

2024

Prescription Drug Guide

Humana Formulary

List of covered drugs

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

Humana Community HMO SNP-DE (HMO D-SNP)

Humana Gold Plus SNP-DE (HMO D-SNP)

Humana Gold Plus SNP-DE (HMO-POS D-SNP)

Humana Gold Plus Integrated SNP-DE (HMO-POS D-SNP)

Formulary 24492 Version 17

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Humana with any questions at 1-800-457-4708 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**.

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 November 2024. 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.

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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 November 2024. 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).

Please contact Humana Customer Care with any questions at **1-800-457-4708 (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. 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 10. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

Alphabetical listing

If you are not sure about your drug's group, you should look for your drug in the Index that begins on page 102. 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.

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).

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10.

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

You can ask Humana to make an exception to these restrictions or limits. See the section "**How do I request an exception to the Humana formulary?**" on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call 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 them 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.

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 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. 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 **1-800-457-4708 (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. 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 102.

Your plan includes the **\$0 Rx Copay Benefit**. For additional information on this benefit and eligibility requirements please see your Evidence of Coverage.

How to read your formulary

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

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

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

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

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

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

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

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

The third column shows the Utilization Management Requirements for the drug. Humana 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	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	1	QL(180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM DL	1	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	1	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE MO	1	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE MO	1	QL(60 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. MO	1	PA,QL(60 per 30 days)
diclofenac sodium 1 % GEL MO	1	QL(1000 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. MO	1	
diclofenac sodium 25 mg TABLET, DR/EC MO	1	
diclofenac sodium 50 mg TABLET, DR/EC MO	1	
diclofenac sodium 75 mg TABLET, DR/EC MO	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC MO	1	
ec-naproxen 500 mg TABLET, DR/EC MO	1	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	1	
etodolac 400 mg, 500 mg TABLET MO	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE DL	1	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE DL	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET MO	1	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	1	QL(390 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg TABLET DL	1	QL(150 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET DL	1	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET DL	1	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	1	
ibuprofen 400 mg TABLET MO	1	
ibuprofen 600 mg, 800 mg TABLET MO	1	
indomethacin 25 mg, 50 mg CAPSULE MO	1	
indomethacin 75 mg CAPSULE, ER MO	1	
ketorolac 10 mg TABLET MO	1	QL(20 per 30 days)
meloxicam 15 mg TABLET MO	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET MO	1	QL(60 per 30 days)
methadone 10 mg TABLET DL	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION DL	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE DL	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION DL	1	QL(360 per 30 days)
methadone 5 mg TABLET DL	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION DL	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE DL	1	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION DL	1	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER DL	1	QL(180 per 30 days)
morphine 15 mg TABLET ER DL	1	QL(120 per 30 days)
morphine 15 mg, 30 mg TABLET DL	1	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION DL	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER DL	1	QL(90 per 30 days)
morphine 30 mg, 60 mg TABLET ER DL	1	QL(120 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION DL	1	QL(540 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nabumetone 500 mg, 750 mg TABLET MO	1	
naproxen 250 mg, 375 mg TABLET MO	1	
naproxen 375 mg, 500 mg TABLET, DR/EC MO	1	
naproxen 500 mg TABLET MO	1	
naproxen sodium 275 mg, 550 mg TABLET MO	1	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE MO	1	ST,QL(120 per 30 days)
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE MO	1	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE MO	1	ST,QL(60 per 30 days)
oxycodone 10 mg, 15 mg, 5 mg TABLET DL	1	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET DL	1	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE DL	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE DL	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION DL	1	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET DL	1	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION DL	1	QL(1800 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE MO	1	
sulindac 150 mg, 200 mg TABLET MO	1	
tramadol 100 mg TABLET DL	1	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	1	ST,QL(30 per 30 days)
tramadol 50 mg TABLET DL	1	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL	1	QL(240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	1	QL(60 per 30 days)
ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION MO	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	1	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY MO	1	
lidocaine hcl 2 % JELLY IN APPLICATOR MO	1	
lidocaine hcl 2 % SOLUTION MO	1	
lidocaine viscous 2 % SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION MO	1	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	1	
polocaine 1 % (10 mg/ml), 2 % SOLUTION MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC MO	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM MO	1	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM MO	1	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO	1	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET MO	1	
nalmefene 1 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	1	QL(2 per 30 days)
naltrexone 50 mg TABLET MO	1	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	1	
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	1	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET MO	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	1	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET MO	1	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET MO	1	QL(60 per 30 days)
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	1	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin 250 mg CAPSULE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 500 mg CAPSULE MO	1	
amoxicillin 500 mg TABLET MO	1	
amoxicillin 875 mg TABLET MO	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	1	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	1	
ampicillin 500 mg CAPSULE MO	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	1	
AUGMENTIN 500-125 MG TABLET MO	1	PA
azithromycin 1 gram PACKET MO	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
azithromycin 250 mg TABLET MO	1	
azithromycin 500 mg RECON SOLUTION MO	1	
azithromycin 500 mg, 600 mg TABLET MO	1	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	1	
bacitracin 50,000 unit RECON SOLUTION MO	1	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	1	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	1	
cefaclor 250 mg, 500 mg CAPSULE MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefadroxil 500 mg CAPSULE MO	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK MO	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefdinir 300 mg CAPSULE MO	1	
cefepime 1 gram, 2 gram RECON SOLUTION MO	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	1	
cefixime 400 mg CAPSULE MO	1	
cefotaxime 1 gram RECON SOLUTION MO	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefpodoxime 100 mg, 200 mg TABLET MO	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefprozil 250 mg, 500 mg TABLET MO	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	1	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefuroxime axetil 250 mg, 500 mg TABLET MO	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cephalexin 250 mg CAPSULE MO	1	
cephalexin 500 mg CAPSULE MO	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION MO	1	
ciprofloxacin hcl 100 mg TABLET MO	1	
ciprofloxacin hcl 250 mg, 750 mg TABLET MO	1	
ciprofloxacin hcl 500 mg TABLET MO	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	1	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
clarithromycin 250 mg, 500 mg TABLET MO	1	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
clarithromycin 500 mg TABLET, ER 24 HR. MO	1	
CLEOCIN 100 MG SUPPOSITORY MO	1	
clindamycin hcl 150 mg, 75 mg CAPSULE MO	1	
clindamycin hcl 300 mg CAPSULE MO	1	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clindamycin pediatric 75 mg/5 ml RECON SOLUTION</i> MO	1	
<i>clindamycin phosphate 150 mg/ml SOLUTION</i> MO	1	
<i>clindamycin phosphate 2 % CREAM</i> MO	1	
<i>colistin (colistimethate na) 150 mg RECON SOLUTION</i> MO	1	
<i>daptomycin 350 mg RECON SOLUTION</i> MO	1	
<i>daptomycin 500 mg RECON SOLUTION</i> DL	1	
<i>daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK</i> MO	1	
<i>demeclocycline 150 mg TABLET</i> MO	1	QL(240 per 30 days)
<i>demeclocycline 300 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>dicloxacillin 250 mg, 500 mg CAPSULE</i> MO	1	
<i>DIFICID 200 MG TABLET</i> DL	1	
<i>DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION</i> DL	1	
<i>doxy-100 100 mg RECON SOLUTION</i> MO	1	
<i>doxycycline hyclate 100 mg CAPSULE</i> MO	1	
<i>doxycycline hyclate 100 mg TABLET</i> MO	1	
<i>doxycycline hyclate 20 mg TABLET</i> MO	1	
<i>doxycycline hyclate 50 mg CAPSULE</i> MO	1	
<i>doxycycline monohydrate 100 mg, 50 mg CAPSULE</i> MO	1	
<i>doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET</i> MO	1	
<i>doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>ertapenem 1 gram RECON SOLUTION</i> MO	1	
<i>ERYTHROCIN 500 MG RECON SOLUTION</i> MO	1	
<i>erythromycin 250 mg CAPSULE, DR/EC</i> MO	1	
<i>erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC</i> MO	1	
<i>erythromycin 250 mg, 500 mg TABLET</i> MO	1	
<i>erythromycin lactobionate 500 mg RECON SOLUTION</i> MO	1	
<i>gentamicin 0.1 % CREAM</i> MO	1	
<i>gentamicin 0.1 % OINTMENT</i> MO	1	
<i>gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION</i> MO	1	
<i>gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK</i> MO	1	
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION</i> MO	1	
<i>gentamicin sulfate (pf) 100 mg/10 ml, 60 mg/6 ml SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMATIN 250 MG CAPSULE DL	1	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION MO	1	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	1	
levofloxacin 250 mg, 750 mg TABLET MO	1	
levofloxacin 500 mg TABLET MO	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	1	
lincomycin 300 mg/ml SOLUTION MO	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	1	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	1	
meropenem 1 gram, 500 mg RECON SOLUTION MO	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	1	
methenamine hippurate 1 gram TABLET MO	1	
metronidazole 0.75 % CREAM MO	1	
metronidazole 0.75 % LOTION MO	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL MO	1	
metronidazole 1 % GEL WITH PUMP MO	1	
metronidazole 250 mg TABLET MO	1	
metronidazole 500 mg TABLET MO	1	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	1	
minocycline 100 mg, 50 mg, 75 mg CAPSULE MO	1	
mondoxylene nl 100 mg CAPSULE MO	1	
moxifloxacin 400 mg TABLET MO	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK MO	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK DL	1	
neomycin 500 mg TABLET MO	1	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE MO	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	1	
ofloxacin 300 mg, 400 mg TABLET MO	1	
ORBACTIV 400 MG RECON SOLUTION DL	1	QL(3 per 28 days)
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
paramomycin 250 mg CAPSULE MO	1	
penicillin g pot in dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO	1	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO	1	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE MO	1	
penicillin g sodium 5 million unit RECON SOLUTION MO	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO	1	
penicillin v potassium 250 mg, 500 mg TABLET MO	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION MO	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	1	
PRIMSOL 50 MG/5 ML SOLUTION MO	1	
streptomycin 1 gram RECON SOLUTION DL	1	
sulfacetamide sodium 10 % OINTMENT MO	1	
sulfacetamide sodium (acne) 10 % SUSPENSION MO	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	1	
tigecycline 50 mg RECON SOLUTION DL	1	
tinidazole 250 mg, 500 mg TABLET MO	1	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION MO	1	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	1	
trimethoprim 100 mg TABLET MO	1	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION MO	1	
vancomycin 125 mg CAPSULE MO	1	PA,QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	1	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	1	
vancomycin in dextrose 5 % 1 gram/200 ml, 750 mg/150 ml PIGGYBACK MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	1	
vancomycin in dextrose 5 % 500 mg/100 ml PIGGYBACK DL	1	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.5 gram/300 ml, 500 mg/100 ml PIGGYBACK DL	1	
vancomycin-diluent combo no.1 1.25 gram/250 ml, 1.75 gram/350 ml, 2 gram/400 ml, 750 mg/150 ml PIGGYBACK MO	1	
ZERBAXA 1.5 GRAM RECON SOLUTION DL	1	
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET DL	1	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	1	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	1	PA
carbamazepine 100 mg CHEWABLE TABLET MO	1	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. MO	1	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	1	
carbamazepine 200 mg TABLET MO	1	
carbamazepine 400 mg TABLET, ER 12 HR. MO	1	QL(225 per 30 days)
clobazam 10 mg, 20 mg TABLET DL	1	PA
clobazam 2.5 mg/ml SUSPENSION DL	1	PA
DIACOMIT 250 MG, 500 MG CAPSULE DL	1	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	1	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	1	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	1	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	1	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	1	
EPIDIOLEX 100 MG/ML SOLUTION DL	1	PA
epitol 200 mg TABLET MO	1	
ethosuximide 250 mg CAPSULE MO	1	
ethosuximide 250 mg/5 ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 400 mg, 600 mg TABLET MO	1	
felbamate 600 mg/5 ml SUSPENSION MO	1	
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	1	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION MO	1	
FYCOMPA 0.5 MG/ML SUSPENSION DL	1	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	1	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	1	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE MO	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET MO	1	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION MO	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION MO	1	
lamotrigine 100 mg, 200 mg TABLET MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. MO	1	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	1	
lamotrigine 150 mg, 25 mg TABLET MO	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK MO	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET MO	1	
levetiracetam 100 mg/ml SOLUTION MO	1	
levetiracetam 500 mg TABLET MO	1	
levetiracetam 500 mg TABLET, ER 24 HR. MO	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION MO	1	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION MO	1	
levetiracetam 750 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK MO	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	1	QL(10 per 30 days)
methsuximide 300 mg CAPSULE MO	1	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	1	QL(10 per 30 days)

