

2021

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs

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

11

This formulary was updated on 09/23/2020. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit **Humana.com**.

Humana[®]

Welcome to Humana Medicare Employer Plan!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means the Humana Medicare Employer Plan. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the Humana Medicare Employer formulary?

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

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. If you're a current member, call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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 entitled "How do I request an exception to the Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must

notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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're affected by a Drug List change?

We'll 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 January 1, 2021. We'll update the printed formularies each month and they'll be available on [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

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

How do I use the formulary?

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

Medical condition

The formulary starts on page 10. We've put the drugs into groups depending on the type of medical conditions that they're 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're not sure about your drug's group, you should look for your drug in the Index that begins on page 182. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

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

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

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

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

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

What if my drug isn't on the formulary?

If your drug isn't included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Group Medicare Customer Care and ask if your drug is covered.

If the Humana Medicare Employer Plan doesn't cover your drug, you have two options:

- You can ask Group Medicare Customer Care for a list of similar drugs that the Humana Medicare Employer Plan covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by the Humana Medicare Employer Plan.
- You can ask the Humana Medicare Employer Plan to make an exception and cover your drug. See below for information about how to request an exception.

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

How do I request an exception to the formulary?

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

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

Generally, the Humana Medicare Employer Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or other restrictions wouldn't be as effective in treating your health condition and/or would cause adverse medical effects.

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

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

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get 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 doesn't 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're a member of the plan.

Here is what we'll do for each of your current Part D drugs that aren't on the formulary, or if you have limited ability to get your drugs:

- We'll 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've been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll 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're a member of our plan. We'll 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's not on the formulary *or*
- You have limited ability to get your drugs *and*
- You're past the first 90 days of membership in the plan

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

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

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

Transition extension

The Humana Medicare Employer Plan will consider on a case-by-case basis an extension of the transition period if your exception request or appeal hasn't been processed by the end of your initial transition period. We'll 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.

Humana Pharmacy® makes it easy to manage your prescriptions with mail delivery solutions

You may be able to fill your medicines through Humana Pharmacy – Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit hprxweb.com. You can also call Humana Pharmacy at 1-855-899-3134 (TTY: 711) Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

For More Information

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

If you have questions about Humana, please visit our website at [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

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

Humana Medicare Employer Plan Formulary

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

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 178.

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 you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:

MD - Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. Members can receive quantities up to but not more than a 90-day supply of maintenance drugs and supplies.

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

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

The third column shows the Utilization Management Requirements for the drug. The Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG TAB SUBLINGUAL DL	4	PA,QL (128 per 30 days)
acetamin-caf-dihydrocodein 325 DL	1	QL (300 per 30 days)
acetamn-caf-dihydrcodein 320.5 DL	1	QL (300 per 30 days)
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	1	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	1	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	1	QL (180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE ON A HANDLE DL	4	PA,QL (120 per 30 days)
ALLZITAL 25 MG-325 MG TABLET DL	4	QL (360 per 30 days)
ANAPROX DS 550 MG TABLET MD,MO	3	
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARYMO ER 15 MG, 30 MG, 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE DL	4	ST,QL (90 per 30 days)
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	QL (360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM DL	3	QL (60 per 30 days)
bupap 50 mg-300 mg tablet MO	1	QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION DL	4	QL (240 per 30 days)
buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch DL	1	QL (4 per 28 days)
buprenorphine 0.3 mg/ml crpjct DL	1	QL (240 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	QL (360 per 30 days)
butalb-acetaminoph-caff-codein DL	1	QL (180 per 30 days)
butalb-caff-acetaminoph-codein DL	1	QL (360 per 30 days)
butalbital-acetaminophn 25-325 DL	4	QL (360 per 30 days)
butalbital-acetaminophn 50-300 DL	4	QL (180 per 30 days)
butalbital-acetaminophn 50-300; butalbital-acetaminophn 50-325 MO	1	QL (180 per 30 days)
butalb-acetamin-caff 50-300-40; butalb-acetamin-caff 50-325-40 MO	1	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 MO	1	QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40 MO	1	QL (180 per 30 days)
butalbital-asa-caffeine cap MO	1	QL (180 per 30 days)
butorphanol 1 mg/ml vial DL	1	QL (960 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>butorphanol 10 mg/ml spray</i> DL	1	QL (5 per 28 days)
<i>butorphanol 2 mg/ml vial</i> DL	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR TRANSDERMAL PATCH DL	3	PA,QL (4 per 28 days)
CALDOLOR 800 MG/200 ML (4 MG/ML) INTRAVENOUS PIGGYBACK MO	3	B vs D
CALDOLOR 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	B vs D
CAMBIA 50 MG ORAL POWDER PACKET DL	4	ST,QL (9 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MD,MO	3	PA,QL (60 per 30 days)
<i>celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>codeine sulfate 15 mg, 30 mg tablet</i> DL	1	QL (360 per 30 days)
<i>codeine sulfate 60 mg tablet</i> DL	1	QL (180 per 30 days)
<i>asa-butalb-caff-cod #3 capsule</i> DL	1	QL (360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE DL	3	ST,QL (30 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DEMEROL 100 MG TABLET DL	3	QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (360 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION; DEMEROL 100 MG/2 ML, 100 MG/ML AMPUL DL	3	B vs D,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE DL	3	B vs D,QL (360 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE DL	3	B vs D,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE DL	3	B vs D,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE DL	3	B vs D,QL (480 per 30 days)
DEMEROL 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML AMPUL DL	3	B vs D,QL (720 per 30 days)
<i>diclofenac epolamine 1.3% ptch</i> MO	1	PA,QL (60 per 30 days)
<i>diclofenac pot 50 mg tablet</i> MO	1	
<i>diclofenac 1.5% topical soln</i> MD,MO	1	PA,QL (300 per 30 days)
<i>diclofenac sod ec 25 mg, 50 mg, 75 mg tab</i> MO	1	
<i>diclofenac sod er 100 mg tab</i> MO	1	
<i>diclofenac sodium 1% gel</i> MD,MO	1	
<i>diclofenac-misoprost 50-0.2 tb; diclofenac-misoprost 75-0.2 tb</i> MO	1	
<i>diflunisal 500 mg tablet</i> MO	1	
DILAUDID 1 MG/ML ORAL LIQUID DL	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	4	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET DL	4	PA,QL (240 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOLOPHINE 10 MG TABLET DL	3	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET DL	3	QL (480 per 30 days)
DUEXIS 800 MG-26.6 MG TABLET DL	4	PA,QL (90 per 30 days)
DURAGESIC 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH DL	4	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (3600 per 30 days)
<i>dvorah 325 mg-30 mg-16 mg tablet</i> DL	1	QL (300 per 30 days)
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE MD,MO	3	PA
<i>ec-naproxen 375 mg tablet,delayed release</i> MD,MO	3	PA
<i>ec-naproxen 500 mg tablet,delayed release</i> MD,MO	1	
EMBEDA ER 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG CAPSULE DL	3	ST,QL (60 per 30 days)
<i>endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE MO	1	QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET MO	1	QL (180 per 30 days)
<i>etodolac 200 mg, 300 mg capsule</i> MD,MO	1	
<i>etodolac 400 mg, 500 mg tablet</i> MD,MO	1	
<i>etodolac er 400 mg, 500 mg, 600 mg tablet</i> MD,MO	1	
EXALGO ER 12 MG TABLET DL	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET DL	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET DL	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET DL	4	ST,QL (240 per 30 days)
FELDENE 10 MG, 20 MG CAPSULE MO	3	
<i>fenoprofen 200 mg, 400 mg capsule</i> MO	1	
<i>fenoprofen 600 mg tablet</i> MO	1	
<i>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; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch</i> DL	1	QL (20 per 30 days)
<i>fentanyl cit 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg buccal tb</i> DL	4	PA,QL (120 per 30 days)
<i>fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> DL	4	PA,QL (120 per 30 days)
<i>fentanyl 100 mcg/2 ml ampul</i> DL	1	B vs D,QL (720 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT DL	4	PA,QL (120 per 30 days)
<i>fioricet 50 mg-300 mg-40 mg capsule</i> MO	1	QL (180 per 30 days)
FIORICET WITH CODEINE 50 MG-300 MG-40 MG-30 MG CAPSULE DL	4	QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE MO	3	QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE DL	3	QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH MO	3	PA,QL (60 per 30 days)
<i>flurbiprofen 100 mg, 50 mg tablet</i> MO	1	
<i>hydrocodone er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg capsule</i> DL	1	ST,QL (90 per 30 days)
<i>hydrocodone er 50 mg capsule</i> DL	1	ST,QL (120 per 30 days)
<i>hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg;</i> <i>hydrocodone-acetamin 7.5-300</i> DL	1	QL (390 per 30 days)
<i>hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;</i> <i>hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325</i> DL	1	QL (360 per 30 days)
<i>hydrocodone-acetamin 10-325/15</i> DL	1	QL (2700 per 30 days)
<i>hydrocodone-acetamin 7.5-325/15</i> DL	1	QL (5520 per 30 days)
<i>hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg,</i> <i>7.5-200 mg; hydrocodone-ibuprofen 7.5-200</i> DL	1	QL (150 per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1</i> <i>mg/ml carpuct</i> DL	1	B vs D,QL (720 per 30 days)
<i>hydromorphone 1 mg/ml solution</i> DL	1	QL (2400 per 30 days)
<i>hydromorphone 2 mg, 4 mg tablet</i> DL	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml carpuct</i> DL	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml vial</i> DL	1	B vs D,QL (360 per 30 days)
<i>hydromorphone 4 mg/ml carpuct</i> DL	1	B vs D,QL (180 per 30 days)
<i>hydromorphone 8 mg tablet</i> DL	1	QL (240 per 30 days)
<i>hydromorphone hcl 1 mg/ml amp</i> DL	1	B vs D,QL (720 per 30 days)
<i>hydromorphone hcl 4 mg/ml amp</i> DL	1	B vs D,QL (180 per 30 days)
<i>hydromorphone hcl er 12 mg tab</i> DL	1	ST,QL (180 per 30 days)
<i>hydromorphone hcl er 16 mg tab</i> DL	1	ST,QL (120 per 30 days)
<i>hydromorphone hcl er 32 mg tab</i> DL	1	ST,QL (60 per 30 days)
<i>hydromorphone hcl er 8 mg tab</i> DL	1	ST,QL (240 per 30 days)
<i>hydromorphone 1 mg/ml vial</i> DL	1	B vs D,QL (720 per 30 days)
<i>hydromorphone 4 mg/ml vial</i> DL	1	B vs D,QL (180 per 30 days)
<i>hydromorphone 500 mg/50 ml vl</i> DL	1	QL (144 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ibu 400 mg, 600 mg, 800 mg tablet</i> MD,MO	1	
IBUDONE 10 MG-200 MG TABLET DL	1	QL (150 per 30 days)
<i>ibudone 5-200 mg tablet</i> DL	1	QL (150 per 30 days)
<i>ibuprofen 100 mg/5 ml susp</i> MD,MO	1	
<i>ibuprofen 400 mg, 600 mg, 800 mg tablet</i> MD,MO	1	
<i>oxycodone-ibuprofen 5-400 tab</i> DL	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION DL	4	
INDOCIN 50 MG RECTAL SUPPOSITORY DL	4	
<i>indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>indomethacin 1 mg vial</i> MO	1	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (150 per 30 days)
KADIAN 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
<i>ketoprofen 25 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>ketoprofen er 200 mg capsule</i> MO	1	
<i>ketorolac 10 mg tablet</i> MO	1	QL (20 per 30 days)
<i>ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial</i> MO	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpject</i> MO	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml isecure syr; ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe</i> MO	1	
<i>ketorolac 15.75 mg nasal spray</i> DL	4	PA,QL (5 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY DL	4	PA,QL (30 per 30 days)
<i>levorphanol 2 mg tablet</i> DL	4	QL (240 per 30 days)
<i>levorphanol 3 mg tablet</i> DL	4	QL (150 per 30 days)
LICART 1.3 % TRANSDERMAL 24 HOUR PATCH DL	4	PA,QL (30 per 30 days)
LODINE 400 MG TABLET MD,MO	3	PA
<i>lorcet (hydrocodone) 5 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lorcet hd 10 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lorcet plus 7.5-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lortab elixir 10 mg-300 mg/15 ml oral solution</i> DL	1	QL (6000 per 30 days)
<i>meclofenamate 100 mg, 50 mg capsule</i> MO	1	
<i>mefenamic acid 250 mg capsule</i> MO	1	
<i>meloxicam 15 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i> MD,MO	1	QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meperidine 10 mg/ml cartrdge ^{DL}	1	B vs D,QL (3600 per 30 days)
meperidine 100 mg tablet ^{DL}	1	QL (360 per 30 days)
meperidine 50 mg tablet ^{DL}	1	QL (480 per 30 days)
meperidine 50 mg/5 ml solution ^{DL}	1	QL (720 per 30 days)
meperidine 100 mg/ml vial ^{DL}	1	B vs D,QL (360 per 30 days)
meperidine 25 mg/ml vial ^{DL}	1	B vs D,QL (1440 per 30 days)
meperidine 50 mg/ml vial ^{DL}	1	B vs D,QL (720 per 30 days)
methadone 10 mg/5 ml solution ^{DL}	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc ^{DL}	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution ^{DL}	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet ^{DL}	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial ^{DL}	1	QL (360 per 30 days)
methadone hcl 5 mg tablet ^{DL}	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate ^{DL}	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE ^{DL}	3	QL (360 per 30 days)
mitigo (pf) 10 mg/ml injection solution ^{DL}	4	B vs D,QL (360 per 30 days)
mitigo (pf) 25 mg/ml injection solution ^{DL}	4	B vs D,QL (150 per 30 days)
MOBIC 15 MG TABLET ^{MD,MO}	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET ^{MD,MO}	3	PA,QL (60 per 30 days)
MORPHABOND ER 100 MG TABLET ^{DL}	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET ^{DL}	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET ^{DL}	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpject ^{DL}	1	B vs D,QL (360 per 30 days)
morphine 2 mg/ml carpject ^{DL}	1	B vs D,QL (1800 per 30 days)
morphine 4 mg/ml carpject ^{DL}	1	B vs D,QL (900 per 30 days)
morphine 5 mg/ml syringe ^{DL}	1	B vs D
morphine 8 mg/ml isecure syrng ^{DL}	1	B vs D,QL (450 per 30 days)
morphine sulf 10 mg/5 ml soln ^{DL}	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln ^{DL}	1	QL (1350 per 30 days)
morphine sulf er 100 mg tablet ^{DL}	1	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet ^{DL}	1	QL (120 per 30 days)
morphine sulf er 200 mg tablet ^{DL}	1	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial ^{DL}	1	B vs D,QL (360 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulfate 2 mg/ml vial DL	1	B vs D,QL (1800 per 30 days)
morphine sulfate 4 mg/ml vial DL	1	B vs D,QL (900 per 30 days)
morphine sulfate 5 mg/ml vial DL	1	B vs D,QL (720 per 30 days)
morphine sulfate 8 mg/ml vial DL	1	B vs D,QL (450 per 30 days)
morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg cap DL	1	ST,QL (60 per 30 days)
morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap DL	1	ST,QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg cap DL	1	ST,QL (30 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab DL	1	QL (180 per 30 days)
morphine 10 mg/10 ml vial; morphine sulfate 1 mg/ml vial DL	1	B vs D,QL (3600 per 30 days)
morphine 5 mg/10 ml vial DL	1	B vs D,QL (7200 per 30 days)
morphine 5 mg/ml vial DL	1	B vs D,QL (720 per 30 days)
morphine sulf 100 mg/5 ml conc DL	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	1	
nalbuphine 100 mg/10 ml vial DL	1	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial DL	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE MO	3	
NALFON 600 MG TABLET MO	1	
nalocet 2.5 mg-300 mg tablet DL	4	PA,QL (360 per 30 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE DL	4	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE DL	4	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE DL	4	ST,QL (60 per 30 days)
NAPROSYN 500 MG TABLET MD,MO	3	PA
naproxen 125 mg/5 ml suspen MD,MO	1	
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet MD,MO	1	
naproxen sod cr 375 mg tablet MD,MO	1	ST,QL (120 per 30 days)
naproxen sod cr 500 mg tablet MD,MO	1	ST,QL (90 per 30 days)
naproxen sodium 275 mg, 550 mg tab MD,MO	1	
naproxen-esomepraz dr 375-20mg; naproxen-esomepraz dr 500-20mg DL	4	PA,QL (60 per 30 days)
NORCO 10 MG-325 MG TABLET; NORCO 5 MG-325 MG TABLET; NORCO 7.5 MG-325 MG TABLET DL	1	PA,QL (360 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	3	ST,QL (180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG, 50 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
OPANA 10 MG, 5 MG TABLET DL	4	PA,QL (360 per 30 days)
oxaprozin 600 mg tablet MO	1	
OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES); OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES) DL	4	PA,QL (360 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet DL	1	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc DL	1	QL (270 per 30 days)
oxycodone hcl 5 mg capsule DL	1	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln DL	1	QL (5400 per 30 days)
oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet DL	3	PA,QL (90 per 30 days)
oxycodone hcl er 80 mg tablet DL	3	PA,QL (120 per 30 days)
oxycodon-acetaminophen 2.5-300 DL	4	PA,QL (360 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 DL	1	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 DL	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE DL	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE DL	3	PA,QL (120 per 30 days)
oxymorphone hcl 10 mg, 5 mg tablet DL	1	QL (360 per 30 days)
oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tab; oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tablet DL	1	ST,QL (60 per 30 days)
PENNSAID 2 % TOPICAL SOLUTION IN PACKET DL	4	PA
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP DL	4	PA,QL (224 per 28 days)
pentazocine-naloxone tablet DL	1	QL (360 per 30 days)
PERCOCET 10 MG-325 MG TABLET; PERCOCET 5 MG-325 MG TABLET; PERCOCET 7.5 MG-325 MG TABLET DL	4	PA,QL (360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET DL	1	PA,QL (360 per 30 days)
phrenilin forte 50-300-40 mg MO	1	QL (180 per 30 days)
piroxicam 10 mg, 20 mg capsule MO	1	
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet DL	4	QL (390 per 30 days)
profeno 600 mg tablet MO	1	
prolate 10 mg-300 mg tablet; prolate 5 mg-300 mg tablet; prolate 7.5 mg-300 mg tablet DL	4	QL (390 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QMIIZ ODT 15 MG, 7.5 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
RELAFEN 500 MG, 750 MG TABLET DL	4	ST
RELAFEN DS 1,000 MG TABLET DL	4	ST,QL (60 per 30 days)
ROXICODONE 15 MG, 30 MG, 5 MG TABLET DL	3	PA,QL (360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET DL	4	PA,QL (180 per 30 days)
ROXYBOND 5 MG TABLET DL	4	PA,QL (360 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY DL	4	PA,QL (5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY DL	4	PA,QL (120 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> MO	1	
TALWIN 30 MG/ML VIAL DL	3	QL (360 per 30 days)
<i>tencon 50 mg-325 mg tablet</i> MO	1	QL (180 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE DL	4	ST,QL (90 per 30 days)
<i>tolmetin sodium 200 mg, 600 mg tab</i> MO	1	
<i>tolmetin sodium 400 mg cap</i> MO	1	
<i>tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet</i> DL	1	QL (30 per 30 days)
<i>tramadol hcl 100 mg tablet</i> DL	1	QL (120 per 30 days)
<i>tramadol hcl 50 mg tablet</i> DL	1	QL (240 per 30 days)
<i>tramadol hcl er 100 mg, 150 mg, 200 mg, 300 mg capsule</i> DL	1	ST,QL (30 per 30 days)
<i>tramadol-acetaminophn 37.5-325</i> DL	1	QL (240 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE DL	1	QL (300 per 30 days)
TYLENOL WITH CODEINE #3 TABLET DL	1	PA,QL (360 per 30 days)
TYLENOL WITH CODEINE #4 TABLET DL	1	PA,QL (180 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET DL	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET DL	3	QL (240 per 30 days)
<i>vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution</i> DL	4	QL (450 per 30 days)
<i>vanatol s 50 mg-325 mg-40 mg/15 ml oral solution</i> DL	4	QL (450 per 30 days)
<i>vicodin 5-300 mg tablet</i> DL	1	QL (390 per 30 days)
<i>vicodin hp 10 mg-300 mg tablet</i> DL	1	QL (390 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE DL	4	PA,QL (60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE DL	4	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL MD,MO	3	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
vtol lq 50 mg-325 mg-40 mg/15 ml oral solution DL	4	QL (450 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	2	QL (60 per 30 days)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE MO	1	QL (180 per 30 days)
ZIPSOR 25 MG CAPSULE DL	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE DL	4	ST,QL (90 per 30 days)
Anesthetics		
bupivacaine 0.25% vial; bupivacaine 0.5% vial MO	1	
bupivacaine 0.25% vial; bupivacaine 0.5% (5 mg/ml) amp; bupivacaine 0.75% vial MO	1	
bupivacain 0.75%-dextros 8.25% MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.5%-epi 1:200,000 MO	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION MO	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
CARBOCAINE WITH NEO-COBEFRIN 2 %-1:20,000 INJECTION CARTRIDGE MO	1	
chloroprocaine 2% vial; chloroprocaine 3% vial MO	1	
CLOROTEKAL 10 MG/ML (1 %) INTRATHECAL SOLUTION MO	3	
glydo 2 % mucosal jelly in applicator MO	1	
lidocaine 5% ointment MO	1	PA
lidocaine 5% patch MO	1	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% 50 mg/5 ml vl; lidocaine hcl 1.5% ampul; lidocaine hcl 2% 100 mg/5 ml; lidocaine hcl 4% ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution MO	1	
lidocaine hcl 2% jelly MO	1	
lidocaine hcl 2% jelly uro-jet MO	1	
lidocaine viscous 2 % mucosal solution MO	1	
lidocaine 0.5%-epi 1:200,000; lidocaine 2%-epi 1:100,000 MO	1	
lidocaine 2%-epi 1:100,000; lidocaine 2%-epi 1:50,000 cart MO	1	
lidocaine-prilocaine cream MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIDODERM 5 % TOPICAL PATCH DL	4	PA,QL (90 per 30 days)
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
<i>marcaine-epinephrine 0.5 %-1:200,000 injection cartridge</i> MO	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
<i>mepivacaine hcl 3% cartridge</i> MO	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) INJECTION SOLUTION MO	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION MO	3	
PLIAGLIS 7 %-7 % TOPICAL CREAM MO	3	
<i>polocaine 1 % (10 mg/ml), 2 % injection solution</i> MO	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution</i> MO	1	
<i>ropivacaine 0.2% 200 mg/100 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml v1</i> MO	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	1	
<i>sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution</i> MO	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	1	
<i>sensorcaine-mpf 0.75 % (7.5 mg/ml) injection solution</i> MO	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution</i> MO	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution</i> MO	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 INJECTION SOLUTION MO	1	
SYNERA 70 MG-70 MG PATCH DL	4	PA
<i>vivacaine 0.5 %-1:200,000 injection cartridge</i> MO	1	
ZTLIDO 1.8 % TOPICAL PATCH MO	3	PA,QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate calc dr 333 mg tab</i> MD,MO	1	
ANTABUSE 250 MG, 500 MG TABLET MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM MD,MO	3	PA,QL (60 per 30 days)
<i>buprenorphine 2 mg, 8 mg tablet sl</i> MO	1	QL (90 per 30 days)
<i>bupreno-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film; buprenorp-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film</i> MD,MO	1	QL (90 per 30 days)
<i>buprenor-nalox 12-3 mg sl film</i> MD,MO	1	QL (60 per 30 days)
<i>buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl</i> MD,MO	3	PA,QL (90 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i> MO	1	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
<i>disulfiram 250 mg, 500 mg tablet</i> MD,MO	1	
EVZIO 2 MG AUTO-INJECTOR DL	4	PA,QL (0.8 per 30 days)
LUCEMYRA 0.18 MG TABLET DL	4	PA,QL (224 per 365 days)
<i>naloxone 0.4 mg/ml vial</i> MO	1	
<i>naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe</i> MO	1	
<i>naloxone 2 mg auto-injector</i> MO	3	QL (0.8 per 30 days)
<i>naltrexone 50 mg tablet</i> MO	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY MO	2	QL (2 per 30 days)
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MD,MO	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MD,MO	3	PA,QL (90 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MD,MO	1	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MD,MO	1	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MD,MO	1	QL (60 per 30 days)
ZYBAN SR 150 MG TABLET MO	3	QL (90 per 30 days)
Antibacterials		
<i>acetic acid 2% ear solution</i> MO	1	
ACTICLATE 150 MG TABLET DL	4	ST,QL (30 per 30 days)
ACTICLATE 75 MG TABLET DL	4	ST,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	1	
amoxicillin 125 mg, 250 mg tab chew MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp MO	1	
amoxicillin 250 mg, 500 mg capsule MO	1	
amoxicillin 500 mg, 875 mg tablet MO	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew MO	1	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp MO	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	1	
amox-clav er 1,000-62.5 mg tab MO	1	
ampicillin 250 mg, 500 mg capsule MO	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial MO	1	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION DL	4	PA,QL (235.2 per 28 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION DL	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET MO	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION MO	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE MO	3	
AVC 15% CREAM MO	3	
AVELOX 400 MG TABLET MO	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK MO	3	PA
avidoxy 100 mg tablet MO	1	ST
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION DL	4	B vs D
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	PA
AZACTAM-ISO-OSMOT 1 GM/50 ML; AZACTAM-ISO-OSMOT 2 GM/50 ML MO	3	
azithromycin 1 gm pwd packet MO	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp MO	1	
azithromycin 250 mg, 500 mg, 600 mg tablet MO	1	
azithromycin i.v. 500 mg vial MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aztreonam 1 gm vial MO	1	
aztreonam 2 gm vial DL	4	
baciim 50,000 unit vial MO	1	
bacitracin 50,000 unit vial MO	1	
BACTRIM 400 MG-80 MG TABLET MO	3	
BACTRIM DS 800 MG-160 MG TABLET MO	3	
BAXDELA 300 MG INTRAVENOUS SOLUTION DL	4	QL (28 per 14 days)
BAXDELA 450 MG TABLET DL	4	QL (28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen MO	1	
cefaclor 250 mg, 500 mg capsule MO	1	
cefaclor er 500 mg tablet MO	1	
cefadroxil 1 gm tablet MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	1	
cefadroxil 500 mg capsule MO	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial MO	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	1	
cefdinir 300 mg capsule MO	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml MO	1	
cefepime 1 gm injection; cefepime 2 gm injection MO	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp MO	1	
cefixime 400 mg capsule MO	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	
cefotaxime sodium 1 gm vial MO	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag MO	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefpodoxime 100 mg, 200 mg tablet ^{MO}	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp ^{MO}	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	1	
cefprozil 250 mg, 500 mg tablet ^{MO}	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial ^{MO}	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback ^{MO}	1	
ceftriaxone 1 gm add-vant vial; ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg bulk bag; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial ^{MO}	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag ^{MO}	1	
cefuroxime axetil 250 mg, 500 mg tab ^{MO}	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial ^{MO}	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	1	
cephalexin 250 mg, 500 mg tablet ^{MO}	1	
cephalexin 250 mg, 500 mg, 750 mg capsule ^{MO}	1	
chloramphen na succ 1 gm vl ^{MO}	1	
CIPRO 250 MG, 500 MG TABLET ^{MO}	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION ^{MO}	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp ^{MO}	1	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet ^{MO}	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab ^{MO}	1	
ciprofloxacin 200 mg/100ml-d5w; ciprofloxacin 400 mg/200ml-d5w ^{MO}	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM SOLUTION FOR INJECTION ^{MO}	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus ^{MO}	1	
clarithromycin 250 mg, 500 mg tablet ^{MO}	1	
clarithromycin er 500 mg tab ^{MO}	1	
CLEOCIN 100 MG VAGINAL SUPPOSITORY ^{MO}	3	
CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INJECTION SOLUTION; CLEOCIN PHOS 600 MG/4ML ADDVAN; CLEOCIN PHOS 900 MG/6ML ADDVAN ^{MO}	1	
CLEOCIN 2 % VAGINAL CREAM ^{MO}	3	PA
cleocin phos 300 mg/2ml addvan ^{MO}	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE ^{MO}	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN 300 MG-D5W-GALAXY; CLEOCIN 600 MG-D5W-GALAXY; CLEOCIN 900 MG-D5W-GALAXY MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION MO	1	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg capsule</i> MO	1	
<i>clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns</i> MO	1	B vs D
<i>clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> MO	1	
<i>clindamycin 75 mg/5 ml soln</i> MO	1	
<i>clindamycin pediatric 75 mg/5 ml oral solution</i> MO	1	
<i>clindamycin 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan;</i> <i>clindamycin ph 600 mg/4 ml vial</i> MO	1	
<i>clindamycin 2% vaginal cream</i> MO	1	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
<i>colistimethate 150 mg vial</i> MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION DL	4	
<i>coremino 135 mg, 45 mg, 90 mg tablet,extended release</i> MO	1	ST,QL (30 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION DL	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION DL	4	
DALVANCE 500 MG INTRAVENOUS SOLUTION DL	4	QL (4 per 28 days)
<i>daptomycin 350 mg, 500 mg vial</i> DL	4	
<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	
DIFICID 200 MG TABLET DL	4	
<i>doripenem 250 mg, 500 mg vial</i> MO	1	
DORYX 200 MG TABLET,DELAYED RELEASE MO	3	ST,QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE MO	3	ST,QL (60 per 30 days)
DORYX 80 MG TABLET,DELAYED RELEASE DL	4	ST,QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE MO	3	ST,QL (60 per 30 days)
<i>doxy-100 100 mg intravenous solution</i> MO	1	
<i>doxycycline 50 mg tablet</i> MO	1	ST,QL (180 per 30 days)
<i>doxycycline hyc dr 100 mg tab</i> MO	1	ST,QL (90 per 30 days)
<i>doxycycline hyc dr 150 mg, 200 mg tab; doxycycline hyclate 150 mg, 200 mg tab</i> MO	1	ST,QL (30 per 30 days)
<i>doxycycline hyc dr 150 mg, 50 mg, 75 mg tab; doxycycline hyclate 150 mg, 50 mg, 75 mg tab</i> MO	1	ST,QL (60 per 30 days)
<i>doxycycline hyc dr 80 mg tab</i> DL	4	ST,QL (60 per 30 days)
<i>doxycycline hyclate 100 mg vial</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 100 mg, 20 mg tab MO	1	
doxycycline hyclate 100 mg, 50 mg cap MO	1	
doxycycline 25 mg/5 ml susp MO	1	
doxycycline ir-dr 40 mg cap MO	1	ST,QL (30 per 30 days)
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO	1	
doxycycline mono 100 mg, 50 mg cap MO	1	
doxycycline mono 150 mg cap MO	1	QL (30 per 30 days)
doxycycline mono 75 mg capsule MO	1	QL (60 per 30 days)
E.E.S. 400 MG TABLET MO	1	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION MO	3	
ertapenem 1 gram vial DL	4	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE MO	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION MO	3	
ERYPED 400 MG/5 ML ORAL SUSPENSION DL	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	1	
erythromycin 250 mg, 333 mg, 500 mg filmtab; erythromycin dr 250 mg, 333 mg, 500 mg tablet MO	1	
erythromycin dr 250 mg cap MO	1	
erythromycin 200 mg/5 ml, 400 mg/5 ml susp MO	1	
erythromycin es 400 mg tab MO	1	
FETROJA 1 GRAM INTRAVENOUS SOLUTION DL	4	B vs D,QL (84 per 14 days)
FIRVANQ 25 MG/ML, 50 MG/ML ORAL SOLUTION MO	3	
FLAGYL 250 MG, 500 MG TABLET MO	3	
FLAGYL 375 MG CAPSULE MO	3	QL (320 per 30 days)
FORTAZ 1 GRAM, 2 GRAM, 500 MG SOLUTION FOR INJECTION MO	3	
FURADANTIN 25 MG/5 ML ORAL SUSPENSION MO	3	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial MO	1	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 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; isoton gentamicin 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 MO	1	
gentamicin ped 20 mg/2 ml vial MO	1	
gentamicin 10 mg/ml vial MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HIPREX 1 GRAM TABLET MO	3	PA
<i>imipenem-cilastatin 250 mg, 500 mg vial</i> MO	1	
INVANZ 1 GRAM SOLUTION FOR INJECTION DL	4	
KEFLEX 250 MG, 500 MG, 750 MG CAPSULE MO	3	
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
KLARON 10 % LOTION (SUSPENSION) MO	3	QL (118 per 30 days)
LEVAQUIN 500 MG, 750 MG TABLET MO	3	
<i>levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial</i> MO	1	
<i>levofloxacin 250 mg, 500 mg, 750 mg tablet</i> MO	1	
<i>levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w</i> MO	1	
LINCOCIN 300 MG/ML INJECTION SOLUTION MO	3	
<i>lincomycin hcl 600 mg/2 ml vial</i> MO	1	
<i>linezolid 100 mg/5 ml susp</i> DL	4	QL (1800 per 30 days)
<i>linezolid 600 mg tablet</i> MO	1	QL (60 per 30 days)
<i>linezolid 600 mg/300 ml-d5w</i> MO	1	
<i>linezolid 600mg/300ml-0.9%nacl</i> MO	1	
MACROBID 100 MG CAPSULE MO	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	
MAXIPIME 1 GM ADD-VANTAGE VL; MAXIPIME 2 GM ADD-VANTAGE VL MO	3	
MAXIPIME 1 GRAM, 2 GRAM VIAL MO	3	PA
<i>meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial</i> MO	1	
<i>meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50</i> MO	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
<i>methenamine hipp 1 gm tablet</i> MO	1	
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK MO	3	
METROCREAM 0.75 % TOPICAL MO	3	PA
METROGEL 1 % TOPICAL; METROGEL TOPICAL 1% PUMP MO	3	ST
METROGEL VAGINAL 0.75 % MO	3	
METROLOTION 0.75 % TOPICAL MO	3	PA
<i>metronidazole 0.75% cream</i> MO	1	
<i>metronidazole 0.75% lotion</i> MO	1	
<i>metronidazole 250 mg, 500 mg tablet</i> MO	1	
<i>metronidazole 375 mg capsule</i> MO	1	QL (320 per 30 days)
<i>metronidazole top 1% gel pump; metronidazole topical 0.75% gl;</i> <i>metronidazole topical 1% gel; metronidazole vaginal 0.75% gl</i> MO	1	
<i>metronidazole 500 mg/100 ml</i> MO	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION MO	3	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MINOCIN 50 MG PELLETTIZED CAP MO	3	PA
<i>minocycline 100 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>minocycline er 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg tablet</i> MO	1	ST,QL (30 per 30 days)
<i>minocycline hcl 100 mg, 50 mg, 75 mg tablet</i> MO	1	
MINOLIRA ER 105 MG, 135 MG TABLET, EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
<i>mondoxyme nl 100 mg, 50 mg capsule</i> MO	1	ST
<i>mondoxyme nl 75 mg capsule</i> MO	1	ST,QL (60 per 30 days)
MONODOX 100 MG, 50 MG CAPSULE MO	3	ST
MONODOX 75 MG CAPSULE MO	3	ST,QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET MO	3	
<i>morgidox 100 mg, 50 mg capsule</i> MO	1	ST
<i>moxifloxacin hcl 400 mg tablet</i> MO	1	
<i>moxifloxacin 400 mg/250 ml bag</i> MO	1	
<i>moxifloxacin 400 mg/250 ml bag</i> MO	1	
<i>nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial</i> MO	1	
<i>nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj</i> DL	4	
<i>neomycin 500 mg tablet</i> MO	1	
<i>nitrofurantoin 25 mg/5 ml susp</i> DL	4	
<i>nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap</i> MO	1	
<i>nitrofurantoin mono-mcr 100 mg</i> MO	1	
NORITATE 1 % TOPICAL CREAM DL	4	ST,QL (60 per 30 days)
NUVESSA 1.3 % VAGINAL GEL MO	3	
NUZYRA 100 MG INTRAVENOUS SOLUTION DL	4	B vs D
NUZYRA 150 MG TABLET DL	4	QL (30 per 14 days)
NUZYRA 150 MG-7 DAY WITH LOAD DL	4	QL (30 per 14 days)
NUZYRA 150 MG TABLET-7 DAY DL	4	QL (30 per 14 days)
<i>ofloxacin 300 mg, 400 mg tablet</i> MO	1	
<i>okebo 75 mg capsule</i> MO	1	ST,QL (60 per 30 days)
ORACEA 40 MG CAPSULE, IMMEDIATE - DELAY RELEASE DL	4	ST,QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION DL	4	QL (3 per 28 days)
<i>oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial</i> MO	1	
<i>oxacillin 10 gm vial</i> DL	4	
<i>oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj</i> MO	3	
<i>paromomycin 250 mg capsule</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pen g k 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml MO	3	
penicillin gk 20 million unit, 5 million unit MO	1	
pen g 1.2 million unit/2 ml MO	1	
penicillin g 600,000 unit/1 ml DL	4	
penicillin g na 5 million unit DL	4	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln MO	1	
penicillin vk 250 mg, 500 mg tablet MO	1	
pfizerpen-g 20 million unit, 5 million unit solution for injection DL	4	
piperacil-tazobact 13.5 gm v1; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm v1; piperacil-tazobact 3.375 gm v1; piperacil-tazobact 4.5 gm vial MO	1	
polymyxin b sulfatate vial MO	1	
PRIMAXIN 500 MG INTRAVENOUS SOLUTION MO	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	3	
RECARBRIO 1.25 GRAM INTRAVENOUS SOLUTION DL	4	
rosadan 0.75 % topical cream MO	1	ST
rosadan 0.75 % topical gel MO	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET DL	4	ST,QL (30 per 30 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION DL	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET DL	4	QL (6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET MO	3	PA
soloxide dr 150 mg tablet MO	1	ST,QL (60 per 30 days)
streptomycin sulf 1 gm vial DL	4	
sulfacetamide 10% eye ointment MO	1	
sulfacetamide sod 10% top susp MO	1	QL (118 per 30 days)
sulfadiazine 500 mg tablet MO	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp iv vial MO	1	
sulfamethoxazole-tmp susp MO	1	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION MO	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET MO	1	
SUPRAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION MO	1	
SUPRAX 400 MG CAPSULE MO	3	
SUPRAX 500 MG/5 ML ORAL SUSPENSION MO	3	
SYNERCID 500 MG INTRAVENOUS SOLUTION DL	4	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARGADOX 50 MG TABLET MO	1	ST,QL (180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 2 gram, 6 gram solution for injection MO	1	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION DL	4	
tetracycline 250 mg, 500 mg capsule MO	1	
tigecycline 50 mg vial DL	4	
TINDAMAX 500 MG TABLET MO	3	
tinidazole 250 mg, 500 mg tablet MO	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
tobramycin 300 mg/5 ml ampule DL	4	PA
tobramycin 1.2 gm vial DL	4	
tobramycin 10 mg/ml, 40 mg/ml vial MO	1	
tobramycin pak 300 mg/5 ml DL	4	PA
trimethoprim 100 mg tablet MO	1	
TYGACIL 50 MG INTRAVENOUS SOLUTION DL	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION MO	3	
VABOMERE 2 GRAM INTRAVENOUS SOLUTION DL	4	QL (84 per 14 days)
VANCOGIN 125 MG CAPSULE DL	4	PA,QL (120 per 30 days)
VANCOGIN 250 MG CAPSULE DL	4	PA,QL (240 per 30 days)
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 50 mg/ml, 500 mg, 750 mg vial; vancomycin 250 mg/5 ml soln; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 50 mg/ml, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial MO	1	
vancomycin hcl 125 mg capsule MO	1	PA,QL (120 per 30 days)
vancomycin hcl 250 mg capsule DL	4	PA,QL (240 per 30 days)
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl MO	3	
vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag MO	3	
vancomycin 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml bag; vancomycin 1.25 gm/250 ml bag; vancomycin 1.75 gm/350 ml bag MO	3	
VANDAZOLE 0.75 % VAGINAL GEL MO	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION DL	4	
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION MO	3	ST
VIBRAMYCIN 50 MG/5 ML ORAL SYRUP MO	3	ST

