ENDOMETRIN... 65	estradiol-norethindrone acet... 65	fentanyl citrate... 11
ENGERIX-B (PF)... 72	ESTRING... 65	fentanyl... 11
ENGERIX-B PEDIATRIC (PF)... 72	eszopiclone... 93	fesoterodine... 62
enoxaparin... 45	ethambutol... 26	FETZIMA... 22
enpresse... 65	ethosuximide... 19	FEXMID... 93
enskyce... 65	ethynodiol diac-eth estradiol... 65	FIASP FLEXTOUCH U-100 INSULIN... 42
ENSTILAR... 55	etodolac... 11	FIASP PENFILL U-100 INSULIN... 42
entacapone... 33	etravirine... 38	FIASP U-100 INSULIN... 42
entecavir... 38	EULEXIN... 28	finasteride... 62
ENTRESTO... 48	EUTHYROX... 70	finngolimod... 53
enulose... 60	everolimus (antineoplastic)... 28	FINTEPLA... 19
ENVARUSUS XR... 73	everolimus (immunosuppressive)... 73	FIRDAPSE... 53
EPCLUSA... 38	EVOTAZ... 38	FIRMAGON KIT W DILUENT SYRINGE... 70
EPIDIOLEX... 19	EXEL INSULIN... 81	FIRMAGON... 70
epinephrine... 91	exemestane... 28	flecainide... 48
epitol... 19	EXKIVITY... 28	FLOVENT DISKUS... 91
EPIVIR HBV... 38	EYSUVIS... 88	FLOVENT HFA... 91
EPRONTIA... 26	ezetimibe... 48	fluconazole in nacl (iso-osm)... 25
ergotamine-caffeine... 26	ezetimibe-simvastatin... 48	fluconazole... 25
ERIVEDGE... 28		flucytosine... 25
ERLEADA... 28	F	fludrocortisone... 63
erlotinib... 28	falmina (28)... 65	fluocinolone acetonide oil... 90
errin... 65	famciclovir... 38	fluocinolone and shower cap... 55
ertapenem... 16	famotidine... 60	
ery pads... 55	FANAPT... 35	

fluocinolone... 55	gavilyte-g... 60	GVOKE PFS 2-PACK SYRINGE... 42
fluocinonide... 55	gavilyte-n... 60	GVOKE... 42
fluorouracil... 55	GAVRETO... 28	H
fluoxetine... 22	gefitinib... 28	HAEGARDA... 73
fluphenazine decanoate... 35	gemfibrozil... 49	hailey fe 1.5/30 (28)... 65
fluphenazine hcl... 35	GEMTESA... 62	hailey fe 1/20 (28)... 65
flurbiprofen sodium... 88	generlac... 60	hailey 24 fe... 65
flurbiprofen... 11	gengraf... 73	hailey... 65
flutamide... 28	gentak... 88	haloperidol decanoate... 35
fluticasone propion-salmeterol... 91	gentamicin... 16, 88	haloperidol lactate... 35
fluticasone propionate... 55, 91	GENVOYA... 38	haloperidol... 35
fluvoxamine... 22	GILENYA... 53	HARVONI... 38
FORTEO... 76	GILOTRIF... 28	HAVRIX (PF)... 73
fosamprenavir... 38	glatiramer... 53	HEALTHWISE INSULIN SYRINGE... 81
fosinopril... 48	glatopa... 53	HEALTHWISE PEN NEEDLE... 81
fosinopril-hydrochlorothiazide... 48	GLEOSTINE... 28	HEALTHY ACCENTS UNIFINE PENTIP... 81
FOTIVDA... 28	glimepiride... 42	heather... 65
FREESTYLE PRECISION... 81	glipizide... 42	heparin (porcine)... 45
FRUZAQLA... 28	glipizide-metformin... 42	heparin, porcine (pf)... 45
FULPHILA... 45	GLUCAGEN HYPOKIT... 42	HEPLISAV-B (PF)... 73
furosemide... 48, 49	glyburide micronized... 42	HETLIOZ LQ... 93
FUZEON... 38	glyburide... 42	HETLIOZ... 93
FYCOMPA... 19	glyburide-metformin... 42	HIBERIX (PF)... 73
G	glycopyrrolate... 60	HUMIRA PEN CROHNS-UC-HS START... 73
gabapentin... 19	GLYXAMBI... 42	HUMIRA PEN PSOR-UVEITS-ADOL HS... 73
galantamine... 21	granisetron (pf)... 24	HUMIRA PEN... 73
GAMUNEX-C... 73	granisetron hcl... 24	HUMIRA... 73
GARDASIL 9 (PF)... 73	griseofulvin microsize... 25	HUMIRA(CF) PEDI CROHNS STARTER... 73
GATTEX ONE-VIAL... 60	griseofulvin ultramicrosize... 25	HUMIRA(CF) PEN CROHNS-UC-HS... 73
GATTEX 30-VIAL... 60	guanfacine... 49, 53	
GAUZE BANDAGE... 81	GVOKE HYPOPEN 1-PACK... 42	
GAUZE PAD... 81	GVOKE HYPOPEN 2-PACK... 42	
gavilyte-c... 60	GVOKE PFS 1-PACK SYRINGE... 42	