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

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

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

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

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

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	1	QL(10 per 30 days)
<i>vigabatrin 500 mg POWDER IN PACKET</i> DL	1	PA,QL(180 per 30 days)
<i>vigabatrin 500 mg TABLET</i> DL	1	PA,QL(180 per 30 days)
<i>vigadrone 500 mg POWDER IN PACKET</i> DL	1	PA,QL(180 per 30 days)
<i>vigadrone 500 mg TABLET</i> DL	1	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	1	PA,QL(600 per 25 days)
<i>vigpoder 500 mg POWDER IN PACKET</i> DL	1	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET DL	1	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	1	QL(60 per 30 days)
XCOPRI 25 MG TABLET DL	1	QL(30 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	1	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	1	QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	1	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION MO	1	PA,QL(900 per 30 days)
<i>zonisamide 100 mg, 25 mg, 50 mg CAPSULE</i> MO	1	
ZTALMY 50 MG/ML SUSPENSION DL	1	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
<i>donepezil 10 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>donepezil 10 mg, 5 mg TABLET, DISINTEGRATING</i> MO	1	QL(30 per 30 days)
<i>donepezil 23 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>donepezil 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>galantamine 12 mg, 4 mg, 8 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.</i> MO	1	QL(30 per 30 days)
<i>galantamine 4 mg/ml SOLUTION</i> MO	1	QL(200 per 30 days)
<i>memantine 10 mg, 5 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
<i>memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.</i> MO	1	PA,QL(30 per 30 days)
<i>memantine 2 mg/ml SOLUTION</i> MO	1	PA,QL(360 per 30 days)
<i>memantine 5-10 mg TABLET, DOSE PACK</i> MO	1	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	1	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	1	QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	1	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	1	
amitriptyline 25 mg TABLET MO	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	1	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	1	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. MO	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION MO	1	
citalopram 20 mg TABLET MO	1	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	1	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	1	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	1	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	1	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET MO	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION MO	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	1	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	1	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE MO	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoxetine 40 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC MO	1	QL(4 per 28 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET MO	1	QL(90 per 30 days)
imipramine hcl 10 mg TABLET MO	1	
imipramine hcl 25 mg, 50 mg TABLET MO	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE MO	1	
MARPLAN 10 MG TABLET MO	1	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING MO	1	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET MO	1	
mirtazapine 45 mg TABLET MO	1	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET MO	1	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	1	
nortriptyline 10 mg/5 ml SOLUTION MO	1	
paroxetine hcl 10 mg TABLET MO	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION MO	1	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
paroxetine hcl 20 mg TABLET MO	1	QL(30 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. MO	1	QL(90 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET MO	1	QL(60 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET MO	1	
phenelzine 15 mg TABLET MO	1	
protriptyline 10 mg, 5 mg TABLET MO	1	
sertraline 100 mg TABLET MO	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE MO	1	
sertraline 25 mg, 50 mg TABLET MO	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET MO	1	
trazodone 100 mg, 150 mg, 50 mg TABLET MO	1	
trazodone 300 mg TABLET MO	1	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	1	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET MO	1	
venlafaxine 150 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. MO	1	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. MO	1	QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK MO	1	PA,QL(30 per 30 days)
<i>vilazodone</i> 10 mg, 20 mg, 40 mg TABLET MO	1	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	1	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	1	PA,QL(14 per 365 days)
ANTIEMETICS		
<i>aprepitant</i> 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	1	BvsD
<i>aprepitant</i> 125 mg, 40 mg CAPSULE MO	1	BvsD,QL(2 per 28 days)
<i>aprepitant</i> 80 mg CAPSULE MO	1	BvsD,QL(4 per 28 days)
<i>compro</i> 25 mg SUPPOSITORY MO	1	
<i>dronabinol</i> 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	BvsD,QL(120 per 30 days)
<i>granisetron</i> (pf) 1 mg/ml (1 ml) SOLUTION MO	1	
<i>granisetron</i> (pf) 100 mcg/ml SOLUTION MO	1	
<i>granisetron hcl</i> 1 mg TABLET MO	1	BvsD,QL(28 per 28 days)
<i>granisetron hcl</i> 1 mg/ml, 1 mg/ml (1 ml) SOLUTION MO	1	
<i>meclizine</i> 12.5 mg TABLET MO	1	
<i>meclizine</i> 25 mg TABLET MO	1	
<i>metoclopramide hcl</i> 10 mg, 5 mg TABLET MO	1	
<i>ondansetron</i> 4 mg TABLET, DISINTEGRATING MO	1	BvsD
<i>ondansetron</i> 8 mg TABLET, DISINTEGRATING MO	1	BvsD
<i>ondansetron hcl</i> 2 mg/ml SOLUTION MO	1	
<i>ondansetron hcl</i> 4 mg TABLET MO	1	BvsD
<i>ondansetron hcl</i> 4 mg/5 ml SOLUTION MO	1	BvsD,QL(450 per 30 days)
<i>ondansetron hcl</i> 8 mg TABLET MO	1	BvsD
<i>ondansetron hcl</i> (pf) 4 mg/2 ml SOLUTION MO	1	
<i>ondansetron hcl</i> (pf) 4 mg/2 ml SYRINGE MO	1	
<i>prochlorperazine</i> 25 mg SUPPOSITORY MO	1	
<i>prochlorperazine edisylate</i> 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	1	
<i>prochlorperazine maleate</i> 10 mg, 5 mg TABLET MO	1	BvsD
<i>promethazine</i> 12.5 mg, 50 mg TABLET MO	1	
<i>promethazine</i> 25 mg TABLET MO	1	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	1	QL(4 per 30 days)
<i>scopolamine base</i> 1 mg over 3 days PATCH, 3 DAY MO	1	QL(10 per 30 days)
<i>trimethobenzamide</i> 300 mg CAPSULE MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	1	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	1	BvsD
amphotericin b 50 mg RECON SOLUTION MO	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	1	BvsD
caspofungin 50 mg RECON SOLUTION DL	1	
caspofungin 70 mg RECON SOLUTION MO	1	
ciclodan 8 % SOLUTION MO	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM MO	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	1	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	1	QL(60 per 30 days)
ciclopirox 8 % SOLUTION MO	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM MO	1	
clotrimazole 1 % SOLUTION MO	1	
clotrimazole 10 mg TROCHE MO	1	
clotrimazole-betamethasone 1-0.05 % CREAM MO	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	1	QL(90 per 28 days)
econazole 1 % CREAM MO	1	PA,QL(85 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	1	
fluconazole 150 mg TABLET MO	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	1	
flucytosine 250 mg, 500 mg CAPSULE DL	1	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	1	
griseofulvin microsize 500 mg TABLET MO	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	1	
itraconazole 100 mg CAPSULE MO	1	QL(120 per 30 days)
ketoconazole 2 % CREAM MO	1	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO MO	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	1	PA
klayesta 100,000 unit/gram POWDER MO	1	PA
miconazole 100 mg, 50 mg RECON SOLUTION DL	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 50 MG/50 ML PIGGYBACK DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
miconazole-3 200 mg SUPPOSITORY MO	1	
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	1	PA,QL(32 per 30 days)
nyamyc 100,000 unit/gram POWDER MO	1	PA
nystatin 100,000 unit/gram CREAM MO	1	
nystatin 100,000 unit/gram OINTMENT MO	1	
nystatin 100,000 unit/gram POWDER MO	1	PA
nystatin 100,000 unit/ml SUSPENSION MO	1	
nystatin 500,000 unit TABLET MO	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	1	
nystop 100,000 unit/gram POWDER MO	1	PA
posaconazole 100 mg TABLET, DR/EC DL	1	PA
posaconazole 300 mg/16.7 ml SOLUTION DL	1	PA
terbinafine hcl 250 mg TABLET MO	1	
terconazole 0.4 %, 0.8 % CREAM MO	1	
terconazole 80 mg SUPPOSITORY MO	1	
voriconazole 200 mg RECON SOLUTION MO	1	PA
voriconazole 200 mg, 50 mg TABLET MO	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	1	PA,QL(400 per 30 days)
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	1	
colchicine 0.6 mg TABLET MO	1	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	1	ST,QL(30 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	1	
probenecid 500 mg TABLET MO	1	
probenecid-colchicine 500-0.5 mg TABLET MO	1	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	1	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	1	PA,QL(2 per 28 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	1	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION DL	1	PA
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	1	PA,QL(3 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPRONTIA 25 MG/ML SOLUTION MO	1	PA,QL(480 per 30 days)
ergotamine-caffeine 1-100 mg TABLET MO	1	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	1	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	1	PA,QL(30 per 30 days)
rizatriptan 10 mg TABLET MO	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(12 per 30 days)
rizatriptan 5 mg TABLET MO	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL MO	1	QL(12 per 30 days)
sumatriptan succinate 100 mg TABLET MO	1	QL(9 per 30 days)
sumatriptan succinate 25 mg, 50 mg TABLET MO	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE MO	1	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR MO	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION MO	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE MO	1	QL(6 per 30 days)
topiramate 100 mg, 200 mg TABLET MO	1	QL(120 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE MO	1	
topiramate 25 mg TABLET MO	1	QL(90 per 30 days)
topiramate 50 mg TABLET MO	1	QL(120 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET MO	1	
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE DL	1	
dapsone 100 mg, 25 mg TABLET MO	1	
ethambutol 100 mg, 400 mg TABLET MO	1	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 100 mg/ml SOLUTION MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	1	
PASER 4 GRAM DR GRANULES IN PACKET MO	1	
PRIFTIN 150 MG TABLET MO	1	
pyrazinamide 500 mg TABLET MO	1	
rifabutin 150 mg CAPSULE MO	1	
rifampin 150 mg, 300 mg CAPSULE MO	1	
rifampin 600 mg RECON SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIRTURO 100 MG, 20 MG TABLET DL	1	PA
TRECTOR 250 MG TABLET MO	1	
ANTINEOPLASTICS		
<i>abiraterone</i> 250 mg TABLET DL	1	PA,QL(120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION DL	1	PA
ADRIAMYCIN 50 MG RECON SOLUTION MO	1	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET DL	1	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	1	PA,QL(240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION DL	1	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	1	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	1	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	1	PA,QL(30 per 30 days)
<i>anastrozole</i> 1 mg TABLET MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	1	PA
ARRANON 250 MG/50 ML SOLUTION DL	1	
<i>arsenic trioxide</i> 1 mg/ml, 2 mg/ml SOLUTION DL	1	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	1	PA
AUGTYRO 40 MG CAPSULE DL	1	PA,QL(240 per 30 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	1	PA,QL(30 per 30 days)
<i>azacitidine</i> 100 mg RECON SOLUTION DL	1	PA
BALVERSA 3 MG TABLET DL	1	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	1	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	1	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	1	PA
BELEODAQ 500 MG RECON SOLUTION DL	1	PA
BELRAPZO 25 MG/ML SOLUTION DL	1	PA
<i>bendamustine</i> 100 mg, 25 mg RECON SOLUTION DL	1	PA
<i>bendamustine</i> 25 mg/ml SOLUTION DL	1	PA
BENDEKA 25 MG/ML SOLUTION DL	1	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	1	PA
<i>bexarotene</i> 1 % GEL DL	1	PA,QL(240 per 30 days)
<i>bexarotene</i> 75 mg CAPSULE DL	1	PA,QL(300 per 30 days)
<i>bicalutamide</i> 50 mg TABLET MO	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	1	
<i>bleomycin</i> 15 unit, 30 unit RECON SOLUTION MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION DL	1	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> DL	1	PA
BOSULIF 100 MG CAPSULE DL	1	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	1	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	1	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	1	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	1	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	1	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> MO	1	
BUSULFEX 60 MG/10 ML SOLUTION MO	1	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	1	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	1	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	1	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET DL,LA	1	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	1	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION</i> MO	1	
<i>carmustine 100 mg RECON SOLUTION</i> MO	1	
<i>cisplatin 1 mg/ml SOLUTION</i> MO	1	
<i>cladribine 10 mg/10 ml SOLUTION</i> DL	1	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> DL	1	
CLOLAR 1 MG/ML SOLUTION DL	1	
COLUMVI 1 MG/ML SOLUTION DL	1	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	1	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	1	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	1	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	1	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION DL	1	
COTELLIC 20 MG TABLET DL	1	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION</i> MO	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION MO	1	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION</i> MO	1	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE</i> MO	1	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET</i> MO	1	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	1	PA
<i>cytarabine 20 mg/ml SOLUTION</i> MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION MO	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION MO	1	
dactinomycin 0.5 mg RECON SOLUTION DL	1	
DANYELZA 4 MG/ML SOLUTION DL	1	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION DL	1	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	1	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET DL	1	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET DL	1	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET DL	1	PA,QL(90 per 30 days)
daunorubicin 5 mg/ml SOLUTION MO	1	
DAURISMO 100 MG TABLET DL	1	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	1	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION DL	1	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION MO	1	
DOCEFREZ 20 MG RECON SOLUTION MO	1	
DOCEFREZ 80 MG RECON SOLUTION DL	1	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION MO	1	
doxorubicin 10 mg, 50 mg RECON SOLUTION MO	1	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION MO	1	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION DL	1	PA
ELREXFIO 40 MG/ML SOLUTION DL	1	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	1	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE MO	1	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	1	PA
ENHERTU 100 MG RECON SOLUTION DL	1	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION MO	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION DL	1	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	1	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION DL	1	
ERIVEDGE 150 MG CAPSULE DL	1	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	1	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	1	PA,QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
erlotinib 100 mg, 150 mg TABLET MO	1	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET MO	1	PA,QL(90 per 30 days)
EUTOPOPHOS 100 MG RECON SOLUTION MO	1	
etoposide 20 mg/ml SOLUTION MO	1	
EULEXIN 125 MG CAPSULE DL	1	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	1	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION DL	1	PA
EVOMELA 50 MG RECON SOLUTION DL	1	
exemestane 25 mg TABLET MO	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	1	PA,QL(120 per 30 days)
floxuridine 0.5 gram RECON SOLUTION MO	1	BvsD
fludarabine 50 mg RECON SOLUTION MO	1	
fludarabine 50 mg/2 ml SOLUTION DL	1	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION MO	1	BvsD
flutamide 125 mg CAPSULE MO	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	1	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	1	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	1	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	1	PA,QL(21 per 28 days)
fulvestrant 250 mg/5 ml SYRINGE MO	1	PA,QL(30 per 30 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION DL	1	PA
GAVRETO 100 MG CAPSULE DL,LA	1	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION DL	1	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET DL	1	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION MO	1	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION MO	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	1	PA,QL(30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE	1	PA
GLEOSTINE 100 MG CAPSULE DL	1	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION DL	1	
hydroxyurea 500 mg CAPSULE MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	1	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	1	PA,QL(21 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	1	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	1	PA,QL(60 per 30 days)
<i>idarubicin 1 mg/ml SOLUTION</i> DL	1	
IDHIFA 100 MG, 50 MG TABLET DL	1	PA,QL(30 per 30 days)
<i>ifosfamide 1 gram, 3 gram RECON SOLUTION</i> MO	1	
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION</i> MO	1	
<i>imatinib 100 mg TABLET</i> DL	1	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET</i> DL	1	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	1	PA,QL(120 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET DL	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	1	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION DL	1	PA
IMFINZI 50 MG/ML SOLUTION DL	1	PA
IMJUDO 20 MG/ML SOLUTION DL	1	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	1	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	1	PA,QL(8 per 28 days)
INLYTA 1 MG TABLET DL	1	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	1	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET DL	1	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	1	PA,QL(120 per 30 days)
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> MO	1	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	1	PA
IWILFIN 192 MG TABLET DL	1	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	1	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	1	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	1	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	1	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	1	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	1	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	1	PA
KEYTRUDA 25 MG/ML SOLUTION DL	1	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	1	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	1	PA,QL(21 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	1	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	1	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	1	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	1	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	1	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	1	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	1	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET DL	1	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION DL	1	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	1	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	1	PA,QL(12 per 28 days)
<i>lapatinib 250 mg TABLET DL</i>	1	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	1	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	1	PA,QL(60 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL</i>	1	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	1	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	1	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	1	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET MO</i>	1	
<i>leucovorin calcium 10 mg/ml SOLUTION MO</i>	1	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION MO</i>	1	
LEUKERAN 2 MG TABLET DL	1	
<i>levoleucovorin calcium 10 mg/ml SOLUTION MO</i>	1	PA
<i>levoleucovorin calcium 50 mg RECON SOLUTION MO</i>	1	PA
LEVULAN 20 % SOLUTION MO	1	
LIBTAYO 50 MG/ML SOLUTION DL	1	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET DL	1	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	1	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION DL	1	PA
LORBRENA 100 MG TABLET DL	1	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	1	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUMAKRAS 120 MG TABLET DL	1	PA,QL(240 per 30 days)
LUMAKRAS 320 MG TABLET DL	1	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION DL	1	PA
LYNPARZA 100 MG, 150 MG TABLET DL	1	PA,QL(120 per 30 days)
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	1	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	1	PA
MATULANE 50 MG CAPSULE DL	1	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	1	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	1	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	1	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	1	PA,QL(180 per 30 days)
<i>melphalan 2 mg TABLET MO</i>	1	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION MO</i>	1	
<i>mercaptopurine 50 mg TABLET MO</i>	1	
MESNEX 400 MG TABLET MO	1	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION DL</i>	1	
<i>mitoxantrone 2 mg/ml CONCENTRATE MO</i>	1	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	1	
MVASI 25 MG/ML SOLUTION DL	1	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	1	PA
<i>nelarabine 250 mg/50 ml SOLUTION DL</i>	1	
NERLYNX 40 MG TABLET DL	1	PA,QL(180 per 30 days)
<i>nilutamide 150 mg TABLET DL</i>	1	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	1	PA,QL(3 per 28 days)
NIPENT 10 MG RECON SOLUTION DL	1	
NUBEQA 300 MG TABLET DL	1	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	1	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET DL	1	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	1	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	1	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	1	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	1	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	1	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONCASPAR 750 UNIT/ML SOLUTION DL	1	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	1	PA
ONUREG 200 MG, 300 MG TABLET DL	1	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	1	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	1	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	1	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	1	PA,QL(40 per 28 days)
ORSERDU 345 MG TABLET DL	1	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	1	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	1	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
paclitaxel 6 mg/ml CONCENTRATE MO	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	1	PA
PADCEV 20 MG RECON SOLUTION DL	1	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	1	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	1	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	1	PA,QL(120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	1	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION DL	1	PA
pemetrexed 25 mg/ml SOLUTION DL	1	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION DL	1	PA
pemetrexed disodium 25 mg/ml SOLUTION DL	1	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	1	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	1	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	1	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	1	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	1	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	1	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	1	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	1	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	1	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	1	PA