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XENLETA 150 MG/15 ML INTRAVENOUS SOLUTION DL	4	B vs D,QL (210 per 7 days)
XENLETA 600 MG TABLET DL	4	QL (10 per 5 days)
XERAVA 50 MG INTRAVENOUS SOLUTION DL	4	B vs D
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION DL	4	
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION DL	4	
ZITHROMAX 1 GRAM ORAL PACKET MO	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION MO	3	
ZITHROMAX 250 MG, 500 MG, 600 MG TABLET MO	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION MO	3	
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM BULK VIAL; ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM VIAL MO	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
ZYVOX 100 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS PIGGYBACK MO	3	
ZYVOX 600 MG TABLET DL	4	PA,QL (60 per 30 days)
Anticonvulsants		
APTIOM 200 MG, 400 MG TABLET DL	4	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	4	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET DL	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION DL	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
carbamazepine 100 mg tab chew MD,MO	1	
carbamazepine 100 mg/5 ml susp MD,MO	1	
carbamazepine 200 mg tablet MD,MO	1	
carbamazepine er 100 mg, 200 mg tablet MD,MO	1	QL (120 per 30 days)
carbamazepine er 100 mg, 200 mg, 300 mg cap MD,MO	1	
carbamazepine er 400 mg tablet MD,MO	1	QL (225 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MD,MO	3	
CELONTIN 300 MG CAPSULE MD,MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clobazam 10 mg, 20 mg tablet</i> DL	1	PA
<i>clobazam 2.5 mg/ml suspension</i> DL	1	PA
DEPAACON 500 MG VIAL MO	3	
DEPAKENE 250 MG CAPSULE MD,MO	3	
DEPAKENE 250 MG/5 ML SOLUTION MD,MO	3	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DELAYED RELEASE MD,MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, EXTENDED RELEASE MD,MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DELAYED RELEASE MD,MO	3	
DIASTAT 2.5 MG RECTAL KIT DL	3	PA
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT DL	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT DL	3	PA
<i>diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst</i> DL	1	
DILANTIN 30 MG CAPSULE MD,MO	1	
DILANTIN EXTENDED 100 MG CAPSULE MD,MO	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MD,MO	1	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MD,MO	3	
<i>divalproex dr 125 mg cap sprnk</i> MD,MO	1	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> MD,MO	1	
<i>divalproex sod er 250 mg, 500 mg tab</i> MD,MO	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION DL	4	PA
<i>epitol 200 mg tablet</i> MD,MO	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA
<i>ethosuximide 250 mg capsule</i> MD,MO	1	
<i>ethosuximide 250 mg/5 ml soln</i> MD,MO	1	
<i>felbamate 400 mg, 600 mg tablet</i> MD,MO	1	
<i>felbamate 600 mg/5 ml susp</i> DL	4	
FELBATOL 400 MG, 600 MG TABLET DL	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION DL	4	
FINTEPLA 2.2 MG/ML ORAL SOLUTION DL	4	PA, QL (360 per 30 days)
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml v1</i> MO	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION DL	4	PA, QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA, QL (30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> MD,MO	1	QL (270 per 30 days)
<i>gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln</i> MD,MO	1	QL (2250 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gabapentin 600 mg, 800 mg tablet</i> MD,MO	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG, 2 MG, 4 MG TABLET DL	4	
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET DL	4	
KEPPRA 100 MG/ML ORAL SOLUTION DL	4	
KEPPRA 250 MG TABLET DL	4	QL (60 per 30 days)
KEPPRA 500 MG/5 ML INTRAVENOUS SOLUTION DL	4	
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (180 per 30 days)
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (120 per 30 days)
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET DL	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET DL	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET DL	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING DL	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT DL	4	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT DL	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK DL	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK DL	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK DL	4	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE DL	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	3	
<i>lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 50 mg tablet; lamotrigine odt 100 mg, 150 mg, 200 mg, 25 mg, 50 mg tablet</i> MD,MO	1	
<i>lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet</i> MD,MO	1	
<i>lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet</i> MD,MO	1	
<i>lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang</i> MO	1	
<i>levetiracetam 1,000 mg, 500 mg, 750 mg tablet</i> MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam 100 mg/ml soln MD,MO	1	
levetiracetam 250 mg tablet MD,MO	1	QL (60 per 30 days)
levetiracetam 500 mg/5 ml soln MD,MO	1	QL (900 per 30 days)
levetiracetam 500 mg/5 ml vial MO	1	
levetiracetam er 500 mg tablet MD,MO	1	QL (180 per 30 days)
levetiracetam er 750 mg tablet MD,MO	1	QL (120 per 30 days)
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 MO	1	
MYSOLINE 250 MG, 50 MG TABLET DL	4	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY DL	3	QL (10 per 30 days)
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION MO	1	
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE DL	4	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION MD,MO	3	PA,QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET DL	4	PA,QL (180 per 30 days)
ONFI 10 MG, 20 MG TABLET DL	4	PA
ONFI 2.5 MG/ML ORAL SUSPENSION DL	4	PA
oxcarbazepine 150 mg, 300 mg tablet MD,MO	1	QL (60 per 30 days)
oxcarbazepine 300 mg/5 ml susp MD,MO	1	
oxcarbazepine 600 mg tablet MD,MO	1	
OXTELLAR XR 150 MG, 300 MG, 600 MG TABLET,EXTENDED RELEASE DL	4	ST
PEGANONE 250 MG TABLET MD,MO	3	
pentobarbital 2,500 mg/50 ml MO	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MD,MO	1	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MD,MO	1	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MD,MO	1	QL (1500 per 30 days)
phenobarbital 30 mg tablet MD,MO	1	QL (300 per 30 days)
phenobarbital 130 mg/ml, 65 mg/ml vial DL	4	
PHENYTEK 200 MG, 300 MG CAPSULE MD,MO	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp MD,MO	1	
phenytoin 50 mg tablet chew MD,MO	1	
phenytoin 50 mg/ml syringe MO	1	
phenytoin 50 mg/ml vial MO	1	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MD,MO	1	
primidone 250 mg, 50 mg tablet MD,MO	1	
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
roweepra 1,000 mg, 500 mg, 750 mg tablet MD,MO	1	
roweepra xr 500 mg tablet,extended release MD,MO	1	QL (180 per 30 days)
roweepra xr 750 mg tablet,extended release MD,MO	1	QL (120 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET DL	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET DL	4	PA,QL (180 per 30 days)
SECONAL SODIUM 100 MG CAPSULE DL	4	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MD,MO	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MD,MO	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MD,MO	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MD,MO	3	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet MD,MO	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack MO	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack MO	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack MO	1	
SYMPAZAN 10 MG, 20 MG, 5 MG ORAL FILM DL	4	PA,QL (60 per 30 days)
TEGRETOL 100 MG/5 ML ORAL SUSPENSION MD,MO	3	
TEGRETOL 200 MG TABLET MD,MO	3	
TEGRETOL XR 100 MG, 200 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (120 per 30 days)
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (225 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet MD,MO	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET DL	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE DL	4	
TOPAMAX 25 MG TABLET DL	4	QL (90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet MD,MO	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MD,MO	1	
topiramate 25 mg tablet MD,MO	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule MD,MO	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule MD,MO	3	PA,QL (60 per 30 days)
topiramate er 25 mg capsule MD,MO	3	PA,QL (90 per 30 days)
TRILEPTAL 150 MG, 300 MG TABLET DL	4	PA,QL (60 per 30 days)
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION DL	4	PA
TRILEPTAL 600 MG TABLET DL	4	PA
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>valproic acid 250 mg capsule</i> MD,MO	1	
<i>valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol</i> MD,MO	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) NASAL SPRAY; VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY DL	4	QL (10 per 30 days)
<i>vigabatrin 500 mg powder packet</i> DL	4	PA,QL (180 per 30 days)
<i>vigabatrin 500 mg tablet</i> DL	4	PA,QL (180 per 30 days)
<i>vigadrone 500 mg oral powder packet</i> DL	4	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MD,MO	3	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET MD,MO	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	3	
XCOPRI 100 MG, 50 MG TABLET DL	4	PA,QL (30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	4	PA,QL (60 per 30 days)
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS; XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS DL	4	PA,QL (56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK MO	3	PA,QL (28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK; XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK DL	4	PA,QL (28 per 28 days)
ZARONTIN 250 MG CAPSULE MD,MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION MD,MO	1	
ZONEGRAN 100 MG, 25 MG CAPSULE DL	4	PA
<i>zonisamide 100 mg, 25 mg, 50 mg capsule</i> MD,MO	1	
Antidementia Agents		
ARICEPT 10 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>donepezil hcl 10 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>donepezil hcl 10 mg, 23 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>ergoloid mesylates 1 mg tab</i> DL	4	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MD,MO	3	PA,QL (30 per 30 days)
<i>galantamine 4 mg/ml oral soln</i> MD,MO	1	QL (200 per 30 days)
<i>galantamine er 16 mg, 24 mg, 8 mg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>galantamine hbr 12 mg, 4 mg, 8 mg tablet</i> MD,MO	1	QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
memantine 5-10 mg titration pk ^{MO}	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MD,MO}	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution ^{MD,MO}	1	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule ^{MD,MO}	1	PA,QL (30 per 30 days)
NAMENDA 10 MG, 5 MG TABLET ^{MD,MO}	3	PA,QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK ^{MO}	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE ^{MD,MO}	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,EXT REL, DOSE PACK ^{MO}	3	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE ^{MD,MO}	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK ^{MO}	2	QL (28 per 28 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET ^{MD,MO}	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE ^{MD,MO}	3	PA,QL (30 per 30 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch ^{MD,MO}	1	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg capsule ^{MD,MO}	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule ^{MD,MO}	1	QL (60 per 30 days)
Antidepressants		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab ^{MD,MO}	1	
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 ^{DL}	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet ^{MD,MO}	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE ^{DL}	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE ^{DL}	4	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG CAPSULE ^{MD,MO}	3	QL (30 per 30 days)
bupropion hcl 100 mg, 75 mg tablet ^{MD,MO}	1	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet ^{MD,MO}	1	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet ^{MD,MO}	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet ^{MD,MO}	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet ^{MD,MO}	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet ^{MD,MO}	1	QL (60 per 30 days)
bupropion hcl xl 450 mg tablet ^{MD,MO}	1	ST,QL (30 per 30 days)
CELEXA 10 MG, 40 MG TABLET ^{MD,MO}	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET ^{MD,MO}	3	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>citalopram hbr 10 mg, 40 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>citalopram hbr 10 mg/5 ml soln</i> MD,MO	1	
<i>citalopram hbr 20 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>clomipramine 25 mg, 50 mg, 75 mg capsule</i> MD,MO	1	
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE MD,MO	3	QL (60 per 30 days)
<i>desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet</i> MD,MO	1	
<i>desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet</i> MD,MO	3	ST,QL (30 per 30 days)
<i>desvenlafaxine succnt er 100 mg, 25 mg, 50 mg; desvenlafaxine succnt er 100mg</i> MD,MO	1	QL (30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE,DELAYED RELEASE MD,MO	3	PA,QL (60 per 30 days)
<i>duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap</i> MD,MO	1	QL (60 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH DL	4	QL (30 per 30 days)
<i>escitalopram 10 mg tablet</i> MD,MO	1	QL (45 per 30 days)
<i>escitalopram 20 mg, 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml</i> MD,MO	1	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution</i> MD,MO	1	
<i>fluoxetine dr 90 mg capsule</i> MD,MO	1	QL (4 per 28 days)
<i>fluoxetine hcl 10 mg tablet</i> MD,MO	1	QL (240 per 30 days)
<i>fluoxetine hcl 10 mg, 40 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>fluoxetine hcl 20 mg capsule</i> MD,MO	1	QL (120 per 30 days)
<i>fluoxetine hcl 20 mg tablet</i> MD,MO	1	QL (120 per 30 days)
<i>fluoxetine hcl 60 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>fluvoxamine er 100 mg, 150 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg, 25 mg, 50 mg tab</i> MD,MO	1	QL (90 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE MD,MO	3	ST,QL (30 per 30 days)
<i>imipramine hcl 10 mg, 25 mg, 50 mg tablet</i> MD,MO	1	
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap</i> MD,MO	1	
KHEDEZLA ER 100 MG, 50 MG TABLET MD,MO	3	ST,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEXAPRO 10 MG TABLET MD,MO	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
maprotiline 25 mg, 50 mg, 75 mg tablet MD,MO	1	
MARPLAN 10 MG TABLET MD,MO	3	
mirtazapine 15 mg, 30 mg, 45 mg odt MD,MO	1	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg tablet MD,MO	1	
NARDIL 15 MG TABLET MD,MO	3	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet MD,MO	1	
NORPRAMIN 10 MG, 25 MG TABLET MD,MO	3	
nortriptyline 10 mg/5 ml soln MD,MO	1	
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap MD,MO	1	
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg MD,MO	1	QL (30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE DL	4	
PARNATE 10 MG TABLET DL	4	
paroxetine er 12.5 mg, 37.5 mg tablet MD,MO	1	QL (60 per 30 days)
paroxetine er 25 mg tablet MD,MO	1	QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet MD,MO	1	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MD,MO	1	QL (60 per 30 days)
paroxetine mesylate 7.5 mg cap MD,MO	1	QL (30 per 30 days)
PAXIL 10 MG, 20 MG TABLET MD,MO	3	QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MD,MO	3	
PAXIL 30 MG, 40 MG TABLET MD,MO	3	QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (90 per 30 days)
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MD,MO	1	
PEXEVA 10 MG, 20 MG TABLET MD,MO	3	QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET MD,MO	3	QL (60 per 30 days)
phenelzine sulfate 15 mg tab MD,MO	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet MD,MO	1	
PROZAC 10 MG, 40 MG CAPSULE DL	4	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE DL	4	PA,QL (120 per 30 days)
REMERON 15 MG, 30 MG TABLET MD,MO	3	
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET MD,MO	3	QL (30 per 30 days)
SARAFEM 10 MG TABLET MD,MO	3	QL (240 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SARAFEM 20 MG TABLET MD,MO	3	QL (120 per 30 days)
<i>sertraline 20 mg/ml oral conc</i> MD,MO	1	
<i>sertraline hcl 100 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> MD,MO	1	QL (90 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MD,MO	3	
SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE MD,MO	3	PA,QL (30 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET DL	4	
<i>tranylcypromine sulf 10 mg tab</i> MD,MO	1	
<i>trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet</i> MD,MO	1	
<i>trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp</i> MD,MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
<i>venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet</i> MD,MO	1	
<i>venlafaxine hcl er 150 mg cap</i> MD,MO	1	QL (60 per 30 days)
<i>venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab</i> MD,MO	1	QL (30 per 30 days)
<i>venlafaxine hcl er 37.5 mg cap</i> MD,MO	1	QL (30 per 30 days)
<i>venlafaxine hcl er 75 mg cap</i> MD,MO	1	QL (90 per 30 days)
<i>venlafaxine hcl er 75 mg tab</i> MD,MO	1	QL (60 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK MO	3	PA,QL (30 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE MD,MO	3	PA,QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE MD,MO	3	PA,QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE MD,MO	3	PA,QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
ZOLOFT 100 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE MD,MO	3	PA
ZOLOFT 25 MG, 50 MG TABLET MD,MO	3	PA,QL (90 per 30 days)
ZULRESSO 5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (100 per 365 days)
Antiemetics		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS POWDER FOR SOLUTION DL	4	PA,QL (4 per 28 days)
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG/20 ML INTRAVENOUS SOLUTION DL	4	PA,QL (80 per 28 days)
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE DL	4	PA,QL (4 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANZEMET 100 MG, 50 MG TABLET MO	3	B vs D,QL (4 per 28 days)
aprepitant 125 mg, 40 mg capsule MO	1	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack MO	1	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule MO	1	B vs D,QL (4 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE MO	3	QL (60 per 30 days)
CESAMET 1 MG CAPSULE DL	4	PA,QL (180 per 30 days)
COMPAZINE 10 MG, 5 MG TABLET MO	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY MO	1	
compro 25 mg rectal suppository MO	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE MO	3	QL (120 per 30 days)
dimenhydrinate 50 mg/ml vial MO	1	
doxylamine-pyridoxine 10-10 mg MO	1	QL (120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg capsule MO	1	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION MO	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE MO	3	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION MO	3	PA
fosaprepitant 150 mg vial MO	1	PA
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 1 mg tablet MO	1	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial MO	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL (120 per 30 days)
meclizine 12.5 mg, 25 mg tablet MO	1	
metoclopramide 10 mg, 5 mg tablet MO	1	
metoclopramide 10 mg/2 ml syr MO	1	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln MO	1	
metoclopramide hcl 10 mg odt MO	1	QL (180 per 30 days)
metoclopramide hcl 5 mg odt MO	1	QL (360 per 30 days)
ondansetron odt 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	1	
ondansetron hcl 24 mg tablet MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	1	
ondansetron hcl 4 mg/2 ml vial MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>phenadoz 12.5 mg, 25 mg suppository</i> ^{MO}	1	
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION ^{MO}	1	
<i>prochlorperazine 25 mg supp</i> ^{MO}	1	
<i>prochlorperazine 10 mg/2 ml vl</i> ^{MO}	1	
<i>prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet</i> ^{MO}	1	B vs D
<i>promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository</i> ^{MO}	1	
<i>promethazine 12.5 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	
<i>promethazine 25 mg/ml, 50 mg/ml vial</i> ^{MO}	1	
<i>promethazine 6.25 mg/5 ml syrup</i> ^{MO}	1	
<i>promethegan 12.5 mg, 25 mg, 50 mg rectal suppository</i> ^{MO}	1	
REGLAN 10 MG, 5 MG TABLET ^{MO}	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO}	3	QL (4 per 30 days)
<i>scopolamine 1 mg/3 day patch</i> ^{MO}	1	QL (10 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION ^{DL}	4	PA
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION ^{MO}	3	
TIGAN 300 MG CAPSULE ^{MO}	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) ^{MO}	3	QL (10 per 30 days)
<i>trimethobenzamide 300 mg cap</i> ^{MO}	1	B vs D
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION ^{MO}	3	PA,QL (185 per 28 days)
ZOFRAN 4 MG, 8 MG TABLET ^{DL}	4	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLN ^{MO}	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG TABLET ^{MO}	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM ^{DL}	4	B vs D,QL (90 per 30 days)
Antifungals		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION ^{DL}	4	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION ^{DL}	4	B vs D
<i>amphotericin b 50 mg vial</i> ^{MO}	1	B vs D
ANCOBON 250 MG, 500 MG CAPSULE ^{DL}	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
<i>caspofungin acetate 50 mg, 70 mg vial</i> ^{DL}	4	
<i>ciclodan 8 % topical solution</i> ^{MO}	1	QL (13.2 per 30 days)
<i>ciclopirox 0.77% cream</i> ^{MO}	1	QL (90 per 30 days)
<i>ciclopirox 0.77% gel</i> ^{MO}	1	QL (100 per 30 days)
<i>ciclopirox 0.77% topical susp</i> ^{MO}	1	QL (60 per 30 days)
<i>ciclopirox 1% shampoo</i> ^{MO}	1	QL (120 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciclopirox 8% solution ^{MO}	1	QL (13.2 per 30 days)
clotrimazole 1% solution ^{MO}	1	
clotrimazole 1% topical cream ^{MO}	1	
clotrimazole 10 mg troche ^{MO}	1	
clotrimazole-betamethasone crm ^{MO}	1	QL (180 per 30 days)
clotrimazole-betamethasone lot ^{MO}	1	QL (90 per 28 days)
CRESEMBA 186 MG CAPSULE ^{DL}	4	PA,QL (180 per 30 days)
CRESEMBA 372 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION ^{DL}	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{MO}	3	PA
econazole nitrate 1% cream ^{MO}	1	PA,QL (85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION ^{DL}	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION ^{MO}	3	
ERTACZO 2 % TOPICAL CREAM ^{DL}	4	QL (60 per 30 days)
EXELDERM 1 % TOPICAL CREAM ^{MO}	3	
EXELDERM 1 % TOPICAL SOLUTION ^{MO}	3	QL (60 per 30 days)
EXTINA 2 % TOPICAL FOAM ^{MO}	3	QL (100 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml susp ^{MO}	1	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet ^{MO}	1	
fluconazole-dext 200 mg/100 ml ^{MO}	1	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml ^{MO}	1	
flucytosine 250 mg, 500 mg capsule ^{DL}	4	
griseofulvin 125 mg/5 ml susp ^{MO}	1	
griseofulvin micro 500 mg tab ^{MO}	1	
griseofulvin ultra 125 mg, 250 mg tab ^{MO}	1	
gynazole-1 2 % vaginal cream ^{MO}	1	
itraconazole 10 mg/ml solution ^{MO}	1	QL (150 per 30 days)
itraconazole 100 mg capsule ^{MO}	1	QL (120 per 30 days)
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR ^{DL}	4	PA,QL (4 per 28 days)
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR ^{DL}	4	QL (10 per 30 days)
ketoconazole 2% cream ^{MO}	1	QL (60 per 30 days)
ketoconazole 2% foam ^{MO}	1	QL (100 per 30 days)
ketoconazole 2% shampoo ^{MO}	1	QL (120 per 30 days)
ketoconazole 200 mg tablet ^{MO}	1	PA
ketodan 2 % topical foam ^{MO}	1	QL (100 per 30 days)
LOPROX 1 % SHAMPOO ^{MO}	3	PA,QL (120 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM MO	3	PA,QL (90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION MO	3	PA,QL (60 per 30 days)
LOTRISONE CREAM MO	3	PA,QL (180 per 30 days)
<i>luliconazole 1% cream</i> MO	1	ST,QL (60 per 28 days)
LUZU 1 % TOPICAL CREAM MO	3	ST,QL (60 per 28 days)
MENTAX 1 % TOPICAL CREAM MO	3	QL (30 per 30 days)
<i>micafungin 100 mg, 50 mg vial</i> DL	4	
<i>miconazole-zinc-petro 0.25-15%</i> MO	1	
<i>miconazole-3 200 mg vaginal suppository</i> MO	1	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION DL	4	
<i>naftifine hcl 1% cream</i> MO	1	ST,QL (90 per 30 days)
<i>naftifine hcl 1% gel</i> MO	1	ST,QL (90 per 30 days)
<i>naftifine hcl 2% cream</i> MO	1	ST,QL (120 per 30 days)
NAFTIN 1 % TOPICAL GEL MO	3	ST,QL (90 per 30 days)
NAFTIN 2 % TOPICAL CREAM MO	3	ST,QL (120 per 30 days)
NAFTIN 2 % TOPICAL GEL MO	3	ST,QL (120 per 30 days)
NIZORAL 2 % SHAMPOO MO	3	QL (120 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE DL	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION DL	4	PA
<i>nyamyc 100,000 unit/gram topical powder</i> MO	1	PA
<i>nystatin 100,000 unit/gm cream</i> MO	1	
<i>nystatin 100,000 unit/gm oint</i> MO	1	
<i>nystatin 100,000 unit/gm powd</i> MO	1	PA
<i>nystatin 100,000 unit/ml susp</i> MO	1	
<i>nystatin 500,000 unit oral tab</i> MO	1	
<i>nystatin-triamcinolone cream</i> MO	1	
<i>nystatin-triamcinolone ointm</i> MO	1	
<i>nystop 100,000 unit/gram topical powder</i> MO	1	PA
ONMEL 200 MG TABLET DL	4	QL (28 per 28 days)
ORAVIG 50 MG BUCCAL TABLET DL	4	QL (14 per 30 days)
<i>oxiconazole nitrate 1% cream</i> DL	4	PA
OXISTAT 1 % LOTION DL	4	PA
OXISTAT 1 % TOPICAL CREAM DL	4	
PENLAC 8% SOLUTION MO	3	QL (13.2 per 30 days)
<i>posaconazole 200 mg/5 ml susp</i> DL	4	PA,QL (840 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>posaconazole dr 100 mg tablet</i> DL	4	PA
SPORANOX 10 MG/ML ORAL SOLUTION DL	4	QL (150 per 30 days)
SPORANOX 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE MO	3	PA,QL (120 per 30 days)
<i>terbinafine hcl 250 mg tablet</i> MO	1	
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> MO	1	
<i>terconazole 80 mg suppository</i> MO	1	
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE DL	4	PA,QL (120 per 30 days)
VFEND 200 MG, 50 MG TABLET DL	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION DL	4	B vs D
<i>voriconazole 200 mg vial</i> DL	4	PA
<i>voriconazole 200 mg, 50 mg tablet</i> MO	1	PA,QL (120 per 30 days)
<i>voriconazole 40 mg/ml susp</i> DL	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
XOLEGEL 2 % TOPICAL DL	4	
Antigout Agents		
<i>allopurinol 100 mg, 300 mg tablet</i> MD,MO	1	
<i>allopurinol sodium 500 mg vial</i> MO	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION MO	3	
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>febuxostat 40 mg, 80 mg tablet</i> MD,MO	1	ST,QL (30 per 30 days)
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION MD,MO	3	PA,QL (300 per 30 days)
MITIGARE 0.6 MG CAPSULE MD,MO	2	
<i>probenecid 500 mg tablet</i> MD,MO	1	
<i>probenecid-colchicine tablet</i> MD,MO	1	
ULORIC 40 MG, 80 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
ZURAMPIC 200 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET MD,MO	3	
Antimigraine Agents		
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ MD,MO	3	PA,QL (2 per 30 days)
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1.5 per 30 days)
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS MD,MO	3	PA,QL (1.5 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>almotriptan malate 12.5 mg, 6.25 mg tab</i> MO	1	ST,QL (9 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
CAFERGOT 1 MG-100 MG TABLET MO	1	QL (40 per 30 days)
D.H.E.45 1 MG/ML INJECTION SOLUTION DL	4	
<i>dihydroergotamine 1 mg/ml amp</i> DL	4	
<i>dihydroergotamine 4 mg/ml spry</i> DL	4	QL (8 per 30 days)
<i>eletriptan hbr 20 mg, 40 mg tablet</i> MO	1	ST,QL (9 per 30 days)
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR MD,MO	3	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE MD,MO	3	PA,QL (2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE MO	3	PA,QL (3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	QL (20 per 28 days)
<i>ergotamine-caffeine 1-100mg tb</i> MO	1	QL (40 per 30 days)
FROVA 2.5 MG TABLET DL	4	ST,QL (12 per 30 days)
<i>frovatriptan succ 2.5 mg tab</i> MO	1	ST,QL (12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET DL	4	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY DL	4	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (6 per 30 days)
MAXALT 10 MG TABLET MO	3	PA,QL (12 per 30 days)
MAXALT MLT 10 MG, 5 MG TABLET; MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET MO	3	PA,QL (12 per 30 days)
<i>migergot 2 mg-100 mg rectal suppository</i> DL	4	QL (20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY DL	4	QL (8 per 30 days)
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> MO	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION DL	4	ST,QL (16 per 30 days)
RELPAZ 20 MG, 40 MG TABLET MO	3	ST,QL (9 per 30 days)
REYVOW 100 MG TABLET MO	3	PA,QL (8 per 30 days)
REYVOW 50 MG TABLET MO	3	PA,QL (4 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet</i> MO	1	QL (12 per 30 days)
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> MO	1	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart</i> MO	3	QL (6 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject</i> MO	1	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml syrng</i> MO	1	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml vial</i> MO	1	QL (6 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	1	QL (9 per 30 days)
sumatriptan-naproxen 85-500 mg MO	1	ST,QL (18 per 30 days)
SUMAVEL DOSEPRO 6 MG/0.5 ML MO	3	ST,QL (6 per 30 days)
TOSYMRA 10 MG/ACTUATION NASAL SPRAY MO	3	ST,QL (12 per 30 days)
TREXIMET 10-60 MG, 85-500 MG TABLET; TREXIMET 85 MG-500 MG TABLET DL	4	ST,QL (18 per 30 days)
VYEPTI 100 MG/ML INTRAVENOUS SOLUTION MD,MO	3	PA,QL (1 per 90 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	ST,QL (6 per 30 days)
zolmitriptan 2.5 mg, 5 mg odt; zolmitriptan 2.5 mg, 5 mg tablet MO	1	ST,QL (9 per 30 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY DL	4	ST,QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET DL	4	ST,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET DL	4	ST,QL (9 per 30 days)
Antimyasthenic Agents		
guanidine hcl 125 mg tablet MO	1	
MESTINON 60 MG TABLET DL	4	PA
MESTINON 60 MG/5 ML ORAL SYRUP DL	4	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE DL	4	PA
pyridostigmine 60 mg/5 ml soln DL	4	
pyridostigmine br 30 mg, 60 mg tablet MD,MO	1	
pyridostigmine er 180 mg tab MD,MO	1	
REGONOL 5 MG/ML INJECTION SOLUTION MO	3	
Antimycobacterials		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	3	
cycloserine 250 mg capsule DL	4	
dapsone 100 mg, 25 mg tablet MD,MO	1	
ethambutol hcl 100 mg, 400 mg tablet MO	1	
isoniazid 100 mg, 300 mg tablet MO	1	
isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial MO	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	1	
PRETOMANID 200 MG TABLET MO	3	PA,QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
pyrazinamide 500 mg tablet MO	1	
rifabutin 150 mg capsule MO	1	
RIFADIN 150 MG, 300 MG CAPSULE MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIFADIN 600 MG INTRAVENOUS SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE MO	1	
<i>rifampin 150 mg, 300 mg capsule</i> MO	1	
<i>rifampin iv 600 mg vial</i> DL	4	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
SIRTURO 100 MG TABLET DL	4	PA,QL (68 per 28 days)
SIRTURO 20 MG TABLET DL	4	PA,QL (340 per 28 days)
TRECTOR 250 MG TABLET MO	3	
ANTINEOPLASTICS		
<i>abiraterone acetate 250 mg tab</i> DL	4	PA,QL (120 per 30 days)
ABRAXANE 100 MG INTRAVENOUS SUSPENSION DL	4	PA
ADCETRIS 50 MG INTRAVENOUS SOLUTION DL	4	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> MO	1	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION MO	1	B vs D
<i>adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution; adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial</i> MO	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	4	PA
ALECENSA 150 MG CAPSULE DL	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION DL	4	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION DL	4	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET MO	3	B vs D
ALKERAN (AS HCL) 50 MG INTRAVENOUS SOLUTION MO	3	B vs D
ALUNBRIG 180 MG, 90 MG TABLET DL	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET DL	4	PA,QL (180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK DL	4	PA,QL (30 per 30 days)
<i>amifostine 500 mg vial</i> DL	4	B vs D
<i>anastrozole 1 mg tablet</i> MD,MO	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET DL	4	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET DL	4	PA,QL (60 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION DL	4	
<i>arsenic trioxide 10 mg/10ml vial; arsenic trioxide 12 mg/6 ml vial</i> DL	4	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA,QL (400 per 28 days)
ASPARLAS 750 UNIT/ML INTRAVENOUS SOLUTION DL	4	PA
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
AYVAKIT 100 MG, 200 MG, 300 MG TABLET DL	4	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azacitidine 100 mg vial DL	4	PA
BALVERSA 3 MG TABLET DL	4	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET DL	4	PA,QL (60 per 30 days)
BALVERSA 5 MG TABLET DL	4	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION DL	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	4	PA
bexarotene 75 mg capsule DL	4	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet MD,MO	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
BLENREP 100 MG INTRAVENOUS SOLUTION DL	4	PA
bleomycin sulfate 15 unit, 30 unit vial MO	1	B vs D
bortezomib 3.5 mg vial DL	4	PA
BOSULIF 100 MG TABLET DL	4	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	4	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL (180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	4	PA,QL (120 per 30 days)
busulfan 60 mg/10 ml vial MO	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION DL	4	B vs D
CAPRELSA 100 MG TABLET DL	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET DL	4	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial MO	1	B vs D
carmustine 100 mg vial MO	1	B vs D
CASODEX 50 MG TABLET DL	4	QL (30 per 30 days)
cisplatin 100 mg/100 ml vial MO	1	B vs D
cladribine 10 mg/10 ml vial DL	4	B vs D
clofarabine 20 mg/20 ml vial DL	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION DL	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL	4	PA,QL (112 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES DL	4	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	4	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION DL	4	B vs D
COTELLIC 20 MG TABLET DL	4	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial MO	1	B vs D
CYCLOPHOSPHAMIDE 1 GM/5 ML VL MO	1	B vs D
cyclophosphamide 25 mg, 50 mg capsule MO	1	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
cytarabine 20 mg/ml vial MO	1	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial MO	1	B vs D
dacarbazine 100 mg, 200 mg vial MO	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION DL	4	PA
dactinomycin 0.5 mg vial DL	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SUBCUTANEOUS SOLUTION DL	4	PA
daunorubicin 20 mg/4 ml vial MO	1	B vs D
DAURISMO 100 MG TABLET DL	4	PA,QL (30 per 30 days)
DAURISMO 25 MG TABLET DL	4	PA,QL (60 per 30 days)
decitabine 50 mg vial DL	4	PA
dexrazoxane 250 mg, 500 mg vial MO	1	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION DL	4	B vs D
docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial MO	1	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION DL	4	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial MO	1	B vs D
doxorubicin liposome 20mg/10ml DL	4	PA
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION DL	4	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION DL	4	B vs D
ELZONRIS 1,000 MCG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (10 per 21 days)
EMCYT 140 MG CAPSULE DL	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENHERTU 100 MG INTRAVENOUS SOLUTION DL	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml vial MO	1	B vs D
epirubicin hcl 50 mg vial MO	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION DL	4	PA
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET DL	4	PA,QL (120 per 30 days)
erlotinib hcl 100 mg, 150 mg tablet DL	4	PA,QL (30 per 30 days)
erlotinib hcl 25 mg tablet DL	4	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION DL	4	PA
ETHYOL 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
etoposide 100 mg/5 ml vial MO	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION DL	4	PA
exemestane 25 mg tablet MD,MO	1	QL (60 per 30 days)
FARESTON 60 MG TABLET DL	4	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE DL	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE DL	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
floxuridine 500 mg vial MO	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial MO	1	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml MO	1	B vs D
flutamide 125 mg capsule MD,MO	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
fulvestrant 250 mg/5 ml syring DL	4	PA,QL (30 per 30 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION DL	4	PA
GAVRETO 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION DL	4	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial MO	1	B vs D
GEMZAR 1 GRAM, 200 MG VIAL DL	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET DL	4	PA,QL (90 per 30 days)
GLEEVEC 400 MG TABLET DL	4	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 440 MG VIAL DL	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (5 per 21 days)
HERZUMA 150 MG, 420 MG INTRAVENOUS SOLUTION DL	4	PA
HEXALEN 50 MG CAPSULE DL	4	
HYCANTIN 4 MG INTRAVENOUS SOLUTION DL	4	B vs D
HYDREA 500 MG CAPSULE MD,MO	3	
<i>hydroxyurea 500 mg capsule</i> MD,MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	4	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET DL	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET DL	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION DL	4	B vs D
<i>idarubicin hcl 20 mg/20 ml vial</i> DL	4	B vs D
IDHIFA 100 MG, 50 MG TABLET DL	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION MO	3	B vs D
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial</i> MO	1	B vs D
<i>imatinib mesylate 100 mg tab</i> DL	4	PA,QL (90 per 30 days)
<i>imatinib mesylate 400 mg tab</i> DL	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	4	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET DL	4	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	4	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION DL	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION DL	4	PA,QL (8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) INTRAVENOUS PIGGYBACK DL	4	B vs D
INLYTA 1 MG TABLET DL	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET DL	4	PA,QL (60 per 30 days)
INQOVI 35 MG-100 MG TABLET DL	4	PA,QL (5 per 28 days)
INREBIC 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
IRESSA 250 MG TABLET DL	4	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> ^{MO}	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION ^{DL}	4	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION ^{DL}	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
KANJINTI 150 MG, 420 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION ^{DL}	4	PA
KHAPZORY 175 MG, 300 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	4	PA,QL (91 per 28 days)
KOSELUGO 10 MG CAPSULE ^{DL}	4	PA,QL (240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	4	PA,QL (120 per 30 days)
KYPROLIS 10 MG INTRAVENOUS SOLUTION ^{DL}	4	PA,QL (6 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION ^{DL}	4	PA,QL (3 per 28 days)
KYPROLIS 60 MG INTRAVENOUS SOLUTION ^{DL}	4	PA,QL (12 per 28 days)
LARTRUVO 500 MG/50 ML VIAL ^{DL}	4	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	4	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE ^{DL}	4	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE ^{DL}	4	PA,QL (60 per 30 days)
<i>letrozole 2.5 mg tablet</i> ^{MD,MO}	1	QL (30 per 30 days)
<i>leucovorin cal 500 mg/50 ml vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial</i> ^{MO}	1	B vs D
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> ^{MO}	1	
LEUKERAN 2 MG TABLET ^{MO}	3	
<i>levoleucovorin 10 mg/ml, 175 mg, 50 mg vial; levoleucovorin 175 mg/17.5 ml</i> ^{DL}	4	PA
LEVULAN 20 % TOPICAL SOLUTION ^{MO}	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIBTAYO 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (7 per 21 days)
<i>lipodox 2 mg/ml vial</i> DL	4	PA
<i>lipodox 50 2 mg/ml vial</i> DL	4	PA
LONSURF 15 MG-6.14 MG TABLET DL	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET DL	4	PA,QL (80 per 30 days)
LORBRENA 100 MG TABLET DL	4	PA,QL (30 per 30 days)
LORBRENA 25 MG TABLET DL	4	PA,QL (90 per 30 days)
LUMOXITI 1 MG INTRAVENOUS SOLUTION DL	4	PA
LYNPARZA 100 MG, 150 MG TABLET DL	4	PA,QL (120 per 30 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT DL	4	PA
MATULANE 50 MG CAPSULE DL	4	
MEKINIST 0.5 MG TABLET DL	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET DL	4	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET DL	4	PA,QL (180 per 30 days)
<i>melphalan 2 mg tablet</i> MO	1	B vs D
<i>melphalan hcl 50 mg vial</i> MO	1	B vs D
<i>mercaptopurine 50 mg tablet</i> MD,MO	1	
<i>mesna 1 gram/10 ml vial</i> MO	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION DL	4	B vs D
MESNEX 400 MG TABLET DL	4	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> DL	4	B vs D
<i>mitoxantrone 30 mg/15 ml vial</i> MD,MO	1	B vs D
MUSTARGEN 10 MG VIAL MO	3	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION DL	4	B vs D
MVASI 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	B vs D
NERLYNX 40 MG TABLET DL	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET DL	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET DL	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> DL	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION DL	4	B vs D
NUBEQA 300 MG TABLET DL	4	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE DL	4	PA,QL (30 per 30 days)
OGIVRI 150 MG, 420 MG INTRAVENOUS SOLUTION DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ONCASPAR 750 UNIT/ML INJECTION SOLUTION DL	4	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION DL	4	PA
ONTRUZANT 150 MG, 420 MG INTRAVENOUS SOLUTION DL	4	PA
ONUREG 200 MG, 300 MG TABLET DL	4	PA,QL (14 per 28 days)
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION DL	4	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION DL	4	PA,QL (16 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial MO	1	B vs D
paclitaxel 100 mg/16.7 ml vial MO	1	B vs D
PADCEV 20 MG INTRAVENOUS SOLUTION DL	4	PA,QL (21 per 28 days)
PADCEV 30 MG INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 28 days)
PANRETIN 0.1 % TOPICAL GEL DL	4	
paraplatin 10 mg/ml intravenous solution MO	1	B vs D
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	4	PA,QL (14 per 21 days)
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
PHESGO 1,200 MG-600 MG-30,000 UNIT/15 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (15 per 21 days)
PHESGO 600 MG-600 MG-20,000 UNIT/10 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	4	PA,QL (56 per 28 days)
POLIVY 140 MG INTRAVENOUS SOLUTION DL	4	PA,QL (2 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION DL	4	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION DL	4	
PURIXAN 20 MG/ML ORAL SUSPENSION DL	4	QL (300 per 30 days)
QINLOCK 50 MG TABLET DL	4	PA,QL (90 per 30 days)
RETEVMO 40 MG CAPSULE DL	4	PA,QL (180 per 30 days)
RETEVMO 80 MG CAPSULE DL	4	PA,QL (120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE, INTRAVENOUS DL	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (13.4 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>romidepsin 10 mg kit</i> DL	4	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL DL	4	PA
ROZLYTREK 100 MG, 200 MG CAPSULE DL	4	PA,QL (90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL (120 per 30 days)
RUXIENCE 10 MG/ML CONCENTRATE, INTRAVENOUS DL	4	PA
RYDAPT 25 MG CAPSULE DL	4	PA,QL (224 per 28 days)
SARCLISA 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (16 per 28 days)
SOLTAMOX 20 MG/10 ML ORAL SOLUTION DL	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET MO	3	
TABRECTA 150 MG, 200 MG TABLET DL	4	PA,QL (112 per 28 days)
TAFINLAR 50 MG CAPSULE DL	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET DL	4	PA,QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	4	PA,QL (90 per 30 days)
TALZENNA 1 MG CAPSULE DL	4	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> MD,MO	1	
TARCEVA 100 MG, 150 MG TABLET DL	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET DL	4	PA,QL (90 per 30 days)
TARGRETIN 1 % TOPICAL GEL DL	4	PA
TARGRETIN 75 MG CAPSULE DL	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	B vs D
TAZVERIK 200 MG TABLET DL	4	PA,QL (240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (28 per 28 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION DL	4	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> DL	4	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml ampule</i> MO	1	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
thiotepa 100 mg vial DL	4	B vs D
thiotepa 15 mg vial MO	1	B vs D
TIBSOVO 250 MG TABLET DL	4	PA,QL (60 per 30 days)
toposar 20 mg/ml intravenous solution MO	1	B vs D
topotecan hcl 1 mg/ml (1 ml), 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 1 mg/ml vial; topotecan hcl 4 mg/4 ml vial DL	4	B vs D
toremifene citrate 60 mg tab DL	4	QL (30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
TOTECT 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
TRAZIMERA 420 MG INTRAVENOUS SOLUTION DL	4	PA
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION DL	4	PA
tretinoin 10 mg capsule DL	4	
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
TRUXIMA 10 MG/ML CONCENTRATE,INTRAVENOUS DL	4	PA
TUKYSA 150 MG TABLET DL	4	PA,QL (120 per 30 days)
TUKYSA 50 MG TABLET DL	4	PA,QL (300 per 30 days)
TURALIO 200 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TYKERB 250 MG TABLET DL	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA
VALCHLOR 0.016 % TOPICAL GEL DL	4	PA,QL (60 per 28 days)
valrubicin 200 mg/5 ml vial DL	4	PA,QL (80 per 28 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION DL	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION DL	4	PA
VENCLEXTA 10 MG TABLET MD,MO	2	PA,QL (56 per 28 days)
VENCLEXTA 100 MG TABLET DL	4	PA,QL (180 per 30 days)
VENCLEXTA 50 MG TABLET MD,MO	2	PA,QL (28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK DL	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	4	PA,QL (60 per 30 days)
VIDAZA 100 MG SOLUTION FOR INJECTION DL	4	PA
vinblastine 1 mg/ml vial MO	1	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution MO	1	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial MO	1	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial MO	1	B vs D