HUMIRA(CF) PEN PEDIATRIC UC... 73	iclevia... 65	INVEGA HAFYERA... 35
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 73	ICLUSIG... 28	INVEGA SUSTENNA... 35
HUMIRA(CF) PEN... 73	IDHIFA... 28	INVEGA TRINZA... 35
HUMIRA(CF)... 73	ILEVRO... 88	INVIRASE... 38
HUMULIN R U-500 (CONC) INSULIN... 42	imatinib... 28	INVOKAMET XR... 42
HUMULIN R U-500 (CONC) KWIKPEN... 42	IMBRUVICA... 29	INVOKAMET... 42
hydralazine... 49	imipenem-cilastatin... 16	INVOKANA... 42
hydrochlorothiazide... 49	imipramine hcl... 22	IPOL... 74
hydrocodone-acetaminophen... 11	imipramine pamoate... 22	ipratropium bromide... 91
hydrocodone-ibuprofen... 11	imiquimod... 55	ipratropium-albuterol... 91
hydrocortisone... 55, 76	IMOVAX RABIES VACCINE (PF)... 74	irbesartan... 49
hydrocortisone-acetic acid... 90	INBRIJA... 33	irbesartan-hydrochlorothiazide... 49
hydromorphone... 12	incassia... 65	IRESSA... 29
hydroxychloroquine... 33	INCONTROL ALCOHOL PADS... 81	ISENTRESS HD... 38
hydroxyurea... 28	INCONTROL PEN NEEDLE... 81	ISENTRESS... 38
hydroxyzine hcl... 41	INCRELEX... 63	isibloom... 65
hydroxyzine pamoate... 91	indapamide... 49	isoniazid... 27
HYFTOR... 55	indomethacin... 12	isosorbide dinitrate... 49
HYRIMOZ PEN CROHN'S-UC STARTER... 73	INFANRIX (DTAP) (PF)... 74	isosorbide mononitrate... 49
HYRIMOZ PEN PSORIASIS STARTER... 73	INLYTA... 29	isotretinoin... 55
HYRIMOZ(CF) PEDI CROHN STARTER... 73, 74	INQOVI... 29	isradipine... 49
HYRIMOZ(CF) PEN... 74	INREBIC... 29	itraconazole... 25
HYRIMOZ(CF)... 73	INSULIN SYR/NDL U100 HALF MARK... 81	IV PREP WIPES... 82
I	INSULIN SYRINGE MICROFINE... 81	ivermectin... 33
ibandronate... 76	INSULIN SYRINGE NEEDLELESS... 81	IXIARO (PF)... 74
IBRANCE... 28	INSULIN SYRINGE... 81	J
ibu... 12	INSULIN SYRINGE-NEEDLE U-100... 82	jaimiess... 66
ibuprofen... 12	INSUPEN PEN NEEDLE... 82	JAKAFI... 29
icatibant... 74	INTELENCE... 38	jantoven... 45
	INTRALIPID... 58	JANUMET XR... 42, 43
	INTRON A... 74	JANUMET... 42
		JANUVIA... 43
		JARDIANCE... 43

jasmiel (28)... 66	KORLYM... 82	leena 28... 66
javygtor... 61	KOSELUGO... 29	leflunomide... 74
JAYPIRCA... 29	kourzeq... 53	lenalidomide... 29
jencycla... 66	KRAZATI... 29	LENVIMA... 29
JENTADUETO XR... 43	KRINTAFEL... 33	lessina... 66
JENTADUETO... 43	kurvelo (28)... 66	letrozole... 29
juleber... 66	KYNMOBI... 33	leucovorin calcium... 29
JULUCA... 38	L	LEUKERAN... 29
junel fe 1.5/30 (28)... 66	l norgest/e.estradiol-e.estrad... 66	leuprolide (3 month)... 70
junel fe 1/20 (28)... 66	labetalol... 49	leuprolide... 70
junel fe 24... 66	lacosamide... 19	LEVEMIR FLEXPEN... 43
junel 1.5/30 (21)... 66	lactulose... 60	LEVEMIR FLEXTOUCH U100 INSULIN... 43
junel 1/20 (21)... 66	LAGEVRIO (EUA)... 82	LEVEMIR U-100 INSULIN... 43
K	lamivudine... 38, 39	levetiracetam... 19, 20
K-TAB... 58	lamivudine-zidovudine... 39	LEVO-T... 70
KABIVEN... 58	lamotrigine... 19	levobunolol... 88
kalliga... 66	LAMPIT... 33	levocarnitine (with sugar)... 58
KALYDECO... 92	LANOXIN... 49	levocarnitine... 58
kariva (28)... 66	lanreotide... 70	levocetirizine... 92
kelnor 1-50 (28)... 66	lansoprazole... 60	levofloxacin in d5w... 16
kelnor 1/35 (28)... 66	LANTUS SOLOSTAR U-100 INSULIN... 43	levofloxacin... 16
KERENDIA... 49	LANTUS U-100 INSULIN... 43	levonest (28)... 66
ketoconazole... 25	lapatinib... 29	levonorg-eth estrad triphasic... 66
ketorolac... 12, 88	larin fe 1.5/30 (28)... 66	levonorgestrel-ethinyl estrad... 66
KINRIX (PF)... 74	larin fe 1/20 (28)... 66	levora-28... 66
KISQALI FEMARA CO-PACK... 29	larin 1.5/30 (21)... 66	levothyroxine... 70
KISQALI... 29	larin 1/20 (21)... 66	LEVOXYL... 70
klor-con m10... 58	larin 24 fe... 66	LEXIVA... 39
KLOR-CON M15... 58	larissia... 66	lidocaine hcl... 13
klor-con m20... 58	latanoprost... 88	lidocaine viscous... 13
KLOR-CON 10... 58	LATUDA... 35	lidocaine... 13
KLOR-CON 8... 58	ledipasvir-sofosbuvir... 39	lidocaine-prilocaine... 13
KOMBIGLYZE XR... 43		