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROLEUKIN 22 MILLION UNIT RECON SOLUTION DL	1	
PURIXAN 20 MG/ML SUSPENSION DL	1	QL(300 per 30 days)
QINLOCK 50 MG TABLET DL	1	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	1	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	1	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	1	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	1	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE DL	1	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	1	PA
<i>romidepsin 10 mg/2 ml RECON SOLUTION DL</i>	1	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	1	PA
ROZLYTREK 100 MG CAPSULE DL	1	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	1	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	1	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	1	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	1	PA
RYBREVANT 50 MG/ML SOLUTION DL	1	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	1	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	1	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	1	PA
SARCLISA 20 MG/ML SOLUTION DL	1	PA
SCEMBLIX 100 MG TABLET DL	1	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	1	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	1	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	1	
<i>sorafenib 200 mg TABLET DL</i>	1	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	1	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	1	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	1	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	1	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL</i>	1	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	1	PA
TABLOID 40 MG TABLET MO	1	
TABRECTA 150 MG, 200 MG TABLET DL	1	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	1	PA,QL(840 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAFINLAR 50 MG CAPSULE DL	1	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	1	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	1	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	1	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	1	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	1	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET MO</i>	1	
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	1	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	1	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	1	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	1	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	1	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	1	PA
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION DL</i>	1	PA,QL(8 per 28 days)
TEPMETKO 225 MG TABLET DL	1	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION DL	1	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	1	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE DL	1	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION DL</i>	1	
<i>thiotepa 15 mg RECON SOLUTION MO</i>	1	
TIBSOVO 250 MG TABLET DL	1	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	1	PA,QL(5 per 21 days)
<i>topotecan 4 mg RECON SOLUTION MO</i>	1	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION MO</i>	1	
<i>toremifene 60 mg TABLET DL</i>	1	QL(30 per 30 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL</i>	1	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION DL	1	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE DL</i>	1	
TRISENOX 2 MG/ML SOLUTION DL	1	PA
TRODELVY 180 MG RECON SOLUTION DL	1	PA
TRUQAP 160 MG, 200 MG TABLET DL	1	PA,QL(64 per 28 days)
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE DL	1	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE DL	1	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE DL	1	PA,QL(63 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TUKYSA 150 MG TABLET DL	1	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	1	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE DL,LA	1	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	1	PA
VALCHLOR 0.016 % GEL DL	1	PA,QL(60 per 28 days)
<i>valrubicin 40 mg/ml SOLUTION</i> DL	1	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	1	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	1	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	1	PA
VENCLEXTA 10 MG TABLET MO	1	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	1	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	1	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	1	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	1	PA,QL(60 per 30 days)
<i>vinblastine 1 mg/ml SOLUTION</i> MO	1	BvsD
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION</i> MO	1	BvsD
<i>vincristine 1 mg/ml, 2 mg/2 ml SOLUTION</i> MO	1	BvsD
<i>vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION</i> MO	1	
VISTOGARD 10 GRAM GRANULES IN PACKET DL	1	QL(20 per 365 days)
VITRAKVI 100 MG CAPSULE DL	1	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	1	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	1	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	1	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	1	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	1	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	1	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET DL	1	PA,QL(120 per 30 days)
VYXEOS 44-100 MG RECON SOLUTION DL	1	PA
WELIREG 40 MG TABLET DL	1	PA,QL(90 per 30 days)
XALKORI 150 MG PELLETT DL	1	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT DL	1	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	1	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT DL	1	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	1	PA,QL(90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	1	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	1	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	1	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	1	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	1	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	1	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	1	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	1	PA
YONDELIS 1 MG RECON SOLUTION DL	1	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	1	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	1	
ZEJULA 100 MG CAPSULE DL	1	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	1	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	1	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	1	PA
ZIRABEV 25 MG/ML SOLUTION DL	1	PA
ZOLINZA 100 MG CAPSULE DL	1	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	1	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	1	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	1	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	1	PA,QL(20 per 28 days)
ANTIPARASITICS		
<i>albendazole 200 mg TABLET MO</i>	1	
<i>atovaquone 750 mg/5 ml SUSPENSION MO</i>	1	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO</i>	1	
<i>chloroquine phosphate 250 mg, 500 mg TABLET MO</i>	1	
COARTEM 20-120 MG TABLET MO	1	QL(24 per 30 days)
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO</i>	1	
<i>hydroxychloroquine 200 mg TABLET MO</i>	1	
<i>ivermectin 3 mg TABLET MO</i>	1	
KRINTAFEL 150 MG TABLET MO	1	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	1	
<i>mefloquine 250 mg TABLET MO</i>	1	
NEBUPENT 300 MG RECON SOLUTION MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitazoxanide 500 mg TABLET DL	1	
PENTAM 300 MG RECON SOLUTION MO	1	
pentamidine 300 mg RECON SOLUTION MO	1	
pentamidine 300 mg RECON SOLUTION MO	1	BvsD
praziquantel 600 mg TABLET MO	1	
primaquine 26.3 mg (15 mg base) TABLET MO	1	
pyrimethamine 25 mg TABLET DL	1	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	1	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	1	
amantadine hcl 50 mg/5 ml SOLUTION MO	1	
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	1	
benztropine 1 mg/ml SOLUTION MO	1	
bromocriptine 2.5 mg TABLET MO	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg TABLET MO	1	QL(240 per 30 days)
carbidopa-levodopa-entacapone 50-200-200 mg TABLET MO	1	
entacapone 200 mg TABLET MO	1	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE DL	1	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	1	PA,QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	1	
rasagiline 0.5 mg, 1 mg TABLET MO	1	PA,QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	1	
RYTARY 23.75-95 MG CAPSULE, ER MO	1	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	1	ST,QL(270 per 30 days)
RYTARY 48.75-195 MG CAPSULE, ER MO	1	ST,QL(360 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	1	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	1	
selegiline hcl 5 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trihexyphenidyl 0.4 mg/ml ELIXIR MO	1	
trihexyphenidyl 2 mg, 5 mg TABLET MO	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	1	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	1	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	1	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	1	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION MO	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING MO	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	1	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	1	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	1	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	1	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	1	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	1	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	1	
chlorpromazine 25 mg/ml SOLUTION MO	1	
clozapine 100 mg TABLET MO	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	1	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	1	
droperidol 2.5 mg/ml SOLUTION MO	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	1	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	1	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	1	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	1	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	1	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET MO	1	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	1	
haloperidol lactate 2 mg/ml CONCENTRATE MO	1	
haloperidol lactate 5 mg/ml SOLUTION MO	1	
haloperidol lactate 5 mg/ml SYRINGE MO	1	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	1	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	1	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	1	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	1	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	1	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	1	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	1	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	1	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE MO	1	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET MO	1	QL(30 per 30 days)
lurasidone 80 mg TABLET MO	1	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	1	PA,QL(30 per 30 days)
molindone 10 mg TABLET MO	1	PA,QL(240 per 30 days)
molindone 25 mg TABLET MO	1	PA,QL(270 per 30 days)
molindone 5 mg TABLET MO	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	1	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	1	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION MO	1	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	1	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO	1	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE DL	1	QL(1 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dantrolene 100 mg, 50 mg CAPSULE</i> MO	1	
<i>dantrolene 25 mg CAPSULE</i> MO	1	
<i>tizanidine 2 mg, 4 mg TABLET</i> MO	1	
ANTIVIRALS		
<i>abacavir 20 mg/ml SOLUTION</i> MO	1	QL(960 per 30 days)
<i>abacavir 300 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>abacavir-lamivudine 600-300 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>acyclovir 200 mg CAPSULE</i> MO	1	
<i>acyclovir 400 mg TABLET</i> MO	1	
<i>acyclovir 5 % OINTMENT</i> MO	1	PA,QL(30 per 30 days)
<i>acyclovir 800 mg TABLET</i> MO	1	
<i>acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION</i> MO	1	BvsD
<i>acyclovir sodium 50 mg/ml SOLUTION</i> MO	1	BvsD
<i>adefovir 10 mg TABLET</i> MO	1	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER DL	1	QL(21 per 365 days)
APTIVUS 250 MG CAPSULE DL	1	QL(120 per 30 days)
<i>atazanavir 150 mg, 200 mg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>atazanavir 300 mg CAPSULE</i> MO	1	QL(30 per 30 days)
BARACLUE 0.05 MG/ML SOLUTION MO	1	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	1	QL(30 per 30 days)
CABENUVA 400 MG/2 ML - 600 MG/2 ML, 600 MG/3 ML - 900 MG/3 ML SUSPENSION, ER DL	1	QL(50 per 365 days)
<i>cidofovir 75 mg/ml SOLUTION</i> DL	1	
CIMDUO 300-300 MG TABLET DL	1	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	1	QL(30 per 30 days)
<i>darunavir 600 mg TABLET</i> DL	1	QL(60 per 30 days)
<i>darunavir 800 mg TABLET</i> DL	1	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	1	QL(30 per 30 days)
DESCOVY 120-15 MG TABLET DL	1	QL(30 per 30 days)
DESCOVY 200-25 MG TABLET DL	1	QL(30 per 30 days)
<i>didanosine 250 mg, 400 mg CAPSULE, DR/EC</i> MO	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	1	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	1	QL(30 per 30 days)
<i>efavirenz 200 mg CAPSULE</i> MO	1	QL(120 per 30 days)
<i>efavirenz 50 mg CAPSULE</i> MO	1	QL(480 per 30 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamivudine-zidovudine 150-300 mg TABLET MO	1	QL(60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION MO	1	QL(1575 per 28 days)
lopinavir-ritonavir 100-25 mg TABLET MO	1	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	1	
maraviroc 150 mg TABLET DL	1	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	1	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	1	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE MO	1	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	1	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	1	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	1	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	QL(1440 per 365 days)
PIFELTRO 100 MG TABLET DL	1	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	1	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	1	PA
PREZCOBIX 800-150 MG-MG TABLET DL	1	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	1	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	1	QL(240 per 30 days)
PREZISTA 75 MG TABLET MO	1	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	1	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	1	
REYATAZ 50 MG POWDER IN PACKET MO	1	
ribavirin 200 mg CAPSULE MO	1	QL(168 per 28 days)
ribavirin 200 mg TABLET MO	1	QL(168 per 28 days)
rimantadine 100 mg TABLET MO	1	
ritonavir 100 mg TABLET MO	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	1	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	1	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	1	QL(240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SELZENTRY 75 MG TABLET DL	1	QL(120 per 30 days)
stavudine 15 mg, 20 mg CAPSULE MO	1	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE MO	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	1	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	1	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	1	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET DL	1	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	1	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	1	QL(30 per 30 days)
TEMIXYS 300-300 MG TABLET MO	1	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET MO	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	1	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	1	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	1	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	1	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION DL	1	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	1	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	1	
TYBOST 150 MG TABLET MO	1	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	1	
valganciclovir 450 mg TABLET MO	1	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION DL	1	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET DL	1	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	1	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	1	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	1	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	1	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	1	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	1	PA,QL(28 per 28 days)
zidovudine 10 mg/ml SYRUP MO	1	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	1	QL(180 per 30 days)
zidovudine 300 mg TABLET MO	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	1	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	1	QL(120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam 2 mg TABLET DL	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	1	
bupirone 10 mg, 15 mg, 5 mg TABLET MO	1	
bupirone 30 mg, 7.5 mg TABLET MO	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
clonazepam 0.5 mg, 1 mg TABLET DL	1	
clonazepam 2 mg TABLET DL	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	1	
diazepam 10 mg TABLET DL	1	QL(120 per 30 days)
diazepam 2 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	1	
doxepin 10 mg/ml CONCENTRATE MO	1	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	1	
hydroxyzine hcl 10 mg/5 ml SOLUTION MO	1	
hydroxyzine hcl 25 mg TABLET MO	1	
lorazepam 0.5 mg, 1 mg TABLET DL	1	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	1	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE DL	1	QL(150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	1	
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE MO	1	
lithium carbonate 300 mg TABLET MO	1	
lithium carbonate 300 mg, 450 mg TABLET ER MO	1	
lithium citrate 8 meq/5 ml SOLUTION MO	1	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	1	
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR MO	1	QL(3.4 per 28 days)
diazoxide 50 mg/ml SUSPENSION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FARXIGA 10 MG TABLET MO	1	QL(30 per 30 days)
FARXIGA 5 MG TABLET MO	1	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	1	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	
glimepiride 1 mg TABLET MO	1	
glimepiride 2 mg, 4 mg TABLET MO	1	
glipizide 10 mg TABLET, ER 24 HR. MO	1	
glipizide 10 mg, 5 mg TABLET MO	1	
glipizide 2.5 mg TABLET MO	1	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	1	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET MO	1	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET MO	1	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	1	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	1	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	1	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	1	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	1	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	1	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	1	
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	1	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION CI,MO	1	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN CI,MO	1	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN CI,MO	1	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION CI,MO	1	
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	1	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	1	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	1	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN CI,MO	1	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	1	
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION CI,DL	1	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	1	
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	1	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	1	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	1	QL(30 per 30 days)
JANUMET 50-1,000 MG TABLET MO	1	QL(60 per 30 days)
JANUMET 50-500 MG TABLET MO	1	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	1	QL(30 per 30 days)
JANUMET XR 50-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	1	QL(60 per 30 days)
JANUMET XR 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	1	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	1	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	1	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG TABLET MO	1	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	1	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
LYUMJEV TEMPO PEN(U-100)INSULIN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	1	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	
<i>metformin 1,000 mg, 500 mg TABLET MO</i>	1	
<i>metformin 500 mg TABLET, ER 24 HR. MO</i>	1	QL(120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR. MO</i>	1	QL(60 per 30 days)
<i>metformin 850 mg TABLET MO</i>	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	1	QL(2 per 28 days)
<i>nateglinide 120 mg, 60 mg TABLET</i> MO	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	1	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	1	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	1	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION CI,MO	1	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	1	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	1	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION CI,MO	1	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) PEN INJECTOR MO	1	QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR MO	1	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR MO	1	QL(3 per 28 days)
<i>pioglitazone 15 mg, 30 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>pioglitazone 45 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>pioglitazone-metformin 15-500 mg, 15-850 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg TABLET</i> MO	1	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	1	QL(30 per 30 days)
<i>saxagliptin 2.5 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	1	QL(15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	1	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	1	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	1	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	1	
TRADJENTA 5 MG TABLET MO	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	1	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	1	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	1	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	1	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	1	QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(60 per 30 days)
XIGDUO XR 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	1	QL(30 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN CI,MO	1	QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	1	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	1	
BLOOD PRODUCTS AND MODIFIERS		
aminocaproic acid 1,000 mg TABLET DL	1	
aminocaproic acid 250 mg/ml (25 %) SOLUTION MO	1	
aminocaproic acid 500 mg TABLET MO	1	
anagrelide 0.5 mg, 1 mg CAPSULE MO	1	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	1	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	1	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET MO	1	
clopidogrel 300 mg TABLET MO	1	
clopidogrel 75 mg TABLET MO	1	QL(30 per 30 days)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE MO	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET MO	1	
ELIQUIS 2.5 MG TABLET MO	1	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	1	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	1	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enoxaparin 300 mg/3 ml SOLUTION MO	1	
FULPHILA 6 MG/0.6 ML SYRINGE DL	1	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	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	1	
heparin (porcine) 5,000 unit/ml SYRINGE MO	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET MO	1	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION DL	1	PA,QL(9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE DL	1	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	1	PA,QL(1.2 per 28 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	1	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	1	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE DL	1	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION DL	1	PA,QL(22.4 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION DL	1	PA,QL(9.6 per 30 days)
prasugrel 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML SOLUTION MO	1	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	1	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION DL	1	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION DL	1	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL,LA	1	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL,LA	1	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL,LA	1	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET DL,LA	1	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET DL,LA	1	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	1	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	1	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	1	PA,QL(14 per 30 days)
tranexamic acid 650 mg TABLET MO	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	1	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	1	PA,QL(1.2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	1	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET MO	1	
warfarin 5 mg TABLET MO	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	1	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	1	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	1	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	1	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE DL	1	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE DL	1	PA,QL(11.2 per 30 days)
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE MO	1	
acetazolamide 125 mg, 250 mg TABLET MO	1	
acetazolamide 500 mg CAPSULE, ER MO	1	
acetazolamide sodium 500 mg RECON SOLUTION MO	1	
adenosine 3 mg/ml SOLUTION MO	1	
adenosine 3 mg/ml SYRINGE MO	1	
aliskiren 150 mg, 300 mg TABLET MO	1	QL(30 per 30 days)
amiloride 5 mg TABLET MO	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET MO	1	
amiodarone 100 mg TABLET MO	1	
amiodarone 150 mg/3 ml SYRINGE MO	1	
amiodarone 200 mg TABLET MO	1	
amiodarone 400 mg TABLET MO	1	QL(60 per 30 days)
amiodarone 50 mg/ml SOLUTION MO	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET MO	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE MO	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE MO	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	1	QL(30 per 30 days)
atenolol 100 mg TABLET MO	1	
atenolol 25 mg, 50 mg TABLET MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	1	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET MO	1	
bisoprolol fumarate 10 mg, 5 mg TABLET MO	1	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
bumetanide 0.25 mg/ml SOLUTION MO	1	
bumetanide 0.5 mg, 2 mg TABLET MO	1	
bumetanide 1 mg TABLET MO	1	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE DL	1	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET MO	1	QL(60 per 30 days)
candesartan 32 mg TABLET MO	1	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET MO	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	1	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET MO	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. MO	1	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION MO	1	
chlorthalidone 25 mg TABLET MO	1	
chlorthalidone 50 mg TABLET MO	1	
cholestyramine (with sugar) 4 gram POWDER MO	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	1	
cholestyramine light 4 gram POWDER MO	1	
cholestyramine light 4 gram POWDER IN PACKET MO	1	
cholestyramine-aspartame 4 gram POWDER IN PACKET MO	1	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET MO	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET MO	1	
colestipol 1 gram TABLET MO	1	
colestipol 5 gram GRANULES MO	1	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORLANOR 5 MG, 7.5 MG TABLET MO	1	PA,QL(60 per 30 days)
CORLOPAM 10 MG/ML SOLUTION MO	1	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET MO	1	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION MO	1	
diltiazem hcl 120 mg CAPSULE, ER 12 HR. MO	1	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	1	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION MO	1	
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. MO	1	QL(180 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION MO	1	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	1	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET MO	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET MO	1	
enalaprilat 1.25 mg/ml SOLUTION MO	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET MO	1	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT MO	1	QL(240 per 30 days)
ethacrynate sodium 50 mg RECON SOLUTION MO	1	
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
fenofibrate 160 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate 54 mg TABLET MO	1	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE MO	1	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	1	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	1	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	1	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET MO	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flecainide 100 mg, 150 mg, 50 mg TABLET MO	1	
fluvastatin 20 mg, 40 mg CAPSULE MO	1	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET MO	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO	1	
furosemide 10 mg/ml SYRINGE MO	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
furosemide 20 mg, 40 mg TABLET MO	1	
furosemide 80 mg TABLET MO	1	
gemfibrozil 600 mg TABLET MO	1	QL(60 per 30 days)
guanfacine 1 mg TABLET MO	1	
guanfacine 2 mg TABLET MO	1	
hydralazine 10 mg, 100 mg TABLET MO	1	
hydralazine 20 mg/ml SOLUTION MO	1	
hydralazine 25 mg, 50 mg TABLET MO	1	
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	
hydrochlorothiazide 50 mg TABLET MO	1	
ibutilide fumarate 0.1 mg/ml SOLUTION MO	1	
indapamide 1.25 mg, 2.5 mg TABLET MO	1	
irbesartan 150 mg, 75 mg TABLET MO	1	QL(30 per 30 days)
irbesartan 300 mg TABLET MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET MO	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	1	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET MO	1	
isosorbide mononitrate 10 mg, 20 mg TABLET MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
isosorbide-hydralazine 20-37.5 mg TABLET MO	1	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE MO	1	
ISUPREL 0.2 MG/ML SOLUTION MO	1	
ivabradine 5 mg, 7.5 mg TABLET MO	1	PA,QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	1	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET MO	1	
labetalol 5 mg/ml SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine (pf) 20 mg/ml (2 %) SOLUTION MO	1	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION MO	1	
LIPOFEN 150 MG CAPSULE MO	1	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	1	QL(60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
lisinopril 30 mg TABLET MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
losartan 100 mg, 25 mg, 50 mg TABLET MO	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET MO	1	QL(60 per 30 days)
lovastatin 10 mg TABLET MO	1	
lovastatin 20 mg, 40 mg TABLET MO	1	
mannitol 10 % 10 % PARENTERAL SOLUTION MO	1	
mannitol 20 % 20 % PARENTERAL SOLUTION MO	1	
mannitol 25 % 25 % SOLUTION MO	1	
mannitol 5 % 5 % PARENTERAL SOLUTION MO	1	
methazolamide 25 mg, 50 mg TABLET MO	1	
methyl dopa 250 mg, 500 mg TABLET MO	1	
methyl dopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET MO	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. MO	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET MO	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET MO	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	1	
metyrosine 250 mg CAPSULE DL	1	
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	1	
minoxidil 10 mg, 2.5 mg TABLET MO	1	
moexipril 15 mg, 7.5 mg TABLET MO	1	
MULTAQ 400 MG TABLET MO	1	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	1	
nebivolol 10 mg TABLET MO	1	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEXLETOL 180 MG TABLET MO	1	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	1	PA,QL(30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION MO	1	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	1	
niacin 500 mg TABLET MO	1	
niacor 500 mg TABLET MO	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	1	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
nimodipine 30 mg CAPSULE MO	1	
nimodipine 60 mg/20 ml SOLUTION DL	1	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO	1	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	1	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	1	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION MO	1	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	1	
norepinephrine bitartrate 1 mg/ml SOLUTION MO	1	
olmesartan 20 mg TABLET MO	1	QL(30 per 30 days)
olmesartan 40 mg TABLET MO	1	QL(30 per 30 days)
olmesartan 5 mg TABLET MO	1	QL(60 per 30 days)
olmesartan-amlodipin-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	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET MO	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE MO	1	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION MO	1	
OSMITROL 15 % 15 % PARENTERAL SOLUTION MO	1	
OSMITROL 20 % 20 % PARENTERAL SOLUTION MO	1	
OSMITROL 5 % 5 % PARENTERAL SOLUTION MO	1	
PACERONE 100 MG TABLET MO	1	
pacerone 200 mg TABLET MO	1	
PACERONE 400 MG TABLET MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pentoxifylline 400 mg TABLET ER MO	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET MO	1	
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE MO	1	
prevalite 4 gram POWDER MO	1	
prevalite 4 gram POWDER IN PACKET MO	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION MO	1	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	1	
propafenone 225 mg, 325 mg CAPSULE, ER 12 HR. MO	1	QL(60 per 30 days)
propafenone 425 mg CAPSULE, ER 12 HR. MO	1	
propranolol 1 mg/ml SOLUTION MO	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
quinidine sulfate 200 mg, 300 mg TABLET MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	1	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	1	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	1	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
simvastatin 10 mg, 20 mg, 40 mg TABLET MO	1	
simvastatin 5 mg, 80 mg TABLET MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET MO	1	
spironolacton-hydrochlorothiaz 25-25 mg TABLET MO	1	
spironolactone 100 mg TABLET MO	1	
spironolactone 25 mg, 50 mg TABLET MO	1	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
telmisartan 80 mg TABLET MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO	1	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	1	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	1	
torse mide 10 mg, 100 mg, 5 mg TABLET MO	1	
torse mide 20 mg TABLET MO	1	
trandolapril 1 mg, 2 mg, 4 mg TABLET MO	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET MO	1	
valsartan 160 mg TABLET MO	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET MO	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	1	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	1	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. MO	1	
verapamil 120 mg, 180 mg, 240 mg TABLET ER MO	1	
verapamil 120 mg, 40 mg, 80 mg TABLET MO	1	QL(120 per 30 days)
verapamil 2.5 mg/ml SOLUTION MO	1	
verapamil 2.5 mg/ml SYRINGE MO	1	
verapamil 360 mg CAPSULE ER PELLETS 24 HR. MO	1	QL(60 per 30 days)
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	1	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET MO	1	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO	1	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	1	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	1	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	1	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	1	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	1	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK DL	1	PA,QL(42 per 28 days)
BETASERON 0.3 MG KIT DL	1	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	1	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	1	PA,QL(12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. MO	1	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET MO	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	1	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	1	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE MO	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	1	PA,QL(240 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	1	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE DL	1	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	1	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	1	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	1	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	1	PA,QL(28 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	1	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	1	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	1	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE DL	1	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	1	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	1	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	1	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	1	QL(60 per 30 days)
riluzole 50 mg TABLET MO	1	
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	1	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	1	QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE DL	1	PA,QL(90 per 30 days)
teriflunomide 14 mg, 7 mg TABLET MO	1	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET MO	1	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET MO	1	PA,QL(120 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	1	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	1	
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
kourzeq 0.1 % PASTE MO	1	
oralone 0.1 % PASTE MO	1	
paroex oral rinse 0.12 % MOUTHWASH MO	1	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	1	
triamcinolone acetonide 0.1 % PASTE MO	1	
DERMATOLOGICAL AGENTS		
acutane 10 mg, 20 mg, 30 mg CAPSULE MO	1	QL(60 per 30 days)
acutane 40 mg CAPSULE MO	1	QL(120 per 30 days)
acitretin 10 mg CAPSULE MO	1	PA,QL(90 per 30 days)
acitretin 17.5 mg CAPSULE MO	1	PA,QL(60 per 30 days)
acitretin 25 mg CAPSULE MO	1	PA
adapalene 0.3 % GEL MO	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	1	QL(45 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ammonium lactate 12 % CREAM MO	1	
ammonium lactate 12 % LOTION MO	1	
amneesteem 10 mg, 20 mg CAPSULE MO	1	QL(60 per 30 days)
amneesteem 40 mg CAPSULE MO	1	QL(120 per 30 days)
azelaic acid 15 % GEL MO	1	ST,QL(50 per 30 days)
betamethasone dipropionate 0.05 % CREAM MO	1	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	1	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	1	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM MO	1	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION MO	1	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT MO	1	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	1	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	1	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	1	QL(100 per 30 days)
calcipotriene 0.005 % CREAM MO	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION MO	1	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg CAPSULE MO	1	QL(60 per 30 days)
claravis 40 mg CAPSULE MO	1	QL(120 per 30 days)
clindamycin phosphate 1 % GEL MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % LOTION MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	1	
clobetasol 0.05 % CREAM MO	1	QL(120 per 30 days)
clobetasol 0.05 % GEL MO	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	1	QL(120 per 28 days)
clobetasol 0.05 % SOLUTION MO	1	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	1	QL(120 per 30 days)
diclofenac sodium 3 % GEL MO	1	PA
ENSTILAR 0.005-0.064 % FOAM MO	1	QL(120 per 30 days)
ery pads 2 % SWAB MO	1	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION MO	1	QL(120 per 30 days)
fluocinolone 0.01 % OIL MO	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION MO	1	QL(180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinolone 0.01 %, 0.025 % CREAM MO	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT MO	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL MO	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM MO	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL MO	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT MO	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION MO	1	QL(120 per 30 days)
fluocinonide-e 0.05 % CREAM MO	1	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM MO	1	QL(120 per 30 days)
fluorouracil 2 % SOLUTION MO	1	QL(30 per 30 days)
fluorouracil 5 % CREAM MO	1	
fluorouracil 5 % SOLUTION MO	1	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT MO	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	1	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	1	QL(236 per 30 days)
HYFTOR 0.2 % GEL DL	1	PA
imiquimod 5 % CREAM IN PACKET MO	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg CAPSULE MO	1	QL(60 per 30 days)
isotretinoin 40 mg CAPSULE MO	1	QL(120 per 30 days)
lindane 1 % SHAMPOO MO	1	QL(60 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	1	QL(240 per 30 days)
malathion 0.5 % LOTION MO	1	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL MO	1	