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	4	QL (20 per 365 days)
VITRAKVI 100 MG CAPSULE DL	4	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION DL	4	PA,QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	4	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	4	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET DL	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION DL	4	PA
XALKORI 200 MG, 250 MG CAPSULE DL	4	PA,QL (60 per 30 days)
XOSPATA 40 MG TABLET DL	4	PA,QL (90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET DL	4	PA,QL (20 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET; XPOVIO 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4) TABLET DL	4	PA,QL (16 per 28 days)
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET DL	4	PA,QL (8 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET DL	4	PA,QL (24 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET DL	4	PA,QL (12 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET DL	4	PA,QL (32 per 28 days)
XTANDI 40 MG CAPSULE DL, LA	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL (120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	3	B vs D
ZEJULA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL (240 per 30 days)
ZEPZELCA 4 MG INTRAVENOUS SOLUTION DL	4	PA
ZINECARD 250 MG, 500 MG VIAL DL	4	B vs D
ZIRABEV 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
ZOLINZA 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	4	PA,QL (150 per 30 days)
ZYKADIA 150 MG TABLET DL	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL (60 per 30 days)
Antiparasitics		
albendazole 200 mg tablet DL	4	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALBENZA 200 MG TABLET DL	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION DL	4	QL (150 per 30 days)
ALINIA 500 MG TABLET DL	4	QL (40 per 30 days)
atovaquone 750 mg/5 ml susp DL	4	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 MO	1	
benznidazole 100 mg tablet MO	3	QL (240 per 365 days)
benznidazole 12.5 mg tablet MO	3	QL (720 per 365 days)
BILTRICIDE 600 MG TABLET DL	4	PA
chloroquine ph 250 mg, 500 mg tablet MO	1	
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
DARAPRIM 25 MG TABLET DL	4	PA,QL (90 per 30 days)
EGATEN 250 MG TABLET MO	3	
emverm 100 mg chewable tablet DL	4	
hydroxychloroquine 200 mg tab MD,MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL (84 per 28 days)
ivermectin 3 mg tablet MO	1	
KRINTAFEL 150 MG TABLET MO	2	QL (4 per 180 days)
MALARONE 250 MG-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET MO	3	PA
mefloquine hcl 250 mg tablet MO	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION DL	4	
NEBUPENT 300 MG SOLUTION FOR INHALATION MD,MO	3	B vs D
PENTAM 300 MG SOLUTION FOR INJECTION MO	3	
pentamidine 300 mg inhal powdr MD,MO	1	B vs D
pentamidine 300 mg vial MO	1	
PLAQUENIL 200 MG TABLET MD,MO	3	PA
praziquantel 600 mg tablet MO	1	
primaquine 26.3 mg tablet MO	1	
pyrimethamine 25 mg tablet DL	4	QL (90 per 30 days)
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule MO	1	PA,QL (42 per 7 days)
SKLICE 0.5 % LOTION MO	3	QL (117 per 30 days)
STROMECTOL 3 MG TABLET MO	3	
ANTIPARKINSON AGENTS		
amantadine 100 mg capsule MD,MO	1	
amantadine 100 mg tablet MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>amantadine 50 mg/5 ml solution</i> MD,MO	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>benztropine 2 mg/2 ml ampule</i> MO	1	
<i>benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet</i> MD,MO	1	
<i>bromocriptine 2.5 mg tablet</i> MD,MO	1	
<i>bromocriptine 5 mg capsule</i> MD,MO	1	QL (600 per 30 days)
<i>carbidopa 25 mg tablet</i> MD,MO	1	
<i>carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab</i> MD,MO	1	
<i>carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab</i> MD,MO	1	
<i>carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta</i> MD,MO	1	QL (240 per 30 days)
<i>carbidopa-levodopa 200 mg-enta</i> MD,MO	1	
COGENTIN 1 MG/ML INJECTION SOLUTION MO	3	
COMTAN 200 MG TABLET DL	4	PA,QL (300 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP DL	4	PA,QL (2800 per 28 days)
<i>entacapone 200 mg tablet</i> MD,MO	1	QL (300 per 30 days)
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE; INBRIJA 42 MG CAPSULES FOR INHALATION DL	4	PA,QL (300 per 30 days)
KYNMOBI 10 MG, 15 MG, 20 MG, 25 MG, 30 MG SUBLINGUAL FILM DL	4	PA,QL (150 per 30 days)
KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM DL	4	PA,QL (150 per 30 days)
LODOSYN 25 MG TABLET DL	4	PA
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET MD,MO	3	ST
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MD,MO	3	QL (30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	4	PA,QL (30 per 30 days)
ONGENTYS 50 MG CAPSULE MD,MO	3	PA,QL (30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PARLODEL 2.5 MG TABLET MD,MO	3	PA
PARLODEL 5 MG CAPSULE MD,MO	3	PA,QL (600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MD,MO	1	
pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet MD,MO	1	ST,QL (30 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg tab MD,MO	1	QL (30 per 30 days)
REQUIP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG TABLET MD,MO	3	ST
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET; REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE MD,MO	3	ST,QL (90 per 30 days)
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet MD,MO	1	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet MD,MO	1	ST,QL (90 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MD,MO	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MD,MO	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MD,MO	3	ST,QL (300 per 30 days)
selegiline hcl 5 mg capsule MD,MO	1	
selegiline hcl 5 mg tablet MD,MO	1	
SINEMET 10 MG-100 MG TABLET; SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET MD,MO	3	PA
SINEMET CR 25-100 TABLET; SINEMET CR 50-200 TABLET MD,MO	3	PA
STALEVO 100 25 MG-100 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 125 31.25 MG-125 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 150 37.5 MG-150 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 200 50 MG-200 MG-200 MG TABLET DL	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 75 18.75 MG-75 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
TASMAR 100 MG TABLET DL	4	PA
tolcapone 100 mg tablet DL	4	PA
trihexyphenidyl 2 mg, 5 mg tablet MD,MO	1	
trihexyphenidyl 2 mg/5 ml elx MD,MO	1	
XADAGO 100 MG, 50 MG TABLET DL	4	PA,QL (30 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET DL	4	
Antipsychotics		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET DL	4	PA
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
ABILIFY MYCITE 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND PATCH DL	4	PA,QL (30 per 30 days)
<i>aripiprazole 1 mg/ml solution</i> DL	4	QL (750 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> MD,MO	1	
<i>aripiprazole odt 10 mg, 15 mg tablet</i> DL	4	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE MD,MO	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 42 days)
CAPLYTA 42 MG CAPSULE DL	4	PA,QL (30 per 30 days)
<i>chlorpromazine 10 mg, 25 mg tablet</i> MD,MO	1	B vs D
<i>chlorpromazine 100 mg, 200 mg, 50 mg tablet</i> MD,MO	1	
<i>chlorpromazine 25 mg/ml amp</i> MO	1	
<i>clozapine 100 mg tablet</i> MD,MO	1	QL (270 per 30 days)
<i>clozapine 200 mg tablet</i> MD,MO	1	QL (135 per 30 days)
<i>clozapine 25 mg tablet</i> MD,MO	1	QL (1080 per 30 days)
<i>clozapine 50 mg tablet</i> MD,MO	1	
<i>clozapine odt 100 mg tablet</i> MD,MO	1	PA,QL (270 per 30 days)
<i>clozapine odt 12.5 mg tablet</i> MD,MO	1	PA
<i>clozapine odt 150 mg tablet</i> MD,MO	1	PA,QL (180 per 30 days)
<i>clozapine odt 200 mg tablet</i> MD,MO	1	PA,QL (135 per 30 days)
<i>clozapine odt 25 mg tablet</i> MD,MO	1	PA,QL (1080 per 30 days)
CLOZARIL 100 MG TABLET DL	4	QL (270 per 30 days)
CLOZARIL 200 MG TABLET DL	4	QL (135 per 30 days)
CLOZARIL 25 MG TABLET DL	4	QL (1080 per 30 days)
CLOZARIL 50 MG TABLET DL	4	
<i>droperidol 5 mg/2 ml vial</i> MO	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK DL	3	PA,QL (60 per 30 days)
FAZACLO 100 MG ODT DL	4	PA,QL (270 per 30 days)
FAZACLO 12.5 MG ODT DL	4	PA
FAZACLO 150 MG ODT DL	4	PA,QL (180 per 30 days)
FAZACLO 200 MG ODT DL	4	PA,QL (135 per 30 days)
FAZACLO 25 MG ODT DL	4	PA,QL (1080 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluphenazine dec 125 mg/5 ml MD,MO	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet MD,MO	1	
fluphenazine 2.5 mg/5 ml elix MD,MO	1	
fluphenazine 2.5 mg/ml vial MO	1	
fluphenazine 5 mg/ml conc MO	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE DL	4	PA
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	3	PA
HALDOL 5 MG/ML INJECTION SOLUTION MO	3	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML INTRAMUSCULAR SOLUTION MD,MO	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet MD,MO	1	
haloperidol dec 100 mg/ml, 50 mg/ml amp; haloperidol decan 100 mg/ml, 50 mg/ml amp MD,MO	1	
haloperidol lac 2 mg/ml conc MD,MO	1	
haloperidol lac 5 mg/ml syring MO	1	
haloperidol lac 5 mg/ml vial MO	1	
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE DL	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MD,MO	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE MD,MO	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE MD,MO	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE MD,MO	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE MD,MO	4	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET DL	4	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MD,MO	1	
molindone hcl 10 mg tablet MD,MO	1	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MD,MO	1	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MD,MO	1	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET DL	4	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET DL	4	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE DL	4	PA,QL (30 per 30 days)
olanzapine 10 mg vial MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg tablet MD,MO	1	
olanzapine odt 10 mg, 5 mg tablet MD,MO	1	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg tablet MD,MO	1	QL (60 per 30 days)
ORAP 2 MG TABLET MD,MO	3	
paliperidone er 1.5 mg, 3 mg, 9 mg tablet MD,MO	1	QL (30 per 30 days)
paliperidone er 6 mg tablet MD,MO	1	QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MD,MO	1	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT DL	4	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet MD,MO	1	
quetiapine er 150 mg tablet MD,MO	1	QL (90 per 30 days)
quetiapine er 200 mg tablet MD,MO	1	QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet MD,MO	1	QL (60 per 30 days)
quetiapine er 50 mg tablet MD,MO	1	QL (120 per 30 days)
quetiapine fumarate 100 mg tab MD,MO	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MD,MO	1	QL (120 per 30 days)
quetiapine fumarate 300 mg, 400 mg tab MD,MO	1	QL (60 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	4	PA,QL (30 per 30 days)
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	4	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET DL	4	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION DL	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE MD,MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML INTRAMUSCULAR SUSP,EXTENDED RELEASE DL	4	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MD,MO	1	QL (60 per 30 days)
risperidone 0.5 mg odt; risperidone 0.5 mg tablet MD,MO	1	QL (120 per 30 days)
risperidone 1 mg/ml solution MD,MO	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	4	PA,QL (60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH DL	4	PA,QL (30 per 30 days)
SEROQUEL 100 MG TABLET MD,MO	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET MD,MO	3	QL (120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET MD,MO	3	QL (60 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SEROQUEL XR 300 MG, 400 MG TABLET, EXTENDED RELEASE ^{MD,MO}	3	PA, QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET, EXTENDED RELEASE ^{MD,MO}	3	PA, QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK ^{MO}	3	PA, QL (15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet ^{MD,MO}	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MD,MO}	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet ^{MD,MO}	1	
VERSACLOZ 50 MG/ML ORAL SUSPENSION ^{DL}	4	PA, QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK ^{MO}	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{DL}	4	PA, QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule ^{MD,MO}	1	
ziprasidone 20 mg/ml vial ^{MO}	1	
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION ^{MO}	3	
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET ^{DL}	4	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION ^{DL}	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION ^{DL}	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION ^{DL}	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET ^{DL}	4	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET ^{DL}	4	QL (60 per 30 days)
Antispasticity Agents		
baclofen 10 mg, 20 mg tablet ^{MD,MO}	1	
baclofen 5 mg tablet ^{MD,MO}	1	QL (90 per 30 days)
DANTRIUM 20 MG INTRAVENOUS SOLUTION ^{MO}	3	
DANTRIUM 25 MG, 50 MG CAPSULE ^{MD,MO}	3	
dantrolene sodium 100 mg, 25 mg, 50 mg cap ^{MD,MO}	1	
dantrolene sodium 20 mg vial ^{MO}	1	
revonto 20 mg intravenous solution ^{MO}	1	
tizanidine hcl 2 mg, 4 mg tablet ^{MD,MO}	1	
tizanidine hcl 2 mg, 4 mg, 6 mg capsule ^{MD,MO}	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE ^{MD,MO}	3	ST
ZANAFLEX 4 MG TABLET ^{MD,MO}	3	ST
Antivirals		
abacavir 20 mg/ml solution ^{MD,MO}	1	QL (960 per 30 days)
abacavir 300 mg tablet ^{MD,MO}	1	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg ^{MD,MO}	1	QL (30 per 30 days)
abacavir-lamivudine-zidov tab ^{DL}	4	QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir 200 mg capsule MD,MO	1	
acyclovir 200 mg/5 ml susp MD,MO	1	
acyclovir 400 mg, 800 mg tablet MD,MO	1	
acyclovir 5% cream DL	4	PA,QL (5 per 30 days)
acyclovir 5% ointment MO	1	PA,QL (30 per 30 days)
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial MO	1	B vs D
adefovir dipivoxil 10 mg tab DL	4	
APTIVUS 250 MG CAPSULE DL	4	QL (120 per 30 days)
APTIVUS (WITH VITAMIN E) 100 MG/ML ORAL SOLUTION DL	4	QL (285 per 28 days)
atazanavir sulfate 150 mg, 200 mg cap MD,MO	1	QL (60 per 30 days)
atazanavir sulfate 300 mg cap MD,MO	1	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION MD,MO	3	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL (30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
cidofovir 375 mg/5 ml vial MO	1	
CIMDUO 300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
COMBIVIR 150 MG-300 MG TABLET DL	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET DL	4	QL (30 per 30 days)
CRIXIVAN 200 MG CAPSULE MD,MO	2	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MD,MO	3	QL (270 per 30 days)
CYTOVENE 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET DL	4	PA,QL (28 per 28 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
DENAVIR 1 % TOPICAL CREAM DL	4	PA
DESCOVY 200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
didanosine dr 125 mg capsule MD,MO	1	QL (90 per 30 days)
didanosine dr 200 mg capsule MD,MO	1	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MD,MO	1	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET DL	4	QL (30 per 30 days)
EDURANT 25 MG TABLET DL	4	QL (30 per 30 days)
efavirenz 200 mg capsule MD,MO	1	QL (120 per 30 days)
efavirenz 50 mg capsule MD,MO	1	QL (480 per 30 days)
efavirenz 600 mg tablet MD,MO	1	QL (30 per 30 days)
emtricitabine 200 mg capsule MD,MO	1	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MD,MO	3	QL (680 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMTRIVA 200 MG CAPSULE MD,MO	3	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> MD,MO	1	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION MD,MO	3	QL (900 per 30 days)
EPIVIR 150 MG TABLET MD,MO	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET MD,MO	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET MD,MO	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MD,MO	3	
EPZICOM 600 MG-300 MG TABLET DL	4	QL (30 per 30 days)
EVOTAZ 300 MG-150 MG TABLET DL	4	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> MD,MO	1	QL (90 per 30 days)
FLUMADINE 100 MG TABLET MO	3	
<i>fosamprenavir 700 mg tablet</i> DL	4	QL (120 per 30 days)
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION DL	4	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> DL	4	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET DL	4	PA,QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET DL	4	PA,QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET DL	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG, 25 MG TABLET DL	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL (60 per 30 days)
INVIRASE 200 MG CAPSULE DL	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MD,MO	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MD,MO	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET DL	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET DL	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION DL	4	
<i>lamivudine 10 mg/ml oral soln</i> MD,MO	1	QL (900 per 30 days)
<i>lamivudine 150 mg tablet</i> MD,MO	1	QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamivudine 300 mg tablet MD,MO	1	QL (30 per 30 days)
lamivudine hbv 100 mg tablet MD,MO	1	QL (90 per 30 days)
lamivudine-zidovudine tablet MD,MO	1	QL (60 per 30 days)
ledipasvir-sofosbuvir 90-400mg DL	4	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML ORAL SUSPENSION MD,MO	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL (120 per 30 days)
lopinavir-ritonavir 80-20mg/ml MD,MO	1	
MAVYRET 100 MG-40 MG TABLET DL	4	PA,QL (84 per 28 days)
moderiba 200 mg tablet DL	4	QL (168 per 28 days)
nevirapine 200 mg tablet MD,MO	1	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp MD,MO	1	QL (1200 per 30 days)
nevirapine er 100 mg tablet MD,MO	1	QL (120 per 30 days)
nevirapine er 400 mg tablet MD,MO	1	QL (30 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET MD,MO	3	QL (360 per 30 days)
NORVIR 100 MG TABLET MD,MO	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MD,MO	3	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	4	QL (30 per 30 days)
oseltamivir 6 mg/ml suspension MO	1	QL (1440 per 365 days)
oseltamivir phos 30 mg capsule MO	1	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule MO	1	QL (112 per 365 days)
PIFELTRO 100 MG TABLET DL	4	QL (60 per 30 days)
PREVMIS 240 MG, 480 MG TABLET DL	4	PA,QL (28 per 28 days)
PREVMIS 240 MG/12 ML INTRAVENOUS SOLUTION DL	4	PA,QL (336 per 28 days)
PREVMIS 480 MG/24 ML INTRAVENOUS SOLUTION DL	4	PA,QL (672 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET DL	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION DL	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET DL	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET DL	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET MD,MO	3	QL (480 per 30 days)
PREZISTA 800 MG TABLET DL	4	QL (30 per 30 days)
REBETOL 40 MG/ML SOLUTION MO	3	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 180 days)
RESCRIPTOR 100 MG TABLET MD,MO	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MD,MO	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	3	
RETROVIR 10 MG/ML ORAL SYRUP MD,MO	3	QL (1680 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETROVIR 100 MG CAPSULE MD,MO	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE DL	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE DL	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET MD,MO	3	
<i>ribasphere 200 mg capsule</i> DL	4	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>ribasphere 400 mg tablet</i> MO	1	QL (112 per 30 days)
<i>ribasphere 600 mg tablet</i> MO	1	
RIBASPHERE RIBAPAK 600-400 MG; RIBASPHERE RIBAPAK 600-600 MG DL	4	
<i>ribavirin 200 mg capsule</i> MO	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>rimantadine hcl 100 mg tablet</i> MO	1	
<i>ritonavir 100 mg tablet</i> MD,MO	1	QL (360 per 30 days)
RUKOBIA 600 MG TABLET,EXTENDED RELEASE DL	4	QL (60 per 30 days)
SELZENTRY 150 MG, 25 MG TABLET DL	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION DL	4	QL (1800 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	4	QL (120 per 30 days)
SITAVIG 50 MG BUCCAL TABLET MO	3	PA,QL (1 per 28 days)
SOVALDI 150 MG ORAL PELLETS IN PACKET DL	4	PA,QL (28 per 28 days)
SOVALDI 200 MG ORAL PELLETS IN PACKET DL	4	PA,QL (56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET DL	4	PA,QL (28 per 28 days)
<i>stavudine 15 mg, 20 mg capsule</i> MD,MO	1	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> MD,MO	1	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
SUSTIVA 200 MG CAPSULE DL	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE DL	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET DL	4	QL (30 per 30 days)
SYMFI 600 MG-300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
TAMIFLU 30 MG CAPSULE MO	3	PA,QL (224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	3	PA,QL (112 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	3	PA,QL (1440 per 365 days)
TEMIXYS 300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
<i>tenofovir disop fum 300 mg tb</i> MD,MO	1	QL (30 per 30 days)
TIVICAY 10 MG TABLET DL	3	QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIVICAY 25 MG, 50 MG TABLET DL	4	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION DL	4	QL (180 per 30 days)
TRIUMEQ 600 MG-50 MG-300 MG TABLET DL	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET DL	4	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION DL	4	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
TYBOST 150 MG TABLET MD,MO	3	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> MD,MO	1	
VALCYTE 450 MG TABLET DL	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION DL	4	PA,QL (1056 per 30 days)
<i>valganciclovir 450 mg tablet</i> DL	4	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> DL	4	QL (1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MD,MO	3	PA
VEMLIDY 25 MG TABLET DL, LA	4	QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN MD,MO	3	QL (1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN MD,MO	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE MD,MO	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE MD,MO	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE MD,MO	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK DL	4	PA,QL (112 per 28 days)
VIRACEPT 250 MG TABLET DL	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET DL	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET DL	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION DL	4	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET DL	4	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE DL	4	QL (30 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER DL	4	QL (240 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
XERESE 5 %-1 % TOPICAL CREAM DL	4	QL (5 per 30 days)
XOFLUZA 20 MG, 40 MG TABLET MO	3	QL (10 per 365 days)
ZEPATIER 50 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
ZERIT 1 MG/ML SOLUTION MD,MO	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE MD,MO	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE MD,MO	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION MD,MO	3	QL (960 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZIAGEN 300 MG TABLET MD,MO	3	QL (60 per 30 days)
zidovudine 100 mg capsule MD,MO	1	QL (180 per 30 days)
zidovudine 300 mg tablet MD,MO	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MD,MO	1	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 per 30 days)
ZOVIRAX 200 MG CAPSULE MD,MO	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION MD,MO	3	PA
ZOVIRAX 400 MG, 800 MG TABLET MD,MO	3	PA
ZOVIRAX 5 % TOPICAL CREAM DL	4	PA,QL (5 per 30 days)
ZOVIRAX 5 % TOPICAL OINTMENT DL	4	PA,QL (30 per 30 days)
Anxiolytics		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet DL	1	QL (120 per 30 days)
alprazolam 2 mg tablet DL	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet DL	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab DL	1	
alprazolam intensol 1 mg/ml oral concentrate DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION DL	3	PA
bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet MD,MO	1	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule DL	1	QL (120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet DL	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet DL	1	
diazepam 10 mg tablet DL	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject DL	1	
diazepam 2 mg, 5 mg tablet DL	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution DL	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc DL	1	QL (240 per 30 days)
diazepam 50 mg/10 ml vial DL	1	
diazepam intensol 5 mg/ml oral concentrate DL	1	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule MD,MO	1	
doxepin 10 mg/ml oral conc MD,MO	1	
hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET ^{DL}	3	PA
lorazepam 0.5 mg, 1 mg tablet ^{DL}	1	QL (90 per 30 days)
lorazepam 2 mg tablet ^{DL}	1	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent ^{DL}	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpject ^{DL}	1	
lorazepam 2 mg/ml, 4 mg/ml vial ^{DL}	1	
lorazepam intensol 2 mg/ml oral concentrate ^{DL}	1	QL (150 per 30 days)
meprobamate 200 mg, 400 mg tablet ^{MO}	1	
oxazepam 10 mg, 15 mg, 30 mg capsule ^{DL}	1	
TRANXENE T-TAB 7.5 MG TABLET ^{DL}	4	PA
VALIUM 10 MG TABLET ^{DL}	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG TABLET ^{DL}	3	PA,QL (90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET ^{DL}	4	PA,QL (120 per 30 days)
XANAX 2 MG TABLET ^{DL}	4	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE ^{DL}	3	PA,QL (60 per 30 days)
Bipolar Agents		
lithium carbonate 150 mg, 300 mg, 600 mg cap ^{MD,MO}	1	
lithium carbonate 300 mg tab ^{MD,MO}	1	
lithium carbonate er 300 mg, 450 mg tb ^{MD,MO}	1	
lithium 8 meq/5 ml solution ^{MD,MO}	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE ^{DL}	4	
Blood Glucose Regulators		
acarbose 100 mg, 25 mg, 50 mg tablet ^{MD,MO}	1	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET ^{MD,MO}	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE ^{MD,MO}	3	QL (60 per 30 days)
ACTOPLUS MET XR 30-1,000 MG TB ^{MD,MO}	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET ^{MD,MO}	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	3	ST,QL (6 per 28 days)
ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR ^{MD,MO}	3	ST,QL (6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN ^{MD,MO}	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MD,MO}	3	ST

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE,INHALER; AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER DL	4	PA,QL (180 per 30 days)
AFREZZA 12 UNIT, 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER DL	4	PA,QL (90 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET MD,MO	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MD,MO	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	3	ST
AVANDIA 2 MG, 4 MG TABLET MD,MO	3	QL (60 per 30 days)
BAQSIMI 3 MG/ACTUATION NASAL SPRAY MO	2	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS MD,MO	3	PA
BYDUREON 2 MG VIAL MD,MO	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MD,MO	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	QL (3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR DL	4	ST,QL (2.4 per 30 days)
<i>chlorpropamide 100 mg, 250 mg tablet</i> MD,MO	1	
CYCLOSET 0.8 MG TABLET MD,MO	3	ST,QL (180 per 30 days)
<i>diazoxide 50 mg/ml oral susp</i> DL	4	
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET MD,MO	3	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MD,MO	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MD,MO	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE MD,MO	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	2	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (150 per 30 days)
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> MD,MO	1	
<i>glipizide 10 mg, 5 mg tablet</i> MD,MO	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet</i> MD,MO	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> MD,MO	1	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	2	
GLUCAGON (HCL) EMERGENCY KIT 1 MG SOLUTION FOR INJECTION MO	3	ST
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION MO	3	ST

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET MD,MO	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET MD,MO	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE MD,MO	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg tablet MD,MO	1	
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet MD,MO	1	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg MD,MO	1	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET MD,MO	3	
GLYSET 100 MG, 25 MG, 50 MG TABLET MD,MO	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MD,MO	2	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	2	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	2	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	2	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE MO	2	
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN MD,MO	3	ST
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS; HUMALOG KWIKPEN U-200 INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS MD,MO	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MD,MO	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MD,MO	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MD,MO	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MD,MO	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MD,MO	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MD,MO	3	ST