lillow (28)... 66	loxapine succinate... 35	MAXICOMFORT INSULIN SYRINGE... 82
lindane... 55	LUMAKRAS... 29, 30	MAXICOMFORT SAFETY PEN NEEDLE... 82
linezolid in dextrose 5%... 16	LUMIGAN... 89	meclizine... 24
linezolid... 16	LUPRON DEPOT (3 MONTH)... 70	medroxyprogesterone... 67
linezolid-0.9% sodium chloride... 16	LUPRON DEPOT (4 MONTH)... 70	mefloquine... 33
LINZESS... 60	LUPRON DEPOT (6 MONTH)... 71	megestrol... 67
liothyronine... 70	LUPRON DEPOT... 70	MEKINIST... 30
lisinopril... 49	LUPRON DEPOT-PED (3 MONTH)... 71	MEKTOVI... 30
lisinopril-hydrochlorothiazide... 49	LUPRON DEPOT-PED... 71	meloxicam... 12
LITE TOUCH INSULIN PEN NEEDLES... 82	lurasidone... 35	melphalan... 30
LITE TOUCH INSULIN SYRINGE... 82	lutera (28)... 67	memantine... 21
lithium carbonate... 41	LYBALVI... 35	MENACTRA (PF)... 74
lithium citrate... 41	lyleq... 67	MENEST... 67
LITHOSTAT... 82	lyllana... 67	MENQUADFI (PF)... 74
lo-zumandimine (28)... 66	LYNPARZA... 30	MENVEO A-C-Y-W-135-DIP (PF)... 74
LOESTRIN FE 1.5/30 (28-DAY)... 66	LYSODREN... 70	mercaptapurine... 30
LOESTRIN FE 1/20 (28-DAY)... 67	LYTGOBI... 30	meropenem... 16
LOESTRIN 1.5/30 (21)... 66	lyza... 67	meropenem-0.9% sodium chloride... 17
LOESTRIN 1/20 (21)... 66		mesalamine... 76
lojaimiess... 67	M	MESNEX... 30
LONSURF... 29	M-M-R II (PF)... 74	metformin... 43
loperamide... 60	m-natal plus... 58	methadone intensol... 12
lopinavir-ritonavir... 39	MAGELLAN INSULIN SAFETY SYRNG... 82	methadone... 12
lorazepam intensol... 41	MAGELLAN SYRINGE... 82	methenamine hippurate... 17
lorazepam... 41	magnesium sulfate... 58	methimazole... 71
LORBRENA... 29	malathion... 55	methocarbamol... 93
loryna (28)... 67	maraviroc... 39	methotrexate sodium (pf)... 74
losartan... 49	marlissa (28)... 67	methotrexate sodium... 74
losartan-hydrochlorothiazide... 49	MARPLAN... 22	methoxsalen... 55
LOTEMAX SM... 89	MATULANE... 30	methsuximide... 20
lovastatin... 49	MAXI-COMFORT INSULIN SYRINGE... 82	methyl dopa... 49
low-ogestrel (28)... 67	MAXICOMFORT II PEN NEEDLE... 82	