mometasone 0.1 % CREAM MO	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT MO	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION MO	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT MO	1	
myorisan 10 mg, 20 mg, 30 mg CAPSULE MO	1	QL(60 per 30 days)
myorisan 40 mg CAPSULE MO	1	QL(120 per 30 days)
OTEZLA 20 MG TABLET DL	1	PA,QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA 30 MG TABLET DL	1	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51) TABLET, DOSE PACK DL	1	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	1	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	1	PA,QL(27 per 30 days)
permethrin 5 % CREAM MO	1	
pimecrolimus 1 % CREAM MO	1	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION MO	1	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	1	QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM MO	1	
SSD 1 % CREAM MO	1	
tacrolimus 0.03 %, 0.1 % OINTMENT MO	1	QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	1	PA,QL(120 per 30 days)
tretinoin 0.01 % GEL MO	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL MO	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	1	PA,QL(45 per 30 days)
UVADEX 20 MCG/ML SOLUTION MO	1	
zenatane 10 mg, 20 mg, 30 mg CAPSULE MO	1	QL(60 per 30 days)
zenatane 40 mg CAPSULE MO	1	QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION MO	1	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
calcium acetate(phosphat bind) 667 mg CAPSULE MO	1	
calcium acetate(phosphat bind) 667 mg TABLET MO	1	
calcium chloride 100 mg/ml (10 %) SOLUTION MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION MO	1	
carglumic acid 200 mg TABLET, DISPERSIBLE DL	1	PA
CHEMET 100 MG CAPSULE DL	1	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	1	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	1	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	1	BvsD
CLINOLIPID 20 % EMULSION MO	1	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
deferasirox 180 mg, 360 mg TABLET MO	1	PA
deferasirox 90 mg TABLET MO	1	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION MO	1	
dextrose 25 % in water (d25w) SYRINGE MO	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION MO	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION MO	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION MO	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) SYRINGE MO	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	1	
electrolyte-148 PARENTERAL SOLUTION MO	1	
electrolyte-48 in d5w PARENTERAL SOLUTION MO	1	
electrolyte-a PARENTERAL SOLUTION MO	1	
GLYCOPHOS 1 MMOL/ML SOLUTION MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	1	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION MO	1	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	1	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	1	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	1	
ISOLYTE-S PARENTERAL SOLUTION MO	1	
K-TAB 10 MEQ, 20 MEQ TABLET ER MO	1	
KABIVEN 3.31-10.8-3.9 % EMULSION MO	1	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION MO	1	
KLOR-CON 10 10 MEQ TABLET ER MO	1	
KLOR-CON 8 8 MEQ TABLET ER MO	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
lactated ringers PARENTERAL SOLUTION MO	1	
levocarnitine 330 mg TABLET MO	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	1	
m-natal plus 27 mg iron- 1 mg TABLET MO	1	
magnesium sulfate 500 mg/ml (50 %) SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulfate 500 mg/ml (50 %) SYRINGE MO	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK MO	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK MO	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION MO	1	
NEONATAL COMPLETE 29-1 MG TABLET MO	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	1	
NORMOSOL-R PARENTERAL SOLUTION MO	1	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	1	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION MO	1	
NUTRILIPID 20 % EMULSION MO	1	BvsD
penicillamine 250 mg TABLET DL	1	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	1	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	1	
PLASMA-LYTE A PARENTERAL SOLUTION MO	1	
PLENAMINE 15 % PARENTERAL SOLUTION MO	1	BvsD
potassium acetate 2 meq/ml SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride 10 meq CAPSULE, ER MO	1	
potassium chloride 10 meq, 20 meq TABLET ER MO	1	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
potassium chloride 15 meq, 8 meq TABLET ER MO	1	
potassium chloride 2 meq/ml SOLUTION MO	1	
potassium chloride 20 meq/15 ml LIQUID MO	1	QL(1125 per 30 days)
potassium chloride 40 meq/15 ml LIQUID MO	1	
potassium chloride 8 meq CAPSULE, ER MO	1	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK MO	1	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	1	
pr natal 400 29-1-400 mg COMBO PACK MO	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	1	
PRENATABS FA 29-1 MG TABLET MO	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	1	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	1	
PROSOL 20 % PARENTERAL SOLUTION MO	1	BvsD
ringer's PARENTERAL SOLUTION MO	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	1	
sevelamer carbonate 0.8 gram POWDER IN PACKET MO	1	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET MO	1	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET MO	1	QL(540 per 30 days)
SMOFLIPID 20 % EMULSION MO	1	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE MO	1	
sodium chloride 2.5 meq/ml SOLUTION MO	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION MO	1	
sodium chloride 0.9 % PARENTERAL SOLUTION MO	1	
sodium chloride 0.9 % PIGGYBACK MO	1	
sodium chloride 0.9 % SOLUTION MO	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION MO	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION MO	1	
sodium phosphate 3 mmol/ml SOLUTION MO	1	
sodium polystyrene sulfonate POWDER MO	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	1	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
trientine 250 mg CAPSULE DL	1	QL(240 per 30 days)
trientine 500 mg CAPSULE DL	1	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	1	BvsD
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	1	QL(30 per 30 days)
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO	1	
westab plus 27 mg iron- 1 mg TABLET MO	1	
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET MO	1	PA,QL(60 per 30 days)
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE MO	1	QL(120 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO	1	
cimetidine hcl 300 mg/5 ml SOLUTION MO	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION MO	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION MO	1	
constulose 10 gram/15 ml SOLUTION MO	1	
dicyclomine 10 mg CAPSULE MO	1	
dicyclomine 10 mg/5 ml SOLUTION MO	1	
dicyclomine 20 mg TABLET MO	1	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	1	
enulose 10 gram/15 ml SOLUTION MO	1	
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION MO	1	
famotidine 20 mg, 40 mg TABLET MO	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	1	
famotidine (pf) 20 mg/2 ml SOLUTION MO	1	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK MO	1	
GATTEX 30-VIAL 5 MG KIT DL,LA	1	PA
GATTEX ONE-VIAL 5 MG KIT DL,LA	1	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION MO	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gavilyte-n 420 gram RECON SOLUTION</i> MO	1	
<i>generlac 10 gram/15 ml SOLUTION</i> MO	1	
<i>glycopyrrolate 0.2 mg/ml SOLUTION</i> MO	1	
<i>glycopyrrolate 1 mg, 2 mg TABLET</i> MO	1	
<i>lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION</i> MO	1	
<i>lactulose 10 gram/15 ml SOLUTION</i> MO	1	
<i>lansoprazole 15 mg, 30 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE</i> MO	1	QL(30 per 30 days)
<i>loperamide 2 mg CAPSULE</i> MO	1	
<i>lubiprostone 24 mcg, 8 mcg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>methscopolamine 2.5 mg, 5 mg TABLET</i> MO	1	
<i>misoprostol 100 mcg TABLET</i> MO	1	
<i>misoprostol 200 mcg TABLET</i> MO	1	
<i>MOVANTIK 12.5 MG, 25 MG TABLET</i> MO	1	QL(30 per 30 days)
<i>MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION</i> DL	1	PA,QL(30 per 30 days)
<i>nizatidine 150 mg, 300 mg CAPSULE</i> MO	1	
<i>omeprazole 10 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>omeprazole 20 mg, 40 mg CAPSULE, DR/EC</i> MO	1	QL(60 per 30 days)
<i>pantoprazole 20 mg, 40 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
<i>pantoprazole 40 mg RECON SOLUTION</i> MO	1	
<i>pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK</i> MO	1	
<i>peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION</i> MO	1	
<i>peg-electrolyte soln 420 gram RECON SOLUTION</i> MO	1	
<i>rabeprazole 20 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
<i>sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION</i> MO	1	
<i>sucralfate 1 gram TABLET</i> MO	1	
<i>sucralfate 100 mg/ml SUSPENSION</i> MO	1	
<i>ursodiol 250 mg TABLET</i> MO	1	
<i>ursodiol 300 mg CAPSULE</i> MO	1	
<i>ursodiol 500 mg TABLET</i> MO	1	
<i>XIFAXAN 200 MG TABLET</i> MO	1	PA,QL(9 per 30 days)
<i>XIFAXAN 550 MG TABLET</i> DL	1	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine 1 gram/scoop POWDER</i> DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CERDELGA 84 MG CAPSULE DL	1	PA
CEREZYME 400 UNIT RECON SOLUTION DL	1	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	1	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	1	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC MO	1	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	1	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	1	PA,QL(6 per 28 days)
CYSTAGON 150 MG, 50 MG CAPSULE MO	1	
ELELYSO 200 UNIT RECON SOLUTION DL	1	PA
<i>javygtor 100 mg TABLET, SOLUBLE</i> DL	1	PA
<i>javygtor 100 mg, 500 mg POWDER IN PACKET</i> DL	1	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> DL	1	
<i>sapropterin 100 mg TABLET, SOLUBLE</i> DL	1	PA
<i>sapropterin 100 mg, 500 mg POWDER IN PACKET</i> DL	1	PA
<i>sodium phenylbutyrate 0.94 gram/gram POWDER</i> DL	1	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	1	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	1	
VYNDAQEL 20 MG CAPSULE DL	1	PA,QL(120 per 30 days)
ZEMAIRA 1,000 MG, 4,000 MG, 5,000 MG RECON SOLUTION DL	1	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	1	
ZENPEP 25,000-79,000- 105,000 UNIT CAPSULE, DR/EC MO	1	
ZOKINVY 50 MG, 75 MG CAPSULE DL	1	PA,QL(120 per 30 days)
GENITOURINARY AGENTS		
<i>alfuzosin 10 mg TABLET, ER 24 HR.</i> MO	1	
<i>bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET</i> MO	1	
<i>darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>dutasteride 0.5 mg CAPSULE</i> MO	1	QL(30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR.</i> MO	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	1	QL(90 per 30 days)
<i>fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>finasteride 5 mg TABLET</i> MO	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	1	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	1	QL(300 per 30 days)
<i>oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>oxybutynin chloride 15 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>oxybutynin chloride 2.5 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>oxybutynin chloride 5 mg TABLET</i> MO	1	
<i>oxybutynin chloride 5 mg/5 ml SYRUP</i> MO	1	
<i>silodosin 4 mg, 8 mg CAPSULE</i> MO	1	QL(30 per 30 days)
<i>solifenacin 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>tamsulosin 0.4 mg CAPSULE</i> MO	1	
<i>tolterodine 1 mg, 2 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.</i> MO	1	QL(30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>betamethasone acet,sod phos 6 mg/ml SUSPENSION</i> MO	1	
<i>dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml ELIXIR</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml SOLUTION</i> MO	1	
<i>dexamethasone intensol 1 mg/ml DROPS</i> MO	1	
<i>dexamethasone sodium phos (pf) 10 mg/ml SOLUTION</i> MO	1	
<i>dexamethasone sodium phos (pf) 10 mg/ml SYRINGE</i> MO	1	
<i>dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION</i> MO	1	
<i>dexamethasone sodium phosphate 4 mg/ml SYRINGE</i> MO	1	
<i>fludrocortisone 0.1 mg TABLET</i> MO	1	
<i>methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET</i> MO	1	BvsD
<i>methylprednisolone 4 mg TABLET, DOSE PACK</i> MO	1	
<i>methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION</i> MO	1	
<i>methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION</i> MO	1	
<i>prednisolone 15 mg/5 ml SOLUTION</i> MO	1	
<i>prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION</i> MO	1	
<i>prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION</i> MO	1	
<i>prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone 1 mg, 2.5 mg, 50 mg TABLET MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK MO	1	
prednisone 5 mg/5 ml SOLUTION MO	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	1	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION MO	1	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	1	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT MO	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	1	
triamcinolone acetonide 0.1 % CREAM MO	1	
triderm 0.1 %, 0.5 % CREAM MO	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	1	PA
desmopressin 0.1 mg TABLET MO	1	
desmopressin 0.2 mg TABLET MO	1	
EGRIFTA SV 2 MG RECON SOLUTION DL	1	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION DL	1	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	1	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
afirmelle 0.1-20 mg-mcg TABLET MO	1	
altavera (28) 0.15-0.03 mg TABLET MO	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	1	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET MO	1	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET MO	1	
apri 0.15-0.03 mg TABLET MO	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aubra eq 0.1-20 mg-mcg TABLET MO	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
aviane 0.1-20 mg-mcg TABLET MO	1	
ayuna 0.15-0.03 mg TABLET MO	1	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
balziva (28) 0.4-35 mg-mcg TABLET MO	1	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
briellyn 0.4-35 mg-mcg TABLET MO	1	
camila 0.35 mg TABLET MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
caziant (28) 0.1/.125/.15-25 mg-mcg TABLET MO	1	
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
chateal (28) 0.15-0.03 mg TABLET MO	1	
chateal eq (28) 0.15-0.03 mg TABLET MO	1	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
cryselle (28) 0.3-30 mg-mcg TABLET MO	1	
cyred 0.15-0.03 mg TABLET MO	1	
cyred eq 0.15-0.03 mg TABLET MO	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	1	
DEPO-ESTRADIOL 5 MG/ML OIL MO	1	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	1	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dolishale 90-20 mcg (28) TABLET MO	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	1	
DUAVEE 0.45-20 MG TABLET MO	1	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	1	
ELLA 30 MG TABLET MO	1	QL(1 per 30 days)
eluryng 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
emzahh 0.35 mg TABLET MO	1	
ENDOMETRIN 100 MG INSERT MO	1	
enilloring 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
enskyce 0.15-0.03 mg TABLET MO	1	
errin 0.35 mg TABLET MO	1	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	1	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET MO	1	
estradiol 10 mcg TABLET MO	1	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	1	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	1	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	1	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	1	
femynor 0.25-35 mg-mcg TABLET MO	1	
gallifrey 5 mg TABLET MO	1	
hailey 1.5-30 mg-mcg TABLET MO	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
haloette 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lo-zumandimine (28) 3-0.02 mg TABLET MO	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	1	
lutura (28) 0.1-20 mg-mcg TABLET MO	1	
lyleq 0.35 mg TABLET MO	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	1	
marlissa (28) 0.15-0.03 mg TABLET MO	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	1	
medroxyprogesterone 150 mg/ml SUSPENSION MO	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET MO	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION MO	1	
megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION MO	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
mili 0.25-35 mg-mcg TABLET MO	1	
mimvey 1-0.5 mg TABLET MO	1	
MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET MO	1	
mono-lynyah 0.25-35 mg-mcg TABLET MO	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	1	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	1	
nikki (28) 3-0.02 mg TABLET MO	1	
NORA-BE 0.35 MG TABLET MO	1	
nora-be 0.35 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
norethindrone (contraceptive) 0.35 mg TABLET MO	1	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET MO	1	
norethindrone acetate 5 mg TABLET MO	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
nymyo 0.25-35 mg-mcg TABLET MO	1	
ocella 3-0.03 mg TABLET MO	1	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET MO	1	
OSPHENA 60 MG TABLET MO	1	PA
oxandrolone 10 mg TABLET MO	1	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	1	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	1	
pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET MO	1	
portia 28 0.15-0.03 mg TABLET MO	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	1	
PREMARIN 0.625 MG/GRAM CREAM MO	1	
progesterone 50 mg/ml OIL MO	1	
progesterone micronized 100 mg, 200 mg CAPSULE MO	1	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
raloxifene 60 mg TABLET MO	1	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rivalsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	1	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
sprintec (28) 0.25-35 mg-mcg TABLET MO	1	
sronyx 0.1-20 mg-mcg TABLET MO	1	
syeda 3-0.03 mg TABLET MO	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	1	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	1	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	1	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	1	
testosterone enanthate 200 mg/ml OIL MO	1	QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
tri femynor 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
tulana 0.35 mg TABLET MO	1	
turqoz (28) 0.3-30 mg-mcg TABLET MO	1	
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET MO	1	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	1	
vestura (28) 3-0.02 mg TABLET MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vienna 0.1-20 mg-mcg TABLET MO	1	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	1	
vylibra 0.25-35 mg-mcg TABLET MO	1	
wera (28) 0.5-35 mg-mcg TABLET MO	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	1	
zumandimine (28) 3-0.03 mg TABLET MO	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	1	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
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	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET MO	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET 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	1	
liothyronine 10 mcg/ml SOLUTION MO	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
ISTURISA 1 MG TABLET DL	1	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET DL	1	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET DL	1	PA,QL(360 per 30 days)
LYSODREN 500 MG TABLET DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline 0.5 mg TABLET</i> MO	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	1	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	1	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	1	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	1	PA
FIRMAGON 120 MG RECON SOLUTION DL	1	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	1	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	1	PA
<i>leuprolide 1 mg/0.2 ml KIT</i> MO	1	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION</i> MO	1	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT MO	1	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	1	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT MO	1	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT MO	1	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT DL	1	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT DL	1	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	1	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	1	PA,QL(1 per 90 days)
<i>octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION</i> MO	1	PA
<i>octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE</i> MO	1	PA
<i>octreotide acetate 50 mcg/ml SOLUTION</i> MO	1	PA
<i>octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON</i> DL	1	PA
ORGOVYX 120 MG TABLET DL	1	PA,QL(32 per 30 days)
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	1	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	1	PA,QL(60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	1	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	1	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	1	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	1	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	1	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	1	PA
ZOLADEX 10.8 MG IMPLANT MO	1	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	1	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole 10 mg, 5 mg TABLET</i> MO	1	
<i>propylthiouracil 50 mg TABLET</i> MO	1	
IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION AV,DL	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	1	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION AV,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE AV,DL	1	
ARCALYST 220 MG RECON SOLUTION DL	1	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
<i>azathioprine 50 mg TABLET</i> MO	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL	1	
BENLYSTA 120 MG RECON SOLUTION DL	1	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	1	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	1	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	1	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE DL	1	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	1	BvsD
COSENTYX 150 MG/ML SYRINGE DL	1	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE DL	1	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	1	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	1	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	1	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR DL	1	PA,QL(8 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cyclosporine 100 mg, 25 mg CAPSULE</i> MO	1	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE</i> MO	1	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION</i> MO	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	1	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	1	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	1	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	1	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	1	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	1	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	1	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION DL	1	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	1	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	1	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	1	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	1	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO	1	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. DL	1	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET</i> MO	1	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET</i> DL	1	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET</i> DL	1	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	1	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	1	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
<i>gengraf</i> 100 mg, 25 mg CAPSULE MO	1	BvsD
<i>gengraf</i> 100 mg/ml SOLUTION MO	1	BvsD
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	1	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	1	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	1	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	1	PA,QL(6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	1	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	1	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	1	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	1	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	1	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	1	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE DL	1	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	1	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	1	PA,QL(4.8 per 28 days)
<i>icatibant</i> 30 mg/3 ml SYRINGE DL	1	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,DL	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION DL	1	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,DL	1	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	1	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	1	PA,QL(2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	1	
<i>leflunomide 10 mg, 20 mg TABLET</i> MO	1	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	
<i>methotrexate sodium 2.5 mg TABLET</i> MO	1	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION</i> MO	1	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION</i> MO	1	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION</i> MO	1	
MONJUVI 200 MG RECON SOLUTION DL	1	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	1	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE</i> MO	1	BvsD
<i>mycophenolate mofetil 500 mg TABLET</i> MO	1	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION</i> MO	1	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC</i> MO	1	BvsD
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	1	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	1	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-48MCG-62DU -10 MCG/0.5ML KIT DL	1	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION AV,DL	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
REZUROCK 200 MG TABLET DL	1	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	1	
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	1	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	1	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	1	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
<i>sajazir 30 mg/3 ml SYRINGE</i> DL	1	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION MO	1	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	1	BvsD
<i>sirolimus 0.5 mg, 1 mg, 2 mg TABLET</i> MO	1	BvsD
<i>sirolimus 1 mg/ml SOLUTION</i> MO	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	1	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE	1	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	1	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	1	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION DL	1	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	1	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	1	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	1	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE</i> MO	1	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SOLUTION AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	1	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,MO	1	
WINRHOD SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML SOLUTION DL	1	BvsD
XATMEP 2.5 MG/ML SOLUTION MO	1	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	1	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	1	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	1	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	1	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide 750 mg CAPSULE MO</i>	1	
<i>budesonide 3 mg CAPSULE, DR/EC MO</i>	1	
<i>budesonide 9 mg TABLET, DR/ER DL</i>	1	PA,QL(30 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA MO</i>	1	
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR. MO</i>	1	QL(120 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA MO</i>	1	QL(1800 per 30 days)
<i>sulfasalazine 500 mg TABLET MO</i>	1	
<i>sulfasalazine 500 mg TABLET, DR/EC MO</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate 10 mg, 5 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>alendronate 35 mg TABLET MO</i>	1	QL(4 per 28 days)
<i>alendronate 70 mg TABLET MO</i>	1	QL(4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	1	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE MO	1	
calcitriol 1 mcg/ml SOLUTION MO	1	
cinacalcet 30 mg, 60 mg TABLET MO	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET MO	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE MO	1	
doxercalciferol 4 mcg/2 ml SOLUTION MO	1	
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	1	PA,QL(2.4 per 28 days)
ibandronate 150 mg TABLET MO	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION MO	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE MO	1	PA,QL(3 per 90 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE DL,LA	1	PA,QL(2 per 28 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION MO	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION MO	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg CAPSULE MO	1	QL(30 per 30 days)
paricalcitol 2 mcg/ml SOLUTION MO	1	QL(24 per 30 days)
paricalcitol 4 mcg CAPSULE MO	1	QL(12 per 30 days)
paricalcitol 5 mcg/ml SOLUTION MO	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE MO	1	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	1	QL(60 per 30 days)
risedronate 150 mg TABLET MO	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
risedronate 35 mg TABLET MO	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC MO	1	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	1	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	1	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION MO	1	
zoledronic acid 4 mg/5 ml SOLUTION MO	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK MO	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
acetic acid 0.25 % SOLUTION MO	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	1	PA
ALCOHOL PADS PADS, MEDICATED MO	1	
ALCOHOL PREP PADS PADS, MEDICATED MO	1	
ALCOHOL SWABS PADS, MEDICATED MO	1	
ALCOHOL WIPES PADS, MEDICATED MO	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE PDS,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE PDS,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BORDERED GAUZE 2 X 2 " BANDAGE MO	1	
<i>butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE</i> DL	1	QL(360 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg CAPSULE</i> MO	1	QL(180 per 30 days)
<i>butalbital-acetaminophen-caff 50-325-40 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION</i> MO	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED MO	1	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE DL	1	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK DL	1	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED MO	1	
CURITY GAUZE 2 X 2 " BANDAGE MO	1	
DERMACEA 2 X 2 " BANDAGE MO	1	
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 PDS,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
<i>flumazenil 0.1 mg/ml SOLUTION</i> MO	1	
GAUZE BANDAGE 2 X 2 " BANDAGE MO	1	
GAUZE PAD 2 X 2 " BANDAGE MO	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
IV PREP WIPES PADS, MEDICATED MO	1	
KORLYM 300 MG TABLET DL	1	PA,QL(120 per 30 days)
<i>lactated ringers SOLUTION</i> MO	1	
LAGEVRIO (EUA) 200 MG CAPSULE MO	1	QL(40 per 5 days)
LITHOSTAT 250 MG TABLET MO	1	
<i>mifepristone 300 mg TABLET</i> DL	1	PA,QL(120 per 30 days)
<i>nitroglycerin 0.4 % (w/w) OINTMENT</i> MO	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	1	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	1	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	1	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	1	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	1	
OMNIPOD GO PODS CARTRIDGE MO	1	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	1	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	1	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	1	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	1	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	1	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	1	
PAXLOVID 150-100 MG TABLET, DOSE PACK \$0,MO	1	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK \$0,MO	1	QL(60 per 10 days)
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE PDS,MO	1	
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION MO	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
<i>protamine 10 mg/ml SOLUTION</i> MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	1	QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION DL	1	BvsD
ringer's SOLUTION MO	1	
sodium benzoate-sod phenylacet 10-10 % SOLUTION DL	1	
sodium chloride 0.9 % SOLUTION MO	1	
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION MO	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED MO	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
UBRELVY 100 MG, 50 MG TABLET MO	1	PA,QL(16 per 30 days)
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
V-GO 20 DEVICE MO	1	
V-GO 30 DEVICE MO	1	
V-GO 40 DEVICE MO	1	
water for irrigation, sterile SOLUTION MO	1	
WEBCOL PADS, MEDICATED MO	1	
XDEMZY 0.25 % DROPS MO	1	PA,QL(10 per 42 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL	1	PA
OPHTHALMIC AGENTS		
ak-poly-bac 500-10,000 unit/gram OINTMENT MO	1	
ALCAINE 0.5 % DROPS MO	1	
ALPHAGAN P 0.1 % DROPS MO	1	
apraclonidine 0.5 % DROPS MO	1	
atropine 1 % DROPS MO	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	1	
azelastine 0.05 % DROPS MO	1	
bacitracin 500 unit/gram OINTMENT MO	1	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT MO	1	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	1	
betaxolol 0.5 % DROPS MO	1	
brimonidine 0.15 % DROPS MO	1	
brimonidine 0.2 % DROPS MO	1	
carteolol 1 % DROPS MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CILOXAN 0.3 % OINTMENT MO	1	
ciprofloxacin hcl 0.3 % DROPS MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	1	QL(5 per 25 days)
cromolyn 4 % DROPS MO	1	
cyclopentolate 0.5 %, 1 %, 2 % DROPS MO	1	
CYSTARAN 0.44 % DROPS DL	1	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	1	
diclofenac sodium 0.1 % DROPS MO	1	
dorzolamide 2 % DROPS MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	1	
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	1	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION MO	1	
flurbiprofen sodium 0.03 % DROPS MO	1	
gatifloxacin 0.5 % DROPS MO	1	QL(2.5 per 25 days)
gentak 0.3 % (3 mg/gram) OINTMENT MO	1	
gentamicin 0.3 % DROPS MO	1	
ILEVRO 0.3 % DROPS, SUSPENSION MO	1	QL(3 per 30 days)
ketorolac 0.4 % DROPS MO	1	QL(10 per 30 days)
ketorolac 0.5 % DROPS MO	1	QL(10 per 30 days)
latanoprost 0.005 % DROPS MO	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS MO	1	
LOTEMAX SM 0.38 % DROPS, GEL MO	1	
LUMIGAN 0.01 % DROPS MO	1	QL(2.5 per 25 days)
moxifloxacin 0.5 % DROPS MO	1	
NATACYN 5 % DROPS, SUSPENSION MO	1	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ofloxacin 0.3 % DROPS MO	1	
olopatadine 0.1 % DROPS MO	1	
olopatadine 0.2 % DROPS MO	1	
PHOSPHOLINE IODIDE 0.125 % DROPS MO	1	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	1	
polycin 500-10,000 unit/gram OINTMENT MO	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	
PRED-G 0.3-1 % DROPS, SUSPENSION MO	1	
prednisolone acetate 1 % DROPS, SUSPENSION MO	1	
prednisolone sodium phosphate 1 % DROPS MO	1	
proparacaine 0.5 % DROPS MO	1	
RESTASIS 0.05 % DROPPERETTE MO	1	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	1	QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	1	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	1	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	1	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS MO	1	
sulfacetamide-prednisolone 10%-0.23 % (0.25 %) DROPS MO	1	
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	1	
timolol maleate 0.5 % DROPS MO	1	
timolol maleate 0.5 % DROPS, ONCE DAILY MO	1	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE MO	1	
tobramycin 0.3 % DROPS MO	1	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	1	
travoprost 0.004 % DROPS MO	1	QL(2.5 per 25 days)
trifluridine 1 % DROPS MO	1	
VYZULTA 0.024 % DROPS MO	1	QL(2.5 per 25 days)
ZERVIAE 0.24 % DROPPERETTE MO	1	QL(60 per 30 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS MO	1	
hydrocortisone-acetic acid 1-2 % DROPS MO	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	1	
ofloxacin 0.3 % DROPS MO	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	1	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL,LA	1	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	1	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 MO	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	1	
albuterol sulfate 2 mg/5 ml SYRUP MO	1	
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	1	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	1	QL(36 per 30 days)
alyq 20 mg TABLET MO	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	1	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	1	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	1	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	1	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	1	QL(10.7 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
BREO ELLIPTA 50-25 MCG/DOSE BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	1	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	1	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	1	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyproheptadine 4 mg TABLET MO	1	
desloratadine 5 mg TABLET MO	1	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION MO	1	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	1	QL(4 per 30 days)
epoprostenol (glycine) 0.5 mg, 1.5 mg RECON SOLUTION DL	1	PA
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	1	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	1	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. MO	1	QL(1 per 30 days)
fluticasone propion-salmeterol 250-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	1	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 50 mg CAPSULE MO	1	
hydroxyzine pamoate 25 mg CAPSULE MO	1	
ipratropium bromide 0.02 % SOLUTION MO	1	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL MO	1	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	1	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	1	PA,QL(60 per 30 days)
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	1	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET MO	1	QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	1	QL(34 per 30 days)
montelukast 10 mg TABLET MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET MO	1	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	1	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	1	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	1	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	1	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET DL,LA	1	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET DL	1	PA,QL(30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	1	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	1	PA,QL(112 per 28 days)
<i>pirfenidone</i> 267 mg CAPSULE DL	1	PA,QL(270 per 30 days)
<i>pirfenidone</i> 267 mg TABLET DL	1	PA,QL(270 per 30 days)
<i>pirfenidone</i> 534 mg, 801 mg TABLET DL	1	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	1	BvsD
<i>roflumilast</i> 250 mcg TABLET MO	1	QL(28 per 365 days)
<i>roflumilast</i> 500 mcg TABLET MO	1	QL(30 per 30 days)
<i>sildenafil (pulm.hypertension)</i> 20 mg TABLET MO	1	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	1	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	1	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	1	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	1	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(30.6 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	1	PA,QL(56 per 28 days)
<i>tadalafil (pulm. hypertension)</i> 20 mg TABLET MO	1	PA,QL(60 per 30 days)
<i>theophylline</i> 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	1	
<i>theophylline</i> 400 mg, 600 mg TABLET, ER 24 HR. MO	1	
<i>theophylline in dextrose</i> 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION MO	1	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	1	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	1	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	1	PA,QL(56 per 28 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	1	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	1	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	1	QL(36 per 30 days)
<i>wixela inhub</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
<i>zafirlukast</i> 10 mg TABLET MO	1	QL(60 per 30 days)
<i>zafirlukast</i> 20 mg TABLET MO	1	QL(60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>cyclobenzaprine 10 mg, 5 mg TABLET</i> MO	1	
<i>methocarbamol 500 mg, 750 mg TABLET</i> MO	1	
<i>vanadom 350 mg TABLET</i> MO	1	QL(120 per 30 days)
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET MO	1	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	1	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	1	QL(120 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET</i> MO	1	QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION DL	1	PA,QL(158 per 30 days)
<i>modafinil 100 mg, 200 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
<i>sodium oxybate 500 mg/ml SOLUTION</i> DL	1	PA,QL(540 per 30 days)
<i>tasimelteon 20 mg CAPSULE</i> DL	1	PA,QL(30 per 30 days)
<i>temazepam 15 mg, 30 mg CAPSULE</i> DL	1	QL(30 per 30 days)
<i>zaleplon 10 mg, 5 mg CAPSULE</i> MO	1	QL(30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)