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS MD,MO	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MD,MO	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS MD,MO	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MD,MO	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	4	
INSULIN ASPART PROT-INSULN ASP MD,MO	2	
INSULIN ASPART 100 UNIT/ML CRT MD,MO	2	
INSULIN ASPART 100 UNIT/ML PEN MD,MO	2	
INSULIN ASPART 100 UNIT/ML VL MD,MO	2	
INSULIN LISPRO 100 UNIT/ML PEN; INSULIN LISPRO JR 100 UNIT/ML MD,MO	3	ST
INSULIN LISPRO 100 UNIT/ML VL MD,MO	3	ST
INSULIN LISPRO MIX 75-25 KWKPN MD,MO	3	ST
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MD,MO	2	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MD,MO	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MD,MO	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MD,MO	2	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MD,MO	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MD,MO	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MD,MO	2	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MD,MO	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (30 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET MD,MO	3	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MD,MO	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MD,MO	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	2	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS MD,MO	3	ST
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS MD,MO	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	3	ST
<i>metformin er 1,000 mg gastr-tb; metformin er 1,000 mg osm-tab</i> DL	4	ST,QL (60 per 30 days)
<i>metformin er 500 mg gastrc-tb</i> DL	4	ST,QL (120 per 30 days)
<i>metformin er 500 mg osmotic tb</i> DL	4	ST,QL (150 per 30 days)
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> MD,MO	1	
<i>metformin hcl er 500 mg tablet</i> MD,MO	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>miglitol 100 mg, 25 mg, 50 mg tablet</i> MD,MO	1	
<i>nateglinide 120 mg, 60 mg tablet</i> MD,MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS MD,MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MD,MO	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MD,MO	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP MD,MO	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MD,MO	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MD,MO	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS MD,MO	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	2	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MD,MO	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG MD,MO	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	2	
ONGLYZA 2.5 MG, 5 MG TABLET MD,MO	3	QL (30 per 30 days)
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MD,MO	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MD,MO	2	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> MD,MO	1	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> MD,MO	1	QL (90 per 30 days)
PRANDIN 1 MG, 2 MG TABLET MD,MO	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET MD,MO	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION DL	4	
QTERN 10 MG-5 MG TABLET; QTERN 5 MG-5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> MD,MO	1	
<i>repaglinide-metformin 1-500 mg, 2-500 mg</i> MD,MO	1	
RIOMET 500 MG/5 ML ORAL SOLUTION MD,MO	3	QL (750 per 30 days)
RIOMET ER 500 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MD,MO	3	QL (750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MD,MO	2	QL (30 per 30 days)
SEGLUROMET 2.5 MG-1,000 MG TABLET; SEGLUROMET 2.5 MG-500 MG TABLET; SEGLUROMET 7.5 MG-1,000 MG TABLET; SEGLUROMET 7.5 MG-500 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
SEMGLEE PEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS MD,MO	3	PA
SEMGLEE U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	3	PA
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MD,MO	2	QL (15 per 24 days)
STARLIX 120 MG, 60 MG TABLET MD,MO	3	PA
STEGLATRO 15 MG, 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
STEGLUJAN 15 MG-100 MG TABLET; STEGLUJAN 5 MG-100 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR DL	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	QL (10.5 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MD,MO	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (60 per 30 days)
tolazamide 250 mg, 500 mg tablet MD,MO	1	
tolbutamide 500 mg tablet MD,MO	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MD,MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN MD,MO	2	
TRADJENTA 5 MG TABLET MD,MO	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MD,MO	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN MD,MO	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MD,MO	2	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MD,MO	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MD,MO	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MD,MO	2	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MD,MO	2	QL (15 per 30 days)
BLOOD PRODUCTS AND MODIFIERS		
AGGRASTAT CONCENTRATE 250 MCG/ML INTRAVENOUS MO	3	
AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN 0.9 % SODIUM CHLORIDE IV; AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN ISO-OSMOTIC SODIUM CHLORIDE IV MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE MD,MO	3	ST,QL (60 per 30 days)
AGRYLIN 0.5 MG CAPSULE MD,MO	3	PA
AMICAR 1,000 MG, 500 MG TABLET DL	4	PA
AMICAR 250 MG/ML (25 %) ORAL SOLUTION DL	4	
<i>aminocaproic acid 0.25 gram/ml</i> DL	4	
<i>aminocaproic acid 1,000 mg, 500 mg tab</i> DL	4	
<i>aminocaproic acid 5 g/20 ml vl</i> MO	1	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> MD,MO	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE MD,MO	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION DL	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION DL	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE MD,MO	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION MD,MO	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE MD,MO	3	PA,QL (1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (18 per 30 days)
<i>aspirin-dipyridam er 25-200 mg</i> MD,MO	1	ST,QL (60 per 30 days)
BEVYXXA 40 MG, 80 MG CAPSULE MO	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET MD,MO	2	QL (60 per 30 days)
CABLIVI 11 MG INJECTION KIT DL	4	PA,QL (30 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> MD,MO	1	
<i>clopidogrel 300 mg tablet</i> MO	1	
<i>clopidogrel 75 mg tablet</i> MD,MO	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET MD,MO	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOPTELET (10 TAB PACK) 20 MG TABLET DL	4	PA,QL (60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET DL	4	PA,QL (60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET DL	4	PA,QL (60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MD,MO	2	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MD,MO	2	QL (74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK MO	2	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> MO	1	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> MO	1	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> MO	1	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> MO	1	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> MO	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION MD,MO	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION MD,MO	3	PA,QL (28 per 30 days)
<i>eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial</i> MO	1	
<i>fondaparinux 10 mg/0.8 ml syr</i> DL	4	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> DL	4	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> DL	4	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> DL	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE DL	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE DL	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE DL	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE DL	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE DL	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION DL	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE DL	4	QL (9 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (7 per 28 days)
GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (22.4 per 28 days)
<i>heparin 5,000 unit/ml carpugt</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial MO	1	
heparin sod 5,000 unit/ml syrg MO	1	
heparin 2,000 unit/2 ml vial; heparin sod 1,000 unit/ml, 5,000 unit/0.5 ml MO	1	
heparin sod 5,000 unit/0.5 ml, 5,000 unit/ml; heparin sod 5,000 unit/0.5 ml, 5,000 unit/ml syrg MO	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MD,MO	1	
KENREAL 50 MG INTRAVENOUS SOLUTION DL	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION DL	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET MD,MO	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (1.2 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (9.6 per 30 days)
MULPLETA 3 MG TABLET DL	4	PA,QL (7 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR DL	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION DL	4	PA,QL (22.4 per 30 days)
PLAVIX 300 MG TABLET MO	3	PA
PLAVIX 75 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MD,MO	3	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet MD,MO	1	QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION MD,MO	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION MD,MO	3	PA,QL (28 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET DL, LA	4	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL, LA	4	PA,QL (60 per 30 days)
PROMACTA 25 MG ORAL POWDER PACKET DL, LA	4	PA,QL (180 per 30 days)
PROMACTA 25 MG TABLET DL, LA	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET DL, LA	4	PA,QL (90 per 30 days)
REBLOZYL 25 MG, 75 MG SUBCUTANEOUS SOLUTION DL	4	PA
REOPRO 10 MG/5 ML VIAL DL	4	
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION MD,MO	3	PA,QL (14 per 30 days)
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION MO	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
TAVALISSE 100 MG, 150 MG TABLET DL	4	PA,QL (60 per 30 days)
tranexamic acid 1,000 mg/10 ml MO	1	PA
tranexamic acid 650 mg tablet MD,MO	1	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.2 per 28 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MD,MO	1	
XARELTO 10 MG, 20 MG TABLET MD,MO	2	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MD,MO	2	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK MO	2	QL (51 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE MD,MO	3	PA,QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.2 per 28 days)
ZONTIVITY 2.08 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
Cardiovascular Agents		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MD,MO	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET MD,MO	3	
acebutolol 200 mg, 400 mg capsule MD,MO	1	
acetazolamide 125 mg, 250 mg tablet MD,MO	1	
acetazolamide er 500 mg cap MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetazolamide sod 500 mg vial MO	1	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
adenosine 12 mg/4 ml vial MO	1	
adenosine 6 mg/2 ml syringe MO	1	
afeditab cr 30 mg, 60 mg tablet MD,MO	1	QL (60 per 30 days)
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET MD,MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MD,MO	3	
aliskiren 150 mg, 300 mg tablet MD,MO	1	QL (30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MD,MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
amiloride hcl 5 mg tablet MD,MO	1	
amiloride hcl-hctz 5-50 mg tab MD,MO	1	
amiodarone 150 mg/3 ml syringe MO	1	
amiodarone 900 mg/18 ml vial MO	1	
amiodarone hcl 100 mg, 200 mg tablet MD,MO	1	
amiodarone hcl 400 mg tablet MD,MO	1	QL (60 per 30 days)
amlodipine besylate 10 mg tab MD,MO	1	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg tab MD,MO	1	QL (30 per 30 days)
amlodipine-atorvast 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 MD,MO	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 MD,MO	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg MD,MO	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg MD,MO	1	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg MD,MO	1	QL (30 per 30 days)
amlod-vals-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-hctz 10-160-12.5mg MD,MO	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE MD,MO	3	QL (30 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET MD,MO	3	ST,QL (60 per 30 days)
ATACAND 32 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET; ATACAND HCT 32 MG-12.5 MG TABLET; ATACAND HCT 32 MG-25 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet MD,MO	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 MD,MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet MD,MO	1	
AVALIDE 150 MG-12.5 MG TABLET MD,MO	3	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVALIDE 300 MG-12.5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet</i> MD,MO	1	
<i>benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab</i> MD,MO	1	
BENICAR 20 MG, 40 MG, 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET DL	4	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET DL	4	PA
<i>betaxolol 10 mg, 20 mg tablet</i> MD,MO	1	
BIDIL 20 MG-37.5 MG TABLET MD,MO	3	QL (180 per 30 days)
BIORPHEN 0.1 MG/ML INTRAVENOUS SOLUTION MO	3	
<i>bisoprolol fumarate 10 mg, 5 mg tab</i> MD,MO	1	
<i>bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb</i> MD,MO	1	
<i>bretylum 500 mg/10 ml vial</i> MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION MO	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	3	
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> MD,MO	1	
<i>bumetanide 1 mg/4 ml vial</i> MO	1	
BYSTOLIC 10 MG TABLET MD,MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MD,MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MD,MO	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 5 MG-10 MG TABLET; CADUET 5 MG-20 MG TABLET; CADUET 5 MG-40 MG TABLET; CADUET 5 MG-80 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
CALAN 120 MG TABLET MD,MO	3	QL (120 per 30 days)
CALAN SR 120 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
CALAN SR 180 MG, 240 MG TABLET,EXTENDED RELEASE MD,MO	3	
<i>candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb</i> MD,MO	1	QL (60 per 30 days)
<i>candesartan cilexetil 32 mg tb</i> MD,MO	1	QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb MD,MO	1	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet MD,MO	1	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet MD,MO	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MD,MO	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MD,MO	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release MD,MO	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MD,MO	1	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet MD,MO	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule MD,MO	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET MD,MO	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH MD,MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH MD,MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH MD,MO	3	PA,QL (4 per 28 days)
chlorothiazide 250 mg, 500 mg tablet MD,MO	1	
chlorothiazide sod 500 mg vial MO	1	
chlorthalidone 25 mg, 50 mg tablet MD,MO	1	
cholestyramine packet; cholestyramine powder MD,MO	1	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet MD,MO	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION MO	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch MD,MO	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet MD,MO	1	
colesevelam 625 mg tablet MD,MO	1	PA,QL (180 per 30 days)
colesevelam hcl 3.75 g packet MD,MO	1	PA,QL (30 per 30 days)
COLESTID 1 GRAM TABLET MD,MO	3	
COLESTID 5 GRAM ORAL GRANULES MD,MO	3	QL (1000 per 30 days)
COLESTID 5 GRAM ORAL PACKET MD,MO	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES MD,MO	3	QL (1000 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COLESTID FLAVORED 7.5 GRAM PACKET MD,MO	3	
<i>colestipol hcl granules</i> MD,MO	1	QL (1000 per 30 days)
<i>colestipol hcl granules packet</i> MD,MO	1	
<i>colestipol micronized 1 gm tab</i> MD,MO	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET MD,MO	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
CORGARD 20 MG, 40 MG, 80 MG TABLET MD,MO	3	PA
CORLANOR 5 MG, 7.5 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLUTION MD,MO	3	PA,QL (560 per 28 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION MO	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION MO	3	
CORZIDE 40-5 TABLET; CORZIDE 80-5 TABLET MD,MO	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MD,MO	3	PA
DEMADEX 10 MG TABLET MD,MO	3	
DEMSER 250 MG CAPSULE DL	4	
DIBENZYLIN 10 MG CAPSULE DL	4	
<i>digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet</i> MD,MO	1	QL (30 per 30 days)
<i>digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet</i> MD,MO	1	QL (30 per 30 days)
<i>digoxin 0.05 mg/ml solution</i> MD,MO	1	
<i>digoxin 125 mcg tablet; digoxin 250 mcg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>digoxin 500 mcg/2 ml ampule</i> MO	1	
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE MD,MO	3	
<i>dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release</i> MD,MO	1	QL (60 per 30 days)
<i>diltiazem 100 mg, 5 mg/ml add-van vial; diltiazem 125 mg/25 ml vial</i> MO	1	
<i>diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet</i> MD,MO	1	
<i>diltiazem 12hr er 120 mg cap</i> MD,MO	1	QL (90 per 30 days)
<i>diltiazem 12hr er 60 mg, 90 mg cap</i> MD,MO	1	QL (180 per 30 days)
<i>diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap</i> MD,MO	1	QL (60 per 30 days)
<i>diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg cap</i> MD,MO	1	QL (30 per 30 days)
<i>diltiazem 24h er(la) 180 mg, 240 mg tb</i> MD,MO	1	QL (60 per 30 days)
<i>diltiazem 24h er(la) 300 mg, 360 mg, 420 mg tb</i> MD,MO	1	QL (30 per 30 days)
<i>diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg cp</i> MD,MO	1	QL (60 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET MD,MO	3	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIOVAN HCT 160 MG-12.5 MG TABLET; DIOVAN HCT 160 MG-25 MG TABLET; DIOVAN HCT 320 MG-12.5 MG TABLET; DIOVAN HCT 320 MG-25 MG TABLET; DIOVAN HCT 80 MG-12.5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>disopyramide 100 mg, 150 mg capsule</i> MD,MO	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION MD,MO	3	
DIURIL 500 MG INTRAVENOUS SOLUTION MO	3	
<i>dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial</i> MO	1	B vs D
<i>dobutamine 1,000 mg/250 ml d5w; dobutamine 250 mg/250 ml-d5w; dobutamine 500 mg/250 ml d5w</i> MO	1	B vs D
<i>dofetilide 125 mcg, 250 mcg, 500 mcg capsule</i> MD,MO	1	
<i>dopamine 160 mg/ml vial; dopamine 200 mg/5 ml vial; dopamine 400 mg/10 ml vial; dopamine 80 mg/ml vial</i> MO	1	B vs D
<i>dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 400 mg/250 ml-d5w bag; dopamine 800 mg/250 ml-d5w bag; dopamine 800 mg/500 ml-d5w bag</i> MO	1	B vs D
<i>doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab</i> MD,MO	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
DYAZIDE 37.5 MG-25 MG CAPSULE MD,MO	3	
DYRENIUM 100 MG, 50 MG CAPSULE MD,MO	3	
EDARBI 40 MG, 80 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
EDECIN 25 MG TABLET DL	4	QL (480 per 30 days)
<i>enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet</i> MD,MO	1	
<i>enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet</i> MD,MO	1	
<i>enalaprilat 1.25 mg/ml vial</i> MO	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MD,MO	2	QL (60 per 30 days)
EPANED 1 MG/ML ORAL SOLUTION MD,MO	3	
<i>eplerenone 25 mg, 50 mg tablet</i> MD,MO	1	
<i>eprosartan mesylate 600 mg tab</i> MD,MO	1	QL (60 per 30 days)
<i>esmolol hcl 100 mg/10 ml vial</i> MO	1	
<i>esmolol 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)-nacl; esmolol 2,500 mg/250 ml-nacl</i> MO	1	
<i>ethacrynate sodium 50 mg vial</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ethacrynic acid 25 mg tablet</i> DL	4	QL (480 per 30 days)
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE MD,MO	3	ST,QL (30 per 30 days)
<i>ezetimibe 10 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> MD,MO	1	QL (30 per 30 days)
<i>felodipine er 10 mg, 2.5 mg, 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>fenofibrate 120 mg, 160 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>fenofibrate 150 mg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>fenofibrate 40 mg, 54 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>fenofibrate 50 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>fenofibrate 130 mg, 43 mg capsule</i> MD,MO	1	ST,QL (30 per 30 days)
<i>fenofibrate 134 mg, 200 mg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>fenofibrate 67 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>fenofibrate 145 mg, 160 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>fenofibrate 48 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>fenofibric acid 105 mg, 35 mg tablet</i> MD,MO	2	QL (30 per 30 days)
<i>fenofibric acid dr 135 mg, 45 mg cap</i> MD,MO	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET DL	4	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET DL	4	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET MD,MO	3	QL (30 per 30 days)
<i>flecainide acetate 100 mg, 150 mg, 50 mg tab</i> MD,MO	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION MD,MO	3	ST,QL (150 per 30 days)
<i>fluvastatin er 80 mg tablet</i> MD,MO	1	ST,QL (30 per 30 days)
<i>fluvastatin sodium 20 mg, 40 mg cap</i> MD,MO	1	ST,QL (60 per 30 days)
<i>fosinopril sodium 10 mg, 20 mg, 40 mg tab</i> MD,MO	1	
<i>fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab</i> MD,MO	1	
<i>furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/5 ml soln</i> MD,MO	1	
<i>furosemide 100 mg/10 ml syring</i> MO	1	
<i>furosemide 20 mg, 40 mg, 80 mg tablet</i> MD,MO	1	
<i>furosemide 40 mg/4 ml vial</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gemfibrozil 600 mg tablet</i> MD,MO	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET MD,MO	3	
<i>guanfacine 1 mg, 2 mg tablet</i> MD,MO	1	
HEMANGEOL 4.28 MG/ML ORAL SOLUTION MO	3	
<i>hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> MD,MO	1	
<i>hydralazine 20 mg/ml vial</i> MO	1	
<i>hydrochlorothiazide 12.5 mg cp</i> MD,MO	1	
<i>hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb</i> MD,MO	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
<i>ibutilide fum 1 mg/10 ml vial</i> MO	1	
<i>indapamide 1.25 mg, 2.5 mg tablet</i> MD,MO	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE DL	4	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE DL	4	
INSPIRA 25 MG, 50 MG TABLET MD,MO	3	PA
<i>irbesartan 150 mg, 300 mg, 75 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>irbesartan-hctz 150-12.5 mg tb</i> MD,MO	1	QL (60 per 30 days)
<i>irbesartan-hctz 300-12.5 mg tb</i> MD,MO	1	QL (30 per 30 days)
<i>isochron 40 mg tablet,extended release</i> MD,MO	1	
ISORDIL 40 MG TABLET DL	4	
ISORDIL TITRADOSE 5 MG TABLET DL	4	PA
<i>isosorbide dinitr er 40 mg tab</i> MD,MO	1	
<i>isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab</i> MD,MO	1	
<i>isosorbide dinitrate 40 mg tab</i> DL	4	
<i>isosorbide mononit 10 mg, 20 mg tab</i> MD,MO	1	
<i>isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb</i> MD,MO	1	
<i>isradipine 2.5 mg, 5 mg capsule</i> MD,MO	1	
ISUPREL 0.2 MG/ML INJECTION SOLUTION MO	3	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE DL	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	4	PA,QL (84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE,EXTENDED RELEASE MD,MO	3	ST,QL (30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE MD,MO	3	ST,QL (60 per 30 days)
KATERZIA 1 MG/ML ORAL SUSPENSION MD,MO	3	QL (300 per 30 days)
<i>labetalol hcl 100 mg, 200 mg, 300 mg tablet</i> MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>labetalol hcl 100 mg/20 ml vial</i> ^{MO}	1	
LANOXIN 125 MCG (0.125 MG), 187.5 MCG (0.1875 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET; LANOXIN 187.5 MCG TABLET ^{MD,MO}	3	QL (30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) INJECTION SOLUTION; LANOXIN 500 MCG/2 ML (250 MCG/ML) (0.5 MG/2 ML) INJECTION SOLUTION ^{MO}	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) INJECTION SOLUTION ^{MO}	3	
LASIX 20 MG, 40 MG, 80 MG TABLET ^{MD,MO}	3	
LESCOL 20 MG, 40 MG CAPSULE ^{MD,MO}	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE ^{MD,MO}	3	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION ^{MO}	3	
<i>lidocaine hcl 2% vial</i> ^{MO}	1	
<i>lidocaine 0.4% in d5w 250 ml; lidocaine 0.8% in d5w soln</i> ^{MO}	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET ^{MD,MO}	3	PA
LIPOFEN 150 MG CAPSULE ^{MD,MO}	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE ^{MD,MO}	3	QL (60 per 30 days)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet</i> ^{MD,MO}	1	
<i>lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> ^{MD,MO}	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET ^{MD,MO}	3	ST,QL (30 per 30 days)
LOPID 600 MG TABLET ^{MD,MO}	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET ^{MD,MO}	3	
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	3	
LOPRESSOR HCT 50 MG-25 MG TABLET ^{MD,MO}	3	
<i>losartan potassium 100 mg, 25 mg, 50 mg tab</i> ^{MD,MO}	1	QL (60 per 30 days)
<i>losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab</i> ^{MD,MO}	1	QL (60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET ^{MD,MO}	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET ^{MD,MO}	3	
LOTREL 10 MG-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE ^{MD,MO}	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE ^{MD,MO}	3	PA,QL (30 per 30 days)
<i>lovastatin 10 mg, 20 mg, 40 mg tablet</i> ^{MD,MO}	1	
LOVAZA 1 GRAM CAPSULE ^{MD,MO}	3	PA,QL (120 per 30 days)
<i>mannitol 10% iv solution</i> ^{MO}	1	
<i>mannitol 20% iv solution</i> ^{MO}	1	
<i>mannitol 25% vial</i> ^{MO}	1	
<i>mannitol 5% iv solution</i> ^{MO}	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
matzim la 180 mg, 240 mg tablet, extended release ^{MD,MO}	1	QL (60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg tablet, extended release ^{MD,MO}	1	QL (30 per 30 days)
MAXZIDE 75 MG-50 MG TABLET ^{MD,MO}	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET ^{MD,MO}	3	PA
methazolamide 25 mg, 50 mg tablet ^{MD,MO}	1	
methyclothiazide 5 mg tablet ^{MD,MO}	1	
methyldopa 250 mg, 500 mg tablet ^{MD,MO}	1	
methyldopa-hctz 250-15 mg, 250-25 mg tab ^{MD,MO}	1	
methyldopate 250 mg/5 ml vial ^{MO}	1	
metolazone 10 mg, 2.5 mg, 5 mg tablet ^{MD,MO}	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab ^{MD,MO}	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab ^{MD,MO}	1	
metoprolol 5 mg/5 ml carpject ^{MO}	1	
metoprolol tart 5 mg/5 ml vial ^{MO}	1	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb ^{MD,MO}	1	
metyrosine 250 mg capsule ^{DL}	4	
mexiletine 150 mg, 200 mg, 250 mg capsule ^{MD,MO}	1	
MICARDIS 20 MG, 40 MG TABLET ^{MD,MO}	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET ^{MD,MO}	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET ^{MD,MO}	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET ^{MD,MO}	3	ST,QL (60 per 30 days)
MICROZIDE 12.5 MG CAPSULE ^{MD,MO}	3	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet ^{MO}	1	
milrinone lact 20 mg/20 ml vl ^{MO}	1	B vs D
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml ^{MO}	1	B vs D
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE ^{MD,MO}	3	
minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr transdermal 24 hour patch ^{MD,MO}	1	QL (30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch ^{MD,MO}	1	QL (60 per 30 days)
minoxidil 10 mg, 2.5 mg tablet ^{MD,MO}	1	
moexipril hcl 15 mg, 7.5 mg tablet ^{MD,MO}	1	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet ^{MD,MO}	1	
MULTAQ 400 MG TABLET ^{MD,MO}	2	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet ^{MD,MO}	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab ^{MD,MO}	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATRECOR 1.5 MG VIAL MO	3	
NEXLETOL 180 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	3	
<i>niacin er 1,000 mg, 500 mg, 750 mg tablet</i> MD,MO	1	
<i>niacor 500 mg tablet</i> MD,MO	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE MD,MO	3	PA
<i>nicardipine 20 mg, 30 mg capsule</i> MD,MO	1	
<i>nicardipine 25 mg/10 ml ampule</i> MO	1	
<i>nifedipine 10 mg, 20 mg capsule</i> MD,MO	1	
<i>nifedipine er 30 mg, 60 mg, 90 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>nimodipine 30 mg capsule</i> MO	1	
<i>nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>nisoldipine er 25.5 mg, 30 mg tablet</i> MD,MO	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT MD,MO	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH DL	4	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH DL	4	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH DL	4	QL (60 per 30 days)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch</i> MD,MO	1	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl</i> MD,MO	1	
<i>nitroglycerin 0.4 mg/hr patch</i> MD,MO	1	QL (60 per 30 days)
<i>nitroglycerin 5 mg/ml vial</i> MO	1	
<i>nitroglycerin lingual 400 mcg</i> MD,MO	1	
<i>ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w</i> MO	1	
NITROLINGUAL 400 MCG/SPRAY MD,MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MD,MO	2	
<i>norepinephrine 4 mg/4 ml vial</i> MO	1	
NORPACE 100 MG, 150 MG CAPSULE MD,MO	3	
NORPACE CR 100 MG, 150 MG CAPSULE,EXTENDED RELEASE MD,MO	3	
NORTHERA 100 MG, 200 MG CAPSULE DL	4	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE DL	4	PA,QL (180 per 30 days)
NORVASC 10 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
NORVASC 2.5 MG, 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
NYMALIZE 30 MG/10 ML SOLUTION DL	4	QL (1260 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY) DL	4	QL (630 per 28 days)
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY) DL	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML SOLUTION DL	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab</i> MD,MO	1	QL (30 per 30 days)
<i>olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5</i> MD,MO	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> MD,MO	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> MD,MO	1	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 15 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 20 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 5 % INTRAVENOUS SOLUTION MO	3	
PACERONE 100 MG TABLET MD,MO	1	
<i>pacerone 200 mg tablet</i> MD,MO	1	
PACERONE 400 MG TABLET MD,MO	1	QL (60 per 30 days)
<i>pentoxifylline er 400 mg tab</i> MD,MO	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> MD,MO	1	
<i>phenoxybenzamine hcl 10 mg cap</i> DL	4	
<i>phenylephrine 100 mg/10 ml vl</i> MO	1	
<i>pindolol 10 mg, 5 mg tablet</i> MD,MO	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR MD,MO	3	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 40 MG, 80 MG TABLET MD,MO	3	PA
<i>pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg tab</i> MD,MO	1	
<i>prazosin 1 mg, 2 mg, 5 mg capsule</i> MD,MO	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET MD,MO	3	QL (30 per 30 days)
<i>prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet</i> MD,MO	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET MD,MO	3	
<i>procainamide 1 gram/10 ml vial; procainamide 1,000 mg/2 ml vl</i> MO	1	
PROCARDIA 10 MG CAPSULE MD,MO	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
<i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> MD,MO	1	
<i>propafenone hcl er 225 mg, 325 mg cap</i> MD,MO	1	QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propafenone hcl er 425 mg cap ^{MD,MO}	1	
propranolol 1 mg/ml vial ^{MO}	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet ^{MD,MO}	1	
propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln ^{MD,MO}	1	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule ^{MD,MO}	1	
propranolol-hctz 40-25 mg, 80-25 mg tab ^{MD,MO}	1	
QBRELIS 1 MG/ML ORAL SOLUTION ^{DL}	4	QL (1200 per 30 days)
QUESTRAN 4 GRAM ORAL POWDER; QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET ^{MD,MO}	1	
QUESTRAN LIGHT 4 GRAM ORAL POWDER ^{MD,MO}	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MD,MO}	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MD,MO}	1	
quinidine gluc 80 mg/ml vial ^{MO}	1	
quinidine gluc er 324 mg tab ^{MD,MO}	1	
quinidine sulfate 200 mg, 300 mg tab ^{MD,MO}	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule ^{MD,MO}	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE ^{MD,MO}	3	PA,QL (120 per 30 days)
ranolazine er 1,000 mg, 500 mg tablet ^{MD,MO}	1	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR ^{MD,MO}	2	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR ^{MD,MO}	2	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE ^{MD,MO}	2	PA,QL (3 per 28 days)
RESECTISOL 5% SOLUTION ^{MO}	3	
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab ^{MD,MO}	1	
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE ^{MD,MO}	3	PA,QL (60 per 30 days)
RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE ^{DL}	4	PA,QL (60 per 30 days)
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE ^{DL}	4	PA
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet ^{MD,MO}	1	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION ^{MO}	3	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MD,MO}	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MD,MO}	1	
sotalol hcl 150 mg/10 ml vial ^{MO}	1	
sotalol af 120 mg, 160 mg, 80 mg tablet ^{MD,MO}	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION ^{MD,MO}	3	
spironolactone-hctz 25-25 tab ^{MD,MO}	1	
spironolactone 100 mg, 25 mg, 50 mg tablet ^{MD,MO}	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE ^{DL}	4	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE MD,MO	3	
<i>taztia xt 120 mg, 180 mg, 240 mg capsule, extended release</i> MD,MO	1	QL (60 per 30 days)
<i>taztia xt 300 mg, 360 mg capsule, extended release</i> MD,MO	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET MD,MO	3	PA, QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET MD,MO	2	QL (30 per 30 days)
<i>telmisartan 20 mg, 40 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>telmisartan 80 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10</i> MD,MO	1	QL (30 per 30 days)
<i>telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb</i> MD,MO	1	ST, QL (30 per 30 days)
<i>telmisartan-hctz 80-12.5 mg tb</i> MD,MO	1	ST, QL (60 per 30 days)
TENORETIC 100 100 MG-25 MG TABLET MD,MO	3	
TENORETIC 50 50 MG-25 MG TABLET MD,MO	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET MD,MO	3	
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule</i> MD,MO	1	
<i>tiadylt er 120 mg, 180 mg, 240 mg capsule, extended release</i> MD,MO	1	QL (60 per 30 days)
<i>tiadylt er 300 mg, 360 mg, 420 mg capsule, extended release</i> MD,MO	1	QL (30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE DL	4	PA
<i>timolol maleate 10 mg, 20 mg, 5 mg tablet</i> MD,MO	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
<i>torseamide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> MD,MO	1	
<i>trandolapril 1 mg, 2 mg, 4 mg tablet</i> MD,MO	1	
<i>trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> MD,MO	1	
<i>triamterene 100 mg, 50 mg capsule</i> MD,MO	1	
<i>triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp</i> MD,MO	1	
<i>triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb</i> MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET MD,MO	3	QL (30 per 30 days)
<i>triklo 1 gm capsule</i> MD,MO	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DELAYED RELEASE MD,MO	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab</i> MD,MO	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MD,MO	3	PA,QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE MD,MO	3	PA,QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET MD,MO	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET DL	4	PA
VAZCULEP 10 MG/ML INJECTION SOLUTION MO	3	
<i>vecamyl 2.5 mg tablet</i> DL	4	QL (300 per 30 days)
<i>verapamil 10 mg/4 ml syringe</i> MO	1	
<i>verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil sr 120 mg, 180 mg, 240 mg, 360 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>verapamil 120 mg, 40 mg, 80 mg tablet</i> MD,MO	1	QL (120 per 30 days)
<i>verapamil 5 mg/2 ml ampul</i> MO	1	
<i>verapamil er 120 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>verapamil er 180 mg, 240 mg tablet</i> MD,MO	1	
<i>verapamil er pm 100 mg, 300 mg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>verapamil er pm 200 mg capsule</i> MD,MO	1	QL (60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE, EXTENDED RELEASE MD,MO	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MD,MO	3	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WELCHOL 625 MG TABLET MD,MO	3	PA,QL (180 per 30 days)
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET MD,MO	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MD,MO	3	PA
ZETIA 10 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET MD,MO	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MD,MO	3	PA
ZYPITAMAG 1 MG, 2 MG, 4 MG TABLET MD,MO	3	ST,QL (30 per 30 days)
Central Nervous System Agents		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MD,MO	1	PA,QL (90 per 30 days)
ADDERALL 30 MG TABLET MD,MO	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR MD,MO	3	QL (450 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET MD,MO	3	QL (30 per 30 days)
<i>amphetamine er 1.25 mg/ml susp</i> MD,MO	3	QL (450 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg tab</i> MD,MO	1	QL (90 per 30 days)
AMPYRA 10 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE MD,MO	3	QL (30 per 30 days)
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg capsule</i> MD,MO	1	QL (30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL, LA	4	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET DL	4	PA,QL (60 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT DL	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 28 days)
AVONEX 30 MCG VIAL KIT DL	4	PA,QL (4 per 28 days)
BAFIERTAM 95 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (120 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
<i>clonidine hcl er 0.1 mg tablet</i> MD,MO	1	QL (120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (12 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET MD,MO	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET MD,MO	3	QL (60 per 30 days)
<i>dalfampridine er 10 mg tablet</i> MD,MO	1	PA,QL (60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH MD,MO	3	QL (30 per 30 days)
DESOXYN 5 MG TABLET DL	4	PA,QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab</i> MD,MO	1	QL (60 per 30 days)
<i>dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp</i> MD,MO	1	QL (30 per 30 days)
<i>dextroamphetamine 10 mg tab</i> MD,MO	1	QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i> MD,MO	1	QL (150 per 30 days)
<i>dextroamphetamine 5 mg/5 ml</i> MD,MO	1	QL (1800 per 30 days)
<i>dextroamphetamine er 10 mg cap</i> MD,MO	1	QL (180 per 30 days)
<i>dextroamphetamine er 15 mg cap</i> MD,MO	1	QL (120 per 30 days)
<i>dextroamphetamine er 5 mg cap</i> MD,MO	1	QL (60 per 30 days)
<i>dextroamp-amphet er 10 mg, 15 mg, 5 mg cap</i> MD,MO	1	QL (30 per 30 days)
<i>dextroamp-amphet er 20 mg, 25 mg, 30 mg cap</i> MD,MO	1	QL (60 per 30 days)
<i>dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab</i> MD,MO	1	QL (90 per 30 days)
<i>dextroamp-amphetamin 30 mg tab</i> MD,MO	1	QL (60 per 30 days)
DYANAVAL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION MD,MO	3	QL (240 per 30 days)
EVEKEO 10 MG, 5 MG TABLET MD,MO	1	QL (90 per 30 days)
EVEKEO ODT 10 MG, 5 MG DISINTEGRATING TABLET MD,MO	3	QL (90 per 30 days)
EVEKEO ODT 15 MG, 20 MG DISINTEGRATING TABLET MD,MO	3	QL (60 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (15 per 30 days)
FIRDAPSE 10 MG TABLET DL	4	PA,QL (240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MD,MO	3	PA,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i> DL	4	PA,QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i> DL	4	PA,QL (12 per 28 days)
<i>glatopa 20 mg/ml subcutaneous syringe</i> DL	4	PA,QL (30 per 30 days)
<i>glatopa 40 mg/ml subcutaneous syringe</i> DL	4	PA,QL (12 per 28 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK DL	4	ST,QL (78 per 30 days)
<i>guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet</i> MD,MO	1	QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
INGREZZA 40 MG, 80 MG CAPSULE DL	4	PA,QL (30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK DL	4	PA,QL (28 per 28 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE MD,MO	3	QL (30 per 30 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MD,MO	3	QL (120 per 30 days)
LEMRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MD,MO	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MD,MO	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MD,MO	3	QL (60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
LYRICA CR 330 MG TABLET,EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (4 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (5 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (6 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (7 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (8 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (9 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAYZENT 0.25 MG TABLET DL	4	PA,QL (120 per 30 days)
MAYZENT 2 MG TABLET DL	4	PA,QL (30 per 30 days)
MAYZENT STARTER PACK 0.25 MG (12 TABS) TABLETS DL	4	PA,QL (12 per 30 days)
<i>metadate er 20 mg tablet,extended release</i> MD,MO	1	QL (90 per 30 days)
<i>methamphetamine 5 mg tablet</i> DL	4	QL (150 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METHYLIN 10 MG/5 ML ORAL SOLUTION MD,MO	3	PA,QL (900 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION MD,MO	3	PA,QL (1800 per 30 days)
<i>methylphenidate 10 mg chew tab</i> MD,MO	1	QL (180 per 30 days)
<i>methylphenidate 10 mg, 20 mg, 5 mg tablet</i> MD,MO	1	QL (90 per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i> MD,MO	1	QL (900 per 30 days)
<i>methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb</i> MD,MO	1	QL (150 per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i> MD,MO	1	QL (1800 per 30 days)
<i>methylphenidate cd 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap;</i> <i>methylphenidate la 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap</i> MD,MO	1	QL (30 per 30 days)
<i>methylphenidate cd 20 mg, 30 mg cap; methylphenidate la 20 mg, 30 mg cap</i> MD,MO	1	QL (60 per 30 days)
<i>methylphenidate er 10 mg tab</i> MD,MO	1	QL (180 per 30 days)
<i>methylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg cap</i> MD,MO	3	QL (30 per 30 days)
<i>methylphenidate er 18 mg, 27 mg, 54 mg, 72 mg tab</i> MD,MO	1	QL (30 per 30 days)
<i>methylphenidate er 20 mg tab</i> MD,MO	1	QL (90 per 30 days)
<i>methylphenidate er 36 mg tab</i> MD,MO	1	QL (60 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE EXTENDED RELEASE 24 HR MD,MO	3	QL (30 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE DL	4	PA,QL (60 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION LA, MD,MO	4	PA,QL (40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
<i>pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule</i> MD,MO	1	QL (90 per 30 days)
<i>pregabalin 20 mg/ml solution</i> MD,MO	1	QL (900 per 30 days)
<i>pregabalin 225 mg, 300 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>procentra 5 mg/5 ml oral solution</i> DL	4	QL (1800 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET DL	4	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE DL	4	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR MD,MO	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK DL, LA	4	PA
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. DL	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.2 per 28 days)
<i>relexxii 72 mg tablet,extended release</i> MD,MO	1	QL (30 per 30 days)
RILUTEK 50 MG TABLET DL	4	
<i>riluzole 50 mg tablet</i> MD,MO	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET MD,MO	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE,EXTENDED RELEASE MD,MO	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE MD,MO	3	PA,QL (60 per 30 days)
RUZURGI 10 MG TABLET DL	4	PA,QL (300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MD,MO	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	2	QL (60 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MD,MO	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MD,MO	3	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (14 per 30 days)
TECFIDERA 240 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
<i>tetrabenazine 12.5 mg tablet</i> DL	4	PA,QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i> DL	4	PA,QL (120 per 30 days)
TIGLUTIK 50 MG/10 ML ORAL SUSPENSION DL	4	PA,QL (600 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 28 days)
VUMERITY 231 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MD,MO	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MD,MO	3	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET DL	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET DL	4	PA,QL (120 per 30 days)
<i>zenzedi 10 mg tablet</i> MD,MO	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MD,MO	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MD,MO	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MD,MO	1	QL (60 per 30 days)
<i>zenzedi 5 mg tablet</i> MD,MO	1	QL (150 per 30 days)
Dental & Oral Agents		
<i>cevimeline hcl 30 mg capsule</i> MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorhexidine 0.12% rinse MO	1	
EVOXAC 30 MG CAPSULE MD,MO	3	PA
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION DL	4	
oralone 0.1 % dental 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 MD,MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MD,MO	3	
triamcinolone 0.1% paste MO	1	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE DL	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE DL	4	ST,QL (120 per 30 days)
ABSORICA LD 16 MG, 24 MG, 8 MG CAPSULE DL	4	ST,QL (60 per 30 days)
ABSORICA LD 32 MG CAPSULE DL	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP MO	3	QL (50 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
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP MO	3	QL (90 per 30 days)
adapalene 0.1% cream MO	1	QL (45 per 30 days)
adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump MO	1	QL (45 per 30 days)
adapalene 0.1% solution DL	4	QL (60 per 30 days)
adapalene 0.1% swab MO	1	QL (30 per 30 days)
adapalene-bnzyl perox 0.1-2.5% MO	1	QL (45 per 30 days)
AKLIEF 0.005 % TOPICAL CREAM MO	3	PA,QL (90 per 30 days)
AKTIPAK 3%-5% GEL POUCH MO	3	
ALA-CORT 1 % TOPICAL CREAM MO	1	QL (240 per 30 days)
ALA-SCALP 2 % LOTION MO	1	QL (236.8 per 30 days)
alclometasone dipr 0.05% oint MO	1	QL (240 per 30 days)
alclometasone dipro 0.05% crm MO	1	QL (240 per 30 days)
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)
ALTABAX 1 % TOPICAL OINTMENT MO	3	
ALTRENO 0.05 % LOTION MO	3	PA,QL (90 per 30 days)
amcinonide 0.1% cream MO	1	QL (120 per 30 days)
amcinonide 0.1% lotion MO	1	QL (120 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ammonium lactate 12% cream</i> ^{MO}	1	
<i>ammonium lactate 12% lotion</i> ^{MO}	1	
<i>amneesteem 10 mg, 20 mg capsule</i> ^{MO}	1	QL (60 per 30 days)
<i>amneesteem 40 mg capsule</i> ^{MO}	1	QL (120 per 30 days)
AMZEEQ 4 % TOPICAL FOAM ^{MO}	3	PA,QL (30 per 30 days)
<i>anusol-hc 2.5 % topical cream with perineal applicator</i> ^{MO}	1	QL (60 per 30 days)
<i>apexicon e 0.05 % topical cream</i> ^{MO}	1	QL (60 per 30 days)
ARAZLO 0.045 % LOTION ^{MO}	3	PA
ATRALIN 0.05 % TOPICAL GEL ^{MO}	3	PA,QL (45 per 30 days)
AVITA 0.025 % TOPICAL CREAM ^{MO}	3	PA,QL (45 per 30 days)
AVITA 0.025 % TOPICAL GEL ^{MO}	3	PA,QL (45 per 30 days)
<i>azelaic acid 15% gel</i> ^{MO}	1	ST,QL (50 per 30 days)
AZELEX 20 % TOPICAL CREAM ^{MO}	3	QL (50 per 30 days)
BACTROBAN 2% CREAM ^{MO}	3	
BACTROBAN NASAL 2% OINTMENT ^{MO}	3	
BENZACLIN 1 %-5 % TOPICAL GEL ^{MO}	3	QL (50 per 30 days)
BENZACLIN PUMP 1 %-5 % TOPICAL GEL ^{MO}	3	QL (50 per 30 days)
BENZAMYCIN 3 %-5 % TOPICAL GEL ^{MO}	3	QL (46.6 per 30 days)
<i>beseer 0.05 % lotion</i> ^{MO}	1	QL (240 per 30 days)
<i>betamethasone dp 0.05% crm</i> ^{MO}	1	QL (90 per 30 days)
<i>betamethasone dp 0.05% lot</i> ^{MO}	1	QL (120 per 30 days)
<i>betamethasone dp 0.05% oint</i> ^{MO}	1	QL (90 per 30 days)
<i>betamethasone va 0.1% cream</i> ^{MO}	1	QL (180 per 30 days)
<i>betamethasone va 0.1% lotion</i> ^{MO}	1	QL (120 per 30 days)
<i>betamethasone valer 0.1% ointm</i> ^{MO}	1	QL (180 per 30 days)
<i>betamethasone valer 0.12% foam</i> ^{MO}	1	QL (200 per 30 days)
<i>betamethasone dp aug 0.05% crm</i> ^{MO}	1	QL (100 per 30 days)
<i>betamethasone dp aug 0.05% gel</i> ^{MO}	1	QL (100 per 30 days)
<i>betamethasone dp aug 0.05% lot</i> ^{MO}	1	QL (120 per 30 days)
<i>betamethasone dp aug 0.05% oin</i> ^{MO}	1	QL (100 per 30 days)
BRYHALI 0.01 % LOTION ^{MO}	3	ST,QL (200 per 30 days)
<i>calcipotriene 0.005% cream</i> ^{MO}	1	PA,QL (120 per 30 days)
<i>calcipotriene 0.005% ointment</i> ^{MO}	1	QL (240 per 30 days)
<i>calcipotriene 0.005% solution</i> ^{MO}	1	QL (60 per 30 days)
<i>calcipotriene-betameth dp oint</i> ^{DL}	4	PA,QL (60 per 30 days)
<i>calcipotriene-betameth dp susp</i> ^{MO}	2	QL (420 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcitrene 0.005% ointment MO	1	QL (240 per 30 days)
calcitriol 3 mcg/g ointment MO	1	ST,QL (800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	QL (840 per 30 days)
CARAC 0.5 % TOPICAL CREAM DL	4	PA,QL (60 per 30 days)
CENTANY 2 % TOPICAL OINTMENT MO	3	
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)
CLEOCIN T 1 % LOTION MO	3	QL (60 per 30 days)
CLEOCIN T 1 % SOLUTION MO	3	QL (60 per 30 days)
CLEOCIN T 1 % TOPICAL GEL MO	3	QL (60 per 30 days)
CLEOCIN T 1% PLEDGETS MO	3	
clindacin etz 1 % topical swab MO	1	
clindacin p 1 % topical swab MO	1	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY DL	4	PA,QL (75 per 30 days)
clindamycin ph 1% gel MO	1	QL (60 per 30 days)
clindamycin ph 1% solution MO	1	QL (60 per 30 days)
clindamycin phos 1% pledget MO	1	
clindamycin phosp 1% lotion MO	1	QL (60 per 30 days)
clindamycin phosphate 1% foam MO	1	QL (100 per 30 days)
clindamycin phosphate 1% gel MO	1	PA,QL (75 per 30 days)
clind ph-benzoyl pero 1.2-2.5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% MO	1	QL (50 per 30 days)
clind ph-benzoyl perox 1.2-5% MO	1	QL (45 per 30 days)
clinda-tretinoin 1.2%-0.025% MO	1	QL (60 per 30 days)
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% ointment MO	1	QL (120 per 28 days)
clobetasol 0.05% shampoo MO	1	QL (240 per 30 days)
clobetasol 0.05% solution MO	1	QL (100 per 30 days)
clobetasol 0.05% topical lotn MO	1	QL (240 per 28 days)
clobetasol prop 0.05% foam MO	1	QL (100 per 28 days)
clobetasol prop 0.05% spray MO	1	QL (240 per 30 days)
clobetasol emollient 0.05% crm MO	1	QL (120 per 30 days)
clobetasol emulsion 0.05% foam MO	1	QL (100 per 30 days)
CLOBEX 0.05 % LOTION MO	3	ST,QL (240 per 28 days)
CLOBEX 0.05 % SHAMPOO MO	3	ST,QL (240 per 30 days)
CLOBEX 0.05 % TOPICAL SPRAY MO	3	ST,QL (240 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clocortolone pivalate 0.1% crm</i> MO	1	QL (180 per 30 days)
<i>clodan 0.05 % shampoo</i> MO	1	QL (240 per 30 days)
CLODERM 0.1 % TOPICAL CREAM MO	3	PA,QL (180 per 30 days)
CONDYLOX 0.5 % TOPICAL GEL DL	4	
CORDRAN 0.025 % TOPICAL CREAM MO	3	ST,QL (240 per 30 days)
CORDRAN 0.05 % LOTION DL	4	ST,QL (240 per 30 days)
CORDRAN 0.05 % TOPICAL CREAM DL	4	ST,QL (240 per 30 days)
CORDRAN 0.05 % TOPICAL OINTMENT DL	4	ST,QL (240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 DL	4	QL (2 per 30 days)
<i>cormax 0.05% solution</i> MO	1	QL (100 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MD,MO	3	
CORTISPORIN 1 % TOPICAL OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
<i>crotan 10 % lotion</i> DL	4	PA,QL (454 per 30 days)
CUTIVATE 0.05 % LOTION DL	4	PA,QL (240 per 30 days)
CUTIVATE 0.05 % TOPICAL CREAM DL	4	PA,QL (240 per 30 days)
<i>dapsone 5% gel; dapsone 7.5% gel pump</i> MO	1	QL (90 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL 0.01 % MO	3	QL (118.28 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % MO	3	QL (118.28 per 30 days)
DERMATOP 0.1% OINTMENT MO	3	QL (240 per 30 days)
DESONATE 0.05 % TOPICAL GEL MO	3	QL (240 per 30 days)
<i>desonide 0.05% cream</i> MO	1	QL (240 per 30 days)
<i>desonide 0.05% gel</i> MO	1	QL (240 per 30 days)
<i>desonide 0.05% lotion</i> MO	1	QL (240 per 30 days)
<i>desonide 0.05% ointment</i> MO	1	QL (240 per 30 days)
DESOWEN 0.05 % LOTION MO	1	PA,QL (240 per 30 days)
DESOWEN 0.05 % TOPICAL CREAM MO	3	QL (240 per 30 days)
<i>desoximetasone 0.05% cream</i> MO	1	QL (240 per 30 days)
<i>desoximetasone 0.05% gel</i> MO	1	QL (240 per 30 days)
<i>desoximetasone 0.05% ointment</i> MO	1	QL (240 per 30 days)
<i>desoximetasone 0.25% cream</i> MO	1	QL (120 per 30 days)
<i>desoximetasone 0.25% ointment</i> MO	1	QL (120 per 30 days)
<i>desoximetasone 0.25% spray</i> MO	1	QL (100 per 30 days)
<i>diclofenac sodium 3% gel</i> MO	1	PA
DIFFERIN 0.1 % LOTION MO	3	QL (59 per 30 days)
DIFFERIN 0.1 % TOPICAL CREAM MO	3	PA,QL (45 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFFERIN 0.3 % TOPICAL GEL MO	3	PA,QL (45 per 30 days)
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP MO	3	QL (45 per 30 days)
<i>diflorasone 0.05% cream</i> DL	4	QL (120 per 30 days)
<i>diflorasone 0.05% ointment</i> DL	4	QL (120 per 30 days)
DIPROLENE 0.05 % TOPICAL OINTMENT MO	3	QL (100 per 30 days)
DOVONEX 0.005 % TOPICAL CREAM DL	4	PA,QL (120 per 30 days)
<i>doxepin 5% cream</i> DL	4	PA,QL (45 per 30 days)
DUOBRII 0.01 %-0.045 % LOTION DL	4	PA,QL (200 per 28 days)
EFUDEX 5 % TOPICAL CREAM MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	PA,QL (100 per 30 days)
ELIMITE 5 % TOPICAL CREAM MO	3	
ELOCON 0.1% CREAM MO	3	QL (180 per 30 days)
ELOCON 0.1% OINTMENT MO	3	QL (180 per 30 days)
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	3	QL (45 per 30 days)
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP MO	3	QL (60 per 30 days)
EPIFOAM 1 %-1 % TOPICAL MO	1	
<i>ery pads 2 % topical swab</i> MO	1	QL (60 per 30 days)
ERYGEL 2 % TOPICAL MO	1	QL (60 per 30 days)
<i>erythromycin 2% gel</i> MO	1	QL (60 per 30 days)
<i>erythromycin 2% pledgets</i> MO	1	QL (60 per 30 days)
<i>erythromycin 2% solution</i> MO	1	QL (120 per 30 days)
<i>erythromycin-benzoyl gel</i> MO	1	QL (46.6 per 30 days)
EUCRISA 2 % TOPICAL OINTMENT MO	3	PA,QL (100 per 30 days)
EURAX 10 % LOTION MO	3	PA,QL (454 per 30 days)
EURAX 10 % TOPICAL CREAM MO	3	PA
EVOCLIN 1 % TOPICAL FOAM MO	3	PA,QL (100 per 30 days)
FABIOR 0.1 % TOPICAL FOAM DL	4	PA,QL (100 per 30 days)
FINACEA 15 % TOPICAL FOAM MO	3	ST,QL (50 per 30 days)
FINACEA 15 % TOPICAL GEL MO	3	ST,QL (50 per 30 days)
<i>fluocinolone 0.01% body oil</i> MO	1	QL (118.28 per 30 days)
<i>fluocinolone 0.01% cream; fluocinolone 0.025% cream</i> MO	1	QL (120 per 30 days)
<i>fluocinolone 0.01% solution</i> MO	1	QL (180 per 30 days)
<i>fluocinolone 0.025% ointment</i> MO	1	QL (120 per 30 days)
<i>fluocinolone 0.01% scalp oil</i> MO	1	QL (118.28 per 30 days)
<i>fluocinonide 0.05% cream</i> MO	1	QL (120 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide 0.05% gel ^{MO}	1	QL (120 per 30 days)
fluocinonide 0.05% ointment ^{MO}	1	QL (120 per 30 days)
fluocinonide 0.05% solution ^{MO}	1	QL (120 per 30 days)
fluocinonide 0.1% cream ^{MO}	1	QL (120 per 28 days)
fluocinonide-e 0.05 % topical cream ^{MO}	1	QL (120 per 30 days)
fluocinonide-e 0.05% cream ^{MO}	1	QL (120 per 30 days)
FLUOROPLEX 1 % TOPICAL CREAM ^{DL}	4	
fluorouracil 0.5% cream ^{DL}	4	QL (60 per 30 days)
fluorouracil 2% topical soln; fluorouracil 5% topical soln ^{MO}	1	
fluorouracil 5% cream ^{MO}	1	
flurandrenolide 0.05% cream ^{MO}	1	QL (240 per 30 days)
flurandrenolide 0.05% lotion ^{MO}	1	QL (240 per 30 days)
flurandrenolide 0.05% ointment ^{MO}	1	QL (240 per 30 days)
fluticasone prop 0.005% oint ^{MO}	1	QL (240 per 30 days)
fluticasone prop 0.05% cream ^{MO}	1	QL (240 per 30 days)
fluticasone prop 0.05% lotion ^{MO}	1	QL (240 per 30 days)
halcinonide 0.1% cream ^{MO}	1	QL (120 per 30 days)
halobetasol prop 0.05% cream ^{MO}	1	QL (100 per 30 days)
halobetasol prop 0.05% foam ^{DL}	4	PA,QL (100 per 30 days)
halobetasol prop 0.05% ointmnt ^{MO}	1	QL (100 per 30 days)
HALOG 0.1 % TOPICAL CREAM ^{DL}	4	QL (120 per 30 days)
HALOG 0.1 % TOPICAL OINTMENT ^{DL}	4	QL (120 per 30 days)
HALOG 0.1 % TOPICAL SOLUTION ^{DL}	4	QL (120 per 30 days)
hydrocortisone 1% cream ^{MO}	1	QL (28.4 per 30 days)
hydrocortisone 1% cream; hydrocortisone 2.5% cream ^{MO}	1	QL (240 per 30 days)
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment ^{MO}	1	QL (240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg tablet ^{MD,MO}	1	
hydrocortisone 2.5% cream ^{MO}	1	QL (60 per 30 days)
hydrocortisone 2.5% lotion ^{MO}	1	QL (236 per 30 days)
hydrocort buty 0.1% lipid crm ^{MO}	1	QL (240 per 30 days)
hydrocortisone buty 0.1% cream ^{MO}	1	QL (240 per 30 days)
hydrocortisone butyr 0.1% lotn ^{MO}	1	QL (236 per 30 days)
hydrocortisone butyr 0.1% oint ^{MO}	1	QL (180 per 30 days)
hydrocortisone butyr 0.1% soln ^{MO}	1	QL (240 per 30 days)
hydrocortisone val 0.2% cream ^{MO}	1	QL (240 per 30 days)
hydrocortisone val 0.2% ointmt ^{MO}	1	QL (240 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 1% absorbase ^{MO}	1	QL (220 per 30 days)
imiquimod 3.75% cream pump ^{DL}	4	ST,QL (15 per 30 days)
imiquimod 5% cream packet ^{MO}	1	QL (12 per 30 days)
IMPOYZ 0.025 % TOPICAL CREAM ^{MO}	3	ST,QL (120 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)
ivermectin 1% cream ^{MO}	1	ST,QL (45 per 30 days)
LEXETTE 0.05 % TOPICAL FOAM ^{DL}	4	PA,QL (100 per 30 days)
lindane 1% shampoo ^{MO}	1	QL (60 per 30 days)
LOCOID 0.1 % LOTION ^{MO}	3	QL (236 per 30 days)
LOCOID 0.1% CREAM ^{MO}	3	QL (240 per 30 days)
LOCOID 0.1% SOLUTION ^{MO}	3	QL (240 per 30 days)
LOCOID LIPOCREAM 0.1 % TOPICAL ^{MO}	3	QL (240 per 30 days)
LUXIQ 0.12 % TOPICAL FOAM ^{MO}	3	ST,QL (200 per 30 days)
mafenide acetate 50 gm powd pk ^{DL}	4	
malathion 0.5% lotion ^{MO}	1	
methoxsalen 10 mg softgel ^{DL}	4	
MIRVASO 0.33 % TOPICAL GEL WITH PUMP; MIRVASO 0.33% GEL ^{MO}	3	ST,QL (30 per 30 days)
mometasone furoate 0.1% cream ^{MO}	1	QL (180 per 30 days)
mometasone furoate 0.1% oint ^{MO}	1	QL (180 per 30 days)
mometasone furoate 0.1% soln ^{MO}	1	QL (180 per 30 days)
mupirocin 2% ointment ^{MO}	1	
mupirocin 2% cream ^{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)