methyldopa-hydrochlorothiazide... 49	molindone... 35	naproxen sodium... 12
methylphenidate hcl... 53	mometasone... 55	naproxen... 12
methylprednisolone acetate... 63	mondoxyne nl... 17	naratriptan... 26
methylprednisolone... 63	mono-lyyah... 67	NATACYN... 89
metoclopramide hcl... 24	MONOJECT INSULIN SAFETY SYRING... 83	nateglinide... 43
metolazone... 49	MONOJECT INSULIN SYRINGE... 83	NATPARA... 76
metoprolol succinate... 49, 50	MONOJECT SYRINGE... 83	NAYZILAM... 20
metoprolol ta-hydrochlorothiaz... 50	MONOJECT ULTRA COMFORT INSULIN... 83	nebivolol... 50
metoprolol tartrate... 50	montelukast... 92	NEBUPENT... 33
metronidazole in nacl (iso-os)... 17	morphine concentrate... 12	necon 0.5/35 (28)... 67
metronidazole... 17	morphine... 12	nefazodone... 23
metyrosine... 50	MOUNJARO... 43	neo-polycin hc... 89
miconazole-3... 25	MOVANTIK... 60	neo-polycin... 89
MICRODOT INSULIN PEN NEEDLE... 82	moxifloxacin... 17, 89	neomycin... 17
microgestin fe 1.5/30 (28)... 67	MOZOBIL... 45	neomycin-bacitracin-poly-hc... 89
microgestin fe 1/20 (28)... 67	MULTAQ... 50	neomycin-bacitracin-polymyxin... 89
microgestin 1.5/30 (21)... 67	mupirocin... 55	neomycin-polymyxin b-dexameth... 89
microgestin 1/20 (21)... 67	MYALEPT... 60	neomycin-polymyxin-gramicidin... 89
microgestin 24 fe... 67	mycophenolate mofetil (hcl)... 74	neomycin-polymyxin-hc... 89, 90
midodrine... 50	mycophenolate mofetil... 74	NEONATAL COMPLETE... 58
mili... 67	mycophenolate sodium... 74	NEONATAL PLUS VITAMIN... 58
mimvey... 67	MYFORTIC... 74	NEONATAL-DHA... 58
MINI ULTRA-THIN II... 82	myorisan... 55, 56	NERLYNX... 30
minocycline... 17	MYRBETRIQ... 62	NEULASTA ONPRO... 45
minoxidil... 50	N	NEULASTA... 45
MIRCETTE (28)... 67	nabumetone... 12	nevirapine... 39
mirtazapine... 22	nafcillin... 17	NEXLETOL... 50
misoprostol... 60	nalmefene... 13	NEXLIZET... 50
MITIGARE... 26	naloxone... 13	niacin... 50
modafinil... 93	naltrexone... 13	NICOTROL NS... 13
moexipril... 50	NAMZARIC... 21	nifedipine... 50

nikki (28)... 67	NOVOLIN R REGULAR U100 INSULIN... 43	ODOMZO... 30
nilutamide... 30	NOVOLIN 70-30 FLEXPEN U-100... 43	OFEV... 92
nimodipine... 50	NOVOLIN 70/30 U-100 INSULIN... 43	ofloxacin... 17, 89, 90
NINLARO... 30	NOVOLOG FLEXPEN U-100 INSULIN... 43	OJJAARA... 30
nitazoxanide... 33	NOVOLOG MIX 70-30 U-100 INSULN... 43	olanzapine... 35, 36
nitisinone... 61	NOVOLOG MIX 70-30FLEXPEN U-100... 43	olmesartan... 50
nitrofurantoin macrocrystal... 17	NOVOLOG PENFILL U-100 INSULIN... 43	olmesartan-amlodipin-hcthiazyd... 50
nitrofurantoin monohyd/m-cryst... 17	NOVOLOG U-100 INSULIN ASPART... 43	olmesartan-hydrochlorothiazide... 50
nitroglycerin... 50	NOVOPEN ECHO... 83	olopatadine... 89
NITROSTAT... 50	NOVOTWIST... 83	omega-3 acid ethyl esters... 50
NIVESTYM... 45	NOXAFIL... 25	omeprazole... 61
nizatidine... 61	NUBEQA... 30	OMNITROPE... 63
nora-be... 67	NUCALA... 92	ondansetron hcl (pf)... 24
noreth-ethinyl estradiol-iron... 67	NUDEXTA... 53	ondansetron hcl... 24
norethindrone (contraceptive)... 67	NUPLAZID... 35	ondansetron... 24
norethindrone ac-eth estradiol... 67	NUTRILIPID... 58	ONGLYZA... 43
norethindrone acetate... 67	NUZYRA... 17	ONUREG... 30
norethindrone-e.estradiol-iron... 67	nylia 1/35 (28)... 68	OPSUMIT... 92
norgestimate-ethinyl estradiol... 68	nylia 7/7/7 (28)... 68	oralone... 53
norlyda... 68	nymyo... 68	ORBACTIV... 17
nortrel 0.5/35 (28)... 68	nystatin... 25	ORGOVYX... 71
nortrel 1/35 (21)... 68	nystatin-triamcinolone... 25	ORKAMBI... 92
nortrel 1/35 (28)... 68		orphenadrine citrate... 93
nortrel 7/7/7 (28)... 68		ORSERDU... 30
nortriptyline... 23		orsythia... 68
NORVIR... 39		ORTHO-NOVUM 7/7/7 (28)... 68
NOVOFINE AUTOCOVER... 83		oseltamivir... 39
NOVOFINE PLUS... 83		OSPHENA... 68
NOVOFINE 32... 83		OTEZLA STARTER... 56
NOVOLIN N FLEXPEN... 43		OTEZLA... 56
NOVOLIN N NPH U-100 INSULIN... 43		oxandrolone... 68
NOVOLIN R FLEXPEN... 43		