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

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

Index

A

- abacavir... 45
- abacavir-lamivudine... 45
- ABELCET... 26
- ABILIFY ASIMTUFI... 42
- ABILIFY MAINTENA... 42
- abiraterone... 29
- ABRYSVO (PF)... 85
- acamprosate... 13
- acarbose... 49
- accutane... 64
- acebutolol... 55
- acetaminophen-codeine... 10
- acetazolamide sodium... 55
- acetazolamide... 55
- acetic acid... 13, 91
- acetylcysteine... 91, 98
- acitretin... 64
- ACTHIB (PF)... 85
- ACTIMMUNE... 85
- acyclovir sodium... 45
- acyclovir... 45
- ADACEL(TDAP
ADOLESN/ADULT)(PF)... 85
- adapalene... 64
- ADCETRIS... 29
- adefovir... 45
- ADEMPAS... 98
- adenosine... 55
- ADRIAMYCIN... 29
- ADSTILADRIN... 92
- ADVAIR HFA... 98
- afirmelle... 76
- AIMOVIG AUTOINJECTOR... 27
- ak-poly-bac... 95
- AKEEGA... 29
- albendazole... 40
- albuterol sulfate... 98
- ALCAINE... 95
- ALCOHOL PADS... 92
- ALCOHOL PREP PADS... 92
- ALCOHOL SWABS... 92
- ALCOHOL WIPES... 92
- ALECENSA... 29
- alendronate... 90
- alfuzosin... 74
- ALIQOPA... 29
- aliskiren... 55
- allopurinol... 27
- alosetron... 72
- ALPHAGAN P... 95
- alprazolam intensol... 49
- alprazolam... 48, 49
- altavera (28)... 76
- ALUNBRIG... 29
- alyacen 1/35 (28)... 76
- alyacen 7/7/7 (28)... 76
- alyq... 98
- amabelz... 76
- amantadine hcl... 41
- AMBISOME... 26
- ambrisentan... 98
- amethia... 76
- amethyst (28)... 76
- amikacin... 13
- amiloride... 55
- amiloride-hydrochlorothiazide... 55
- aminocaproic acid... 53
- aminophylline... 98
- AMINOSYN II 10 %... 67
- AMINOSYN II 15 %... 67
- AMINOSYN II 7 %... 67
- AMINOSYN II 8.5 %... 67
- AMINOSYN II 8.5
%-ELECTROLYTES... 67
- AMINOSYN M 3.5 %... 67
- AMINOSYN 10 %... 67
- AMINOSYN 7 % WITH
ELECTROLYTES... 67
- AMINOSYN 8.5 %... 67