NATROBA 0.9 % TOPICAL SUSPENSION ^{MO}	3	QL (240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM ^{MO}	1	
neuac 1.2 % (1 % base)-5 % topical gel ^{MO}	1	QL (45 per 30 days)
nolix 0.05 % lotion ^{MO}	1	QL (240 per 30 days)
nolix 0.05 % topical cream ^{MO}	1	QL (240 per 30 days)
OLUX 0.05 % TOPICAL FOAM ^{MO}	3	PA,QL (100 per 28 days)
OLUX-E 0.05 % TOPICAL FOAM ^{MO}	3	PA,QL (100 per 30 days)
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL ^{MO}	3	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP ^{MO}	3	QL (50 per 30 days)
Otezla 30 MG TABLET ^{DL}	4	PA,QL (60 per 30 days)
Otezla Starter 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK ^{DL}	4	PA,QL (27 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK DL	4	PA,QL (55 per 28 days)
OVIDE 0.5 % LOTION MO	3	PA
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE DL	4	
PANDEL 0.1 % TOPICAL CREAM DL	4	QL (160 per 30 days)
<i>permethrin 5% cream</i> MO	1	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
<i>pimecrolimus 1% cream</i> MO	1	QL (100 per 30 days)
<i>plixda 0.1% swab</i> MO	1	QL (30 per 30 days)
<i>podofilox 0.5% topical soln</i> MO	1	QL (7 per 30 days)
<i>prednicarbate 0.1% cream</i> MO	1	QL (240 per 30 days)
<i>prednicarbate 0.1% ointment</i> MO	1	QL (240 per 30 days)
<i>procto-med hc 2.5 % topical cream perineal applicator</i> MO	1	QL (60 per 30 days)
<i>procto-pak 1 % topical cream perineal applicator</i> MO	1	QL (28.4 per 30 days)
<i>proctosol hc 2.5 % topical cream perineal applicator</i> MO	1	QL (60 per 30 days)
<i>proctozone-hc 2.5 % topical cream perineal applicator</i> MO	1	QL (60 per 30 days)
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT DL	4	QL (200 per 30 days)
PRUDOXIN 5 % TOPICAL CREAM DL	4	PA,QL (45 per 30 days)
<i>psorcon 0.05 % topical cream</i> MO	1	QL (120 per 30 days)
QBREXZA 2.4 % TOWELETTE MO	3	PA,QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	4	PA
RETIN-A 0.01 %, 0.025 % TOPICAL GEL MO	3	PA,QL (45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM MO	3	PA,QL (45 per 30 days)
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL DL	4	PA,QL (45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % TOPICAL GEL DL	4	PA,QL (50 per 30 days)
RHOFADE 1 % TOPICAL CREAM MO	3	ST,QL (30 per 30 days)
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	2	QL (180 per 30 days)
<i>selenium sulfide 2.5% lotion</i> MO	1	QL (120 per 30 days)
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP DL	4	PA,QL (120 per 28 days)
SILVADENE 1 % TOPICAL CREAM MO	2	
<i>silver sulfadiazine 1% cream</i> MO	1	
SOLARAZE 3 % TOPICAL GEL MO	3	PA
SOOLANTRA 1 % TOPICAL CREAM MO	3	ST,QL (45 per 30 days)
SORIATANE 10 MG CAPSULE DL	4	PA,QL (90 per 30 days)
SORIATANE 25 MG CAPSULE DL	4	PA
SORILUX 0.005 % TOPICAL FOAM DL	4	ST,QL (120 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SSD 1 % TOPICAL CREAM MO	1	
SULFAMYLON 50 GRAM TOPICAL PACKET MO	3	
SULFAMYLON 85 MG/G TOPICAL CREAM MO	3	
SYNALAR 0.01 % TOPICAL SOLUTION MO	3	QL (180 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT DL	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	2	QL (420 per 30 days)
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> MO	1	QL (200 per 30 days)
<i>tazarotene 0.1% cream</i> MO	1	PA,QL (120 per 30 days)
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM DL	4	PA,QL (120 per 30 days)
TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	3	PA,QL (200 per 30 days)
TEMOVATE 0.05 % TOPICAL CREAM MO	3	PA,QL (120 per 30 days)
TEMOVATE 0.05 % TOPICAL OINTMENT MO	3	PA,QL (120 per 28 days)
TEXACORT 2.5 % TOPICAL SOLUTION MO	1	QL (240 per 30 days)
TOLAK 4 % TOPICAL CREAM MO	3	PA
TOPICORT 0.05 % TOPICAL CREAM MO	1	QL (240 per 30 days)
TOPICORT 0.05 % TOPICAL GEL MO	1	QL (240 per 30 days)
TOPICORT 0.05 % TOPICAL OINTMENT MO	3	QL (240 per 30 days)
TOPICORT 0.25 % TOPICAL CREAM MO	1	QL (120 per 30 days)
TOPICORT 0.25 % TOPICAL OINTMENT MO	1	QL (120 per 30 days)
TOPICORT 0.25 % TOPICAL SPRAY MO	3	QL (100 per 30 days)
<i>tovet emollient 0.05 % topical foam</i> MO	1	QL (100 per 30 days)
TRETIN-X 0.075 % TOPICAL CREAM MO	1	PA
<i>tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel</i> MO	1	PA,QL (45 per 30 days)
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> MO	1	PA,QL (45 per 30 days)
<i>tretinoin gel micro 0.04% pump; tretinoin gel micro 0.1% pump</i> MO	1	PA,QL (50 per 30 days)
<i>tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% tube</i> MO	1	PA,QL (45 per 30 days)
TRIDESILON 0.05 % TOPICAL CREAM MO	3	QL (240 per 30 days)
ULTRAVATE 0.05 % LOTION DL	4	QL (120 per 30 days)
ULTRAVATE 0.05% CREAM DL	4	QL (100 per 30 days)
ULTRAVATE 0.05% OINTMENT DL	4	QL (100 per 30 days)
UVADEX 20 MCG/ML INJECTION SOLUTION MO	3	B vs D
VANOS 0.1 % TOPICAL CREAM MO	3	QL (120 per 28 days)
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT DL	4	ST,QL (800 per 28 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	3	PA,QL (60 per 30 days)
VERDESO 0.05 % TOPICAL FOAM DL	4	QL (200 per 30 days)
VEREGEN 15 % TOPICAL OINTMENT DL	4	QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XEPI 1 % TOPICAL CREAM MO	3	PA
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)
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA,QL (60 per 30 days)
ZILXI 1.5 % TOPICAL FOAM MO	3	PA,QL (30 per 30 days)
ZONALON 5 % TOPICAL CREAM DL	4	PA,QL (45 per 30 days)
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM IN A PUMP DL	4	ST,QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	ST,QL (28 per 28 days)
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	3	B vs D
AURYXIA 210 MG IRON TABLET MD,MO	3	PA,QL (360 per 30 days)
bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release MD,MO	3	
c-nate dha 28 mg iron-1 mg-200 mg capsule MD,MO	1	
calcium acetate 667 mg gelcap MD,MO	1	
calcium acetate 667 mg tablet MD,MO	1	
calcium chloride 10% syringe MO	1	
calcium chloride 10% vial MO	1	
calcium gluc 1,000mg/50ml-nacl MO	1	
calcium gluc 1,000 mg/10 ml vl MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	4	PA
CARNITOR 100 MG/ML ORAL SOLUTION MD,MO	3	
CARNITOR 200 MG/ML INTRAVENOUS SOLUTION MO	3	
CARNITOR 330 MG TABLET MD,MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION MD,MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS MD,MO	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 2.75%-5% SOLUTION MO	3	B vs D
CLINIMIX 4.25%-20% SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 2.75%-10% SOLUTION MO	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25%-25% SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5%-25% SOLUTION MO	3	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION MO	1	B vs D
CLINOLIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
clovique 250 mg capsule DL	4	QL (240 per 30 days)
complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack MO	1	
CUPRIMINE 250 MG CAPSULE DL	4	QL (600 per 30 days)
dextrose 10%-0.45% nacl iv sol MO	1	
dextrose 2.5%-0.45% nacl iv MO	1	
dextrose 5%-0.9% nacl iv soln MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.45% nacl iv soln MO	1	
deferasirox 125 mg, 180 mg, 250 mg, 360 mg, 500 mg, 90 mg tablet; deferasirox 125 mg, 180 mg, 250 mg, 360 mg, 500 mg, 90 mg tb for susp DL	4	PA
deferasirox 180 mg, 360 mg, 90 mg granule DL	4	PA
deferoxamine 2 gram, 500 mg vial MO	1	B vs D
DEPEN TITRATABS 250 MG TABLET DL	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION MO	3	B vs D
dextrose 10%-0.2% nacl iv soln MO	1	
dextrose 10%-water iv solution MO	1	
dextrose 20%-water iv soln MO	1	
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-water iv soln MO	1	
dextrose 5%-lr iv solution MO	1	
dextrose 5%-0.2% nacl iv soln MO	1	
dextrose 5%-0.3% nacl iv soln MO	1	
dextrose 50%-water syringe MO	1	
dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	1	
dothelle dha softgel MD,MO	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MD,MO	3	
dextrose 5%-electrolyte 48 MO	1	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL, LA	4	PA
FERRIPROX 1,000 MG TABLET DL	4	PA,QL (300 per 30 days)
FERRIPROX 100 MG/ML ORAL SOLUTION DL	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL (720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET DL	4	PA,QL (300 per 30 days)
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET DL	4	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET DL	4	ST
FREAMINE HBC 6.9% IV SOLN MO	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	3	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	1	
hemenatal ob + dha combo pack MD,MO	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	3	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
ISOLYTE-S INTRAVENOUS SOLUTION MO	3	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG ORAL GRANULES IN PACKET DL	4	PA
JYNARQUE 15 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 30 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS; JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS DL	4	PA,QL (56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	4	PA,QL (60 per 30 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE MD,MO	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	3	B vs D
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> MO	1	
<i>klor-con 20 meq oral packet</i> MD,MO	1	QL (240 per 30 days)
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MD,MO	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MD,MO	1	
<i>klor-con m10 meq tablet,extended release</i> MD,MO	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MD,MO	1	
<i>klor-con m20 meq tablet,extended release</i> MD,MO	1	
<i>klor-con sprinkle er 8 meq cap</i> MD,MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MD,MO	3	
<i>lactated ringers injection</i> MO	1	
<i>lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw</i> DL	4	ST
<i>levocarnitine 330 mg tablet</i> MD,MO	1	
<i>levocarnitine sf 1 g/10 ml sol</i> MD,MO	1	
<i>levocarnitine 1 g/10 ml soln</i> MD,MO	1	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET MD,MO	2	QL (30 per 30 days)
<i>m-natal plus 27 mg iron-1 mg tablet</i> MD,MO	1	
<i>magnesium sulfat 50% syringe</i> MO	1	
<i>magnesium sulfat 50% vial</i> MO	1	
<i>magnesium sulf 1 g/100 ml-d5w</i> MO	1	
<i>magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag</i> MO	1	
<i>magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml</i> MO	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MD,MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	3	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MD,MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MD,MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MD,MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MD,MO	3	
OMEGAIVEN 10 % INTRAVENOUS EMULSION DL	4	B vs D
<i>penicillamine 250 mg capsule</i> DL	4	QL (600 per 30 days)
<i>penicillamine 250 mg tablet</i> DL	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MD,MO	3	ST
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	3	
<i>plenamine 15 % intravenous solution</i> MO	1	B vs D
<i>pnv ob+dha combo pack</i> MD,MO	1	
<i>potassium acet 100 meq/50 ml</i> MO	1	
<i>d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl</i> MO	1	
<i>potassium cl 10% (20 meq/15ml)</i> MD,MO	1	QL (1125 per 30 days)
<i>potassium cl 20 meq packet</i> MD,MO	1	QL (240 per 30 days)
<i>potassium cl 20% (40 meq/15ml)</i> MD,MO	1	
<i>potassium cl 40 meq/20 ml conc</i> MO	1	
<i>potassium cl er 10 meq, 20 meq tablet</i> MD,MO	1	
<i>potassium cl er 10 meq, 20 meq, 8 meq tablet</i> MD,MO	1	
<i>potassium cl er 10 meq, 8 meq capsule</i> MD,MO	1	
<i>kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln</i> MO	1	
<i>d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution</i> MO	1	
<i>kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer</i> MO	1	
<i>potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol</i> MO	1	
<i>potassium cl 20 meq-0.45% nacl</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl MO	1	
kcl 20 meq in d5w-0.3% nacl MO	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	1	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab MD,MO	1	
pr natal 400 29 mg-1 mg-400 mg oral pack MD,MO	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release MD,MO	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack MD,MO	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release MD,MO	1	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6% IV SOLUTION MO	1	B vs D
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MD,MO	3	
PRENATABS FA 29 MG-1 MG TABLET MD,MO	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MD,MO	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack MD,MO	3	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet MD,MO	1	
PRENATE ELITE 26 MG IRON-1 MG TABLET MD,MO	3	
preplus 27 mg iron-1 mg tablet MD,MO	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	3	B vs D
RENAGEL 800 MG TABLET DL	4	ST
REVELA 0.8 GRAM ORAL POWDER PACKET DL	4	PA,QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET DL	4	PA,QL (180 per 30 days)
REVELA 800 MG TABLET DL	4	PA,QL (540 per 30 days)
ringer's iv solution MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	PA,QL (60 per 30 days)
se-natal 19 chewable 29 mg iron-1 mg tablet MD,MO	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET MD,MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET MD,MO	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MD,MO	3	
sevelamer 0.8 gm powder packet DL	4	QL (540 per 30 days)
sevelamer 2.4 gm powder packet DL	4	QL (180 per 30 days)
sevelamer carbonate 800 mg tab MD,MO	1	QL (540 per 30 days)
sevelamer hcl 400 mg, 800 mg tablet MD,MO	1	ST
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
sodium acetate 40 meq/20 ml vl MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium bicarb 8.4% abboject MO	1	
sodium chloride 100 meq/40 ml MO	1	
saline 0.45% soln-excel con MO	1	
sodium chloride 0.45% soln MO	1	
sodium chloride 0.9% solution MO	1	
sodium chloride 0.9% vial MO	1	
sodium chloride 3% iv soln MO	1	
sodium chloride 5% iv soln MO	1	
sodium lactate 50 meq/10 ml vl MO	1	
sodium phosphate 3mm/ml vial MO	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp MO	1	
sodium polystyrene sulf powder MO	1	
sps 15 gm/60 ml suspension MO	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema MO	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION MO	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA MO	1	
SYPRINE 250 MG CAPSULE DL	4	PA,QL (240 per 30 days)
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION MO	3	
tolvaptan 30 mg tablet DL	4	PA,QL (60 per 30 days)
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TRICARE 27 MG IRON-1 MG TABLET MD,MO	1	
trientine hcl 250 mg capsule DL	4	QL (240 per 30 days)
trinatal rx 1 60 mg iron-1 mg tablet MD,MO	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MD,MO	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MD,MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TROPHAMINE 6% IV SOLUTION MO	3	B vs D
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE MD,MO	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE MD,MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE MD,MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML INTRAVENOUS SOLUTION MO	3	
VELPHORO 500 MG CHEWABLE TABLET DL	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET DL	4	PA,QL (30 per 30 days)
virt-c dha 35 mg-1 mg-200 mg capsule MD,MO	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAFOL FE PLUS 90 MG IRON-1 MG-200 MG CAPSULE MD,MO	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET MD,MO	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET MD,MO	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE MD,MO	3	
VITAFOL-OB 65 MG-1 MG TABLET MD,MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MD,MO	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE MD,MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MD,MO	3	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MD,MO	3	
GASTROINTESTINAL AGENTS		
ACIPHEX 20 MG TABLET, DELAYED RELEASE MD,MO	3	PA, QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE, DELAYED RELEASE DL	4	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE MD,MO	3	PA
AEMCOLO 194 MG TABLET, DELAYED RELEASE MO	3	PA, QL (12 per 30 days)
alosetron hcl 0.5 mg, 1 mg tablet DL	4	PA, QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MD,MO	3	PA, QL (60 per 30 days)
lansoprazol-amoxicil-clarithro MO	1	ST
atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 1 mg/10 ml syringe MO	1	
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION MO	3	
CARAFATE 1 GRAM TABLET MD,MO	3	
CARAFATE 100 MG/ML ORAL SUSPENSION MD,MO	3	
CHENODAL 250 MG TABLET DL	4	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet MD,MO	1	
cimetidine 300 mg/5 ml soln MD,MO	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION MO	3	ST
COLYTE WITH FLAVOR PACKETS MO	3	ST
constulose 10 gram/15 ml oral solution MD,MO	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION MD,MO	3	
CYTOTEC 100 MCG, 200 MCG TABLET DL	4	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MD,MO	3	QL (30 per 30 days)
dicyclomine 10 mg capsule MD,MO	1	
dicyclomine 10 mg/5 ml soln MD,MO	1	
dicyclomine 20 mg tablet MD,MO	1	
dicyclomine 20 mg/2 ml vial MO	1	
diphenoxylat-atrop 2.5-0.025/5 MO	1	
diphenoxylate-atrop 2.5-0.025 MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENDARI 5 GRAM ORAL POWDER PACKET DL	4	PA,QL (180 per 30 days)
enulose 10 gram/15 ml oral solution MD,MO	1	
esomeprazole dr 10 mg, 20 mg, 40 mg packet MD,MO	1	QL (30 per 30 days)
esomeprazole mag dr 20 mg, 40 mg cap MD,MO	1	QL (30 per 30 days)
esomeprazole sodium 20 mg, 40 mg vial MO	1	
esomeprazole dr 49.3 mg cap MD,MO	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet MD,MO	1	
famotidine 40 mg/4 ml vial MO	1	
famotidine 40 mg/5 ml susp MD,MO	1	
famotidine 20 mg/2 ml vial MO	1	
famotidine 20 mg piggyback MO	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL, LA	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL, LA	4	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution MO	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution MO	1	
gavilyte-n 420 gram oral solution MO	1	
generlac 10 gram/15 ml oral solution MD,MO	1	
GLYCATE 1.5 MG TABLET MD,MO	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg tablet MD,MO	1	
glycopyrrolate 4 mg/20 ml vial MO	1	
glycopyrrolate 0.2 mg/ml syrng MO	1	
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET MO	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION MO	3	ST
helidac 250 mg-500 mg-262.4 mg oral pack DL	4	PA,QL (224 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET MD,MO	1	
lactulose 10 gm packet MD,MO	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MD,MO	1	
lansoprazole dr 15 mg capsule MD,MO	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MD,MO	1	QL (30 per 30 days)
lansoprazole odt 15 mg, 30 mg tablet MD,MO	1	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MD,MO	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET MO	3	
loperamide 2 mg capsule MD,MO	1	
LOTRONEX 0.5 MG, 1 MG TABLET DL	4	PA,QL (60 per 30 days)
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>misoprostol 100 mcg, 200 mcg tablet</i> MD,MO	1	
MOTEGRITY 1 MG, 2 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
MOTOFEN 1 MG-0.025 MG TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET MO	3	ST
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
MYTESI 125 MG TABLET,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE MD,MO	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION MO	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP MD,MO	3	QL (30 per 30 days)
<i>nizatidine 15 mg/ml solution</i> MD,MO	1	
<i>nizatidine 150 mg, 300 mg capsule</i> MD,MO	1	
NULYTELY LEMON-LIME 420 GRAM ORAL SOLUTION MO	3	ST
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	ST
NUTRESTORE POWDER PACKET DL	4	PA
OCALIVA 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK MO	3	ST
<i>omeppi 20 mg-1,100 mg capsule; omeppi 40 mg-1,100 mg capsule</i> MD,MO	1	ST,QL (30 per 30 days)
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> MD,MO	1	QL (60 per 30 days)
<i>omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap</i> MD,MO	1	ST,QL (30 per 30 days)
<i>omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt</i> DL	4	ST,QL (30 per 30 days)
<i>opium tincture 10 mg/ml</i> MO	3	QL (180 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	3	ST
<i>pantoprazole 40 mg suspension</i> MD,MO	1	QL (30 per 30 days)
<i>pantoprazole sod dr 20 mg, 40 mg tab</i> MD,MO	1	QL (60 per 30 days)
<i>pantoprazole sodium 40 mg vial</i> MO	1	
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> MO	1	
<i>peg 3350-electrolyte solution</i> MO	1	
<i>peg-prep 5 mg-210 gram oral kit</i> MO	1	
<i>peg3350 100-7.5-2.691-1.01-5.9</i> MO	1	ST
<i>pepcid 20 mg, 40 mg tablet</i> MD,MO	3	PA
PEPCID 40 MG/5 ML ORAL SUSP MD,MO	3	PA
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACKS MO	3	ST
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET MO	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE MD,MO	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MD,MO	3	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MD,MO	3	QL (30 per 30 days)
PRIOLOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE MD,MO	3	
<i>propantheline 15 mg tablet</i> MO	1	
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE MD,MO	3	PA,QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET MD,MO	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION MO	3	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (120 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i> MD,MO	1	QL (30 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION MO	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	3	QL (12 per 30 days)
ROBINUL 1 MG TABLET MD,MO	3	
ROBINUL FORTE 2 MG TABLET MD,MO	3	PA
<i>sucralfate 1 gm tablet</i> MD,MO	1	
<i>sucralfate 1 gm/10 ml susp</i> MD,MO	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	2	
SYMPROIC 0.2 MG TABLET MO	3	PA,QL (30 per 30 days)
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE MO	3	ST,QL (168 per 30 days)
<i>trilyte with flavor packets 420 gram oral solution</i> MO	1	
TRULANCE 3 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
URSO 250 250 MG TABLET MD,MO	3	PA
URSO FORTE 500 MG TABLET DL	4	PA
<i>ursodiol 250 mg, 500 mg tablet</i> MD,MO	1	
<i>ursodiol 300 mg capsule</i> MD,MO	1	
VIBERZI 100 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
XERMELO 250 MG TABLET DL	4	PA,QL (84 per 28 days)
XIFAXAN 200 MG TABLET DL	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	4	PA,QL (84 per 28 days)
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET DL	4	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE DL	4	ST,QL (30 per 30 days)
ZELNORM 6 MG TABLET MO	3	PA,QL (60 per 30 days)
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ADAGEN 250 UNIT/ML VIAL DL	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION DL, LA	4	PA
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER DL	4	
BUPHENYL 500 MG TABLET DL	4	
CERDELGA 84 MG CAPSULE DL	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION DL	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MD,MO	2	
CRYSVITA 10 MG/ML, 20 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	4	
CYSTAGON 150 MG, 50 MG CAPSULE MD,MO	3	
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION DL	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION DL	4	PA
GALAFOLD 123 MG CAPSULE DL	4	PA,QL (14 per 28 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL, LA	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
KEYEYIS 50 MG TABLET DL	4	PA,QL (120 per 30 days)
KUVAN 100 MG SOLUBLE TABLET DL	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION DL	4	PA
MEPSEVII 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
<i>miglustat 100 mg capsule</i> DL	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
<i>nitisinone 10 mg, 2 mg, 5 mg capsule</i> DL	4	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	4	
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	4	
PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE DL	4	ST
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE DL	4	ST
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (120 per 30 days)
PROCYSBI 300 MG ORAL DR GRANULES IN PACKET DL	4	PA,QL (210 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (780 per 30 days)
PROCYSBI 75 MG ORAL DR GRANULES IN PACKET DL	4	PA,QL (780 per 30 days)
PROLASTIN-C 1,000 MG (+-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+-)/20 ML INTRAVENOUS POWDER FOR SOLUTION DL, LA	4	PA
RAVICTI 1.1 GRAM/ML ORAL LIQUID DL	4	PA,QL (525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION DL	4	
<i>sapropterin 100 mg tablet</i> DL	4	PA
<i>sapropterin 100 mg, 500 mg powder pkt</i> DL	4	PA
<i>sodium phenylbutyrate 500mg tb</i> DL	4	
<i>sodium phenylbutyrate powder</i> DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION DL	4	
TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET DL	4	ST
VPRIV 400 UNIT INTRAVENOUS SOLUTION DL	4	PA
VYNDAMAX 61 MG CAPSULE DL	4	PA,QL (30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	4	PA,QL (120 per 30 days)
VYONDYS-53 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
XURIDEN 2 GRAM ORAL GRANULES IN PACKET DL	4	PA,QL (120 per 30 days)
ZAVESCA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION DL, LA	4	PA
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE, DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE, DELAYED RELEASE MD,MO	3	
Genitourinary Agents		
<i>alfuzosin hcl er 10 mg tablet</i> MD,MO	1	
AVODART 0.5 MG CAPSULE MD,MO	3	PA, QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> MD,MO	1	
CIALIS 2.5 MG, 5 MG TABLET MD,MO	3	PA
<i>darifenacin er 15 mg, 7.5 mg tablet</i> MD,MO	1	ST, QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET MD,MO	3	PA, QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA, QL (30 per 30 days)
DITROPAN XL 10 MG, 5 MG TABLET, EXTENDED RELEASE MD,MO	3	PA, QL (60 per 30 days)
<i>dutasteride 0.5 mg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> MD,MO	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE DL	4	QL (90 per 30 days)
ENABLEX 15 MG, 7.5 MG TABLET MD,MO	3	ST, QL (30 per 30 days)
<i>finasteride 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> MD,MO	1	
FLOMAX 0.4 MG CAPSULE MD,MO	3	
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10% GEL PUMP MD,MO	3	ST, QL (30 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MD,MO	3	PA, QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i> MD,MO	1	
<i>oxybutynin 5 mg/5 ml syrup</i> MD,MO	1	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> MD,MO	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH MD,MO	3	ST, QL (8 per 28 days)
PROSCAR 5 MG TABLET MD,MO	3	PA, QL (30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MD,MO	3	PA, QL (30 per 30 days)
<i>silodosin 4 mg, 8 mg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>solifenacin 10 mg, 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tadalafil 2.5 mg, 5 mg tablet MD,MO	1	PA
tamsulosin hcl 0.4 mg capsule MD,MO	1	
THIOLA 100 MG TABLET DL	4	
THIOLA EC 100 MG, 300 MG TABLET, DELAYED RELEASE DL	4	
tolterodine tart er 2 mg, 4 mg cap MD,MO	1	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab MD,MO	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, EXTENDED RELEASE MD,MO	2	QL (30 per 30 days)
tropium chloride 20 mg tablet MD,MO	1	
tropium chloride er 60 mg cap MD,MO	1	QL (30 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET MD,MO	1	PA
UROXATRAL 10 MG TABLET, EXTENDED RELEASE MD,MO	3	
VESICARE 10 MG, 5 MG TABLET MD,MO	3	PA, QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
a-hydrocort 100 mg solution for injection MO	1	
ACTHAR 80 UNIT/ML INJECTION GEL DL, LA	4	PA, QL (30 per 30 days)
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION MO	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION MO	3	
betamethasone sp-ac 30 mg/5 ml MO	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION MO	3	
cortisone 25 mg tablet MO	1	
decadron 0.5 mg, 0.75 mg, 4 mg, 6 mg tablet MO	1	
decadron 0.5 mg/5 ml elixir MO	1	
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION MO	3	
dexabliss 1.5 mg (39 tabs) tablets in a dose pack MO	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs), 2 mg, 4 mg, 6 mg tablet; dexamethasone 10 day 1.5 mg tb; dexamethasone 13 day 1.5 mg tb; dexamethasone 6 day 1.5 mg tab MO	1	
dexamethasone 0.5 mg/5 ml elx MO	1	
dexamethasone 0.5 mg/5 ml liq MO	1	
dexamethasone intensol 1 mg/ml drops (concentrate) MO	1	
dexamethasone 10 mg/ml syringe MO	1	
dexamethasone 10 mg/ml vial MO	1	
dexamethasone 10 mg/ml, 4 mg/ml vial MO	1	
dexamethasone 4 mg/ml syringe MO	1	
DEXPAK 10 DAY 1.5 MG TABLET MO	1	
DEXPAK 13 DAY 1.5 MG TABLET MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEXPAK 6 DAY 1.5 MG TABLET MO	1	
DXEVO 1.5 MG (39 TABS) TABLETS IN A DOSE PACK MO	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION DL	4	PA
<i>fludrocortisone 0.1 mg tablet</i> MD,MO	1	
HEMADY 20 MG TABLET MO	3	PA,QL (24 per 28 days)
<i>hidex 1.5 mg (21 tabs) tablets in a dose pack</i> MO	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	3	QL (200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION MO	3	
KENALOG-80 80 MG/ML SUSPENSION FOR INJECTION MO	3	
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET MO	3	B vs D
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK MO	3	
<i>methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet</i> MO	1	B vs D
<i>methylprednisolone 4 mg dosepk</i> MO	1	
<i>methylprednisolone 40 mg/ml, 80 mg/ml vl</i> MO	1	
<i>methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, 500 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, 500 mg vl</i> MO	1	
<i>micort hc 2.5% cream</i> MO	1	
MICORT-HC 2.5% CREAM MO	1	
<i>millipred 5 mg tablet</i> MO	1	B vs D
<i>millipred dp 5 mg (21 tabs), 5 mg (48 tabs) tablets in a dose pack</i> MO	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET MO	3	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION MO	3	
<i>prednisolone 15 mg/5 ml soln</i> MO	1	
<i>prednisolone 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) soln; prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml</i> MO	1	
<i>prednisolone odt 10 mg, 15 mg, 30 mg tablet</i> MO	1	
<i>prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet</i> MO	1	B vs D
<i>prednisone 10 mg, 5 mg tab dose pack</i> MO	1	
<i>prednisone 5 mg/5 ml solution</i> MO	1	B vs D
<i>prednisone intensol 5 mg/ml oral concentrate</i> MO	1	B vs D
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE DL	4	B vs D
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) tablets in a dose pack MO	1	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream MO	1	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion MO	1	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment MO	1	
triamcinolone 0.05% ointment DL	4	
triamcinolone 0.147 mg/g spray MO	1	QL (200 per 30 days)
triamcinolone acet 40 mg/ml vl MO	1	
trianex 0.05 % topical ointment DL	4	
triderm 0.1 %, 0.5 % topical cream MO	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	1	
ZCORT 1.5 MG (25 TABS) TABLETS IN A DOSE PACK MO	1	
ZILRETTA 32 MG INTRA-ARTICULAR SUSPENSION, EXTENDED RELEASE MO	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONAD 10,000 UNIT VL DL	4	PA
DDAVP 0.01% NASAL SPRAY MD,MO	3	PA,QL (25 per 30 days)
DDAVP 0.1 MG TABLET DL	4	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE) NASAL SOLUTION MD,MO	3	PA
DDAVP 0.2 MG TABLET DL	4	PA
DDAVP 4 MCG/ML INJECTION SOLUTION MO	3	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr MD,MO	1	QL (25 per 30 days)
desmopressin ac 4 mcg/ml vial MO	1	
desmopressin acetate 0.1 mg tb MD,MO	1	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb MD,MO	1	
EGRIFTA 1 MG VIAL DL	4	PA,QL (60 per 30 days)
EGRIFTA SV 2 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE DL	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE DL	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION DL	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL MD,MO	3	PA,QL (30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL MD,MO	3	PA,QL (30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
SAIZEN 5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE DL	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
STIMATE 1.5 MG/ML NASAL SPRAY DL	4	
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION DL	4	PA
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
ZORBIVE 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>carboprost 250 mcg/ml vial</i> MO	1	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION MO	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA 0.5-0.1 MG, 1-0.5 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET MD,MO	3	
<i>afirmelle 0.1 mg-20 mcg tablet</i> MD,MO	1	
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MD,MO	3	QL (8 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>altavera</i> (28) 0.15 mg-0.03 mg tablet MD,MO	1	
<i>alyacen</i> 1/35 (28) 1 mg-35 mcg tablet MD,MO	1	
<i>alyacen</i> 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MD,MO	1	
<i>amabelz</i> 0.5 mg-0.1 mg tablet; <i>amabelz</i> 1 mg-0.5 mg tablet MD,MO	1	
<i>amethia</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>amethia lo</i> 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>amethyst</i> (28) 90 mcg-20 mcg tablet MD,MO	1	
ANADROL-50 50 MG TABLET DL	4	
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MD,MO	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH MD,MO	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET; ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET DL	4	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET DL	4	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET DL	4	PA,QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MD,MO	3	PA,QL (150 per 30 days)
ANDROID 10 MG CAPSULE DL	4	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET MD,MO	3	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING MD,MO	3	QL (1 per 365 days)
<i>apri</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>aranelle</i> (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MD,MO	1	
<i>ashlyna</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>aubra</i> 0.1 mg-20 mcg tablet MD,MO	1	
<i>aubra eq</i> 0.1 mg-20 mcg tablet MD,MO	1	
<i>aurovela</i> 1.5/30 (21) 1.5 mg-30 mcg tablet MD,MO	1	
<i>aurovela</i> 1/20 (21) 1 mg-20 mcg tablet MD,MO	1	
<i>aurovela</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
<i>aurovela</i> fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>aurovela</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION DL	4	PA,QL (3 per 70 days)
<i>aviane</i> 0.1 mg-20 mcg tablet MD,MO	1	
AXIRON 30 MG/ACTUATION SOLN MD,MO	3	PA,QL (180 per 30 days)
AYGESTIN 5 MG TABLET MD,MO	1	
<i>ayuna</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>azurette</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,MO	1	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET MD,MO	3	
<i>balziva</i> (28) 0.4 mg-35 mcg tablet MD,MO	1	
<i>bekyree</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET MD,MO	3	
BIJUVA 1 MG-100 MG CAPSULE MD,MO	3	QL (30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
briellyn 0.4 mg-35 mcg tablet MD,MO	1	
camila 0.35 mg tablet MD,MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MD,MO	1	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MD,MO	1	
chateal (28) 0.15 mg-0.03 mg tablet MD,MO	1	
chateal eq (28) 0.15 mg-0.03 mg tablet MD,MO	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MD,MO	3	QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH MD,MO	3	QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MD,MO	3	QL (8 per 28 days)
CRINONE 4 %, 8 % VAGINAL GEL MO	3	
cryelle (28) 0.3 mg-30 mcg tablet MD,MO	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MD,MO	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MD,MO	1	
cyred 0.15 mg-0.03 mg tablet MD,MO	1	
cyred eq 0.15 mg-0.03 mg tablet MD,MO	1	
danazol 100 mg, 200 mg, 50 mg capsule MO	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet MD,MO	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MD,MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
deblitane 0.35 mg tablet MD,MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL MO	3	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	1	QL (5 per 30 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION MD,MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE MD,MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION MD,MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MD,MO	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL MD,MO	1	
desogestr-eth estrad eth estra MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>desogest-eth estra 0.15-0.03mg</i> MD,MO	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) TRANSDERMAL GEL PACKET MD,MO	3	
<i>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 transdermal patch</i> MD,MO	1	QL (8 per 28 days)
<i>dros-ee-levomef 3-0.02-0.451; dros-ee-levomef 3-0.03-0.451</i> MD,MO	1	
<i>dros-ee-levomef 3-0.02 mg, 3-0.03 mg tab</i> MD,MO	1	
DUAVEE 0.45 MG-20 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP MD,MO	3	QL (52 per 30 days)
<i>elinest 0.3 mg-30 mcg tablet</i> MD,MO	1	
ELLA 30 MG TABLET MO	2	QL (1 per 30 days)
<i>eluryng 0.12 mg-0.015 mg/24 hr vaginal ring</i> MD,MO	1	QL (1 per 28 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> MD,MO	1	
ENDOMETRIN 100 MG VAGINAL INSERT DL	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> MD,MO	1	
<i>enskyce 0.15 mg-0.03 mg tablet</i> MD,MO	1	
<i>errin 0.35 mg tablet</i> MD,MO	1	
<i>estarylla 0.25 mg-35 mcg tablet</i> MD,MO	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MD,MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MD,MO	1	
<i>estradiol 0.01% cream</i> MD,MO	1	
<i>estradiol 0.025 mg patch(1/wk); estradiol 0.0375mg patch(1/wk); estradiol 0.05 mg patch (1/wk); estradiol 0.06 mg patch (1/wk); estradiol 0.075 mg patch(1/wk); estradiol 0.1 mg patch (1/wk)</i> MD,MO	1	QL (4 per 28 days)
<i>estradiol 0.025 mg patch(2/wk); estradiol 0.0375mg patch(2/wk); estradiol 0.05 mg patch (2/wk); estradiol 0.075 mg patch(2/wk); estradiol 0.1 mg patch (2/wk)</i> MD,MO	1	QL (8 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt</i> MD,MO	1	
<i>estradiol valerate 100 mg/5 ml; estradiol valerate 200 mg/5 ml</i> MO	1	
<i>estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb</i> MD,MO	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING MD,MO	3	QL (1 per 90 days)
ESTROGEL 1.25 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP MD,MO	3	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MD,MO	3	
<i>ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg</i> MD,MO	1	
<i>etonogestrel-ee vaginal ring</i> MD,MO	1	QL (1 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY MD,MO	3	
EVISTA 60 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>falmina</i> (28) 0.1 mg-20 mcg tablet MD,MO	1	
<i>fayosim</i> 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET MD,MO	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL MD,MO	3	QL (1 per 90 days)
<i>femynor</i> 0.25 mg-35 mcg tablet MD,MO	1	
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP MD,MO	3	PA,QL (120 per 30 days)
<i>fyavolv</i> 0.5 mg-2.5 mcg tablet; <i>fyavolv</i> 1 mg-5 mcg tablet MD,MO	1	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MD,MO	3	
<i>gianvi</i> (28) 3 mg-0.02 mg tablet MD,MO	1	
<i>hailey</i> 1.5 mg-30 mcg tablet MD,MO	1	
<i>hailey</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
<i>hailey fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>hailey fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>heather</i> 0.35 mg tablet MD,MO	1	
<i>hydroxyprogest</i> 250 mg/ml vial DL	4	PA
<i>hydroxyprogest</i> 1,250 mg/5 ml DL	4	PA
<i>hydroxyprogesterone</i> 1.25 g/5ml DL	4	PA
<i>incassia</i> 0.35 mg tablet MD,MO	1	
<i>introvale</i> 0.15 mg-30 mcg (91) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>isibloom</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>jaimiess</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>jasmiel</i> (28) 3 mg-0.02 mg tablet MD,MO	1	
<i>jencycla</i> 0.35 mg tablet MD,MO	1	
<i>jevantique lo</i> 0.5 mg-2.5 mcg MD,MO	3	
<i>jinteli</i> 1 mg-5 mcg tablet MD,MO	1	
<i>jolessa</i> 0.15 mg-30 mcg (91) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
<i>jolivette</i> tablet MD,MO	1	
<i>juleber</i> 0.15 mg-0.03 mg tablet MD,MO	1	
<i>junel</i> 1.5/30 (21) 1.5 mg-30 mcg tablet MD,MO	1	
<i>junel</i> 1/20 (21) 1 mg-20 mcg tablet MD,MO	1	
<i>junel fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>junel fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
<i>junel fe</i> 24 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
<i>kaitlib fe</i> 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kalliga 0.15 mg-0.03 mg tablet MD,MO	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,MO	1	
kelnor 1-50 1 mg-50 mcg tablet MD,MO	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet MD,MO	1	
kurvelo (28) 0.15 mg-0.03 mg tablet MD,MO	1	
levono-e estrad 0.15-0.03-0.01; levonor-e estrad 0.1-0.02-0.01; levonorg 0.15mg-ee 20-25-30mcg MD,MO	1	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MD,MO	1	
larin 1/20 (21) 1 mg-20 mcg tablet MD,MO	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MD,MO	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
larissia 0.1 mg-20 mcg tablet MD,MO	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MD,MO	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet MD,MO	1	
lessina 0.1 mg-20 mcg tablet MD,MO	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MD,MO	1	
levonor-eth estrad triphasic MD,MO	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MD,MO	1	
levonor-eth estrad 0.15-0.03 MD,MO	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MD,MO	1	
lillow (28) 0.15 mg-0.03 mg tablet MD,MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MD,MO	3	
lo-zumandimine (28) 3 mg-0.02 mg tablet MD,MO	1	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MD,MO	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET MD,MO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MD,MO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MD,MO	1	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack MD,MO	1	QL (91 per 90 days)
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet MD,MO	1	
loryna (28) 3 mg-0.02 mg tablet MD,MO	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MD,MO	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet MD,MO	1	
lutera (28) 0.1 mg-20 mcg tablet MD,MO	1	
lyza 0.35 mg tablet MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL DL	4	PA
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA
marlissa (28) 0.15 mg-0.03 mg tablet MD,MO	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MD,MO	1	
medroxyprogesterone 150 mg/ml MD,MO	1	QL (1 per 90 days)
MEGACE ES 625 MG/5 ML SUSP MD,MO	3	
megestrol 20 mg, 40 mg tablet MO	1	
megestrol 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MD,MO	1	
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MD,MO	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET MD,MO	1	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH MD,MO	3	QL (8 per 28 days)
METHITEST 10 MG TABLET DL	4	
methyltestosterone 10 mg cap DL	4	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet MD,MO	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MD,MO	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet MD,MO	1	
MICROGESTIN 24 FE 1 MG-20 MCG MD,MO	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MD,MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MD,MO	1	
mili 0.25 mg-35 mcg tablet MD,MO	1	
mimvey 1 mg-0.5 mg tablet MD,MO	1	
mimvey lo 0.5-0.1 mg tablet MD,MO	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET MD,MO	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MD,MO	3	QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MD,MO	1	
mono-lyyah 0.25 mg-35 mcg tablet MD,MO	1	
mononessa 28 tablet MD,MO	1	
myzilra-28 tablet MD,MO	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MD,MO	3	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP MD,MO	3	PA,QL (21.96 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MD,MO	1	
nikki (28) 3 mg-0.02 mg tablet MD,MO	1	
nora-be 0.35 mg tablet MD,MO	1	
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg MD,MO	1	
norethindrone 0.35 mg tablet MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
norethin-ee 1.5-0.03 mg(21) tb; norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5; norethind-eth estrad 1-0.02 mg MD,MO	1	
norethindrone 5 mg tablet MD,MO	1	
noreth-ee-fe 1.5-0.03mg(21)-75; noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 MD,MO	1	
noreth-estrad-fe 1-0.02(24)-75 MD,MO	1	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg MD,MO	1	
norlyda 0.35 mg tablet MD,MO	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MD,MO	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet MD,MO	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet MD,MO	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MD,MO	1	
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL MD,MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet MD,MO	1	
ogestrel tablet MD,MO	1	
orsythia 0.1 mg-20 mcg tablet MD,MO	1	
ORTHO MICRONOR 0.35 MG TABLET MD,MO	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MD,MO	3	
ORTHO TRI-CYCLEN LO TABLET MD,MO	3	
ORTHO-CYCLEN 28 TABLET MD,MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MD,MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MD,MO	3	
OSPHENA 60 MG TABLET MD,MO	2	PA
oxandrolone 10 mg tablet DL	4	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MD,MO	1	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet MD,MO	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,MO	1	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MD,MO	1	
portia 28 0.15 mg-0.03 mg tablet MD,MO	1	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET MD,MO	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MD,MO	3	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MD,MO	2	
PREMARIN 25 MG SOLUTION FOR INJECTION MO	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MD,MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET MD,MO	3	
<i>previfem 0.25 mg-35 mcg tablet</i> MD,MO	1	
<i>progesterone 500 mg/10 ml vial</i> MO	1	
<i>progesterone 100 mg, 200 mg capsule</i> MD,MO	1	
PROMETRIUM 100 MG, 200 MG CAPSULE DL	4	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MD,MO	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MD,MO	3	QL (91 per 90 days)
<i>quasense 0.15-0.03 mg tablet</i> MD,MO	1	QL (91 per 90 days)
<i>rajani 28 tablet</i> MD,MO	1	
<i>raloxifene hcl 60 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>reclipsen (28) 0.15 mg-0.03 mg tablet</i> MD,MO	1	
<i>rivalsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack</i> MD,MO	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET MD,MO	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MD,MO	3	QL (91 per 90 days)
<i>setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack</i> MD,MO	1	QL (91 per 90 days)
<i>sharobel 0.35 mg tablet</i> MD,MO	1	
<i>simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MD,MO	1	
<i>simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MD,MO	1	QL (91 per 90 days)
SLYND 4 MG (28) TABLET MD,MO	3	
<i>sprintec (28) 0.25 mg-35 mcg tablet</i> MD,MO	1	
<i>sronyx 0.1 mg-20 mcg tablet</i> MD,MO	1	
STRIANT 30 MG MUCOADHESIVE DL	4	PA
<i>syeda 3 mg-0.03 mg tablet</i> MD,MO	1	
<i>tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> MD,MO	1	
<i>tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MD,MO	1	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MD,MO	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MD,MO	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL MD,MO	3	PA,QL (300 per 30 days)
<i>testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump</i> MD,MO	1	PA,QL (150 per 30 days)
<i>testosterone 1.62%(1.25 g) pkt</i> MD,MO	1	PA,QL (37.5 per 30 days)
<i>testosterone 10 mg gel pump</i> MD,MO	3	PA,QL (120 per 30 days)
<i>testosterone 12.5 mg/1.25 gram; testosterone 25 mg/2.5 gm pkt; testosterone 50 mg/5 gram gel; testosterone 50 mg/5 gram pkt</i> MD,MO	3	PA,QL (300 per 30 days)
<i>testosterone 30 mg/1.5 ml pump</i> MD,MO	3	PA,QL (180 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MD,MO	1	
testosteron enan 1,000 mg/5 ml MO	1	QL (24 per 90 days)
TESTRED 10 MG CAPSULE DL	4	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MD,MO	1	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MD,MO	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MD,MO	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MD,MO	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet MD,MO	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MD,MO	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
TRI-NORINYL 28 TABLET MD,MO	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MD,MO	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet MD,MO	1	
trinessa tablet MD,MO	1	
trinessa lo tablet MD,MO	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MD,MO	1	
tulana 0.35 mg tablet MD,MO	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet MD,MO	1	
VAGIFEM 10 MCG VAGINAL TABLET MD,MO	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MD,MO	1	
vienna 0.1 mg-20 mcg tablet MD,MO	1	
violele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,MO	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MD,MO	3	QL (8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL; VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL PACKET; VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL MD,MO	3	PA,QL (300 per 30 days)
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MD,MO	1	
vyfemla (28) 0.4 mg-35 mcg tablet MD,MO	1	
vylibra 0.25 mg-35 mcg tablet MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
wera (28) 0.5 mg-35 mcg tablet MD,MO	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MD,MO	1	
xulane 150 mcg-35 mcg/24 hr transdermal patch MD,MO	1	QL (3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (2 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET MD,MO	3	
YAZ (28) 3 MG-0.02 MG TABLET MD,MO	3	
yuvafem 10 mcg vaginal tablet MD,MO	1	
zarah 3 mg-0.03 mg tablet MD,MO	1	
zovia 1/35e (28) 1 mg-35 mcg tablet MD,MO	1	
zumandimine (28) 3 mg-0.03 mg tablet MD,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 MD,MO	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MD,MO	3	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MD,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 MD,MO	2	
levothyroxine 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 MD,MO	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial MO	1	
levothyroxine 100 mcg/5 ml vl; levothyroxine 200 mcg/5 ml vl; levothyroxine 500 mcg/5 ml vl DL	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MD,MO	1	
liothyronine sod 10 mcg/ml vl MO	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MD,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 MD,MO	2	
THYROLAR-1 12.5 MCG-50 MCG TABLET MD,MO	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MD,MO	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MD,MO	1	
THYROLAR-2 25 MCG-100 MCG TABLET MD,MO	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET MD,MO	1	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE MD,MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML ORAL SOLUTION MD,MO	3	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MD,MO	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG TABLET DL	4	
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA
<i>cabergoline 0.5 mg tablet</i> MD,MO	1	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE MD,MO	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE MD,MO	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE MD,MO	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE MD,MO	3	PA
FENSOLVI 45 MG SUBCUTANEOUS SYRINGE MD,MO	4	PA,QL (1 per 180 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MD,MO	3	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> MD,MO	1	B vs D
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT DL	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MD,MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MD,MO	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT MD,MO	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT DL	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MD,MO	4	PA,QL (1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DELAYED RELEASE DL	4	PA,QL (112 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 0.05 mg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial MD,MO	1	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr MD,MO	1	PA
ORLISSA 150 MG TABLET DL	4	PA,QL (28 per 28 days)
ORLISSA 200 MG TABLET DL	4	PA,QL (56 per 28 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION DL	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE DL	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY DL	4	
TRELSTAR 11.25 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MD,MO	4	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION DL	4	PA
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION MD,MO	4	PA,QL (1 per 168 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	3	PA,QL (1 per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole 10 mg, 5 mg tablet MD,MO	1	
propylthiouracil 50 mg tablet MD,MO	1	
TAPAZOLE 10 MG, 5 MG TABLET MD,MO	1	
IMMUNOLOGICAL AGENTS		
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION DL	3	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE DL	2	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP DL	2	
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL (30 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	4	PA
ASCENIV 10 % INTRAVENOUS SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE,EXTENDED RELEASE MD,MO	3	B vs D
ATGAM 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
AVSOLA 100 MG INTRAVENOUS SOLUTION DL	4	PA
AZASAN 100 MG, 75 MG TABLET MD,MO	1	B vs D
azathioprine 50 mg tablet MD,MO	1	B vs D
azathioprine sod 100 mg vial MO	1	B vs D
BCG VACCINE (TICE STRAIN) VIAL DL	3	
BENLYSTA 120 MG INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT DL	4	PA,QL (15 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 30 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION DL	2	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE DL	2	
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	4	B vs D
CELLCEPT 250 MG CAPSULE DL	4	B vs D
CELLCEPT 500 MG TABLET DL	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	3	B vs D
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT DL	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 30 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)
CUTAQUIG 16.5 % SUBCUTANEOUS SOLUTION DL	4	PA
<i>cyclosporine 100 mg, 25 mg capsule</i> MD,MO	1	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> MD,MO	1	B vs D
<i>cyclosporine modified 100mg/ml</i> MD,MO	1	B vs D
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP DL	3	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (6 per 28 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE; ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION DL	3	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE DL	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE DL	3	B vs D
ENSPRYNG 120 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2 per 28 days)
ENTYVIO 300 MG INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 365 days)
ENVARUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE MD,MO	3	PA
<i>everolimus 0.25 mg tablet</i> MD,MO	4	B vs D,QL (60 per 30 days)
<i>everolimus 0.5 mg tablet</i> DL	4	B vs D,QL (120 per 30 days)
<i>everolimus 0.75 mg tablet</i> DL	4	B vs D,QL (60 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (9 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION DL	4	PA
GAMASTAN 15 %-18 % RANGE INTRAMUSCULAR SOLUTION DL	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION DL	4	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION DL	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION DL	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION; GAMMAKED 2.5 GRAM/25 ML VIAL DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMMAPLEX 10 % INTRAVENOUS SOLUTION DL	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION DL	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 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 %) INJECTION SOLUTION DL	4	PA
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION DL	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE DL	3	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg capsule</i> MD,MO	1	B vs D
<i>gengraf 100 mg/ml oral solution</i> MD,MO	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	4	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX 720 UNITS/0.5 ML VIAL DL	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION DL	3	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION DL	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SYRINGE DL	4	PA
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEDI CROHN 40 MG/0.8 ML DL	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SUBCUT SYRINGE KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT DL	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT DL	4	PA,QL (6 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYPERRAB (PF) 300 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	3	B vs D
<i>icatibant 30 mg/3 ml syringe</i> DL	4	PA,QL (9 per 30 days)
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE MD,MO	4	PA,QL (6 per 365 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION DL	2	B vs D
IMURAN 50 MG TABLET MD,MO	3	PA
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP DL	3	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE DL	3	
INFLECTRA 100 MG INTRAVENOUS SOLUTION DL	4	PA
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) SOLUTION FOR INJECTION MO	3	PA
INTRON A 10 MILLION UNIT/ML, 6 MILLION UNIT/ML INJECTION SOLUTION DL	4	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION DL	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION DL	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
<i>leflunomide 10 mg, 20 mg tablet</i> MD,MO	1	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION DL	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION DL	3	
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT DL	3	
<i>methotrexate 2.5 mg tablet</i> MD,MO	1	B vs D
<i>methotrexate 50 mg/2 ml vial</i> MO	1	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> MO	1	
MONJUVI 200 MG INTRAVENOUS SOLUTION DL	4	PA
<i>mycophenolate 200 mg/ml susp</i> MD,MO	1	B vs D