O

oxazepam... 41
 oxcarbazepine... 20
 oxybutynin chloride... 62
 oxycodone... 12
 oxycodone-acetaminophen... 13
 OZEMPIC... 43, 44
P
 PACERONE... 50
 paliperidone... 36
 pamidronate... 76
 PANRETIN... 30
 pantoprazole... 61
 paricalcitol... 77
 paroex oral rinse... 53
 paromomycin... 17
 paroxetine hcl... 23
 PASER... 27
 PAXIL... 23
 PAXLOVID... 83
 pazopanib... 30
 PEDIARIX (PF)... 74
 PEDVAX HIB (PF)... 74
 peg 3350-electrolytes... 61
 peg-electrolyte soln... 61
 PEGASYS... 74
 PEMAZYRE... 30
 PEN NEEDLE... 83
 PEN NEEDLE, DIABETIC... 83
 PEN NEEDLE, DIABETIC, SAFETY... 83
 penicillamine... 58
 penicillin g potassium... 17
 penicillin g procaine... 17
 penicillin g sodium... 17
 penicillin v potassium... 17
 PENTACEL (PF)... 74
 PENTAM... 33
 pentamidine... 33
 PENTIPS... 83
 pentoxifylline... 50
 PERIKABIVEN... 58
 perindopril erbumine... 51
 periogard... 54
 permethrin... 56
 perphenazine... 36
 perphenazine-amitriptyline... 23
 PERSERIS... 36
 phenelzine... 23
 phenobarbital... 20
 PHENYTEK... 20
 phenytoin sodium extended... 20
 phenytoin... 20
 philith... 68
 PHOSPHOLINE IODIDE... 89
 PIFELTRO... 39
 pilocarpine hcl... 54, 89
 pimecrolimus... 56
 pimozone... 36
 pimtrea (28)... 68
 pioglitazone... 44
 PIP PEN NEEDLE... 83
 piperacillin-tazobactam... 17
 PIQRAY... 30
 pirfenidone... 92
 pirmella... 68
 piroxicam... 13
 PLENAMINE... 58
 plerixafor... 45
 podofilox... 56
 polycin... 89
 polymyxin b sulf-trimethoprim... 89
 polymyxin b sulfate... 17
 POMALYST... 30
 portia 28... 68
 posaconazole... 25
 potassium chlorid-d5-0.45%nacl... 58
 potassium chloride... 58, 59
 potassium citrate... 59
 pr natal 400 ec... 59
 pr natal 400... 59
 pr natal 430 ec... 59
 pr natal 430... 59
 PRADAXA... 45
 pramipexole... 33
 prasugrel... 45
 pravastatin... 51
 praziquantel... 33
 prazosin... 51
 PRED-G... 89
 prednisolone acetate... 89
 prednisolone sodium phosphate... 63, 89
 prednisolone... 63
 prednisone intensol... 63
 prednisone... 63
 pregabalin... 53
 PREHEVBRIO (PF)... 74
 PREMARIN... 68
 PREMASOL 10 %... 59

PRENATA... 59
 PRENATABS FA... 59
 prenatal plus (calcium carb)... 59
 prenatal plus vitamin-mineral... 59
 PRENATE ELITE... 59
 preplus... 59
 prevalite... 51
 PREVENT DROPSAFE PEN NEEDLE... 83
 previfem... 68
 PREVYMIS... 39
 PREZCOBIX... 39
 PREZISTA... 39
 PRIFTIN... 27
 primaquine... 33
 primidone... 20
 PRIMSOL... 17
 PRIORIX (PF)... 75
 PRO COMFORT ALCOHOL PADS... 83
 PRO COMFORT INSULIN SYRINGE... 83
 PRO COMFORT PEN NEEDLE... 83
 probenecid... 26
 probenecid-colchicine... 26
 PROCALAMINE 3%... 59
 prochlorperazine edisylate... 24
 prochlorperazine maleate... 24
 prochlorperazine... 24
 PROCROT... 45, 46
 procto-med hc... 56
 proctosol hc... 56
 proctozone-hc... 56
 PRODIGY INSULIN SYRINGE... 84
 progesterone micronized... 68
 progesterone... 68
 PROGRAF... 75
 PROLASTIN-C... 61
 PROLIA... 77
 PROMACTA... 46
 promethazine... 24
 propafenone... 51
 proparacaine... 89
 propranolol... 51
 propranolol-hydrochlorothiazid... 51
 propylthiouracil... 71
 PROQUAD (PF)... 75
 PROSOL 20 %... 59
 protriptyline... 23
 PULMOZYME... 92
 PURE COMFORT ALCOHOL PADS... 84
 PURE COMFORT PEN NEEDLE... 84
 PURE COMFORT SAFETY PEN NEEDLE... 84
 PURIXAN... 30
 PYLERA... 61
 pyrazinamide... 27
 pyridostigmine bromide... 26
 pyrimethamine... 33
 PYRUKYND... 46

Q

QINLOCK... 30
 QUADRACEL (PF)... 75
 QUARTETTE... 68
 quetiapine... 36
 quinapril... 51
 quinapril-hydrochlorothiazide... 51
 quinidine sulfate... 51
 quinine sulfate... 33
 QULIPTA... 26