AMINOSYN 8.5 %-ELECTROLYTES... 67	APRETUDE... 45	ATROVENT HFA... 98
AMINOSYN-PF 10 %... 67	apri... 76	aubra eq... 77
AMINOSYN-PF 7 % (SULFITE-FREE)... 67	APTIOM... 19	aubra... 76
AMINOSYN-RF 5.2 %... 68	APTIVUS... 45	AUGMENTIN... 14
amiodarone... 55	aranelle (28)... 76	AUGTYRO... 29
amitriptyline... 23	ARCALYST... 85	aurovela fe 1.5/30 (28)... 77
amlodipine... 55	AREXVY (PF)... 85	aurovela fe 1-20 (28)... 77
amlodipine-atorvastatin... 55	arformoterol... 98	aurovela 1.5/30 (21)... 77
amlodipine-benazepril... 55	aripiprazole... 42	aurovela 1/20 (21)... 77
amlodipine-olmesartan... 55	ARISTADA INITIO... 42	aurovela 24 fe... 77
amlodipine-valsartan... 55	ARISTADA... 42	AUSTEDO XR TITRATION KT(WK1-4)... 63
ammonium lactate... 65	ARMOUR THYROID... 83	AUSTEDO XR... 63
amnestem... 65	ARNUIITY ELLIPTA... 98	AUSTEDO... 62
amoxapine... 23	ARRANON... 29	AUTOJECT 2 INJECTION DEVICE... 92
amoxicillin... 13, 14	arsenic trioxide... 29	AUTOPEN 1 TO 21 UNITS... 92
amoxicillin-pot clavulanate... 14	asenapine maleate... 42	AUTOPEN 2 TO 42 UNITS... 92
amphotericin b liposome... 26	ashlyna... 76	AUVELITY... 23
amphotericin b... 26	ASPARLAS... 29	AUVI-Q... 98
ampicillin sodium... 14	aspirin-dipyridamole... 53	aviane... 77
ampicillin... 14	atazanavir... 45	ayuna... 77
ampicillin-sulbactam... 14	atenolol... 55	AYVAKIT... 29
anagrelide... 53	atenolol-chlorthalidone... 55	azacitidine... 29
anastrozole... 29	atomoxetine... 62	azathioprine... 85
ANKTIVA... 29	atorvastatin... 56	azelaic acid... 65
apraclonidine... 95	atovaquone... 40	azelastine... 95, 98
aprepitant... 25	atovaquone-proguanil... 40	azithromycin... 14
	ATROPINE SULFATE (PF)... 95	
	atropine... 95	

aztreonam... 14	BD NANO 2ND GEN PEN NEEDLE... 92	BETADINE OPHTHALMIC PREP... 95
azurette (28)... 77	BD SAFETYGLIDE INSULIN SYRINGE... 92	betaine... 73
B	BD SAFETYGLIDE SYRINGE... 92	betamethasone acet,sod phos... 75
bacitracin... 14, 95	BD SAFETYGLIDE SYRINGE... 92	betamethasone dipropionate... 65
bacitracin-polymyxin b... 95	BD ULTRA-FINE MICRO PEN NEEDLE... 92	betamethasone valerate... 65
baclofen... 44	BD ULTRA-FINE MINI PEN NEEDLE... 92	betamethasone, augmented... 65
bal-care dha... 68	BD ULTRA-FINE NANO PEN NEEDLE... 92	BETASERON... 63
balsalazide... 90	BD ULTRA-FINE ORIG PEN NEEDLE... 92	betaxolol... 95
BALVERSA... 29	BD ULTRA-FINE SHORT PEN NEEDLE... 92	bethanechol chloride... 74
balziva (28)... 77	BD VEO INSULIN SYR (HALF UNIT)... 92	BEVESPI AEROSPHERE... 98
BAND-AID GAUZE PADS... 92	BD VEO INSULIN SYRINGE UF... 93	bexarotene... 29
BAQSIMI... 49	BELBUCA... 10	BEXSERO... 85
BARACLUDE... 45	BELEODAQ... 29	bicalutamide... 29
BAVENCIO... 29	BELRAPZO... 29	BICILLIN C-R... 14
BCG VACCINE, LIVE (PF)... 85	BELSOMRA... 101	BICILLIN L-A... 14
BD ALCOHOL SWABS... 92	benazepril... 56	BICNU... 29
BD AUTOSHIELD DUO PEN NEEDLE... 92	benazepril-hydrochlorothiazide... 56	BIKTARVY... 45
BD ECLIPSE LUER-LOK... 92	bendamustine... 29	bismuth subcit k-metronidz-tcn... 72
BD INSULIN SYRINGE (HALF UNIT)... 92	BENDEKA... 29	bisoprolol fumarate... 56
BD INSULIN SYRINGE MICRO-FINE... 92	BENLYSTA... 85	bisoprolol-hydrochlorothiazide... 56
BD INSULIN SYRINGE U-500... 92	benztropine... 41	bleomycin... 29
BD INSULIN SYRINGE ULTRA-FINE... 92	BESPONSА... 29	blisovi fe 1.5/30 (28)... 77
BD INSULIN SYRINGE... 92	BESREMI... 85	blisovi fe 1/20 (28)... 77
BD LO-DOSE MICRO-FINE IV... 92		blisovi 24 fe... 77
		BOOSTRIX TDAP... 85
		BORDERED GAUZE... 93
		BORTEZOMIB... 30

BOSULIF... 30	cabergoline... 84	carboplatin... 30
BRAFTOVI... 30	CABLIVI... 53	CARETOUCH ALCOHOL PREP PAD... 93
BREO ELLIPTA... 98	CABOMETYX... 30	carglumic acid... 68
BREZTRI AEROSPHERE... 98	caffeine citrate... 93	carisoprodol... 101
briellyn... 77	calcipotriene... 65	carmustine... 30
BRILINTA... 53	calcitonin (salmon)... 91	carteolol... 95
brimonidine... 95	calcitriol... 91	cartia xt... 56
BRIVIACT... 19	calcium acetate(phosphat bind)... 68	carvedilol phosphate... 56
bromocriptine... 41	calcium chloride... 68	carvedilol... 56
BRUKINSA... 30	calcium gluconate... 68	casprofungin... 26
budesonide... 90, 98	CALQUENCE (ACALABRUTINIB MAL)... 30	CAYSTON... 98
bumetanide... 56	CALQUENCE... 30	caziant (28)... 77
bupivacaine (pf)... 12	camila... 77	cefaclor... 14
bupivacaine hcl... 12	camrese lo... 77	cefadroxil... 14
buprenorphine hcl... 13	camrese... 77	cefazolin in dextrose (iso-os)... 14
buprenorphine... 10	CAMZYOS... 56	cefazolin... 14
buprenorphine-naloxone... 13	candesartan... 56	cefdinir... 14
bupropion hcl (smoking deter)... 13	candesartan-hydrochlorothiazid... 56	cefepime in dextrose 5 %... 14
bupropion hcl... 23	CAPLYTA... 42	cefepime in dextrose,iso-osm... 15
bupirone... 49	CAPRELSA... 30	cefepime... 14
busulfan... 30	captopril... 56	cefixime... 15
BUSULFEX... 30	captopril-hydrochlorothiazide... 56	cefotaxime... 15
butalbital-acetaminop-caf-cod... 93	carbamazepine... 19	cefotetan... 15
butalbital-acetaminophen-caff... 93	carbidopa-levodopa... 41	cefoxitin in dextrose, iso-osm... 15
BYDUREON BCISE... 49	carbidopa-levodopa-entacapone... 41	cefoxitin... 15
C		cefpodoxime... 15
c-nate dha... 68		cefprozil... 15
CABENUVA... 45		

ceftazidime in d5w... 15	CHORIONIC GONADOTROPIN, HUMAN... 76	CLINIMIX E 4.25%/D10W SUL FREE... 68
ceftazidime... 15		
ceftriaxone in dextrose,iso-os... 15	ciclodan... 26	CLINIMIX E 4.25%/D5W SULF FREE... 68
ceftriaxone... 15	ciclopirox... 26	
cefuroxime axetil... 15	cidofovir... 45	CLINIMIX E 5%/D15W SULFIT FREE... 68
cefuroxime sodium... 15	cilostazol... 53	CLINIMIX E 5%/D20W SULFIT FREE... 68
celecoxib... 10	CILOXAN... 96	
CELLCEPT INTRAVENOUS... 85	CIMDUO... 45	CLINIMIX E 8%-D10W SULFITEFREE... 68
cephalexin... 15	cimetidine hcl... 72	CLINIMIX E 8%-D14W SULFITEFREE... 68
CERDELGA... 74	cimetidine... 72	
CEREZYME... 74	cinacalcet... 91	CLINIMIX 4.25%/D10W SULF FREE... 68
cetirizine... 98	ciprofloxacin hcl... 15, 96	
cevimeline... 64	ciprofloxacin in 5 % dextrose... 15	CLINIMIX 4.25%/D5W SULFIT FREE... 68
charlotte 24 fe... 77	cisplatin... 30	CLINIMIX 5%-D20W(SULFITE-FREE)... 68
chateal (28)... 77	citalopram... 23	CLINIMIX 5%/D15W SULFITE FREE... 68
chateal eq (28)... 77	cladribine... 30	CLINIMIX 6%-D5W (SULFITE-FREE)... 68
CHEMET... 68	claravis... 65	CLINIMIX 8%-D10W(SULFITE-FREE)... 68
chloramphenicol sod succinate... 15	clarithromycin... 15	CLINIMIX 8%-D14W(SULFITE-FREE)... 68
chlorhexidine gluconate... 64	CLENPIQ... 72	CLINISOL SF 15 %... 68
chloroquine phosphate... 40	CLEOCIN... 15	CLINOLIPID... 68
chlorothiazide sodium... 56	clindamycin hcl... 15	clobazam... 19
chlorpromazine... 42	clindamycin in 0.9 % sod chlor... 15	clobetasol... 65
chlorthalidone... 56	clindamycin in 5 % dextrose... 15	clobetasol-emollient... 65
CHOLBAM... 74	clindamycin palmitate hcl... 15	
cholestyramine (with sugar)... 56	clindamycin pediatric... 16	
cholestyramine light... 56	clindamycin phosphate... 16, 65	
cholestyramine-aspartame... 56	CLINIMIX E 2.75%/D5W SULF FREE... 68	

clofarabine... 30	CORLANOR... 57	CYRAMZA... 30
CLOLAR... 30	CORLOPAM... 57	cyred eq... 77
clomipramine... 23	COSENTYX (2 SYRINGES)... 85	cyred... 77
clonazepam... 49	COSENTYX PEN (2 PENS)... 85	CYSTAGON... 74
clonidine hcl... 56	COSENTYX PEN... 85	CYSTARAN... 96
clonidine... 56	COSENTYX UNOREADY PEN... 85	cytarabine (pf)... 31
clopidogrel... 53	COSENTYX... 85	cytarabine... 30
clorazepate dipotassium... 49	COSMEGEN... 30	D
clotrimazole... 26	COTELLIC... 30	dabigatran etexilate... 53
clotrimazole-betamethasone... 26	CREON... 74	dacarbazine... 31
clozapine... 42	cromolyn... 96, 98	dactinomycin... 31
COARTEM... 40	cryselle (28)... 77	dalfampridine... 63
COBENFY STARTER PACK... 93	CRYSVITA... 74	danazol... 77
COBENFY... 93	CURITY ALCOHOL SWABS... 93	dantrolene... 45
colchicine... 27	CURITY GAUZE... 93	DANYELZA... 31
colestipol... 56	cyclobenzaprine... 101	dapsone... 28
colistin (colistimethate na)... 16	cyclopentolate... 96	DAPTACEL (DTAP PEDIATRIC) (PF)... 86
COLUMVI... 30	cyclophosphamide... 30	daptomycin in 0.9 % sod chlor... 16
COMBIGAN... 96	cycloserine... 28	daptomycin... 16
COMBIPATCH... 77	cyclosporine modified... 86	darifenacin... 74
COMBIVENT RESPIMAT... 98	cyclosporine... 86	darunavir... 45
COMETRIQ... 30	CYLTEZO(CF) PEN CROHN'S-UC-HS... 86	DARZALEX FASPRO... 31
COMPLERA... 45	CYLTEZO(CF) PEN PSORIASIS-UV... 86	DARZALEX... 31
complete natal dha... 68	CYLTEZO(CF) PEN... 86	dasatinib... 31
compro... 25	CYLTEZO(CF)... 86	dasetta 1/35 (28)... 77
constulose... 72	cyproheptadine... 99	dasetta 7/7/7 (28)... 77
COPAXONE... 63		daunorubicin... 31
COPIKTRA... 30		

DAURISMO... 31	dextrose 10 % and 0.2 % nacl... 68	dihydroergotamine... 27
daysee... 77	dextrose 10 % in water (d10w)... 68	DILANTIN INFATABS... 19
deblitane... 77	dextrose 20 % in water (d20w)... 69	DILANTIN-125... 19
decitabine... 31	dextrose 25 % in water (d25w)... 69	dilt-xr... 57
deferasirox... 68	dextrose 30 % in water (d30w)... 69	diltiazem hcl... 57
DELSTRIGO... 45	dextrose 40 % in water (d40w)... 69	dimethyl fumarate... 63
demeclocycline... 16	dextrose 5 % in water (d5w)... 69	diphenhydramine hcl... 99
DENGVAXIA (PF)... 86	dextrose 5 %-lactated ringers... 69	diphenoxylate-atropine... 72
DEPO-ESTRADIOL... 77	dextrose 5%-0.2 % sod chloride... 69	dipyridamole... 53
DEPO-SUBQ PROVERA 104... 77	dextrose 5%-0.3 % sod.chloride... 69	disulfiram... 13
DERMACEA... 93	dextrose 50 % in water (d50w)... 69	DIURIL... 57
DESCOVY... 45	dextrose 70 % in water (d70w)... 69	divalproex... 19
desipramine... 23	DIACOMIT... 19	DOCEFREZ... 31
desloratadine... 99	diazepam intensol... 49	docetaxel... 31
desmopressin... 76	diazepam... 19, 49	dofetilide... 57
desog-e.estradiol/e.estradiol... 77	diazoxide... 49	dolishale... 78
desogestrel-ethinyl estradiol... 77	diclofenac epolamine... 10	donepezil... 22
desvenlafaxine succinate... 23	diclofenac sodium... 10, 65, 96	dorzolamide... 96
dexamethasone intensol... 75	diclofenac-misoprostol... 10	dorzolamide-timolol... 96
dexamethasone sodium phos (pf)... 75	dicloxacillin... 16	dotti... 78
dexamethasone sodium phosphate... 75, 96	dicyclomine... 72	DOVATO... 45
dexamethasone... 75	didanosine... 45	doxazosin... 57
dexmethylphenidate... 63	DIFICID... 16	doxepin... 49
dexrazoxane hcl... 31	digitek... 57	doxercalciferol... 91
dextroamphetamine sulfate... 63	digox... 57	doxorubicin... 31
dextroamphetamine-amphetamine... 63	digoxin... 57	doxorubicin, peg-liposomal... 31
		doxy-100... 16
		doxycycline hyclate... 16

doxycycline monohydrate... 16	ec-naproxen... 10	EMPLICITI... 31
DRIZALMA SPRINKLE... 23	econazole... 26	EMSAM... 23
dronabinol... 25	EDURANT... 45	emtricitabine... 46
droperidol... 42	efavirenz... 45, 46	emtricitabine-tenofovir (tdf)... 46
DROPLET INSULIN SYR(HALF UNIT)... 93	efavirenz-emtricitabin-tenofov... 46	EMTRIVA... 46
DROPLET INSULIN SYRINGE... 93	efavirenz-lamivu-tenofov disop... 46	emzahh... 78
DROPLET MICRON PEN NEEDLE... 93	EGRIFTA SV... 76	enalapril maleate... 57
DROPLET PEN NEEDLE... 93	electrolyte-a... 69	enalapril-hydrochlorothiazide... 57
DROPSAFE ALCOHOL PREP PADS... 93	electrolyte-148... 69	enalaprilat... 57
DROPSAFE PEN NEEDLE... 93	electrolyte-48 in d5w... 69	ENBREL MINI... 86
drosiprenone-ethinyl estradiol... 78	ELELYSO... 74	ENBREL SURECLICK... 86
DROXIA... 93	ELIGARD (3 MONTH)... 84	ENBREL... 86
DUAVEE... 78	ELIGARD (4 MONTH)... 84	endocet... 10
duloxetine... 23	ELIGARD (6 MONTH)... 84	ENDOMETRIN... 78
DUPIXENT PEN... 86	ELIGARD... 84	ENGERIX-B (PF)... 86
DUPIXENT SYRINGE... 86	elinest... 78	ENGERIX-B PEDIATRIC (PF)... 86
dutasteride... 74	ELIQUIS DVT-PE TREAT 30D START... 53	ENHERTU... 31
dutasteride-tamsulosin... 74	ELIQUIS... 53	enilloring... 78
d10 %-0.45 % sodium chloride... 68	ELLA... 78	enoxaparin... 53, 54
d2.5 %-0.45 % sodium chloride... 68	ELMIRON... 74	enpresse... 78
d5 % and 0.9 % sodium chloride... 68	ELREXFIO... 31	enskyce... 78
d5 %-0.45 % sodium chloride... 68	eluryng... 78	ENSTILAR... 65
E	ELZONRIS... 31	entacapone... 41
EASY COMFORT ALCOHOL PAD... 93	EMCYT... 31	entecavir... 46
EASY TOUCH ALCOHOL PREP PADS... 93	EMGALITY PEN... 27	ENTRESTO SPRINKLE... 57
	EMGALITY SYRINGE... 27	enulose... 72
		ENVARUSUS XR... 86

EPCLUSA... 46	eszopiclone... 101	FANAPT... 42
EPIDIOLEX... 19	ethacrynate sodium... 57	FARXIGA... 50
epinephrine... 99	ethambutol... 28	FASENRA PEN... 99
epirubicin... 31	ethosuximide... 19	febuxostat... 27
epitol... 19	ethynodiol diac-eth estradiol... 78	felbamate... 20
EPIVIR HBV... 46	etodolac... 10	felodipine... 57
EPKINLY... 31	etonogestrel-ethinyl estradiol... 78	FEMLYV... 78
epoprostenol (glycine)... 99	ETOPOPHOS... 32	femynor... 78
EPRONTIA... 28	etoposide... 32	fenofibrate micronized... 57
ERBITUX... 31	etravirine... 46	fenofibrate nanocrystallized... 57
ergotamine-caffeine... 28	EULEXIN... 32	fenofibrate... 57
eribulin... 31	EUTHYROX... 83	fenofibric acid... 57
ERIVEDGE... 31	everolimus (antineoplastic)... 32	fentanyl citrate (pf)... 10
ERLEADA... 31	everolimus (immunosuppressive)... 86	fentanyl citrate... 10
erlotinib... 32	EVOMELA... 32	fentanyl... 10
errin... 78	EVOTAZ... 46	fesoterodine... 74
ertapenem... 16	exemestane... 32	FETZIMA... 23
ery pads... 65	EXKIVITY... 32	FIASP FLEXTOUCH U-100 INSULIN... 50
ERYTHROCIN... 16	EYSUVIS... 96	FIASP PENFILL U-100 INSULIN... 50
erythromycin lactobionate... 16	ezetimibe... 57	FIASP U-100 INSULIN... 50
erythromycin with ethanol... 65	ezetimibe-simvastatin... 57	finasteride... 75
erythromycin... 16, 96		fingolimod... 63
escitalopram oxalate... 23	F	FINTEPLA... 20
esomeprazole magnesium... 72	falmina (28)... 78	FIRDAPSE... 63
estradiol valerate... 78	famciclovir... 46	FIRMAGON KIT W DILUENT SYRINGE... 84
estradiol... 78	famotidine (pf)... 72	FIRMAGON... 84
estradiol-norethindrone acet... 78	famotidine (pf)-nacl (iso-os)... 72	
ESTRING... 78	famotidine... 72	

granisetron hcl... 25	HUMALOG JUNIOR KWIKPEN U-100... 50	HUMULIN N NPH U-100 INSULIN... 51
griseofulvin microsize... 26		
griseofulvin ultramicrosize... 26	HUMALOG KWIKPEN INSULIN... 50	HUMULIN R REGULAR U-100 INSULN... 51
guanfacine... 58, 63	HUMALOG MIX 50-50 INSULN U-100... 50	HUMULIN R U-500 (CONC) INSULIN... 51
GVOKE HYPOPEN 1-PACK... 50	HUMALOG MIX 50-50 KWIKPEN... 50	HUMULIN R U-500 (CONC) KWIKPEN... 51
GVOKE HYPOPEN 2-PACK... 50	HUMALOG MIX 75-25 KWIKPEN... 50	
GVOKE PFS 1-PACK SYRINGE... 50	HUMALOG MIX 75-25(U-100)INSULN... 50	HUMULIN 70/30 U-100 INSULIN... 51
GVOKE PFS 2-PACK SYRINGE... 50	HUMALOG TEMPO PEN(U-100)INSULN... 50	HUMULIN 70/30 U-100 KWIKPEN... 51
GVOKE... 50		
H		
HAEGARDA... 87	HUMALOG U-100 INSULIN... 50	hydralazine... 58
hailey fe 1.5/30 (28)... 78	HUMATIN... 17	hydrochlorothiazide... 58
hailey fe 1/20 (28)... 78	HUMIRA PEN CROHNS-UC-HS START... 87	hydrocodone-acetaminophen... 10, 11
hailey 24 fe... 78	HUMIRA PEN PSOR-UVEITS-ADOL HS... 87	hydrocodone-ibuprofen... 11
hailey... 78	HUMIRA PEN... 87	hydrocortisone... 66, 90
HALAVEN... 32	HUMIRA... 87	hydrocortisone-acetic acid... 97
haloette... 78	HUMIRA(CF) PEDI CROHNS STARTER... 87	hydromorphone... 11
haloperidol decanoate... 43	HUMIRA(CF) PEN CROHNS-UC-HS... 87	hydroxychloroquine... 40
haloperidol lactate... 43	HUMIRA(CF) PEN PEDIATRIC UC... 87	hydroxyurea... 32
haloperidol... 43	HUMIRA(CF) PEN PSOR-UV-ADOL HS... 87	hydroxyzine hcl... 49
HARVONI... 46	HUMIRA(CF) PEN... 87	hydroxyzine pamoate... 99
HAVRIX (PF)... 87	HUMIRA(CF)... 87	HYFTOR... 66
heather... 79	HUMULIN N NPH INSULIN KWIKPEN... 51	HYRIMOZ PEN CROHN'S-UC STARTER... 87
heparin (porcine)... 54		HYRIMOZ PEN PSORIASIS STARTER... 87
heparin, porcine (pf)... 54		HYRIMOZ(CF) PEDI CROHN STARTER... 87
HEPLISAV-B (PF)... 87		
HETLIOZ LQ... 101		
HIBERIX (PF)... 87		