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mycophenolate 250 mg capsule MD,MO	1	B vs D
mycophenolate 500 mg tablet MD,MO	1	B vs D
mycophenolate 500 mg vial MO	1	B vs D
mycophenolic acid dr 180 mg, 360 mg tb MD,MO	1	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE MD,MO	3	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE DL	4	B vs D
NEORAL 100 MG, 25 MG CAPSULE MD,MO	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION MD,MO	3	B vs D
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION DL	4	PA
OLUMIANT 1 MG, 2 MG TABLET DL	4	PA,QL (30 per 30 days)
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (4 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (1.6 per 28 days)
PANZYGA 10 % INTRAVENOUS SOLUTION DL	4	PA
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION DL	3	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5; PEGASYS PROCLICK 180 MCG/0.5 DL	4	PA,QL (2 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT DL	4	PA,QL (4 per 28 days)
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT; PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT DL	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION DL	4	PA
PROGRAF 0.2 MG, 1 MG ORAL GRANULES IN PACKET MD,MO	3	B vs D
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MD,MO	3	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION DL	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION DL	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION DL	2	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET DL	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION DL	4	B vs D

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR MD,MO	3	PA,QL (0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION DL	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE DL	3	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION DL	4	PA
RENFLIXIS 100 MG INTRAVENOUS SOLUTION DL	4	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE DL	4	
RIDAURA 3 MG CAPSULE DL	4	
RINVOQ 15 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
ROTARIX 10EXP6 CCID50/ML SUSPENSION DL	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION DL	3	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MD,MO	3	B vs D
SANDIMMUNE 100 MG/ML ORAL SOLUTION MD,MO	3	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT DL	2	QL (2 per 999 days)
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.5 per 28 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (3 per 28 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 28 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION DL	4	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> MD,MO	1	B vs D
<i>sirolimus 1 mg/ml solution</i> MD,MO	1	B vs D
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT MD,MO	4	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE MD,MO	4	PA,QL (9.96 per 365 days)
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION DL	4	PA,QL (104 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 84 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG KIT; SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT DL	4	PA,QL (4 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION DL	4	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> MD,MO	1	B vs D
TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (4 per 28 days)
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION DL	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION DL	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
DIPHThERIA-TETANUS TOXOIDS-PED DL	3	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	3	PA
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (8 per 365 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (8 per 365 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MD,MO	1	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE DL	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION DL	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE DL	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION DL	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE DL	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION DL	2	
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION DL	4	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION DL	4	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION MD,MO	3	PA
XELJANZ 10 MG, 5 MG TABLET DL	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION DL	4	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION DL, LA	4	PA,QL (6 per 28 days)
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE DL, LA	4	PA,QL (6 per 28 days)
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE DL, LA	4	PA,QL (3 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION DL	3	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET DL	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	4	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION DL	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MD,MO	3	ST,QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE DL	4	ST,QL (180 per 30 days)
AZULFIDINE 500 MG TABLET MD,MO	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE MD,MO	3	
<i>balsalazide disodium 750 mg cp</i> MO	1	
<i>budesonide ec 3 mg capsule</i> MO	1	PA
<i>budesonide er 9 mg tablet</i> DL	4	PA,QL (30 per 30 days)
CANASA 1,000 MG RECTAL SUPPOSITORY DL	4	ST,QL (30 per 30 days)
COLAZAL 750 MG CAPSULE DL	4	PA
<i>colocort 100 mg/60 ml enema</i> MO	1	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) MD,MO	3	ST,QL (180 per 30 days)
DIPENTUM 250 MG CAPSULE DL	4	ST,QL (120 per 30 days)
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE DL	4	PA
<i>hydrocortisone 100 mg/60 ml</i> MO	1	
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MD,MO	3	ST,QL (120 per 30 days)
<i>mesalamine 1,000 mg supp</i> MD,MO	1	ST,QL (30 per 30 days)
<i>mesalamine 4 gm/60 ml enema</i> MD,MO	1	QL (1800 per 30 days)
<i>mesalamine 800 mg dr tablet</i> MD,MO	1	ST,QL (180 per 30 days)
<i>mesalamine dr 1.2 gm tablet</i> MD,MO	1	QL (120 per 30 days)
<i>mesalamine dr 400 mg capsule</i> MD,MO	1	ST,QL (180 per 30 days)
<i>mesalamine er 0.375 gram cap</i> MD,MO	1	ST,QL (120 per 30 days)
ORTIKOS 6 MG, 9 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE DL	4	ST,QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE DL	4	ST,QL (300 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCTOFOAM HC 1 %-1 % MO	1	
ROWASA 4 GRAM/60 ML ENEMA MD,MO	3	QL (1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MD,MO	3	QL (1800 per 30 days)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> MD,MO	1	
UCERIS 2 MG/ACTUATION RECTAL FOAM DL	4	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET MD,MO	3	PA,QL (1 per 30 days)
ACTONEL 35 MG TABLET MD,MO	3	PA,QL (4 per 28 days)
ACTONEL 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>alendronate sod 70 mg/75 ml</i> MD,MO	1	QL (300 per 30 days)
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> MD,MO	1	QL (4 per 28 days)
ATELVIA 35 MG TABLET, DELAYED RELEASE MD,MO	3	PA,QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET MD,MO	3	ST,QL (4 per 28 days)
BONIVA 150 MG TABLET MD,MO	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE MD,MO	3	PA,QL (3 per 90 days)
<i>calcitonin-salmon 200 units sp</i> MD,MO	1	QL (3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg capsule</i> MD,MO	1	
<i>calcitriol 1 mcg/ml ampul</i> MO	1	
<i>calcitriol 1 mcg/ml solution</i> MD,MO	1	
<i>cinacalcet hcl 30 mg, 60 mg tablet</i> MD,MO	1	QL (60 per 30 days)
<i>cinacalcet hcl 90 mg tablet</i> MD,MO	1	QL (120 per 30 days)
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule</i> MD,MO	1	
<i>doxercalciferol 4 mcg/2 ml vl</i> MD,MO	1	
<i>etidronate disodium 200 mg, 400 mg tab</i> MD,MO	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SUBCUTANEOUS SYRINGE; EVENITY 210 MG/2.34 ML (105 MG/1.17 ML X 2) SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.34 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MD,MO	3	PA,QL (2.4 per 28 days)
FOSAMAX 70 MG TABLET MD,MO	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MD,MO	3	ST,QL (4 per 28 days)
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION MD,MO	2	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION MD,MO	3	
<i>ibandronate 3 mg/3 ml syringe</i> MD,MO	1	PA,QL (3 per 90 days)
<i>ibandronate 3 mg/3 ml vial</i> MD,MO	1	PA,QL (3 per 90 days)
<i>ibandronate sodium 150 mg tab</i> MD,MO	1	QL (1 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION DL	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (2 per 28 days)
<i>pamidronate 30 mg/10 ml vial</i> MO	1	B vs D,QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> MO	1	B vs D,QL (10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg capsule</i> MD,MO	1	QL (30 per 30 days)
<i>paricalcitol 2 mcg/ml vial</i> MD,MO	1	QL (24 per 30 days)
<i>paricalcitol 4 mcg capsule</i> MD,MO	1	QL (12 per 30 days)
<i>paricalcitol 5 mcg/ml vial</i> MD,MO	1	QL (48 per 28 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MD,MO	3	B vs D,QL (1 per 180 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE DL, LA	4	PA,QL (60 per 30 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK MO	3	PA,QL (100 per 365 days)
<i>risedronate sod dr 35 mg tab; risedronate sodium 35 mg tab</i> MD,MO	1	QL (4 per 28 days)
<i>risedronate sodium 150 mg tab</i> MD,MO	1	QL (1 per 30 days)
<i>risedronate sodium 30 mg tab</i> MO	1	QL (30 per 30 days)
<i>risedronate sodium 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE MD,MO	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION MD,MO	3	
SENSIPAR 30 MG, 60 MG TABLET DL	4	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET DL	4	PA,QL (120 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE MD,MO	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION DL	4	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION DL	4	QL (48 per 28 days)
<i>zoledronic acid 4 mg/100 ml</i> MD,MO	1	B vs D,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> MD,MO	1	B vs D
<i>zoledronic acid 4 mg/5 ml vial</i> MD,MO	1	B vs D,QL (15 per 21 days)
<i>zoledronic acid 4 mg/100 ml</i> MD,MO	1	B vs D,QL (300 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> MO	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INJECTION DL	4	B vs D,QL (300 per 21 days)
ZOMETA 4 MG/5 ML VIAL DL	4	B vs D,QL (15 per 21 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MD,MO	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MD,MO	1	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
ACETADOTE 200 MG/ML (20%) INTRAVENOUS SOLUTION MO	3	
acetic acid 0.25% irrig soln MO	1	
acetylcysteine 6 gram/30 ml vial MO	1	
ADAKVEO 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" MD,MO	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MD,MO	1	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL SWAB MO	1	
ALCOHOL WIPES MO	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION DL	4	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE MD,MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE MD,MO	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" MD,MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MD,MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MD,MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MD,MO	1	
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	1	
BD ALCOHOL SWABS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MD,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MD,MO	1	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" MD,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" MD,MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MD,MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML MD,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" 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"; 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" MD,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE MD,MO	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE MD,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" MD,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 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" MD,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MD,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" MD,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" MD,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" MD,MO	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" MD,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" MD,MO	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" MD,MO	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" MD,MO	1	
BORDERED GAUZE 2" X 2" BANDAGE MO	1	
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	3	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> MO	1	
<i>calcium disodium versenate 200 mg/ml injection solution</i> MO	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MD,MO	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" MD,MO	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MD,MO	1	
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE MO	3	
CINVANTI 7.2 MG/ML INTRAVENOUS EMULSION MO	3	PA,QL (36 per 28 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" MD,MO	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MD,MO	1	
CURITY ALCOHOL SWABS MO	1	
CURITY GAUZE 2" X 2" BANDAGE MO	1	
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION DL	4	PA
DERMACEA 2" X 2" BANDAGE MO	1	
DOJOLVI 8.3 KCAL/ML ORAL LIQUID DL	4	PA
DROPLET INSULIN SYRINGE 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"; DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