R

RABAVERT (PF)... 75
 raloxifene... 68
 ramipril... 51
 ranolazine... 51
 rasagiline... 33
 RAYALDEE... 77
 reclipen (28)... 68
 RECOMBIVAX HB (PF)... 75
 RECTIV... 84
 REGRANEX... 56
 RELENZA DISKHALER... 39
 repaglinide... 44
 REPATHA PUSHTRONEX... 51
 REPATHA SURECLICK... 51
 REPATHA SYRINGE... 51
 RESTASIS MULTIDOSE... 89
 RESTASIS... 89
 RETACRIT... 46
 RETEVMO... 30
 RETROVIR... 39
 REVCOVI... 61
 REXULTI... 36
 REYATAZ... 39
 REZLIDHIA... 30
 REZUROCK... 75
 RHOPRESSA... 89
 ribavirin... 39, 84
 rifabutin... 27
 rifampin... 27
 riluzole... 53

rimantadine... 39
 RINVOQ... 75
 RISPERDAL CONSTA... 36
 risperidone... 36
 ritonavir... 39
 rivastigmine tartrate... 21
 rivelsa... 68
 rizatriptan... 26
 ROCKLATAN... 89
 roflumilast... 92
 ropinirole... 34
 rosuvastatin... 51
 ROTARIX... 75
 ROTATEQ VACCINE... 75
 roweepra xr... 20
 roweepra... 20
 ROZLYTREK... 30
 RUBRACA... 30
 rufinamide... 20
 RUKOBIA... 40
 RUZURGI... 53
 RYBELSUS... 44
 RYDAPT... 31
 RYTARY... 34

S

SAFESNAP INSULIN SYRINGE... 84
 SAFETY PEN NEEDLE... 84
 sajazir... 75
 SANCUSO... 24
 SANDIMMUNE... 75
 SANDOSTATIN LAR DEPOT... 71
 SANTYL... 56
 sapropterin... 61

SAVELLA... 53
 saxagliptin... 44
 saxagliptin-metformin... 44
 SCEMBLIX... 31
 scopolamine base... 24
 se-natal 19 chewable... 59
 SECUADO... 36
 SECURESAFE INSULIN SYRINGE... 84
 SECURESAFE PEN NEEDLE... 84
 selegiline hcl... 34
 selenium sulfide... 56
 SELZENTRY... 40
 sertraline... 23
 setlakin... 68
 sevelamer carbonate... 59
 sharobel... 68
 SHINGRIX (PF)... 75
 SIGNIFOR... 71
 sildenafil (pulm.hypertension)... 92
 sildenafil... 94
 silver sulfadiazine... 56
 SIMBRINZA... 89
 simliya (28)... 68
 simpesse... 68
 simvastatin... 51
 sirolimus... 75
 SIRTURO... 27
 SIVEXTRO... 17
 SKY SAFETY PEN NEEDLE... 84
 SKYRIZI... 75
 SLYND... 68
 SMOFLIPID... 59

sodium benzoate-sod phenylacet... 84
 sodium chloride 0.45 %... 59
 sodium chloride 0.9 %... 59
 sodium oxybate... 93
 sodium phenylbutyrate... 61
 sodium polystyrene sulfonate... 59
 solifenacin... 62
 SOLIQUA 100/33... 44
 SOLTAMOX... 31
 SOMATULINE DEPOT... 71
 SOMAVERT... 71
 sorafenib... 31
 sorine... 51
 sotalol af... 51
 sotalol... 51
 SPIRIVA RESPIMAT... 92
 SPIRIVA WITH HANDIHALER... 92
 spironolacton-hydrochlorothiaz... 51
 spironolactone... 51
 sprintec (28)... 68
 SPRITAM... 20
 SPRYCEL... 31
 SPS (WITH SORBITOL)... 59
 sronyx... 69
 SSD... 56
 stavudine... 40
 STELARA... 75
 STIOLTO RESPIMAT... 92
 STIVARGA... 31
 STRENSIQ... 62
 STRIBILD... 40

STRIVERDI RESPIMAT... 92
 subvenite starter (blue) kit... 20
 subvenite starter (green) kit... 20
 subvenite starter (orange) kit... 20
 subvenite... 20
 SUCRAID... 62
 sucralfate... 61
 sulfacetamide sodium... 17, 89
 sulfacetamide-prednisolone... 89
 sulfadiazine... 17
 sulfamethoxazole-trimethoprim...
 17, 18
 sulfasalazine... 76
 sulindac... 13
 sumatriptan succinate... 26
 sunitinib malate... 31
 SUNLENCA... 40
 SURE COMFORT ALCOHOL PREP
 PADS... 84
 SURE COMFORT INS. SYR. U-100... 84
 SURE COMFORT INSULIN SYRINGE...
 84
 SURE COMFORT PEN NEEDLE... 84
 SURE COMFORT SAFETY PEN
 NEEDLE... 84
 SURE-FINE PEN NEEDLES... 84
 SURE-JECT INSULIN SYRINGE... 84
 SURE-PREP ALCOHOL PREP PADS...
 84
 syeda... 69
 SYMBICORT... 92
 SYMDEKO... 92
 SYMFI LO... 40
 SYMFI... 40
 SYMJEPI... 92
 SYMPAZAN... 20
 SYMTUZA... 40
 SYNAREL... 71
 SYNERCID... 18
 SYNJARDY XR... 44
 SYNJARDY... 44
 SYNRIBO... 31
 SYNTHROID... 70