HYRIMOZ(CF) PEN... 87
 HYRIMOZ(CF)... 87
I
 ibandronate... 91
 IBRANCE... 32
 ibu... 11
 ibuprofen... 11
 ibutilide fumarate... 58
 icatibant... 87
 iclevia... 79
 ICLUSIG... 33
 idarubicin... 33
 IDHIFA... 33
 ifosfamide... 33
 ILEVRO... 96
 imatinib... 33
 IMBRUVICA... 33
 IMDELLTRA... 33
 IMFINZI... 33
 imipenem-cilastatin... 17
 imipramine hcl... 24
 imipramine pamoate... 24
 imiquimod... 66
 IMJUDO... 33
 IMLYGIC... 33
 IMOVAX RABIES VACCINE (PF)... 87
 INBRIJA... 41
 incassia... 79
 INCONTROL ALCOHOL PADS... 93
 INCRELEX... 76
 indapamide... 58
 indomethacin... 11
 INFANRIX (DTAP) (PF)... 87
 INGREZZA INITIATION
 PK(TARDIV)... 63
 INGREZZA... 63
 INLYTA... 33
 INQOVI... 33
 INREBIC... 33
 INSULIN LISPRO... 51
 INSULIN SYRINGE MICROFINE... 94
 INSULIN SYRINGE... 94
 INSULIN SYRINGE-NEEDLE U-100...
 94
 INTELENCE... 46
 INTRALIPID... 69
 INVEGA HAFYERA... 43
 INVEGA SUSTENNA... 43
 INVEGA TRINZA... 43
 INVOKAMET XR... 51
 INVOKAMET... 51
 INVOKANA... 51
 IONOSOL-B IN D5W... 69
 IONOSOL-MB IN D5W... 69
 IPOL... 88
 ipratropium bromide... 99
 ipratropium-albuterol... 99
 irbesartan... 58
 irbesartan-hydrochlorothiazide... 58
 irinotecan... 33
 ISENTRESS HD... 46
 ISENTRESS... 46
 isibloom... 79
 ISOLYTE S PH 7.4... 69
 ISOLYTE-P IN 5 % DEXTROSE... 69
 ISOLYTE-S... 69
 isoniazid... 28
 isosorbide dinitrate... 58
 isosorbide mononitrate... 58
 isosorbide-hydralazine... 58
 isotretinoin... 66
 isradipine... 58
 ISTODAX... 33
 ISTURISA... 83
 ISUPREL... 58
 itraconazole... 26
 IV PREP WIPES... 94
 ivabradine... 58
 ivermectin... 40
 IWILFIN... 33
 IXCHIQ (PF)... 88
 IXEMPRA... 33
 IXIARO (PF)... 88
J

jaimiess... 79	kalliga... 79	kurvelo (28)... 79
JAKAFI... 33	KALYDECO... 99	KYPROLIS... 34
jantoven... 54	KANJINTI... 33	L
JANUMET XR... 51	kariva (28)... 79	l norgest/e.estradiol-e.estrad... 79
JANUMET... 51	kelnor 1/35 (28)... 79	labetalol... 58
JANUVIA... 51	kelnor 1/50 (28)... 79	lacosamide... 20
JARDIANCE... 51	KERENDIA... 58	lactated ringers... 69, 94
jasmiel (28)... 79	KESIMPTA PEN... 64	lactulose... 73
javygtor... 74	ketoconazole... 26	LAGEVRIO (EUA)... 94
JAYPIRCA... 33	ketorolac... 11, 96	lamivudine... 46
JEMPERLI... 33	KEVZARA... 88	lamivudine-zidovudine... 47
jencycla... 79	KEYTRUDA... 33	lamotrigine... 20
JENTADUETO XR... 51	KIMMTRAK... 33	LAMPIT... 40
JENTADUETO... 51	KINRIX (PF)... 88	lansoprazole... 73
JEVTANA... 33	kionex (with sorbitol)... 69	LANTUS SOLOSTAR U-100 INSULIN... 51
juleber... 79	KISQALI FEMARA CO-PACK... 34	LANTUS U-100 INSULIN... 51
JULUCA... 46	KISQALI... 33, 34	lapatinib... 34
junel fe 1.5/30 (28)... 79	klayesta... 26	larin fe 1.5/30 (28)... 79
junel fe 1/20 (28)... 79	klor-con m10... 69	larin fe 1/20 (28)... 79
junel fe 24... 79	KLOR-CON M15... 69	larin 1.5/30 (21)... 79
junel 1.5/30 (21)... 79	klor-con m20... 69	larin 1/20 (21)... 79
junel 1/20 (21)... 79	KLOR-CON 10... 69	larin 24 fe... 79
JYLAMVO... 88	KLOR-CON 8... 69	latanoprost... 96
JYNNEOS (PF)... 88	KORLYM... 94	LAZCLUZE... 34
K	KOSELUGO... 34	leena 28... 79
K-TAB... 69	kourzeq... 64	leflunomide... 88
KABIVEN... 69	KRAZATI... 34	lenalidomide... 34
KADCYLA... 33	KRINTAFEL... 40	

LENVIMA... 34	lidocaine (pf)... 59	loperamide... 73
lessina... 79	lidocaine hcl... 12	lopinavir-ritonavir... 47
letrozole... 34	lidocaine in 5 % dextrose (pf)... 59	LOQTORZI... 34
leucovorin calcium... 34	lidocaine viscous... 12	lorazepam intensol... 49
LEUKERAN... 34	lidocaine... 12	lorazepam... 49
leuprolide (3 month)... 84	lidocaine-epinephrine... 13	LORBRENA... 34
leuprolide... 84	lidocaine-prilocaine... 13	loryna (28)... 80
levalbuterol tartrate... 99	lincomycin... 17	losartan... 59
levetiracetam in nacl (iso-os)... 20	lindane... 66	losartan-hydrochlorothiazide... 59
levetiracetam... 20	linezolid in dextrose 5%... 17	LOTEMAX SM... 96
LEVO-T... 83	linezolid... 17	lovastatin... 59
levobunolol... 96	linezolid-0.9% sodium chloride... 17	low-ogestrel (28)... 80
levocarnitine (with sugar)... 69	LINZESS... 73	loxapine succinate... 43
levocarnitine... 69	liothyronine... 83	lubiprostone... 73
levocetirizine... 99	LIPOFEN... 59	LUMAKRAS... 35
levofloxacin in d5w... 17	lisinopril... 59	LUMIGAN... 96
levofloxacin... 17	lisinopril-hydrochlorothiazide... 59	LUNSUMIO... 35
levoleucovorin calcium... 34	lithium carbonate... 49	LUPRON DEPOT (3 MONTH)... 84
levonest (28)... 79	lithium citrate... 49	LUPRON DEPOT (4 MONTH)... 84
levonorg-eth estrad triphasic... 79	LITHOSTAT... 94	LUPRON DEPOT (6 MONTH)... 84
levonorgestrel-ethinyl estrad... 79	lo-zumandimine (28)... 80	LUPRON DEPOT... 84
levora-28... 79	LOCOID LIPOCREAM... 66	LUPRON DEPOT-PED (3 MONTH)... 84
levothyroxine... 83	LOESTRIN FE 1.5/30 (28-DAY)... 80	LUPRON DEPOT-PED... 84
LEVOXYL... 83	LOESTRIN FE 1/20 (28-DAY)... 80	lurasidone... 43
LEVULAN... 34	LOESTRIN 1.5/30 (21)... 80	lutra (28)... 80
LEXIVA... 47	LOESTRIN 1/20 (21)... 80	LYBALVI... 43
LIBERVANT... 20	lojaimiess... 80	lyleq... 80
LIBTAYO... 34	LONSURF... 34	lyllana... 80

LYNPARZA... 35	mefloquine... 40	methscopolamine... 73
LYSODREN... 83	megestrol... 80	methsuximide... 20
LYTGOBI... 35	MEKINIST... 35	methyldopa... 59
LYUMJEV KWIKPEN U-100 INSULIN... 51	MEKTOVI... 35	methyldopa-hydrochlorothiazide... 59
LYUMJEV KWIKPEN U-200 INSULIN... 51	meloxicam... 11	methylphenidate hcl... 64
LYUMJEV TEMPO PEN(U-100)INSULN... 51	melphalan hcl... 35	methylprednisolone acetate... 75
LYUMJEV U-100 INSULIN... 51	melphalan... 35	methylprednisolone sodium succ... 75
lyza... 80	memantine... 22	methylprednisolone... 75
M	MENACTRA (PF)... 88	metoclopramide hcl... 25
M-M-R II (PF)... 88	MENEST... 80	metolazone... 59
m-natal plus... 69	MENQUADFI (PF)... 88	metoprolol succinate... 59
magnesium sulfate in d5w... 70	MENVEO A-C-Y-W-135-DIP (PF)... 88	metoprolol ta-hydrochlorothiaz... 59
magnesium sulfate in water... 70	mercaptapurine... 35	metoprolol tartrate... 59
magnesium sulfate... 69, 70	meropenem... 17	metronidazole in nacl (iso-os)... 17
malathion... 66	meropenem-0.9% sodium chloride... 17	metronidazole... 17
mannitol 10 %... 59	mesalamine... 90	metyrosine... 59
mannitol 20 %... 59	MESNEX... 35	MICAFUNGIN IN 0.9 % SODIUM CHL... 26
mannitol 25 %... 59	metformin... 51	micafungin... 26
mannitol 5 %... 59	methadone intensol... 11	miconazole-3... 27
maraviroc... 47	methadone... 11	microgestin fe 1.5/30 (28)... 80
MARGENZA... 35	methazolamide... 59	microgestin fe 1/20 (28)... 80
marlissa (28)... 80	methenamine hippurate... 17	microgestin 1.5/30 (21)... 80
MARPLAN... 24	methimazole... 85	microgestin 1/20 (21)... 80
MATULANE... 35	methocarbamol... 101	microgestin 24 fe... 80
meclizine... 25	methotrexate sodium (pf)... 88	midodrine... 59
medroxyprogesterone... 80	methotrexate sodium... 88	
	methoxsalen... 66	

mifepristone... 94	mupirocin... 66	NEBUPENT... 40
mili... 80	MUTAMYCIN... 35	necon 0.5/35 (28)... 80
mimvey... 80	MVASI... 35	nefazodone... 24
minocycline... 17	MYALEPT... 73	nelarabine... 35
minoxidil... 59	mycophenolate mofetil (hcl)... 88	neo-polycin hc... 96
MIRCETTE (28)... 80	mycophenolate mofetil... 88	neo-polycin... 96
mirtazapine... 24	mycophenolate sodium... 88	neomycin... 17
misoprostol... 73	MYLOTARG... 35	neomycin-bacitracin-poly-hc... 96
MITIGARE... 27	myorisan... 66	neomycin-bacitracin-polymyxin... 96
mitomycin... 35	MYRBETRIQ... 75	neomycin-polymyxin b-dexameth... 96
mitoxantrone... 35	N	neomycin-polymyxin-gramicidin... 96
modafinil... 101	nabumetone... 12	neomycin-polymyxin-hc... 96, 97, 98
moexipril... 59	nadolol... 59	NEONATAL COMPLETE... 70
molindone... 43	nafcillin in dextrose iso-osm... 17	NEONATAL PLUS VITAMIN... 70
mometasone... 66, 99	nafcillin... 17	NEONATAL-DHA... 70
mondoxyne nl... 17	nalmefene... 13	NERLYNX... 35
MONJUVI... 88	naloxone... 13	NEULASTA ONPRO... 54
mono-lynyah... 80	naltrexone... 13	NEULASTA... 54
montelukast... 99	NAMZARIC... 22	nevirapine... 47
morphine concentrate... 11	naproxen sodium... 12	NEXLETOL... 60
morphine... 11	naproxen... 12	NEXLIZET... 60
MOUNJARO... 52	naratriptan... 28	NEXTERONE... 60
MOVANTIK... 73	NATACYN... 96	niacin... 60
moxifloxacin... 17, 96	NATAZIA... 80	niacor... 60
moxifloxacin-sod.chloride(iso)... 17	nateglinide... 52	NICOTROL NS... 13
MOZOBIL... 54	NATPARA... 91	
MRESVIA (PF)... 88	NAYZILAM... 20	
MULTAQ... 59	nebivolol... 59	

nifedipine... 60	NORMOSOL-R IN 5 % DEXTROSE... 70	NOXAFIL... 27
nikki (28)... 80	NORMOSOL-R PH 7.4... 70	NUBEQA... 35
nilutamide... 35	NORMOSOL-R... 70	NUCALA... 99
nimodipine... 60	nortrel 0.5/35 (28)... 81	NUEDEXTA... 64
NINLARO... 35	nortrel 1/35 (21)... 81	NUPLAZID... 43
NIPENT... 35	nortrel 1/35 (28)... 81	NUTRILIPID... 70
nisoldipine... 60	nortrel 7/7/7 (28)... 81	nyamyc... 27
nitazoxanide... 41	nortriptyline... 24	nylia 1/35 (28)... 81
nitisinone... 74	NORVIR... 47	nylia 7/7/7 (28)... 81
nitrofurantoin macrocrystal... 17	NOVOLIN N FLEXPEN... 52	nymyo... 81
nitrofurantoin monohyd/m-cryst... 17	NOVOLIN N NPH U-100 INSULIN... 52	nystatin... 27
nitroglycerin in 5 % dextrose... 60	NOVOLIN R FLEXPEN... 52	nystatin-triamcinolone... 27
nitroglycerin... 60, 94	NOVOLIN R REGULAR U100 INSULIN... 52	nystop... 27
NITROSTAT... 60	NOVOLIN 70-30 FLEXPEN U-100... 52	0
NIVESTYM... 54	NOVOLIN 70/30 U-100 INSULIN... 52	ocella... 81
nizatidine... 73	NOVOLOG FLEXPEN U-100 INSULIN... 52	octreotide acetate... 84
NORA-BE... 80	NOVOLOG MIX 70-30 U-100 INSULIN... 52	octreotide,microspheres... 84
norelgestromin-ethin.estradiol... 81	NOVOLOG MIX 70-30FLEXPEN U-100... 52	ODEFSEY... 47
norepinephrine bitartrate... 60	NOVOLOG PENFILL U-100 INSULIN... 52	ODOMZO... 35
noreth-ethinyl estradiol-iron... 81	NOVOLOG U-100 INSULIN ASPART... 52	OFEV... 99
norethindrone (contraceptive)... 81	NOVOPEN ECHO... 94	ofloxacin... 17, 97, 98
norethindrone ac-eth estradiol... 81		OGSIVEO... 35
norethindrone acetate... 81		OJEMDA... 35
norethindrone-e.estradiol-iron... 81		OJJAARA... 35
norgestimate-ethinyl estradiol... 81		olanzapine... 43
NORMOSOL-M IN 5 % DEXTROSE... 70		olmesartan... 60
		olmesartan-amlodipin-hcthiazyd... 60

olmesartan-hydrochlorothiazide... 60	ONCASPAR... 36	oxazepam... 49
olopatadine... 97	ondansetron hcl (pf)... 25	oxcarbazepine... 21
omega-3 acid ethyl esters... 60	ondansetron hcl... 25	oxybutynin chloride... 75
omeprazole... 73	ondansetron... 25	oxycodone... 12
OMNIPOD CLASSIC PODS (GEN 3)... 94	ONIVYDE... 36	oxycodone-acetaminophen... 12
OMNIPOD DASH INTRO KIT (GEN 4)... 94	ONUREG... 36	OZEMPIC... 52
OMNIPOD DASH PODS (GEN 4)... 94	OPDIVO... 36	P
OMNIPOD GO PODS 10 UNITS/DAY... 94	OPDUALAG... 36	PACERONE... 60
OMNIPOD GO PODS 15 UNITS/DAY... 94	OPSUMIT... 99	paclitaxel protein-bound... 36
OMNIPOD GO PODS 20 UNITS/DAY... 94	OPSYNVI... 99	paclitaxel... 36
OMNIPOD GO PODS 25 UNITS/DAY... 94	oralone... 64	PADCEV... 36
OMNIPOD GO PODS 30 UNITS/DAY... 94	ORBACTIV... 17	paliperidone... 43
OMNIPOD GO PODS 40 UNITS/DAY... 94	ORGOVYX... 84	pamidronate... 91
OMNIPOD GO PODS... 94	ORKAMBI... 100	PANRETIN... 36
OMNIPOD 5 (G6/LIBRE 2 PLUS)... 94	ORSERDU... 36	pantoprazole in 0.9% sod chlor... 73
OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 94	ORTHO-NOVUM 7/7/7 (28)... 81	pantoprazole... 73
OMNIPOD 5 G6-G7 PODS (GEN 5)... 94	oseltamivir... 47	paraplatin... 36
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)... 94	OSMITROL 10 %... 60	paricalcitol... 91
OMNITROPE... 76	OSMITROL 15 %... 60	paroex oral rinse... 64
	OSMITROL 20 %... 60	paromomycin... 18
	OSMITROL 5 %... 60	paroxetine hcl... 24
	OSPHENA... 81	PASER... 28
	OTEZLA STARTER... 67	PAXLOVID... 94
	OTEZLA... 66, 67	pazopanib... 36
	oxacillin in dextrose(iso-osm)... 18	PEDIARIX (PF)... 88
	oxacillin... 17	PEDVAX HIB (PF)... 88
	oxaliplatin... 36	peg 3350-electrolytes... 73
	oxandrolone... 81	peg-electrolyte soln... 73