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

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MD,MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MD,MO	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" MD,MO	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16" MD,MO	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MD,MO	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MD,MO	1	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE MD,MO	1	
<i>flumazenil 0.5 mg/5 ml vial</i> MO	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> MO	1	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE MD,MO	1	
GAUZE PADS 2"X2" MO	1	
GAUZE PAD 2" X 2" BANDAGE MO	1	
GIVLAARI 189 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MD,MO	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MD,MO	1	
HUMAPEN LUXURA HD MD,MO	1	
INCONTROL ALCOHOL PADS MO	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) MD,MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MD,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MD,MO	1	
BD LUER-LOK SYRINGE 1 ML MD,MO	1	
BD INSULIN SYR 1 ML 28GX1/2"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRING 0.5 ML 27GX1/2"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 27GX1/2"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; KMART VALU PLUS SYR 1/2 ML; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 31GX15/64"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 29GX1/2"; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 0.5 ML 31GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRIN 0.3 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" MD,MO	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MD,MO	1	
ISTURISA 1 MG TABLET DL	4	PA,QL (240 per 30 days)
ISTURISA 10 MG TABLET DL	4	PA,QL (180 per 30 days)
ISTURISA 5 MG TABLET DL	4	PA,QL (60 per 30 days)
IV PREP WIPES MEDICATED MO	1	
KORLYM 300 MG TABLET DL	4	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MD,MO	1	
LITHOSTAT 250 MG TABLET DL	4	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MD,MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MD,MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MD,MO	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" MD,MO	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" MD,MO	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MD,MO	1	
<i>methergine 0.2 mg tablet</i> DL	4	
<i>methylergonovine 0.2 mg tablet</i> MO	1	
<i>methylergonovine 0.2 mg/ml amp</i> MO	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MD,MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MD,MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; MONOJECT INSULIN SYRINGE 1 ML MD,MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MD,MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MD,MO	1	
neomy-polymyxin b 40 mg/ml amp MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MD,MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MD,MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MD,MO	1	
NOVOPEN ECHO SUBCUTANEOUS MD,MO	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE MD,MO	1	
NURTEC ODT 75 MG DISINTEGRATING TABLET DL	4	PA,QL (8 per 30 days)
OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE MD,MO	2	
OMNIPOD INSULIN MANAGEMENT MO	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE MD,MO	2	
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES DL	4	PA,QL (56 per 28 days)
OXBRYTA 500 MG TABLET DL	4	PA,QL (90 per 30 days)
oxytocin 10 unit/ml vial MO	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; KRO PEN NEEDLE 4MM X 33G; PEN NEEDLE 12MM 29G; PEN NEEDLE 30G X 8MM; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G MD,MO	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MD,MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION MO	3	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MD,MO	1	
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRO COMFORT ALCOHOL PADS MO	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MD,MO	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MD,MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" MD,MO	1	
<i>promethazine vc 6.25 mg-5 mg/5 ml oral syrup</i> MO	1	
<i>promethazine-phenylephrine syr</i> MO	1	
<i>protamine 250 mg/25 ml vial</i> MO	1	
PURE COMFORT ALCOHOL PADS MO	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
RELION NEEDLES 31 GAUGE X 1/4" MD,MO	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" MD,MO	1	
RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION MO	3	
<i>ribavirin 6 gm inhalation vial</i> DL	4	B vs D
RIMSO-50 50 % INTRAVESICAL SOLUTION DL	4	
<i>ringers irrigation solution</i> MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MD,MO	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" MD,MO	1	
SEMPREX-D 8 MG-60 MG CAPSULE MO	3	
SIKLOS 1,000 MG TABLET DL	4	PA
SIKLOS 100 MG TABLET MD,MO	3	PA
<i>sod phenylacet-sod benzoate vl</i> DL	4	
<i>sodium chloride 0.9% irrig.</i> MO	1	
<i>sorbitol-mannitol irrig</i> MO	1	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" MD,MO	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MD,MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MD,MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" MD,MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION DL	4	PA
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" MD,MO	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" MD,MO	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
TEPEZZA 500 MG INTRAVENOUS SOLUTION DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MD,MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MD,MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE MD,MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE MD,MO	1	
TRUE COMFORT ALCOHOL PADS MO	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MD,MO	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" MD,MO	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE MD,MO	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MD,MO	1	
UBRELVY 100 MG, 50 MG TABLET DL	4	PA,QL (8 per 30 days)
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE; ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE MD,MO	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MD,MO	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MD,MO	1	
ULTIGUARD SAFE PACK 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE MD,MO	1	
ULTILET ALCOHOL SWAB MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 MD,MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MD,MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" MD,MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MD,MO	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" MD,MO	1	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16" MD,MO	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" MD,MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MD,MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MD,MO	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MD,MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MD,MO	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MD,MO	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MD,MO	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE MD,MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MD,MO	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE MD,MO	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE MD,MO	1	
V-GO 20 DEVICE MD,MO	2	
V-GO 30 DEVICE MD,MO	2	
V-GO 40 DEVICE MD,MO	2	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" MD,MO	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MD,MO	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MD,MO	1	
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION DL	4	B vs D
<i>sterile water for irrigation</i> MO	1	
WEBCOL TOPICAL PADS MO	1	
XENICAL 120 MG CAPSULE MD,MO	3	PA
OPHTHALMIC AGENTS		
ACULAR 0.5 % EYE DROPS MO	3	ST
ACULAR LS 0.4 % EYE DROPS MO	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE MO	3	ST
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALCAINE 0.5 % EYE DROPS MO	1	
ALOCIL 2 % EYE DROPS MO	3	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALOMIDE 0.1 % EYE DROPS MO	3	
ALPHAGAN P 0.1 % EYE DROPS MD,MO	2	
ALPHAGAN P 0.15 % EYE DROPS MD,MO	3	PA
ALREX 0.2 % EYE DROPS,SUSPENSION MO	3	ST
<i>apraclonidine hcl 0.5% drops</i> MO	1	
<i>atropine 1% eye drops</i> MD,MO	1	
AZASITE 1 % EYE DROPS MO	3	ST,QL (2.5 per 25 days)
<i>azelastine hcl 0.05% drops</i> MO	1	
AZOPT 1 % EYE DROPS,SUSPENSION MD,MO	3	ST,QL (10 per 28 days)
BACIGUENT 500 UNIT/GRAM EYE OINTMENT MO	1	
<i>bacitracin 500 unit/gm ophth</i> MO	1	
<i>bacitracin-polymyxin eye oint</i> MO	1	
<i>balanced salt intraocular solution</i> MO	1	
BEPREVE 1.5 % EYE DROPS MO	3	ST,QL (5 per 25 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
<i>betaxolol hcl 0.5% eye drop</i> MD,MO	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS MD,MO	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION MD,MO	3	ST
<i>bimatoprost 0.03% eye drops</i> MD,MO	1	QL (2.5 per 25 days)
BLEPH-10 10 % EYE DROPS MO	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	1	
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> MD,MO	1	
<i>bromfenac sodium 0.09% eye drp</i> MO	1	QL (1.7 per 30 days)
BROMSITE 0.075 % EYE DROPS MO	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION MO	3	
BSS PLUS INTRAOCULAR SOLUTION MO	3	
<i>carteolol hcl 1% eye drops</i> MD,MO	1	
CEQUA 0.09 % EYE DROPS IN A DROPPERETTE MD,MO	3	PA,QL (60 per 30 days)
CILOXAN 0.3 % EYE DROPS MO	3	
CILOXAN 0.3 % EYE OINTMENT MO	3	
<i>ciprofloxacin 0.3% eye drop</i> MO	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MD,MO	2	QL (5 per 25 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS MD,MO	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE MD,MO	3	ST,QL (60 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cromolyn 4% eye drops</i> ^{MO}	1	
CYSTADROPS 0.37 % EYE DROPS ^{DL}	4	PA,QL (20 per 28 days)
CYSTARAN 0.44 % EYE DROPS ^{DL}	4	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop</i> ^{MO}	1	
DEXTENZA 0.4 MG INTRACANALICULAR INSERT ^{MO}	3	B vs D,QL (1 per 30 days)
<i>diclofenac 0.1% eye drops</i> ^{MO}	1	
<i>dorzolamide hcl 2% eye drops</i> ^{MD,MO}	1	QL (10 per 30 days)
<i>dorzolamide-timolol eye drops</i> ^{MD,MO}	1	QL (10 per 30 days)
<i>dorzolamide-timolol 2%-0.5%</i> ^{MD,MO}	1	ST,QL (60 per 30 days)
DUREZOL 0.05 % EYE DROPS ^{MO}	2	
DURYSTA 10 MCG INTRACAMERAL IMPLANT ^{DL}	4	PA,QL (2 per 365 days)
ELESTAT 0.05% EYE DROPS ^{MO}	3	ST,QL (5 per 25 days)
EMADINE 0.05% EYE DROPS ^{MO}	3	ST
<i>epinastine hcl 0.05% eye drops</i> ^{MO}	1	ST,QL (5 per 25 days)
<i>erythromycin 0.5% eye ointment</i> ^{MO}	1	
FLAREX 0.1 % EYE DROPS,SUSPENSION ^{MO}	3	ST
<i>fluorometholone 0.1% drops</i> ^{MO}	1	
<i>flurbiprofen 0.03% eye drop</i> ^{MO}	1	
FML FORTE 0.25 % EYE DROPS,SUSPENSION ^{MO}	3	ST
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION ^{MO}	3	ST
FML S.O.P. 0.1 % EYE OINTMENT ^{MO}	3	ST
<i>gatifloxacin 0.5% eye drops</i> ^{MO}	1	QL (2.5 per 25 days)
<i>gentak 0.3 % (3 mg/gram) eye ointment</i> ^{MO}	1	
<i>gentamicin 3 mg/ml eye drop</i> ^{MO}	1	
ILEVRO 0.3 % EYE DROPS,SUSPENSION ^{MO}	2	QL (3 per 30 days)
INVELTYS 1 % EYE DROPS,SUSPENSION ^{MO}	3	ST
IOPIDINE 0.5% EYE DROPS ^{MO}	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE ^{MO}	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS ^{MD,MO}	3	
ISTALOL 0.5 % EYE DROPS ^{MD,MO}	3	
<i>ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution</i> ^{MO}	1	
LACRISERT 5 MG EYE INSERTS ^{MO}	3	
LASTACFT 0.25 % EYE DROPS ^{MO}	3	ST
<i>latanoprost 0.005% eye drops</i> ^{MD,MO}	1	QL (5 per 25 days)
<i>levobunolol 0.5% eye drops</i> ^{MD,MO}	1	
<i>levofloxacin 0.5% eye drops</i> ^{MO}	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTE MAX 0.5 % EYE GEL DROPS MO	3	ST
LOTEMAX 0.5 % EYE OINTMENT MO	3	ST
LOTEMAX SM 0.38 % EYE GEL DROPS MO	3	
<i>loteprednol etabonate 0.5% drp</i> MO	1	ST
LUMIGAN 0.01 % EYE DROPS MD,MO	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION MO	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION MO	1	
<i>metipranolol 0.3% eye drops</i> MD,MO	1	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION MO	3	
MOXEZA 0.5 % EYE DROPS MO	3	ST
<i>moxifloxacin 0.5% eye drops</i> MO	1	
<i>moxifloxacin 0.5% eye drops</i> MO	1	ST
NATACYN 5 % EYE DROPS,SUSPENSION MO	3	
<i>neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment</i> MO	1	
<i>neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment</i> MO	1	
<i>neo-bacit-poly-hc eye ointment</i> MO	1	
<i>neomyc-bacit-polymix eye oint</i> MO	1	
<i>neomyc-polym-dexamet eye ointm</i> MO	1	
<i>neomyc-polym-dexameth eye drop</i> MO	1	
<i>neomyc-polym-gramicid eye drop</i> MO	1	
<i>neomycin-poly-hc eye drops</i> MO	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	3	ST
OCUFLOX 0.3 % EYE DROPS MO	3	
<i>ofloxacin 0.3% eye drops</i> MO	1	
<i>olopatadine hcl 0.1% eye drops</i> MO	1	ST
<i>olopatadine hcl 0.2% eye drop</i> MO	1	
OMNIPRED 1% EYE DROPS MO	3	ST
OXERVATE 0.002 % EYE DROPS DL	4	PA,QL (112 per 365 days)
PATADAY 0.2 % EYE DROPS MO	3	ST
PATANOL 0.1% EYE DROPS MO	3	ST
PAZEO 0.7 % EYE DROPS MO	2	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MD,MO	3	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> MD,MO	1	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> MO	1	
<i>polymyxin b-tmp eye drops</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS MO	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION MO	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION MO	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
<i>prednisolone ac 1% eye drop</i> MO	1	
<i>prednisolone sod 1% eye drop</i> MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
<i>proparacaine 0.5% eye drops</i> MO	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MD,MO	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MD,MO	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS MD,MO	2	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS MD,MO	2	ST,QL (2.5 per 25 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION MD,MO	3	ST,QL (16 per 30 days)
<i>sulfacetamide 10% eye drops</i> MO	1	
<i>sulf-pred 10-0.23% eye drops</i> MO	1	
<i>timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution</i> MD,MO	1	
<i>timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> MD,MO	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS MD,MO	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE MD,MO	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % EYE GEL MD,MO	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION MO	3	
<i>tobramycin 0.3% eye drop</i> MO	1	
<i>tobramycin-dexameth ophth susp</i> MO	1	
TOBREX 0.3 % EYE DROPS MO	3	
TOBREX 0.3 % EYE OINTMENT MO	3	
TRAVATAN Z 0.004 % EYE DROPS MD,MO	3	ST,QL (2.5 per 25 days)
<i>travoprost 0.004% eye drop</i> MD,MO	1	QL (2.5 per 25 days)
<i>trifluridine 1% eye drops</i> MO	1	
TRUSOPT 2 % EYE DROPS MD,MO	3	QL (10 per 30 days)
VIGAMOX 0.5 % EYE DROPS MO	3	PA
VYZULTA 0.024 % EYE DROPS MD,MO	3	QL (5 per 30 days)
XALATAN 0.005 % EYE DROPS MD,MO	3	PA,QL (5 per 25 days)
XELPROS 0.005 % EYE DROP EMULSION MD,MO	3	ST,QL (2.5 per 25 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XIIDRA 5 % EYE DROPS IN A DROPPERETTE MD,MO	3	PA,QL (60 per 30 days)
ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (60 per 30 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE MD,MO	3	ST,QL (30 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	ST,QL (2.5 per 25 days)
Otic Agents		
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	3	
<i>ciprofloxacin 0.2% otic soln</i> MO	1	
<i>ciproflox-dexameth otic susp</i> MO	1	
<i>ciproflox-fluocinoln 0.3-0.025%</i> MO	3	
COLY-MYCIN S OTIC SUSP DROP MO	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	3	
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
<i>flac otic (ear) oil 0.01 % drops</i> MO	1	
<i>fluocinolone oil 0.01% ear drp</i> MO	1	
<i>hydrocortison-acetic acid soln</i> MO	1	
<i>neomycin-polymyxin-hc ear soln</i> MO	1	
<i>neomycin-polymyxin-hc ear susp</i> MO	1	
<i>ofloxacin 0.3% ear drops</i> MO	1	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION MO	3	
Respiratory Tract/Pulmonary Agents		
ACCOLATE 10 MG, 20 MG TABLET MD,MO	3	PA,QL (60 per 30 days)
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> MO	1	B vs D
ADCIRCA 20 MG TABLET DL	4	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	4	PA,QL (90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION MO	3	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MD,MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MD,MO	2	QL (12 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR; AIRDUO DIGIHALER 232 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR; AIRDUO DIGIHALER 55 MCG-14 MCG/ACTUATION BREATH ACT,POWDER SENSOR MD,MO	3	ST,QL (1 per 30 days)
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED MD,MO	3	ST,QL (1 per 30 days)
albuterol 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 sol; albuterol 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; albuterol sul 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 sol; albuterol sul 2.5 mg/3 ml soln MD,MO	1	B vs D
albuterol hfa 90 mcg inhaler MD,MO	1	QL (36 per 30 days)
albuterol sulf 2 mg/5 ml syrup MD,MO	1	
albuterol sulfate 2 mg tab MD,MO	1	QL (120 per 30 days)
albuterol sulfate 4 mg tab MD,MO	1	
albuterol sulfate er 4 mg, 8 mg tab MD,MO	1	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER MD,MO	3	ST,QL (18.3 per 28 days)
alyq 20 mg tablet MD,MO	1	PA,QL (60 per 30 days)
ambrisentan 10 mg, 5 mg tablet DL	4	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml vial MO	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MD,MO	3	PA,QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MD,MO	3	PA,QL (30 per 30 days)
ARMONAIR RESPICLICK 113 MCG; ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER MD,MO	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MD,MO	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION AEROSOL INHALER MD,MO	3	ST,QL (13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR; ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR MD,MO	3	ST,QL (1 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MD,MO	3	QL (25.8 per 30 days)
azelastine 0.1% (137 mcg) <i>spry</i> MD,MO	1	QL (30 per 25 days)
azelastine 0.15% nasal spray MD,MO	1	QL (30 per 25 days)
azelastin-flutic 137-50mcg <i>spr</i> MO	1	ST,QL (23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY MD,MO	3	ST,QL (50 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MD,MO	3	QL (10.7 per 30 days)
bosentan 125 mg, 62.5 mg tablet DL	4	PA,QL (60 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MD,MO	2	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER MD,MO	2	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml <i>inh susp</i> ; budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml <i>susp</i> MD,MO	1	B vs D
carbinoxamine 4 mg/5 ml liquid MO	1	
carbinoxamine maleate 4 mg tab MO	1	
carbinoxamine maleate 6 mg tab MO	1	QL (120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml soln MO	1	QL (300 per 30 days)
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
CLARINEX 0.5 MG/ML (2.5 MG/5) MD,MO	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
clemastine fum 2.68 mg tab MO	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MD,MO	3	QL (4 per 20 days)
cromolyn 100 mg/5 ml oral conc MO	1	
cromolyn 20 mg/2 ml neb soln DL	4	B vs D
cyproheptadine 2 mg/5 ml syrup MO	1	
cyproheptadine 4 mg tablet MO	1	
DALIRESP 250 MCG TABLET MD,MO	2	QL (28 per 365 days)
DALIRESP 500 MCG TABLET MD,MO	2	QL (30 per 30 days)
desloratadine 2.5 mg, 5 mg odt MD,MO	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet MD,MO	1	QL (30 per 30 days)
dexchlorpheniramine 2 mg/5 ml MO	1	PA
diphen 12.5 mg/5 ml oral elixir MO	1	
diphenhydramine 12.5 mg/5 ml MO	1	
diphenhydramine 50 mg/ml syrng MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>diphenhydramine 50 mg/ml vial</i> MO	1	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION MO	3	
DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED DL	4	PA,QL (1 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MD,MO	3	ST,QL (13 per 30 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	3	ST,QL (23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MD,MO	1	
<i>epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject</i> MO	1	QL (4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg vl</i> DL	4	PA
ESBRIET 267 MG CAPSULE DL, LA	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL, LA	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL, LA	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MD,MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MD,MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MD,MO	2	QL (10.6 per 30 days)
<i>flunisolide 0.025% spray</i> MD,MO	1	QL (50 per 30 days)
<i>fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50</i> MD,MO	1	QL (60 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14</i> MD,MO	2	QL (1 per 30 days)
<i>fluticasone prop 50 mcg spray</i> MD,MO	1	QL (16 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE DL	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MD,MO	3	PA,QL (30 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MD,MO	3	PA,QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> MD,MO	1	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> MO	1	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> MD,MO	1	B vs D

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> MD,MO	1	B vs D
KALYDECO 150 MG TABLET DL	4	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG ORAL GRANULES IN PACKET DL	4	PA,QL (56 per 28 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	
LETAIRIS 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol;</i> <i>levalbuterol conc 1.25 mg/0.5</i> MD,MO	1	B vs D
<i>levalbuterol tar hfa 45mcg inh</i> MD,MO	1	ST,QL (30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i> MD,MO	1	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i> MD,MO	1	QL (30 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (60 per 365 days)
<i>metaproterenol 10 mg, 20 mg tablet</i> MD,MO	1	
<i>metaproterenol 10 mg/5 ml syr</i> MD,MO	1	
<i>mometasone furoate 50 mcg spry</i> MD,MO	1	ST,QL (34 per 30 days)
<i>montelukast sod 10 mg tablet</i> MD,MO	1	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> MD,MO	1	QL (30 per 30 days)
<i>montelukast sod 4 mg, 5 mg tab chew</i> MD,MO	1	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY MD,MO	3	ST,QL (34 per 30 days)
NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR; NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET MD,MO	3	PA,QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL, LA	4	PA,QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spry</i> MO	1	ST,QL (30.5 per 30 days)
OMNARIS 50 MCG NASAL SPRAY MD,MO	3	ST,QL (12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	4	PA,QL (30 per 30 days)
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
ORALAIR 300 IR SUBLINGUAL TABLET MD,MO	3	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET DL	4	PA,QL (56 per 28 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET DL	4	PA,QL (112 per 28 days)
PATANASE 0.6 % NASAL SPRAY MO	3	ST,QL (30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MD,MO	3	PA,QL (120 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACT, SENSOR MD,MO	3	ST,QL (2 per 30 days)
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MD,MO	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED MD,MO	3	ST,QL (2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MD,MO	3	ST,QL (36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MD,MO	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED MD,MO	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION DL	4	B vs D
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY MD,MO	3	ST,QL (6.8 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY MD,MO	3	ST,QL (10.6 per 30 days)
QUZYTIR 10 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL MD,MO	3	ST,QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL MD,MO	3	ST,QL (21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MD,MO	3	PA,QL (30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION DL	4	PA
REVATIO 10 MG/ML ORAL SUSPENSION DL	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET DL	4	PA,QL (90 per 30 days)
RYCLORA 2 MG/5 ML ORAL SOLUTION MO	1	
RYVENT 6 MG TABLET MO	1	QL (120 per 30 days)
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE MD,MO	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MD,MO	3	PA,QL (60 per 30 days)
<i>sildenafil 10 mg/ml oral susp</i> DL	4	PA,QL (180 per 30 days)
<i>sildenafil 20 mg tablet</i> MD,MO	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG TABLET MD,MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MD,MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MD,MO	3	PA,QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MD,MO	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MD,MO	2	QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MD,MO	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MD,MO	2	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MD,MO	2	QL (10.2 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS; SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS DL	4	PA,QL (56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) MO	2	QL (4 per 30 days)
<i>tadalafil 20 mg tablet</i> MD,MO	1	PA,QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> DL	4	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> MD,MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE MD,MO	1	
<i>theophylline 80 mg/15 ml soln</i> MD,MO	1	
<i>theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet</i> MD,MO	1	
<i>theophylline er 400 mg, 600 mg tablet</i> MD,MO	1	
<i>theophylline er 450 mg tab</i> MD,MO	1	QL (30 per 30 days)
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> MO	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG INHALE CAP DL	4	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION DL	4	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MD,MO	2	QL (60 per 30 days)
<i>treprostinil 100 mg/20 ml vial; treprostinil 20 mg/20 ml vial; treprostinil 200 mg/20 ml vial; treprostinil 50 mg/20 ml vial</i> DL	4	PA
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS DL	4	PA,QL (84 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MD,MO	3	PA,QL (1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK DL	4	PA,QL (200 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE MD,MO	3	PA,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MD,MO	2	QL (36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	
wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation MD,MO	1	QL (60 per 30 days)
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL MD,MO	3	PA,QL (32 per 30 days)
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION MD,MO	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION MD,MO	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MD,MO	3	ST,QL (30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (90 per 30 days)
zafirlukast 10 mg, 20 mg tablet MD,MO	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MD,MO	3	ST,QL (6.1 per 28 days)
zileuton er 600 mg tablet DL	4	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET DL	4	ST,QL (120 per 30 days)
Skeletal Muscle Relaxants		
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE DL	4	ST,QL (21 per 30 days)
carisoprodol 250 mg, 350 mg tablet MO	1	QL (120 per 30 days)
carisoprodol-aspirin 200-325 mg MO	1	
carisoprodol-aspirin-codein tb DL	1	QL (360 per 30 days)
chlorzoxazone 250 mg tablet MO	1	ST,QL (360 per 30 days)
chlorzoxazone 375 mg, 750 mg tablet MO	1	ST,QL (120 per 30 days)
chlorzoxazone 500 mg tablet MO	1	ST
cyclobenzaprine 10 mg, 5 mg tablet MO	1	
cyclobenzaprine 7.5 mg tablet MO	1	QL (90 per 30 days)
cyclobenzaprine er 15 mg, 30 mg cap MO	1	ST,QL (21 per 30 days)
FEXMID 7.5 MG TABLET MO	1	ST,QL (90 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LORZONE 375 MG, 750 MG TABLET MO	1	ST,QL (120 per 30 days)
metaxall 800 mg tablet MO	1	QL (120 per 30 days)
metaxalone 400 mg, 800 mg tablet MO	1	QL (120 per 30 days)
methocarbamol 1,000 mg/10 ml MO	1	
methocarbamol 500 mg, 750 mg tablet MO	1	
NORGESIC FORTE 50 MG-770 MG-60 MG TABLET DL	4	PA,QL (120 per 30 days)
orphenadrine 30 mg/ml vial MO	1	
orphenadrine er 100 mg tablet MO	1	
orphenad-asa-caff 50-770-60 mg DL	4	PA,QL (120 per 30 days)
orphengesic forte 50 mg-770 mg-60 mg tablet DL	4	PA,QL (120 per 30 days)
ROBAXIN 100 MG/ML INJECTION SOLUTION DL	4	
ROBAXIN 500 MG TABLET MO	3	
ROBAXIN-750 750 MG TABLET MO	3	
SKELAXIN 800 MG TABLET DL	4	PA,QL (120 per 30 days)
SOMA 250 MG TABLET DL	4	PA,QL (120 per 30 days)
SOMA 350 MG TABLET MO	3	PA,QL (120 per 30 days)
vanadom 350 mg tablet MO	1	QL (120 per 30 days)
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MD,MO	1	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MD,MO	1	PA,QL (60 per 30 days)
BELSOMRA 10 MG TABLET MO	2	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	2	QL (30 per 30 days)
BELSOMRA 5 MG TABLET MO	2	QL (120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
doxepin hcl 3 mg, 6 mg tablet MO	1	QL (30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET MO	3	
EDLUAR 5 MG SUBLINGUAL TABLET MO	3	QL (30 per 30 days)
estazolam 1 mg, 2 mg tablet DL	1	QL (30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet MO	1	QL (30 per 30 days)
flurazepam 15 mg capsule DL	1	QL (60 per 30 days)
flurazepam 30 mg capsule DL	1	QL (30 per 30 days)
HALCION 0.25 MG TABLET DL	3	PA,QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE DL	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUNESTA 1 MG, 2 MG, 3 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg tablet</i> MD,MO	1	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET DL	4	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET DL	4	PA,QL (60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET DL	4	PA,QL (60 per 30 days)
<i>ramelteon 8 mg tablet</i> MO	1	ST,QL (30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE DL	4	PA,QL (30 per 30 days)
ROZEREM 8 MG TABLET MO	3	ST,QL (30 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	3	QL (30 per 30 days)
SONATA 10 MG, 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
SUNOSI 150 MG, 75 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule</i> DL	1	QL (30 per 30 days)
<i>triazolam 0.125 mg, 0.25 mg tablet</i> DL	1	QL (30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET DL	4	PA,QL (60 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION DL	4	PA,QL (540 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> MO	1	QL (30 per 30 days)
<i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl;</i> <i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl;</i> <i>zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab;</i> <i>zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet</i> MO	1	QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY MO	3	QL (23.1 per 365 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH/COLD		
benzonatate 100 mg, 150 mg, 200 mg capsule MO	1	
bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup MO	1	
bromphen-pse-dm 2-30-10 mg/5ml MO	1	
hydrocodone-chlorphen er susp MO	1	
hydrocod-cpm-pseudoep 5-4-60/5 MO	1	
hydrocodone-guaif 2.5-200 mg/5 , DL	3	
hydrocodone-homatropine 5-1.5 MO	1	
hydrocodone-homatropine syrup MO	1	
hydromet 5 mg-1.5 mg/5 ml oral syrup MO	1	
OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION MO	3	
promethazine vc-codeine syrup MO	1	
promethazine-codeine syrup MO	1	
promethazine-dm syrup MO	1	
promethazine-pe-codeine syrup MO	1	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE MO	3	
TESSALON PERLES 100 MG CAPSULE MO	3	
TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE; TUSSICAPS 5 MG-4 MG CAPSULE MO	1	
TUSSIONEX PENNKINETIC SUSP MO	3	
TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	
ERECTILE DYSFUNCTION		
sildenafil 100 mg, 25 mg, 50 mg tablet ED, MD,MO	1	QL (6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET ED, MD,MO	3	QL (6 per 30 days)

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
 MD - Maintenance Drug • DL - Dispensing Limit • LA - Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS/MINERALS		
<i>ascorbic acid 500 mg/ml vial</i> MO	1	
<i>b complex 100 100 mg-2 mg-100 mg-2mg-2mg/ml injectable solution</i> MO	1	
<i>b-complex 100 mg-2 mg-100 mg-2mg-2mg/ml injection solution</i> MO	1	
<i>cyanocobalamin 1,000 mcg/ml</i> , MD,MO	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE , MD,MO	3	
<i>vitamin d2 1.25mg(50,000 unit)</i> , MD,MO	1	
<i>folic acid 1 mg tablet</i> , MD,MO	1	
<i>folic acid 5 mg/ml vial</i> MO	1	
<i>hydroxocobalamin 1,000 mcg/ml</i> MO	1	
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. PEDIATRIC 80 MG-400 UNIT-200 MCG INTRAVENOUS SOLUTION MO	3	
M.V.I. -12 (WITHOUT VIT K) 3,300 UNIT-200 UNIT/10 ML INTRAVENOUS SOLN MO	3	
MEPHYTON 5 MG TABLET MO	3	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY , MD,MO	3	
<i>phytonadione 1 mg/0.5 ml syr</i> MO	1	
<i>phytonadione 10 mg/ml ampul</i> MO	1	
<i>phytonadione 5 mg tablet</i> MO	1	
<i>pnv-dha 27 mg iron-1 mg-300 mg capsule</i> , MD,MO	1	
<i>pnv-omega 28 mg-1 mg-300 mg capsule</i> , MD,MO	1	
POTABA 500 MG CAPSULE , MD,MO	3	
<i>prenatal-u 106.5 mg-1 mg capsule</i> , MD,MO	1	
<i>pyridoxine 100 mg/ml vial</i> MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS/MINERALS		
<i>thiamine 200 mg/2 ml vial</i> MO	1	
<i>vitamin d2 1,250 mcg (50,000 unit) capsule</i> , MD,MO	1	
<i>vitamin k 1 mg/0.5 ml injection solution</i> MO	1	
<i>vitamin k1 10 mg/ml injection solution</i> MO	1	
<i>zatean-pn dha 27 mg iron-1 mg-300 mg capsule</i> , MD,MO	1	
<i>zatean-pn plus 28 mg-1 mg-300 mg capsule</i> , MD,MO	1	
<i>zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet</i> , MD,MO	1	

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

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D
MD – Maintenance Drug • DL – Dispensing Limit • LA – Limited Access

Humana Medicare Employer Plan Coverage of Additional Prescription Drugs Through Medicaid Program

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CUSTOM DRUGS		
LEVITRA 10 MG, 2.5 MG, 20 MG, 5 MG TABLET MO	3	QL (4 per 30 days)
varденаfil hcl 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	1	QL (4 per 30 days)

Your plan has a contract with the Medicaid agency to provide additional coverage for select drugs. These drugs are not normally covered in a Medicare prescription drug plan.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

Index

A

- a-hydrocort... 125
- abacavir... 65
- abacavir-lamivudine... 65
- abacavir-lamivudine-zidovudine... 65
- ABELCET... 42
- ABILIFY MAINTENA... 61, 62
- ABILIFY MYCITE... 62
- ABILIFY... 61
- abiraterone... 48
- ABOUTTIME PEN NEEDLE... 151
- ABRAXANE... 48
- ABSORICA LD... 102
- ABSORICA... 102
- ABSTRAL... 10
- acamprosate... 20
- ACANYA... 102
- acarbose... 72
- ACCOLATE... 168
- ACCUPRIL... 82
- ACCURETIC... 82
- acebutolol... 82
- ACETADOTE... 151
- acetaminophen-caff-dihydrocod... 10
- acetaminophen-codeine... 10
- acetazolamide sodium... 83
- acetazolamide... 82
- acetic acid... 21, 151
- acetylcysteine... 151, 168
- ACIPHEX SPRINKLE... 118
- ACIPHEX... 118
- acitretin... 102
- ACTEMRA ACTPEN... 140
- ACTEMRA... 140
- ACTHAR... 125
- ACTHIB (PF)... 140
- ACTICLATE... 21
- ACTIGALL... 118
- ACTIMMUNE... 140
- ACTIQ... 10
- ACTIVELLA... 128
- ACTONEL... 149
- ACTOPLUS MET XR... 72
- ACTOPLUS MET... 72
- ACTOS... 72
- ACULAR LS... 163
- ACULAR... 163
- ACUVAIL (PF)... 163
- acyclovir sodium... 66
- acyclovir... 66
- ACZONE... 102
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 140, 141
- ADAGEN... 122
- ADAKVEO... 151
- ADALAT CC... 83
- adapalene... 102
- adapalene-benzoyl peroxide... 102
- ADCETRIS... 48
- ADCIRCA... 168
- ADDERALL XR... 97
- ADDERALL... 97
- adefovir... 66
- ADEMPAS... 168
- adenosine... 83
- ADLYXIN... 72
- ADMELOG SOLOSTAR U-100 INSULIN... 72
- ADMELOG U-100 INSULIN LISPRO... 72
- ADRENALIN... 168
- adriamycin... 48
- adrucil... 48
- ADVAIR DISKUS... 168
- ADVAIR HFA... 168
- ADVOCATE PEN NEEDLE... 151
- ADVOCATE SYRINGES... 151
- ADZENYS ER... 97

ADZENYS XR-ODT... 97	ALBENZA... 59	ALORA... 128
AEMCOLO... 118	albuterol sulfate... 169	alosetron... 118
afeditab cr... 83	ALCAINE... 163	ALPHAGAN P... 164
AFINITOR DISPERZ... 48	alclometasone... 102	alprazolam intensol... 71
AFINITOR... 48	ALCOHOL PADS... 151	alprazolam... 71
afirmelle... 128	ALCOHOL PREP PADS... 151	ALREX... 164
AFREZZA... 73	ALCOHOL SWABS... 151	ALTABAX... 102
AGGRASTAT CONCENTRATE... 78	ALCOHOL WIPES... 151	ALTACE... 83
AGGRASTAT IN SODIUM CHLORIDE... 78	ALDACTAZIDE... 83	altavera (28)... 129
AGGRENOX... 79	ALDACTONE... 83	ALTOPREV... 83
AGRYLIN... 79	ALDARA... 102	ALTRENO... 102
AIMOVIG AUTOINJECTOR (2 PACK)... 45	ALDURAZYME... 122	ALUNBRIG... 48
AIMOVIG AUTOINJECTOR... 45	ALECENSA... 48	ALVESCO... 169
AIRDUO DIGIHALER... 169	alendronate... 149	alyacen 1/35 (28)... 129
AIRDUO RESPICLICK... 169	alfuzosin... 124	alyacen 7/7/7 (28)... 129
AJOVY AUTOINJECTOR... 45	ALIMTA... 48	alyq... 169
AJOVY SYRINGE... 45	ALINIA... 59	amabelz... 129
ak-poly-bac... 163	ALIQOPA... 48	amantadine hcl... 59, 60
AKLIEF... 102	aliskiren... 83	AMARYL... 73
AKTEN (PF)... 163	ALKERAN (AS HCL)... 48	AMBIEN CR... 176
AKTIPAK... 102	ALKERAN... 48	AMBIEN... 176
AKYNZEO (FOSNETUPITANT)... 40	allopurinol sodium... 45	AMBISOME... 42
AKYNZEO (NETUPITANT)... 40	allopurinol... 45	ambrisentan... 169
ALA-CORT... 102	ALLZITAL... 10	amcinonide... 102
ALA-SCALP... 102	almotriptan malate... 46	AMERGE... 46
albendazole... 58	ALOCRI... 163	amethia lo... 129
	ALOMIDE... 164	amethia... 129
	ALOPRIM... 45	amethyst (28)... 129

AMICAR... 79	amlodipine... 83	ANCOBON... 42
amifostine crystalline... 48	amlodipine-atorvastatin... 83	ANDRODERM... 129
amikacin... 22	amlodipine-benazepril... 83	ANDROGEL... 129
amiloride... 83	amlodipine-olmesartan... 83	ANDROID... 129
amiloride-hydrochlorothiazide... 83	amlodipine-valsartan... 83	ANGELIQ... 129
aminocaproic acid... 79	amlodipine-valsartan-hcthiazyd... 83	ANNOVERA... 129
aminophylline... 169	ammonium lactate... 103	ANORO ELLIPTA... 169
AMINOSYN II 10 %... 111	AMMONUL... 151	ANTABUSE... 20
AMINOSYN II 15 %... 111	amnesteem... 103	ANTARA... 83
AMINOSYN II 7 %... 111	amoxapine... 37	anusol-hc... 103
AMINOSYN II 8.5 %... 111	amoxicil-clarithromy-lansopraz... 118	ANZEMET... 41
AMINOSYN II 8.5 %-ELECTROLYTES... 111	amoxicillin... 22	apexicon e... 103
AMINOSYN M 3.5 %... 111	amoxicillin-pot clavulanate... 22	APIDRA SOLOSTAR U-100 INSULIN... 73
AMINOSYN 10 %... 111	amphetamine sulfate... 97	APIDRA U-100 INSULIN... 73
AMINOSYN 7 % WITH ELECTROLYTES... 111	amphetamine... 97	APLENZIN... 37
AMINOSYN 8.5 %... 111	amphotericin b... 42	APOKYN... 60
AMINOSYN 8.5 %-ELECTROLYTES... 111	ampicillin sodium... 22	apraclonidine... 164
AMINOSYN-HBC 7%... 111	ampicillin... 22	apri... 129
AMINOSYN-PF 10 %... 111	ampicillin-sulbactam... 22	APRISO... 148
AMINOSYN-PF 7 % (SULFITE-FREE)... 111	AMPYRA... 97	APTENSIO XR... 97
AMINOSYN-RF 5.2 %... 111	AMRIX... 175	APTIOM... 31
amiodarone... 83	AMZEEQ... 103	APTIVUS (WITH VITAMIN E)... 66
AMITIZA... 118	ANADROL-50... 129	APTIVUS... 66
amitriptyline... 37	ANAFRANIL... 37	ARALAST NP... 122
amitriptyline-chlordiazepoxide... 37	anagrelide... 79	aranelle (28)... 129
	ANAPROX DS... 10	ARANESP (IN POLYSORBATE)... 79
	anastrozole... 48	

ARAVA... 141	ascorbic acid (vitamin c)... 179	aubra... 129
ARAZLO... 103	ashlyna... 129	AUGMENTIN ES-600... 22
ARCALYST... 141	ASMANEX HFA... 169	AUGMENTIN XR... 22
ARCAPTA NEOHALER... 169	ASMANEX TWISTHALER... 169	AUGMENTIN... 22
ARICEPT... 36	ASPARLAS... 48	aurovela fe 1.5/30 (28)... 129
ARIKAYCE... 22	aspirin-dipyridamole... 79	aurovela fe 1-20 (28)... 129
ARIMIDEX... 48	ASSURE ID DUO-SHIELD... 151	aurovela 1.5/30 (21)... 129
aripiprazole... 62	ASSURE ID INSULIN SAFETY... 151	aurovela 1/20 (21)... 129
ARISTADA INITIO... 62	ASSURE ID PEN NEEDLE... 151	aurovela 24 fe... 129
ARISTADA... 62	ASTAGRAF XL... 141	AURYXIA... 111
ARISTOSPAN INTRA-ARTICULAR... 125	ATACAND HCT... 83	AUSTEDO... 97
ARISTOSPAN INTRALESIONAL... 125	ATACAND... 83	AUTOJECT 2 INJECTION DEVICE... 151
ARIXTRA... 79	atazanavir... 66	AUTOPEN 1 TO 21 UNITS... 151
armodafinil... 176	ATELVIA... 149	AUTOPEN 2 TO 42 UNITS... 151
ARMONAIR RESPICLICK... 169	atenolol... 83	AVALIDE... 83, 84
ARMOUR THYROID... 138	atenolol-chlorthalidone... 83	AVANDIA... 73
ARNUITY ELLIPTA... 169	ATGAM... 141	AVAPRO... 84
AROMASIN... 48	ATIVAN... 71	AVASTIN... 48
ARRANON... 48	atomoxetine... 97	AVC VAGINAL... 22
arsenic trioxide... 48	atorvastatin... 83	AVEED... 129
ARTHROTEC 50... 10	atovaquone... 59	AVELOX IN NACL (ISO-OSMOTIC)... 22
ARTHROTEC 75... 10	atovaquone-proguanil... 59	AVELOX... 22
ARYMO ER... 10	ATRALIN... 103	aviane... 129
ARZERRA... 48	ATRIPLA... 66	avidoxy... 22
ASACOL HD... 148	atropine... 118, 164	AVITA... 103
ASCENIV... 141	ATROVENT HFA... 170	AVODART... 124
ascomp with codeine... 10	AUBAGIO... 97	
	aubra eq... 129	