T

 TABLOID... 31
 TABRECTA... 31
 tacrolimus... 56, 75
 tadalafil (pulm. hypertension)... 92
 TAFINLAR... 31
 TAGRISSO... 31
 TALZENNA... 31
 tamoxifen... 31
 tamsulosin... 62
 TARGRETIN... 31
 tarina fe 1-20 eq (28)... 69
 tarina fe 1/20 (28)... 69
 tarina 24 fe... 69
 TASIGNA... 31
 tasimelteon... 93
 tazarotene... 56
 taztia xt... 51
 TAZVERIK... 31
 TDVAX... 75
 TECHLITE INSULIN SYRINGE... 85
 TECHLITE INSULN SYR(HALF UNIT)...
 85
 TECHLITE PEN NEEDLE... 85
 TEFLARO... 18
 telmisartan... 51
 temazepam... 93
 TEMIXYS... 40
 TENIVAC (PF)... 75
 tenofovir disoproxil fumarate... 40
 TEPMETKO... 31
 terazosin... 51
 terbinafine hcl... 25
 terconazole... 25
 teriflunomide... 53
 TERUMO INSULIN SYRINGE... 85
 testosterone cypionate... 69
 testosterone enanthate... 69
 testosterone... 69
 TETANUS,DIPHTHERIA TOX PED(PF)...
 75
 tetrabenazine... 53
 THALOMID... 31
 theophylline... 92
 THINPRO INSULIN SYRINGE... 85
 thioridazine... 36
 thiothixene... 36
 tiadylt er... 51
 tiagabine... 20
 TIBSOVO... 31
 TICOVAC... 75
 tigecycline... 18
 tilia fe... 69
 timolol maleate (pf)... 89, 90
 timolol maleate... 51, 89
 tinidazole... 18
 tiopronin... 62
 TIVICAY PD... 40

TIVICAY... 40	tri-lo-estarylla... 69	TRUE COMFORT INSULIN SYRINGE... 85
tizanidine... 37	tri-lo-marzia... 69	TRUE COMFORT PEN NEEDLE... 85
tobramycin sulfate... 18	tri-lo-mili... 69	TRUE COMFORT PRO ALCOHOL PADS... 85
tobramycin with nebulizer... 18	tri-lo-sprintec... 69	TRUE COMFORT PRO INS SYRINGE... 85
tobramycin... 18, 90	tri-mili... 69	TRUE COMFORT SAFETY PEN NEEDLE... 85
tobramycin-dexamethasone... 90	tri-nymyo... 69	TRUEPLUS INSULIN... 85
tolterodine... 62	tri-previfem (28)... 69	TRUEPLUS PEN NEEDLE... 85
TOPCARE CLICKFINE... 85	tri-sprintec (28)... 69	TRULICITY... 44
TOPCARE ULTRA COMFORT... 85	tri-vylibra lo... 69	TRUMENBA... 76
topiramate... 26	tri-vylibra... 69	TRUSELTIQ... 31
toremifene... 31	triamcinolone acetonide... 54, 63	TUKYSA... 31
torseamide... 52	triamterene-hydrochlorothiazid... 52	tulana... 69
TOUJEO MAX U-300 SOLOSTAR... 44	triderm... 63	TURALIO... 31
TOUJEO SOLOSTAR U-300 INSULIN... 44	trientine... 59	turqoz (28)... 69
TRADJENTA... 44	trifluoperazine... 36	TWINRIX (PF)... 76
tramadol... 13	trifluridine... 90	TYBLUME... 69
tramadol-acetaminophen... 13	trihexyphenidyl... 34	TYBOST... 40
trandolapril... 52	TRIJARDY XR... 44	TYMLOS... 77
tranexamic acid... 46	TRIKAFTA... 92, 93	TYPHIM VI... 76
tranylcypromine... 23	trimethobenzamide... 24	
TRAVASOL 10 %... 59	trimethoprim... 18	U
trazodone... 23	trimipramine... 23	UBRELVY... 86
TRECTOR... 27	trinatal rx 1... 59	UDENYCA AUTOINJECTOR... 46
TRELEGY ELLIPTA... 92	TRINTELLIX... 23	UDENYCA... 46
TRESIBA FLEXTOUCH U-100... 44	TRIUMEQ PD... 40	ULTICARE INSULIN SYRINGE... 86
TRESIBA FLEXTOUCH U-200... 44	TRIUMEQ... 40	ULTICARE INSULN SYR(HALF UNIT)... 86
TRESIBA U-100 INSULIN... 44	trivora (28)... 69	ULTICARE PEN NEEDLE... 86
tretinoin (antineoplastic)... 31	TRIZIVIR... 40	ULTICARE SAFETY PEN NEEDLE... 86
tretinoin... 56	TROGARZO... 40	ULTICARE... 86
tri femynor... 69	TROPHAMINE 10 %... 59	ULTIGUARD SAFEPACK-INSULIN SYR... 86
tri-legest fe... 69	TRUE COMFORT ALCOHOL PADS... 85	
tri-linyah... 69		