PEGASYS... 88	PHENYTEK... 21	polycin... 97
PEMAZYRE... 36	phenytoin sodium extended... 21	polymyxin b sulf-trimethoprim... 97
pemetrexed disodium... 36	phenytoin sodium... 21	polymyxin b sulfate... 18
pemetrexed... 36	phenytoin... 21	POMALYST... 36
PEMRYDI RTU... 36	philith... 81	portia 28... 81
PEN NEEDLE, DIABETIC... 94	PHOSPHOLINE IODIDE... 97	PORTRAZZA... 36
PENBRAYA (PF)... 88	PHYSIOLYTE... 94	posaconazole... 27
penicillamine... 70	PHYSIOSOL IRRIGATION... 94	potassium acetate... 70
penicillin g pot in dextrose... 18	PIFELTRO... 47	potassium chlorid-d5-0.45%nacl... 70
penicillin g potassium... 18	pilocarpine hcl... 64, 97	potassium chloride in lr-d5... 70
penicillin g procaine... 18	pimecrolimus... 67	potassium chloride in water... 71
penicillin g sodium... 18	pimozide... 44	potassium chloride in 0.9%nacl... 70
penicillin v potassium... 18	pimtrea (28)... 81	potassium chloride in 5 % dex... 70
PENTACEL (PF)... 88	pioglitazone... 52	potassium chloride... 70
PENTAM... 41	pioglitazone-metformin... 52	potassium chloride-d5-0.2%nacl... 71
pentamidine... 41	piperacillin-tazobactam... 18	potassium chloride-d5-0.3%nacl... 71
pentoxifylline... 61	PIQRAY... 36	potassium chloride-d5-0.9%nacl... 71
PERIKABIVEN... 70	pirfenidone... 100	potassium chloride-0.45 % nacl... 71
perindopril erbumine... 61	pirmella... 81	potassium citrate... 71
periogard... 64	piroxicam... 12	POTELIGEO... 36
PERJETA... 36	PLASMA-LYTE A... 70	pr natal 400 ec... 71
permethrin... 67	PLASMA-LYTE 148... 70	pr natal 400... 71
perphenazine... 43	PLENAMINE... 70	pr natal 430 ec... 71
perphenazine-amitriptyline... 24	plerixafor... 54	pr natal 430... 71
PERSERIS... 43	podofilox... 67	
pfizerpen-g... 18	POLIVY... 36	
phenelzine... 24	polocaine... 13	
phenobarbital... 21	polocaine-mpf... 13	

pralatrexate... 36	primidone... 21	protamine... 94
pramipexole... 41	PRIMSOL... 18	protriptyline... 24
prasugrel... 54	PRIORIX (PF)... 88	PULMOZYME... 100
pravastatin... 61	PRO COMFORT ALCOHOL PADS... 94	PURE COMFORT ALCOHOL PADS... 95
praziquantel... 41	probenecid... 27	PURIXAN... 37
prazosin... 61	probenecid-colchicine... 27	pyrazinamide... 28
PRED-G... 97	procainamide... 61	pyridostigmine bromide... 28
prednisolone acetate... 97	prochlorperazine edisylate... 25	pyrimethamine... 41
prednisolone sodium phosphate... 75, 97	prochlorperazine maleate... 25	PYRUKYND... 54
prednisolone... 75	prochlorperazine... 25	Q
prednisone intensol... 76	PROCRIT... 54	QINLOCK... 37
prednisone... 76	procto-med hc... 67	QUADRACEL (PF)... 89
pregabalin... 64	proctosol hc... 67	QUARTETTE... 81
PREHEVBRIO (PF)... 88	proctozone-hc... 67	quetiapine... 44
PREMARIN... 81	progesterone micronized... 81	quinapril... 61
PREMASOL 10 %... 71	progesterone... 81	quinapril-hydrochlorothiazide... 61
PRENATA... 71	PROGRAF... 88	quinidine sulfate... 61
PRENATABS FA... 71	PROLEUKIN... 37	quinine sulfate... 41
prenatal plus (calcium carb)... 71	PROLIA... 91	QULIPTA... 28
prenatal plus vitamin-mineral... 71	PROMACTA... 54	R
PRENATE ELITE... 71	promethazine... 25	RABAVERT (PF)... 89
prevalite... 61	propafenone... 61	rabeprazole... 73
PREVYMIS... 47	proparacaine... 97	raloxifene... 81
PREZCOBIX... 47	propranolol... 61	ramipril... 61
PREZISTA... 47	propranolol-hydrochlorothiazid... 61	ranolazine... 61
PRIFTIN... 28	propylthiouracil... 85	rasagiline... 41
primaquine... 41	PROQUAD (PF)... 89	RAYALDEE... 91
	PROSOL 20 %... 71	reclipsen (28)... 81

RECOMBIVAX HB (PF)... 89
RECTIV... 95
RELENZA DISKHALER... 47
repaglinide... 52
REPATHA PUSHTRONEX... 61
REPATHA SURECLICK... 61
REPATHA SYRINGE... 61
RESTASIS MULTIDOSE... 97
RESTASIS... 97
RETACRIT... 54
RETEVMO... 37
RETROVIR... 47
REXULTI... 44
REYATAZ... 47
REZLIDHIA... 37
REZUROCK... 89
RHOPHYLAC... 89
RHOPRESSA... 97
RIABNI... 37
ribavirin... 47, 95
rifabutin... 28
rifampin... 28
riluzole... 64
rimantadine... 47
ringer's... 71, 95
RINVOQ LQ... 89
RINVOQ... 89
risedronate... 91

RISPERDAL CONSTA... 44
risperidone... 44
ritonavir... 47
rivastigmine tartrate... 23
rivastigmine... 23
rivelsa... 82
rizatriptan... 28
ROCKLATAN... 97
roflumilast... 100
romidepsin... 37
ropinirole... 41
ropivacaine (pf)... 13
rosuvastatin... 61
ROTARIX... 89
ROTATEQ VACCINE... 89
roweepra xr... 21
roweepra... 21
ROZLYTREK... 37
RUBRACA... 37
rufinamide... 21
RUKOBIA... 47
RUXIENCE... 37
RYBELSUS... 52
RYBREVANT... 37
RYDAPT... 37
RYLAZE... 37
RYTARY... 41
RYTELO... 37

S

sajazir... 89
SANCUSO... 25
SANDIMMUNE... 89
SANDOSTATIN LAR DEPOT... 84
SANTYL... 67
sapropterin... 74
SARCLISA... 37
SAVELLA... 64
saxagliptin... 52
SCEMBLIX... 37
scopolamine base... 25
se-natal 19 chewable... 71
SECUADO... 44
selegiline hcl... 41
selenium sulfide... 67
SELZENTRY... 47, 48
sertraline... 24
setlakin... 82
sevelamer carbonate... 71
sharobel... 82
SHINGRIX (PF)... 89
SIGNIFOR... 84
sildenafil (pulm.hypertension)... 100
silodosin... 75
silver sulfadiazine... 67
SIMBRINZA... 97
simliya (28)... 82

simpesse... 82	SOMAVERT... 84	subvenite... 21
SIMULECT... 89	sorafenib... 37	SUCRAID... 74
simvastatin... 61	sorbitol-mannitol... 95	sucralfate... 73
sirolimus... 89	sorine... 61	sulfacetamide sodium (acne)... 18
SIRTURO... 29	sotalol af... 61	sulfacetamide sodium... 18, 97
SKYCLARYS... 64	sotalol... 61	sulfacetamide-prednisolone... 97
SKYRIZI... 89	SPIRIVA RESPIMAT... 100	sulfadiazine... 18
SMOFLIPID... 71	SPIRIVA WITH HANDIHALER... 100	sulfamethoxazole-trimethoprim... 18
sodium benzoate-sod phenylacet... 95	spironolacton-hydrochlorothiaz... 61	sulfasalazine... 90
sodium bicarbonate... 71	spironolactone... 61	sulindac... 12
sodium chloride 0.45 %... 71	sprintec (28)... 82	sumatriptan succinate... 28
sodium chloride 0.9 %... 71	SPRITAM... 21	sumatriptan... 28
sodium chloride 3 % hypertonic... 71	SPRYCEL... 37	sunitinib malate... 37
sodium chloride 5 % hypertonic... 71	SPS (WITH SORBITOL)... 71	SUNLENCA... 48
sodium chloride... 71, 95	sronyx... 82	SURE COMFORT ALCOHOL PREP PADS... 95
sodium oxybate... 101	SSD... 67	SURE-PREP ALCOHOL PREP PADS... 95
sodium phenylbutyrate... 74	stavudine... 48	syeda... 82
sodium phosphate... 71	STELARA... 89	SYLVANT... 89
sodium polystyrene sulfonate... 71	STIOLTO RESPIMAT... 100	SYMBICORT... 100
sodium,potassium,mag sulfates... 73	STIVARGA... 37	SYMDEKO... 100
solifenacin... 75	STRENSIQ... 74	SYMFI LO... 48
SOLQUA 100/33... 52	streptomycin... 18	SYMFI... 48
SOLTAMOX... 37	STRIBILD... 48	SYMLINPEN 120... 52
SOLU-MEDROL (PF)... 76	STRIVERDI RESPIMAT... 100	SYMLINPEN 60... 52
SOLU-MEDROL... 76	subvenite starter (blue) kit... 21	SYMPAZAN... 21
SOMATULINE DEPOT... 84	subvenite starter (green) kit... 21	SYMTUZA... 48
	subvenite starter (orange) kit... 21	

SYNAREL... 85	TEFLARO... 18	tiagabine... 21
SYNJARDY XR... 52	telmisartan... 61	TIBSOVO... 38
SYNJARDY... 52	telmisartan-amlodipine... 62	TICOVAC... 90
SYNRIBO... 37	telmisartan-hydrochlorothiazid... 62	tigecycline... 18
SYNTHROID... 83	temazepam... 101	tilia fe... 82
T	TEMIXYS... 48	timolol maleate (pf)... 97
TABLOID... 37	temsirolimus... 38	timolol maleate... 62, 97
TABRECTA... 37	TENIVAC (PF)... 89	tinidazole... 18
tacrolimus... 67, 89	tenofovir disoproxil fumarate... 48	TIVDAK... 38
tadalafil (pulm. hypertension)... 100	TEPMETKO... 38	TIVICAY PD... 48
TAFINLAR... 37, 38	terazosin... 62	TIVICAY... 48
TAGRISSO... 38	terbinafine hcl... 27	tizanidine... 45
TALVEY... 38	terconazole... 27	tobramycin in 0.225 % nacl... 18
TALZENNA... 38	teriflunomide... 64	tobramycin sulfate... 18
tamoxifen... 38	testosterone cypionate... 82	tobramycin... 97
tamsulosin... 75	testosterone enanthate... 82	tobramycin-dexamethasone... 97
tarina fe 1-20 eq (28)... 82	testosterone... 82	tolterodine... 75
tarina fe 1/20 (28)... 82	TETANUS,DIPHThERIA TOX PED(PF)... 89	topiramate... 28
tarina 24 fe... 82	tetrabenazine... 64	topotecan... 38
TASIGNA... 38	TEVIMBRA... 38	toremifene... 38
tasimelteon... 101	THALOMID... 38	torpenz... 38
tazarotene... 67	theophylline in dextrose 5 %... 100	torse mide... 62
taztia xt... 61	theophylline... 100	TOUJEO MAX U-300 SOLOSTAR... 52
TAZVERIK... 38	thioridazine... 44	TOUJEO SOLOSTAR U-300 INSULIN... 52
TDVAX... 89	thiotepa... 38	TPN ELECTROLYTES... 72
TECENTRIQ HYBREZA... 38	thiothixene... 44	TRADJENTA... 52
TECENTRIQ... 38	tiadylt er... 62	tramadol... 12
TECVAYLI... 38		

tramadol-acetaminophen... 12	tri-vylibra... 82	TRUMENBA... 90
trandolapril... 62	triamcinolone acetonide... 64, 76	TRUQAP... 38
trandolapril-verapamil... 62	triamterene-hydrochlorothiazid... 62	TRUSELTIQ... 38
tranexamic acid... 54	triderm... 76	TUKYSA... 39
tranylcypromine... 24	trientine... 72	tulana... 82
TRAVASOL 10 %... 72	trifluoperazine... 44	TURALIO... 39
travoprost... 97	trifluridine... 97	turqoz (28)... 82
TRAZIMERA... 38	trihexyphenidyl... 42	TWINRIX (PF)... 90
trazodone... 24	TRIJARDY XR... 53	TYBLUME... 82
TRECTOR... 29	TRIKAFTA... 100	TYBOST... 48
TRELEGY ELLIPTA... 100	trimethobenzamide... 25	TYMLOS... 91
TRELSTAR... 85	trimethoprim... 18	TYPHIM VI... 90
TRESIBA FLEXTOUCH U-100... 53	trimipramine... 24	U
TRESIBA FLEXTOUCH U-200... 53	trinatal rx 1... 72	UBRELVY... 95
TRESIBA U-100 INSULIN... 53	TRINTELLIX... 24	UDENYCA AUTOINJECTOR... 54
tretinoin (antineoplastic)... 38	TRISENOX... 38	UDENYCA ONBODY... 55
tretinoin... 67	TRIUMEQ PD... 48	UDENYCA... 54
tri femynor... 82	TRIUMEQ... 48	ULTILET ALCOHOL SWAB... 95
tri-legest fe... 82	trivora (28)... 82	UNITHROID... 83
tri-linyah... 82	TRIZIVIR... 48	UNITUXIN... 39
tri-lo-estarylla... 82	TRODELVY... 38	ursodiol... 73
tri-lo-marzia... 82	TROGARZO... 48	UVADEX... 67
tri-lo-mili... 82	TROPHAMINE 10 %... 72	V
tri-lo-sprintec... 82	TRUE COMFORT ALCOHOL PADS... 95	V-GO 20... 95
tri-mili... 82	TRUE COMFORT PRO ALCOHOL PADS... 95	V-GO 30... 95
tri-nymyo... 82	TRULICITY... 53	V-GO 40... 95
tri-sprintec (28)... 82		valacyclovir... 48
tri-vylibra lo... 82		VALCHLOR... 39

valganciclovir... 48	VENCLEXTA... 39	VITRAKVI... 39
valproate sodium... 21	venlafaxine... 24	VIVITROL... 13
valproic acid (as sodium salt)... 21	VENTAVIS... 100	VIZIMPRO... 39
valproic acid... 21	VENTOLIN HFA... 100	VOCABRIA... 48
valrubicin... 39	verapamil... 62	volnea (28)... 83
valsartan... 62	VERIPRED 20... 76	VONJO... 39
valsartan-hydrochlorothiazide... 62	VERQUVO... 62	VORANIGO... 39
VALSTAR... 39	VERSACLOZ... 44	voriconazole... 27
VALTOCO... 22	VERZENIO... 39	VOSEVI... 48
vanadom... 101	vestura (28)... 82	VOTRIENT... 39
vancomycin in dextrose 5 %... 18, 19	VICTOZA 2-PAK... 53	VRAYLAR... 44
vancomycin in 0.9 % sodium chl... 18	VICTOZA 3-PAK... 53	VUMERITY... 64
vancomycin... 18	vienva... 83	vyfemla (28)... 83
vancomycin-diluent combo no.1... 19	vigabatrin... 22	vylibra... 83
VANFLYTA... 39	vigadrone... 22	VYNDAQEL... 74
VAQTA (PF)... 90	VIGAFYDE... 22	VYXEOS... 39
varenicline... 13	vigpoder... 22	VYZULTA... 97
VARIVAX (PF)... 90	VIIBRYD... 25	W
VARIZIG... 90	vilazodone... 25	warfarin... 55
VASCEPA... 62	vinblastine... 39	water for irrigation, sterile... 95
VAXCHORA VACCINE... 90	vincasar pfs... 39	WEBCOL... 95
VECTIBIX... 39	vincristine... 39	WELIREG... 39
velivet triphasic regimen (28)... 82	vinorelbine... 39	wera (28)... 83
VELTASSA... 72	viorele (28)... 83	wesnatal dha complete... 72
VEMLIDY... 48	VIRACEPT... 48	wesnate dha... 72
VENCLEXTA STARTING PACK... 39	VIREAD... 48	westab plus... 72
	virt-nate dha... 72	WINRHO SDF... 90
	VISTOGARD... 39	wixela inhub... 100

wymzya fe... 83

X

XALKORI... 39

XARELTO DVT-PE TREAT 30D
START... 55

XARELTO... 55

XATMEP... 90

XCOPRI MAINTENANCE PACK... 22

XCOPRI TITRATION PACK... 22

XCOPRI... 22

XDEMZY... 95

XGEVA... 91

XIFAXAN... 73

XIGDUO XR... 53

XOLAIR... 90

XOSPATA... 39

XPOVIO... 40

XTAMPZA ER... 12

XTANDI... 40

xulane... 83

XULTOPHY 100/3.6... 53

Y

YERVOY... 40

YF-VAX (PF)... 90

YONDELIS... 40

Z

zafemy... 83

zafirlukast... 100

zaleplon... 101

ZALTRAP... 40

ZANOSAR... 40

zarah... 83

ZARXIO... 55

ZEGALOGUE AUTOINJECTOR... 53

ZEGALOGUE SYRINGE... 53

ZEJULA... 40

ZELBORAF... 40

ZEMAIRA... 74

zenatane... 67

ZENPEP... 74

ZEPZELCA... 40

ZERBAXA... 19

ZERVIATE... 97

ZEVALIN (Y-90)... 95

zidovudine... 48

ziprasidone hcl... 44

ziprasidone mesylate... 44

ZIRABEV... 40

ZIRGAN... 48

ZOKINVY... 74

ZOLADEX... 85

zoledronic ac-mannitol-0.9nacl...
91

zoledronic acid... 91

zoledronic acid-mannitol-water...
91

ZOLINZA... 40

zolpidem... 101

ZONISADE... 22

zonisamide... 22

zovia 1-35 (28)... 83

ZTALMY... 22

ZUBSOLV... 13

zumandimine (28)... 83

ZURZUVAE... 25

ZYDELIG... 40

ZYKADIA... 40

ZYNLONTA... 40

ZYNYZ... 40

ZYPITAMAG... 62

ZYPREXA RELPREVV... 44

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 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o 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 بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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



This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Humana with any questions at 1-800-457-4708 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**.

H0028-007, 015, 058; H1036-167, 222, 235, 307, 309; H1951-032, 041, 056, 057; H3533-002, 034; H4141-003, 021; H4461-022, 038; H5619-003, 054, 075, 082, 093, 123, 126, 153, 156, 158, 162, 163; H6622-015, 018, 027, 048, 051, 078, 086, 087

Humana[®]

Humana.com