ULTIGUARD SAFEPACK-PEN NEEDLE... 86	VALCHLOR... 32	VERIPRED 20... 63
ULTILET ALCOHOL SWAB... 86	valganciclovir... 40	VERQUVO... 52
ULTILET INSULIN SYRINGE... 86	valproic acid (as sodium salt)... 20	VERSACLOZ... 36
ULTILET PEN NEEDLE... 86	valproic acid... 20	VERZENIO... 32
ULTRA CMFT INS SYR (HALF UNIT)... 86	valsartan... 52	vestura (28)... 69
ULTRA COMFORT INSULIN SYRINGE... 86	valsartan-hydrochlorothiazide... 52	VICTOZA 2-PAK... 44
ULTRA FLO INSUL SYR(HALF UNIT)... 86	VALTOCO... 21	VICTOZA 3-PAK... 44
ULTRA FLO INSULIN SYRINGE... 86	vanadom... 93	vienna... 69
ULTRA FLO PEN NEEDLE... 86	vancomycin in dextrose 5 %... 18	vigabatrin... 21
ULTRA THIN PEN NEEDLE... 86	vancomycin in 0.9 % sodium chl... 18	vigadrone... 21
ULTRA-THIN II (SHORT) INS SYR... 87	vancomycin... 18	VIIBRYD... 23
ULTRA-THIN II (SHORT) PEN NDL... 87	vancomycin-diluent combo no.1... 18	vilazodone... 23
ULTRA-THIN II INS PEN NEEDLES... 87	VANFLYTA... 32	violele (28)... 69
ULTRA-THIN II INSULIN SYRINGE... 87	VANISHPOINT INSULIN SYRINGE... 87	VIRACEPT... 40
ULTRACARE INSULIN SYRINGE... 87	VANISHPOINT SYRINGE... 87	VIREAD... 40
ULTRACARE PEN NEEDLE... 87	VAQTA (PF)... 76	virt-c dha... 59
UNIFINE PEN NEEDLE... 87	varenicline... 13	virt-nate dha... 59
UNIFINE PENTIPS MAXFLOW... 87	VARIVAX (PF)... 76	VISTOGARD... 32
UNIFINE PENTIPS PLUS MAXFLOW... 87	VASCEPA... 52	VITRAKVI... 32
UNIFINE PENTIPS PLUS... 87	velivet triphasic regimen (28)... 69	VIVITROL... 13
UNIFINE PENTIPS... 87	VELPHORO... 59	VIZIMPRO... 32
UNIFINE SAFECONTROL... 87	VELTASSA... 59	VOCABRIA... 40
UNIFINE ULTRA PEN NEEDLE... 87	VENCLEXTA STARTING PACK... 32	volnea (28)... 69
UNITHROID... 70	VENCLEXTA... 32	VONJO... 32
ursodiol... 61	venlafaxine... 23	voriconazole... 25
UVADEX... 56	VENTAVIS... 93	VOSEVI... 40
	VENTOLIN HFA... 93	VOTRIENT... 32
	verapamil... 52	VRAYLAR... 36
	VERIFINE INSULIN SYRINGE... 87	vyfemla (28)... 69
	VERIFINE PEN NEEDLE... 87	vylibra... 69
	VERIFINE PLUS PEN NEEDLE... 87	VYNDAMAX... 62
		VYNDAQEL... 62
		VYZULTA... 90

V

valacyclovir... 40

W

warfarin... 46
 WEBCOL... 87
 WELIREG... 32
 wera (28)... 69
 wesnatal dha complete... 60
 wesnate dha... 60
 westab plus... 60
 wixela inhub... 93
 wymzya fe... 70

X

XALKORI... 32
 XARELTO DVT-PE TREAT 30D START... 46
 XARELTO... 46
 XATMEP... 76
 XCOPRI MAINTENANCE PACK... 21
 XCOPRI TITRATION PACK... 21
 XCOPRI... 21
 XGEVA... 77
 XIFAXAN... 61
 XIGDUO XR... 44
 XOFLUZA... 40
 XOLAIR... 76
 XOSPATA... 32
 XPOVIO... 32
 XTAMPZA ER... 13
 XTANDI... 32
 xulane... 70
 XULTOPHY 100/3.6... 44
 XYREM... 93

Y

YF-VAX (PF)... 76

Z

zafemy... 70
 zafirlukast... 93
 zarah... 70
 ZARXIO... 46
 ZEGALOGUE AUTOINJECTOR... 44
 ZEGALOGUE SYRINGE... 44
 ZEJULA... 32
 ZELBORAF... 32
 zenatane... 56
 ZENPEP... 62
 ZERVIATE... 90
 zidovudine... 40, 41
 ziprasidone hcl... 36
 ziprasidone mesylate... 36
 ZIRGAN... 41
 ZOKINVY... 62
 zoledronic ac-mannitol-0.9nacl... 77
 zoledronic acid... 77
 zoledronic acid-mannitol-water... 77
 ZOLINZA... 32
 zolpidem... 93
 ZONISADE... 21
 zonisamide... 21
 zovia 1-35 (28)... 70
 zovia 1/35e (28)... 70
 ZTALMY... 21
 ZUBSOLV... 13, 14
 zumandimine (28)... 70
 ZURZUVAE... 23
 ZYDELIG... 32

ZYKADIA... 32

ZYPITAMAG... 52

ZYPREXA RELPREVV... 36

1ST TIER UNIFINE PENTIPS PLUS... 77

1ST TIER UNIFINE PENTIPS... 77

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 **1-877-320-1235** 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. 1-877-320-1235 (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 with any questions at 1-800-281-6918 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. 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**.

S5552-005; S5884-148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180

Humana[®]

Humana.com