AVONEX (WITH ALBUMIN)... 97	B	BCG VACCINE, LIVE (PF)... 141
AVONEX... 97	b complex 100... 179	BD ALCOHOL SWABS... 151
AVSOLA... 141	b-complex injection... 179	BD AUTOSHIELD DUO PEN NEEDLE... 151
AVYCAZ... 22	BACIGUENT... 164	BD ECLIPSE LUER-LOK... 151
AXIRON... 129	baciim... 23	BD INSULIN SYRINGE HALF UNIT... 152
AYGESTIN... 129	bacitracin... 23, 164	BD INSULIN SYRINGE MICRO-FINE... 152
ayuna... 129	bacitracin-polymyxin b... 164	BD INSULIN SYRINGE SAFETY-LOK... 152
AYVAKIT... 48	baclofen... 65	BD INSULIN SYRINGE SLIP TIP... 152
azacitidine... 49	BACTRIM DS... 23	BD INSULIN SYRINGE U-500... 152
AZACTAM IN DEXTROSE (ISO-OSM)... 22	BACTRIM... 23	BD INSULIN SYRINGE ULTRA-FINE... 152
AZACTAM... 22	BACTROBAN NASAL... 103	BD INSULIN SYRINGE... 152
AZASAN... 141	BACTROBAN... 103	BD LO-DOSE MICRO-FINE IV... 152
AZASITE... 164	BAFIERTAM... 97	BD LO-DOSE ULTRA-FINE... 152
azathioprine sodium... 141	BAL IN OIL... 151	BD NANO 2ND GEN PEN NEEDLE... 152
azathioprine... 141	bal-care dha... 111	BD SAFETYGLIDE INSULIN SYRINGE... 152
azelaic acid... 103	balanced salt... 164	BD SAFETYGLIDE SYRINGE... 152
azelastine... 164, 170	BALCOLTRA... 129	BD ULTRA-FINE MICRO PEN NEEDLE... 152
azelastine-fluticasone... 170	balsalazide... 148	BD ULTRA-FINE MINI PEN NEEDLE... 152
AZELEX... 103	BALVERSA... 49	BD ULTRA-FINE NANO PEN NEEDLE... 152
AZILECT... 60	balziva (28)... 129	BD ULTRA-FINE ORIG PEN NEEDLE... 152
azithromycin... 22	BAND-AID GAUZE PADS... 151	
AZOPT... 164	BANZEL... 31	
AZOR... 84	BAQSIMI... 73	
aztreonam... 23	BARACLUDE... 66	
AZULFIDINE EN-TABS... 148	BASAGLAR KWIKPEN U-100 INSULIN... 73	
AZULFIDINE... 148	BAVENCIO... 49	
azurette (28)... 129	BAXDELA... 23	

BD ULTRA-FINE SHORT PEN NEEDLE... 152
 BD VEO INSULIN SYR HALF UNIT... 152
 BD VEO INSULIN SYRINGE UF... 152
 BECONASE AQ... 170
 bekyree (28)... 129
 BELBUCA... 10
 BELEODAQ... 49
 BELSOMRA... 176
 benazepril... 84
 benazepril-hydrochlorothiazide... 84
 BENDEKA... 49
 BENICAR HCT... 84
 BENICAR... 84
 BENLYSTA... 141
 BENTYL... 118
 BENZACLIN PUMP... 103
 BENZACLIN... 103
 BENZAMYCIN... 103
 benznidazole... 59
 benzonatate... 178
 benzotropine... 60
 BEPREVE... 164
 BERINERT... 141
 beser... 103
 BESIVANCE... 164
 BESPONSA... 49
 BETADINE OPHTHALMIC PREP... 164
 betamethasone acet,sod phos... 125
 betamethasone dipropionate... 103
 betamethasone valerate... 103
 betamethasone, augmented... 103
 BETAPACE AF... 84
 BETAPACE... 84
 BETASERON... 97
 betaxolol... 84, 164
 bethanechol chloride... 124
 BETHKIS... 23
 BETIMOL... 164
 BETOPTIC S... 164
 BEVESPI AEROSPHERE... 170
 BEVYXA... 79
 bexarotene... 49
 BEXSERO... 141
 BEYAZ... 130
 bicalutamide... 49
 BICILLIN C-R... 23
 BICILLIN L-A... 23
 BICNU... 49
 BIDIL... 84
 BIJUVA... 130
 BIKTARVY... 66
 BILTRICIDE... 59
 bimatoprost... 164
 BINOSTO... 149
 BIORPHEN... 84
 bisoprolol fumarate... 84
 bisoprolol-hydrochlorothiazide... 84
 BIVIGAM... 141
 BLENREP... 49
 bleomycin... 49
 BLEPH-10... 164
 BLEPHAMIDE S.O.P... 164
 BLEPHAMIDE... 164
 blisovi fe 1.5/30 (28)... 130
 blisovi fe 1/20 (28)... 130
 blisovi 24 fe... 130
 BONIVA... 149
 BONJESTA... 41
 BOOSTRIX TDAP... 141
 BORDERED GAUZE... 152
 bortezomib... 49
 bosentan... 170
 BOSULIF... 49
 BRAFTOVI... 49
 BREO ELLIPTA... 170
 bretylium tosylate... 84
 BREVIBLOC IN NACL (ISO-OSM)... 84
 BREVIBLOC... 84
 BREZTRI AEROSPHERE... 170
 briellyn... 130
 BRILINTA... 79

brimonidine... 164	buprenorphine... 10	CAFERGOT... 46
BRISDELLE... 37	buprenorphine-naloxone... 21	caffeine citrate... 152
BRIVIACT... 31	bupropion hcl (smoking deter)... 21	CALAN SR... 84
bromfed dm... 178	bupropion hcl... 37	CALAN... 84
bromfenac... 164	bupirone... 71	calcipotriene... 103
bromocriptine... 60	busulfan... 49	calcipotriene-betamethasone... 103
brompheniramine-pseudoeph-dm... 178	BUSULFEX... 49	calcitonin (salmon)... 149
BROMSITE... 164	butalbital compound w/codeine... 10	calcitrene... 104
BROVANA... 170	butalbital-acetaminop-caf-cod... 10	calcitriol... 104, 149
BRUKINSA... 49	butalbital-acetaminophen... 10	calcium acetate(phosphat bind)... 111
BRYHALI... 103	butalbital-acetaminophen-caff... 10	calcium chloride... 111
BSS PLUS... 164	butalbital-aspirin-caffeine... 10	calcium disodium versenate... 152
BSS... 164	butorphanol... 10, 11	calcium gluc in nacl, iso-osm... 111
budesonide... 148, 170	BUTRANS... 11	calcium gluconate... 111
bumetanide... 84	BYDUREON BCISE... 73	CALDOLOR... 11
BUNAVAIL... 21	BYDUREON... 73	CALQUENCE... 49
bupap... 10	BYETTA... 73	CAMBIA... 11
BUPHENYL... 122	BYNFEZIA... 139	camila... 130
bupivacaine (pf)... 19	BYSTOLIC... 84	CAMPTOSAR... 49
bupivacaine... 19	BYVALSON... 84	camrese lo... 130
bupivacaine-dextrose-water(pf)... 19	C	camrese... 130
bupivacaine-epinephrine (pf)... 19	c-nate dha... 111	CANASA... 148
bupivacaine-epinephrine bitart... 19	cabergoline... 139	CANCIDAS... 42
bupivacaine-epinephrine... 19	CABLIVI... 79	candesartan... 84
BUPRENEX... 10	CABOMETYX... 49	candesartan-hydrochlorothiazid... 85
buprenorphine hcl... 10, 21	CADUET... 84	CAPASTAT... 47
	CAFCIT... 152	

CAPEX... 104
 CAPLYTA... 62
 CAPRELSA... 49
 captopril... 85
 captopril-hydrochlorothiazide... 85
 CARAC... 104
 CARAFATE... 118
 CARBAGLU... 111
 carbamazepine... 31
 CARBATROL... 31
 carbidopa... 60
 carbidopa-levodopa... 60
 carbidopa-levodopa-entacapone... 60
 carbinoxamine maleate... 170
 CARBOCAINE (PF)... 19
 CARBOCAINE WITH NEO-COBEFRIN... 19
 CARBOCAINE... 19
 carboplatin... 49
 carboprost tromethamine... 128
 CARDIZEM CD... 85
 CARDIZEM LA... 85
 CARDIZEM... 85
 CARDURA XL... 85
 CARDURA... 85
 CAREFINE PEN NEEDLE... 152
 CARETOUCH ALCOHOL PREP PAD... 152
 CARETOUCH INSULIN SYRINGE... 153
 CARETOUCH PEN NEEDLE... 153
 carisoprodol... 175
 carisoprodol-aspirin... 175
 carisoprodol-aspirin-codeine... 175
 carmustine... 49
 CARNITOR (SUGAR-FREE)... 112
 CARNITOR... 111
 CAROSPIR... 85
 carteolol... 164
 cartia xt... 85
 carvedilol phosphate... 85
 carvedilol... 85
 CASODEX... 49
 caspofungin... 42
 CATAPRES... 85
 CATAPRES-TTS-1... 85
 CATAPRES-TTS-2... 85
 CATAPRES-TTS-3... 85
 CAYSTON... 170
 caziant (28)... 130
 cefaclor... 23
 cefadroxil... 23
 cefazolin in dextrose (iso-os)... 23
 cefazolin... 23
 cefdinir... 23
 cefepime in dextrose 5 %... 23
 cefepime in dextrose,iso-osm... 23
 cefepime... 23
 cefixime... 23
 CEFOTAN... 23
 cefotaxime... 23
 cefotetan in dextrose, iso-osm... 23
 cefotetan... 23
 cefoxitin in dextrose, iso-osm... 23
 cefoxitin... 23
 cefpodoxime... 24
 cefprozil... 24
 ceftazidime in d5w... 24
 ceftazidime... 24
 ceftriaxone in dextrose,iso-os... 24
 ceftriaxone... 24
 cefuroxime axetil... 24
 cefuroxime sodium... 24
 CELEBREX... 11
 celecoxib... 11
 CELESTONE SOLUSPAN... 125
 CELEXA... 37
 CELLCEPT INTRAVENOUS... 141
 CELLCEPT... 141
 CELONTIN... 31
 CENTANY... 104
 cephalexin... 24
 CEQUA... 164
 CERDELGA... 122

CEREBYX... 31	cholestyramine (with sugar)... 85	ciprofloxacin-dexamethasone... 168
CEREZYME... 122	cholestyramine light... 85	ciprofloxacin-fluocinolone... 168
CERVIDIL... 153	CHORIONIC GONADOTROPIN, HUMAN... 127	cisplatin... 49
CESAMET... 41	CIALIS... 124	citalopram... 38
cetirizine... 170	ciclodan... 42	CITRANATAL B-CALM (FE GLUC)... 112
cevimeline... 101	ciclopirox... 42, 43	cladribine... 49
CHANTIX CONTINUING MONTH BOX... 21	cidofovir... 66	CLAFORAN... 24
CHANTIX STARTING MONTH BOX... 21	cilostazol... 79	claravis... 104
CHANTIX... 21	CILOXAN... 164	CLARINEX... 170
charlotte 24 fe... 130	CIMDUO... 66	CLARINEX-D 12 HOUR... 153
chateal (28)... 130	cimetidine hcl... 118	clarithromycin... 24
chateal eq (28)... 130	cimetidine... 118	clemastine... 170
CHEMET... 112	CIMZIA POWDER FOR RECONST... 141	CLENPIQ... 118
CHENODAL... 118	CIMZIA STARTER KIT... 141	CLEOCIN HCL... 24
chloramphenicol sod succinate... 24	CIMZIA... 141	CLEOCIN IN 5 % DEXTROSE... 25
chlordiazepoxide hcl... 71	cinacalcet... 149	CLEOCIN PEDIATRIC... 25
chlorhexidine gluconate... 102	CINQAIR... 170	CLEOCIN T... 104
chlorprocaine (pf)... 19	CINRYZE... 141	CLEOCIN... 24
chloroquine phosphate... 59	CINVANTI... 153	CLEVIPREX... 85
chlorothiazide sodium... 85	CIPRO HC... 168	CLICKFINE PEN NEEDLE... 153
chlorothiazide... 85	CIPRO... 24	CLIMARA PRO... 130
chlorpromazine... 62	CIPRODEX... 168	CLIMARA... 130
chlorpropamide... 73	ciprofloxacin (mixture)... 24	clindacin etz... 104
chlorthalidone... 85	ciprofloxacin hcl... 24, 164, 168	clindacin p... 104
chlorzoxazone... 175	ciprofloxacin in 5 % dextrose... 24	CLINDAGEL... 104
CHOLBAM... 122	ciprofloxacin... 24	clindamycin hcl... 25

clindamycin in 0.9 % sod chlor... 25	CLINIMIX 4.25%/D10W SULF FREE... 112	clotrimazole-betamethasone... 43
clindamycin in 5 % dextrose... 25	CLINIMIX 4.25%/D5W SULFIT FREE... 112	clovique... 112
clindamycin palmitate hcl... 25	CLINIMIX 5%-D20W(SULFITE-FREE)... 112	clozapine... 62
clindamycin pediatric... 25	CLINIMIX 5%/D15W SULFITE FREE... 112	CLOZARIL... 62
clindamycin phosphate... 25, 104	CLINIMIX 5%/D25W SULFITE-FREE... 112	COARTEM... 59
clindamycin-benzoyl peroxide... 104	CLINISOL SF 15 %... 112	codeine sulfate... 11
clindamycin-tretinoin... 104	CLINOLIPID... 112	codeine-butalbital-asa-caff... 11
CLINDESSE... 25	clobazam... 32	COGENTIN... 60
CLINIMIX E 2.75%/D10W SUL FREE... 112	clobetasol... 104	COLAZAL... 148
CLINIMIX E 2.75%/D5W SULF FREE... 112	clobetasol-emollient... 104	colesevelam... 85
CLINIMIX E 4.25%/D10W SUL FREE... 112	CLOBEX... 104	COLESTID FLAVORED... 85, 86
CLINIMIX E 4.25%/D25W SUL FREE... 112	clocortolone pivalate... 105	COLESTID... 85
CLINIMIX E 4.25%/D5W SULF FREE... 112	clodan... 105	colestipol... 86
CLINIMIX E 5%/D15W SULFIT FREE... 112	CLODERM... 105	colistin (colistimethate na)... 25
CLINIMIX E 5%/D20W SULFIT FREE... 112	clofarabine... 49	colocort... 148
CLINIMIX E 5%/D25W SULFIT FREE... 112	CLOLAR... 49	COLY-MYCIN M PARENTERAL... 25
CLINIMIX 2.75%/D5W SULFIT FREE... 112	clomipramine... 38	COLY-MYCIN S... 168
CLINIMIX 4.25%-D20W SULF-FREE... 112	clonazepam... 71	COLYTE WITH FLAVOR PACKS... 118
CLINIMIX 4.25%-D25W SULF-FREE... 112	clonidine hcl... 85, 97	COMBIGAN... 164
	clonidine... 85	COMBIPATCH... 130
	clopidogrel... 79	COMBIVENT RESPIMAT... 170
	clorazepate dipotassium... 71	COMBIVIR... 66
	CLOROTEKAL... 19	COMETRIQ... 49, 50
	clotrimazole... 43	COMFORT EZ INSULIN SYRINGE... 153
		COMFORT EZ PEN NEEDLES... 153
		COMPAZINE... 41
		COMPLERA... 66

complete natal dha... 112	COSENTYX PEN... 142	cyclafem 1/35 (28)... 130
compro... 41	COSENTYX... 141	cyclafem 7/7/7 (28)... 130
COMTAN... 60	COSMEGEN... 50	cyclobenzaprine... 175
CONCERTA... 97	COSOPT (PF)... 164	cyclophosphamide... 50
CONDYLOX... 105	COSOPT... 164	cycloserine... 47
constulose... 118	COTELLIC... 50	CYCLOSET... 73
CONZIP... 11	COTEMPLA XR-ODT... 98	cyclosporine modified... 142
COPAXONE... 97	COUMADIN... 79	cyclosporine... 142
COPIKTRA... 50	COZAAR... 86	CYKLOKAPRON... 79
CORDRAN TAPE LARGE ROLL... 105	CREON... 122	CYMBALTA... 38
CORDRAN... 105	CRESEMBA... 43	cyproheptadine... 170
COREG CR... 86	CRESTOR... 86	CYRAMZA... 50
COREG... 86	CRINONE... 130	cyred eq... 130
coremino... 25	CRIXIVAN... 66	cyred... 130
CORGARD... 86	cromolyn... 165, 170	CYSTADANE... 122
CORLANOR... 86	crotan... 105	CYSTADROPS... 165
CORLOPAM... 86	cryselle (28)... 130	CYSTAGON... 122
cormax... 105	CRYSVITA... 122	CYSTARAN... 165
CORTEF... 105	CUBICIN RF... 25	cytarabine (pf)... 50
CORTENEMA... 148	CUBICIN... 25	cytarabine... 50
CORTIFOAM... 148	CUPRIMINE... 112	CYTOGAM... 142
cortisone... 125	CURITY ALCOHOL SWABS... 153	CYTOMEL... 138
CORTISPORIN... 105	CURITY GAUZE... 153	CYTOTEC... 118
CORTISPORIN-TC... 168	CUTAQUIG... 142	CYTOVENE... 66
CORVERT... 86	CUTIVATE... 105	D
CORZIDE... 86	CUVPOSA... 118	D.H.E.45... 46
COSENTYX (2 SYRINGES)... 141	cyanocobalamin (vitamin b-12)... 179	dacarbazine... 50
COSENTYX PEN (2 PENS)... 142		DACOGEN... 50

dactinomycin... 50	deferasirox... 113	DERMATOP... 105
DAKLINZA... 66	deferoxamine... 113	DERMOTIC OIL... 168
dalfampridine... 98	DEFITELIO... 153	DESCOVY... 66
DALIRESP... 170	DELESTROGEN... 130	DESFERAL... 113
DALVANCE... 25	DELSTRIGO... 66	desipramine... 38
danazol... 130	DELZICOL... 148	desloratadine... 170
DANTRIUM... 65	DEMADEX... 86	desmopressin... 127
dantrolene... 65	demeclocycline... 25	desog-e.estradiol/e.estradiol... 130
dapsone... 47, 105	DEMEROL (PF)... 11	desogestrel-ethinyl estradiol... 131
DAPTACEL (DTAP PEDIATRIC) (PF)... 142	DEMEROL... 11	DESONATE... 105
daptomycin... 25	DEMSE... 86	desonide... 105
DARAPRIM... 59	DENAVIR... 66	DESOWEN... 105
darifenacin... 124	DEPACON... 32	desoximetasone... 105
DARZALEX FASPRO... 50	DEPAKENE... 32	DESOXYN... 98
DARZALEX... 50	DEPAKOTE ER... 32	desvenlafaxine succinate... 38
dasetta 1/35 (28)... 130	DEPAKOTE SPRINKLES... 32	desvenlafaxine... 38
dasetta 7/7/7 (28)... 130	DEPAKOTE... 32	DETROL LA... 124
daunorubicin... 50	DEPEN TITRATABS... 113	DETROL... 124
DAURISMO... 50	DEPO-ESTRADIOL... 130	dexabliss... 125
DAYPRO... 11	DEPO-MEDROL... 125	dexamethasone intensol... 125
daysee... 130	DEPO-PROVERA... 130	dexamethasone sodium phos (pf)... 125
DAYTRANA... 98	DEPO-SUBQ PROVERA 104... 130	dexamethasone sodium phosphate... 125, 165
DAYVIGO... 176	DEPO-TESTOSTERONE... 130	dexamethasone... 125
DDAVP... 127	DERMA-SMOOTH/FS BODY OIL... 105	dexchlorpheniramine maleate... 170
deblitane... 130	DERMA-SMOOTH/FS SCALP OIL... 105	DEXEDRINE SPANSULE... 98
decadron... 125	DERMACEA... 153	DEXILANT... 118
decitabine... 50		

dexmethylphenidate... 98	DIASTAT... 32	dilt-xr... 86
DEXPAK 10 DAY... 125	diazepam intensol... 71	diltiazem hcl... 86
DEXPAK 13 DAY... 125	diazepam... 32, 71	dimenhydrinate... 41
DEXPAK 6 DAY... 126	diazoxide... 73	DIOVAN HCT... 87
dexrazoxane hcl... 50	DIBENZYLINE... 86	DIOVAN... 86
DEXTENZA... 165	DICLEGIS... 41	DIPENTUM... 148
dextroamphetamine... 98	diclofenac epolamine... 11	diphen... 170
dextroamphetamine-amphetamine... 98	diclofenac potassium... 11	diphenhydramine hcl... 170, 171
dextrose 10 % and 0.2 % nacl... 113	diclofenac sodium... 11, 105, 165	diphenoxylate-atropine... 118
dextrose 10 % in water (d10w)... 113	diclofenac-misoprostol... 11	DIPROLENE... 106
dextrose 20 % in water (d20w)... 113	dicloxacillin... 25	dipyridamole... 79
dextrose 25 % in water (d25w)... 113	dicyclomine... 118	disopyramide phosphate... 87
dextrose 30 % in water (d30w)... 113	didanosine... 66	disulfiram... 21
dextrose 40 % in water (d40w)... 113	DIFFERIN... 105, 106	DITROPAN XL... 124
dextrose 5 % in water (d5w)... 113	DIFICID... 25	DIURIL IV... 87
dextrose 5 %-lactated ringers... 113	diflorasone... 106	DIURIL... 87
dextrose 5%-0.2 % sod chloride... 113	DIFLUCAN... 43	divalproex... 32
dextrose 5%-0.3 % sod.chloride... 113	diflunisal... 11	DIVIGEL... 131
dextrose 50 % in water (d50w)... 113	digitek... 86	dobutamine in d5w... 87
dextrose 70 % in water (d70w)... 113	digox... 86	dobutamine... 87
DIASTAT ACUDIAL... 32	digoxin... 86	DOCEFREZ... 50
	dihydroergotamine... 46	docetaxel... 50
	DILANTIN EXTENDED... 32	dofetilide... 87
	DILANTIN INFATABS... 32	DOJOLVI... 153
	DILANTIN... 32	DOLOPHINE... 12
	DILANTIN-125... 32	donepezil... 36
	DILATRATE-SR... 86	dopamine in 5 % dextrose... 87
	DILAUDID... 11	dopamine... 87

DOPRAM... 171	DROPLET INSULIN SYR HALF UNIT... 153	DUZALLO... 45
DOPTelet (10 TAB PACK)... 80	DROPLET INSULIN SYRINGE... 154	dvorah... 12
DOPTelet (15 TAB PACK)... 80	DROPLET MICRON PEN NEEDLE... 154	DXEVO... 126
DOPTelet (30 TAB PACK)... 80	DROPLET PEN NEEDLE... 154	DYANAVEL XR... 98
doripenem... 25	DROPSAFE PEN NEEDLE... 154	DYAZIDE... 87
DORYX MPC... 25	drosiprenone-e.estradiol-lm.fa... 131	DYMISTA... 171
DORYX... 25	drosiprenone-ethinyl estradiol... 131	DYRENIUM... 87
dorzolamide... 165	DROXIA... 154	d10 %-0.45 % sodium chloride... 112
dorzolamide-timolol (pf)... 165	DUAKLIR PRESSAIR... 171	d2.5 %-0.45 % sodium chloride... 112
dorzolamide-timolol... 165	DUAVEE... 131	d5 % and 0.9 % sodium chloride... 112
dothelle dha... 113	DUET DHA WITH OMEGA-3... 113	d5 %-0.45 % sodium chloride... 113
dotti... 131	DUETACT... 73	
DOVATO... 66	DUEXIS... 12	E
DOVONEX... 106	DULERA... 171	E.E.S. GRANULES... 26
doxazosin... 87	duloxetine... 38	E.E.S. 400... 26
doxepin... 71, 106, 176	DUOBRII... 106	EASY COMFORT ALCOHOL PAD... 154
doxercalciferol... 149	DUOPA... 60	EASY COMFORT INSULIN SYRINGE... 154
DOXIL... 50	DUPIXENT PEN... 142	EASY COMFORT PEN NEEDLES... 154
doxorubicin... 50	DUPIXENT SYRINGE... 142	EASY GLIDE INSULIN SYRINGE... 154
doxorubicin, peg-liposomal... 50	DURAGESIC... 12	EASY GLIDE PEN NEEDLE... 154
doxy-100... 25	DURAMORPH (PF)... 12	EASY TOUCH ALCOHOL PREP PADS... 154
doxycycline hyclate... 25, 26	DUREZOL... 165	EASY TOUCH FLIPLOCK INSULIN... 154
doxycycline monohydrate... 26	DURYSTA... 165	EASY TOUCH INSULIN SAFETY SYR... 154
doxylamine-pyridoxine (vit b6)... 41	dutasteride... 124	
DRISDOL... 179	dutasteride-tamsulosin... 124	
DRIZALMA SPRINKLE... 38	DUTOPROL... 87	
dronabinol... 41		
droperidol... 62		

EASY TOUCH INSULIN SYRINGE... 155	ELESTAT... 165	EMGALITY SYRINGE... 46
EASY TOUCH LUER LOCK INSULIN... 155	ELESTRIN... 131	emoquette... 131
EASY TOUCH PEN NEEDLE... 155	eletriptan... 46	EMPLICITI... 50
EASY TOUCH SAFETY PEN NEEDLE... 155	ELIDEL... 106	EMSAM... 38
EASY TOUCH SHEATHLOCK INSULIN... 155	ELIGARD (3 MONTH)... 139	emtricitabine... 66
EASY TOUCH UNI-SLIP... 155	ELIGARD (4 MONTH)... 139	EMTRIVA... 66, 67
EASY TOUCH... 154	ELIGARD (6 MONTH)... 139	emverm... 59
EC-NAPROSYN... 12	ELIGARD... 139	ENABLEX... 124
ec-naproxen... 12	ELIMITE... 106	enalapril maleate... 87
econazole... 43	elinest... 131	enalapril-hydrochlorothiazide... 87
EDARBI... 87	ELIQUIS DVT-PE TREAT 30D START... 80	enalaprilat... 87
EDARBYCLOR... 87	ELIQUIS... 80	ENBREL MINI... 142
EDECIN... 87	ELITEK... 50	ENBREL SURECLICK... 142
EDLUAR... 176	ELIXOPHYLLIN... 171	ENBREL... 142
EDURANT... 66	ELLA... 131	ENDARI... 119
efavirenz... 66	ELLECE... 50	endocet... 12
EFFEXOR XR... 38	ELMIRON... 124	ENDOMETRIN... 131
EFFIENT... 80	ELOCON... 106	ENGERIX-B (PF)... 142
EFUDEX... 106	eluryng... 131	ENGERIX-B PEDIATRIC (PF)... 142
EGATEN... 59	ELZONRIS... 50	ENHERTU... 51
EGRIFTA SV... 127	EMADINE... 165	enoxaparin... 80
EGRIFTA... 127	EMBEDA... 12	enpresse... 131
ELAPRASE... 122	EMCYT... 50	enskyce... 131
electrolyte-48 in d5w... 113	EMEND (FOSAPREPITANT)... 41	ENSPRYNG... 142
ELELYSO... 122	EMEND... 41	ENSTILAR... 106
	EMFLAZA... 126	entacapone... 60
	EMGALITY PEN... 46	entecavir... 67
		ENTOCORT EC... 148

ENTRESTO... 87	ERBITUX... 51	esmolol... 87
ENTYVIO... 142	ergocalciferol (vitamin d2)... 179	esomeprazole magnesium... 119
enulose... 119	ergoloid... 36	esomeprazole sodium... 119
ENVARSUS XR... 142	ERGOMAR... 46	esomeprazole strontium... 119
EPANED... 87	ergotamine-caffeine... 46	estarylla... 131
EPCLUSA... 67	ERIVEDGE... 51	estazolam... 176
EPIDIOLEX... 32	ERLEADA... 51	ESTRACE... 131
EPIDUO FORTE... 106	erlotinib... 51	estradiol valerate... 131
EPIDUO... 106	errin... 131	estradiol... 131
EPIFOAM... 106	ERTACZO... 43	estradiol-norethindrone acet... 131
epinastine... 165	ertapenem... 26	ESTRING... 131
epinephrine... 171	ERWINAZE... 51	ESTROGEL... 131
EPIPEN JR 2-PAK... 171	ery pads... 106	ESTROSTEP FE-28... 131
EPIPEN JR... 171	ERY-TAB... 26	eszopiclone... 176
EPIPEN 2-PAK... 171	ERYGEL... 106	ethacrynate sodium... 87
EPIPEN... 171	ERYPED 200... 26	ethacrynic acid... 88
epirubicin... 51	ERYPED 400... 26	ethambutol... 47
epitol... 32	ERYTHROCIN (AS STEARATE)... 26	ethosuximide... 32
EPIVIR HBV... 67	ERYTHROCIN... 26	ethynodiol diac-eth estradiol... 131
EPIVIR... 67	erythromycin ethylsuccinate... 26	ETHYOL... 51
eplerenone... 87	erythromycin with ethanol... 106	etidronate disodium... 149
EPOGEN... 80	erythromycin... 26, 165	etodolac... 12
epoprostenol (glycine)... 171	erythromycin-benzoyl peroxide... 106	etonogestrel-ethinyl estradiol... 131
eprosartan... 87	ESBRIET... 171	ETOPOPHOS... 51
eptifibatide... 80	escitalopram oxalate... 38	etoposide... 51
EPZICOM... 67	ESGIC... 12	EUCRISA... 106
EQUETRO... 32	esmolol in nacl (iso-osm)... 87	EURAX... 106
ERAXIS(WATER DILUENT)... 43		EUTHYROX... 138

EVAMIST... 132	falmina (28)... 132	FENOGLIDE... 88
EVEKEO ODT... 98	famciclovir... 67	fenoprofen... 12
EVEKEO... 98	famotidine (pf)... 119	FENSOLVI... 139
EVENITY... 149	famotidine (pf)-nacl (iso-os)... 119	fentanyl citrate (pf)... 12
everolimus (immunosuppressive)... 142	famotidine... 119	fentanyl citrate... 12
EVISTA... 132	FANAPT... 62	fentanyl... 12
EVOCLIN... 106	FARESTON... 51	FENTORA... 13
EVOMELA... 51	FARXIGA... 73	FERRIPROX (2 TIMES A DAY)... 113
EVOTAZ... 67	FARYDAK... 51	FERRIPROX... 113
EVOXAC... 102	FASENRA PEN... 171	FETROJA... 26
EVZIO... 21	FASENRA... 171	FETZIMA... 38
EXALGO ER... 12	FASLODEX... 51	FEXMID... 175
EXEL INSULIN... 155	fayosim... 132	FIASP FLEXTOUCH U-100 INSULIN... 73
EXELDERM... 43	FAZACLO... 62	FIASP PENFILL U-100 INSULIN... 73
EXELON... 36	febuxostat... 45	FIASP U-100 INSULIN... 73
exemestane... 51	felbamate... 32	FIBRICOR... 88
EXFORGE HCT... 88	FELBATOL... 32	FINACEA... 106
EXFORGE... 88	FELDENE... 12	finasteride... 124
EXJADE... 113	felodipine... 88	FINTEPLA... 32
EXTAVIA... 98	FEMARA... 51	FIORICET WITH CODEINE... 13
EXTINA... 43	FEMHRT LOW DOSE... 132	fioricet... 13
EZALLOR SPRINKLE... 88	FEMRING... 132	FIORINAL... 13
ezetimibe... 88	femynor... 132	FIORINAL-CODEINE #3... 13
ezetimibe-simvastatin... 88	fenofibrate micronized... 88	FIRAZYR... 142
F	fenofibrate nanocrystallized... 88	FIRDAPSE... 98
FABIOR... 106	fenofibrate... 88	FIRMAGON KIT W DILUENT SYRINGE... 139
FABRAZYME... 122	fenofibric acid (choline)... 88	
	fenofibric acid... 88	

FIRMAGON... 139	fluocinonide-emollient... 107	FORTAZ... 26
FIRVANQ... 26	fluorometholone... 165	FORTEO... 149
flac otic oil... 168	FLUOROPLEX... 107	FORTESTA... 132
FLAGYL... 26	fluorouracil... 51, 107	FOSAMAX PLUS D... 149
FLAREX... 165	fluoxetine... 38	FOSAMAX... 149
flavoxate... 124	fluphenazine decanoate... 63	fosamprenavir... 67
FLEBOGAMMA DIF... 142	fluphenazine hcl... 63	fosaprepitant... 41
flecainide... 88	flurandrenolide... 107	FOSCAVIR... 67
FLECTOR... 13	flurazepam... 176	fosinopril... 88
FLOLIPID... 88	flurbiprofen sodium... 165	fosinopril-hydrochlorothiazide... 88
FLOMAX... 124	flurbiprofen... 13	fosphenytoin... 32
FLOVENT DISKUS... 171	flutamide... 51	FOSRENOL... 113
FLOVENT HFA... 171	fluticasone propion-salmeterol... 171	FRAGMIN... 80
floxuridine... 51	fluticasone propionate... 107, 171	FREAMINE HBC 6.9 %... 113
fluconazole in dextrose(iso-o)... 43	fluvastatin... 88	FREAMINE III 10 %... 113
fluconazole in nacl (iso-osm)... 43	fluvoxamine... 38	FREESTYLE PRECISION... 155
fluconazole... 43	FML FORTE... 165	FROVA... 46
flucytosine... 43	FML LIQUIFILM... 165	frovatriptan... 46
fludarabine... 51	FML S.O.P.... 165	FULPHILA... 80
fludrocortisone... 126	FOCALIN XR... 99	fulvestrant... 51
FLUMADINE... 67	FOCALIN... 98	FURADANTIN... 26
flumazenil... 155	folic acid... 179	furosemide... 88
flunisolide... 171	FOLOTYN... 51	FUSILEV... 51
fluocinolone acetonide oil... 168	fomepizole... 155	FUZEON... 67
fluocinolone and shower cap... 106	fondaparinux... 80	fyavolv... 132
fluocinolone... 106	FORFIVO XL... 38	FYCOMPA... 32
fluocinonide... 106, 107	FORTAMET... 73	
fluocinonide-e... 107		G
		gabapentin... 32, 33

GABITRIL... 33	gemfibrozil... 89	GLUCAGON (HCL) EMERGENCY KIT... 73
GALAFOLD... 122	GEMZAR... 51	GLUCAGON EMERGENCY KIT (HUMAN)... 73
galantamine... 36	GENERESS FE... 132	GLUCOPHAGE XR... 74
GAMASTAN S/D... 142	generlac... 119	GLUCOPHAGE... 74
GAMASTAN... 142	gengraf... 143	GLUCOTROL XL... 74
GAMMAGARD LIQUID... 142	GENOTROPIN MINIQUICK... 128	GLUCOTROL... 74
GAMMAGARD S-D (IGA < 1 MCG/ML)... 142	GENOTROPIN... 127	GLUMETZA... 74
GAMMAKED... 142	gentak... 165	glyburide micronized... 74
GAMMAPLEX (WITH SORBITOL)... 143	gentamicin in nacl (iso-osm)... 26	glyburide... 74
GAMMAPLEX... 143	gentamicin sulfate (ped) (pf)... 26	glyburide-metformin... 74
GAMUNEX-C... 143	gentamicin sulfate (pf)... 26	GLYCATE... 119
ganciclovir sodium... 67	gentamicin... 26, 165	GLYCOPHOS... 113
GARDASIL 9 (PF)... 143	GENVOYA... 67	glycopyrrolate (pf) in water... 119
GASTROCROM... 171	GEODON... 63	glycopyrrolate... 119
gatifloxacin... 165	gianvi (28)... 132	glydo... 19
GATTEX ONE-VIAL... 119	GILENYA... 99	GLYNASE... 74
GATTEX 30-VIAL... 119	GILOTRIF... 51	GLYSET... 74
GAUZE BANDAGE... 155	GIVLAARI... 155	GLYXAMBI... 74
GAUZE PAD... 155	GLASSIA... 122	GOCOVRI... 60
gavilyte-c... 119	glatiramer... 99	GOLYTELY... 119
gavilyte-g... 119	glatopa... 99	GONITRO... 89
gavilyte-n... 119	GLEEVEC... 51	GRALISE 30-DAY STARTER PACK... 99
GAVRETO... 51	glimepiride... 73	GRALISE... 99
GAZYVA... 51	glipizide... 73	granisetron (pf)... 41
GELNIQUE... 124	glipizide-metformin... 73	granisetron hcl... 41
gemcitabine... 51	GLOPERBA... 45	GRANIX... 80
	GLUCAGEN HYPOKIT... 73	

GRASTEK... 171
 griseofulvin microsize... 43
 griseofulvin ultramicrosize... 43
 guanfacine... 89, 99
 guanidine... 47
 GVOKE HYPOPEN 1-PACK... 74
 GVOKE HYPOPEN 2-PACK... 74
 GVOKE PFS 1-PACK SYRINGE... 74
 GVOKE PFS 2-PACK SYRINGE... 74
 gynazole-1... 43

H

HAEGARDA... 143
 hailey fe 1.5/30 (28)... 132
 hailey fe 1/20 (28)... 132
 hailey 24 fe... 132
 hailey... 132
 HALAVEN... 52
 halcinonide... 107
 HALCION... 176
 HALDOL DECANOATE... 63
 HALDOL... 63
 halobetasol propionate... 107
 HALOG... 107
 haloperidol decanoate... 63
 haloperidol lactate... 63
 haloperidol... 63
 HARVONI... 67
 HAVRIX (PF)... 143

HEALTHWISE INSULIN SYRINGE... 155
 HEALTHWISE PEN NEEDLE... 155
 HEALTHY ACCENTS UNIFINE PENTIP... 156
 heather... 132
 HECTOROL... 149, 150
 helidac... 119
 HEMABATE... 128
 HEMADY... 126
 HEMANGEOL... 89
 hemenatal ob + dha... 113
 heparin (porcine)... 80, 81
 heparin, porcine (pf)... 81
 HEPATAMINE 8%... 113
 HEPSERA... 67
 HERCEPTIN HYLECTA... 52
 HERCEPTIN... 52
 HERZUMA... 52
 HETLIOZ... 176
 HEXALEN... 52
 HIBERIX (PF)... 143
 hidex... 126
 HIPREX... 27
 HIZENTRA... 143
 HORIZANT... 99
 HUMALOG JUNIOR KWIKPEN U-100... 74
 HUMALOG KWIKPEN INSULIN... 74

HUMALOG MIX 50-50 INSULN U-100... 74
 HUMALOG MIX 50-50 KWIKPEN... 74
 HUMALOG MIX 75-25 KWIKPEN... 74
 HUMALOG MIX 75-25(U-100)INSULN... 74
 HUMALOG U-100 INSULIN... 74
 HUMAPEN LUXURA HD... 156
 HUMATROPE... 128
 HUMIRA PEDIATRIC CROHNS START... 143
 HUMIRA PEN CROHNS-UC-HS START... 143
 HUMIRA PEN PSOR-UEITS-ADOL HS... 143
 HUMIRA PEN... 143
 HUMIRA... 143
 HUMIRA(CF) PEDI CROHNS STARTER... 143
 HUMIRA(CF) PEN CROHNS-UC-HS... 143
 HUMIRA(CF) PEN PSOR-UV-ADOL HS... 143
 HUMIRA(CF) PEN... 143
 HUMIRA(CF)... 143
 HUMULIN N NPH INSULIN KWIKPEN... 75
 HUMULIN N NPH U-100 INSULIN... 75
 HUMULIN R REGULAR U-100 INSULN... 75

HUMULIN R U-500 (CONC)	hydromorphone (pf)... 13	idarubicin... 52
INSULIN... 75	hydromorphone... 13	IDHIFA... 52
HUMULIN R U-500 (CONC)	hydroxocobalamin... 179	IFEX... 52
KWIKPEN... 75	hydroxychloroquine... 59	ifosfamide... 52
HUMULIN 70/30 U-100 INSULIN... 74	hydroxyprogesterone cap(preg presv)... 132	ILEVRO... 165
HUMULIN 70/30 U-100 KWIKPEN... 75	hydroxyprogesterone cap(ppres)... 132	ILUMYA... 144
HYCAMTIN... 52	hydroxyprogesterone caproate... 132	imatinib... 52
hydralazine... 89	hydroxyurea... 52	IMBRUVICA... 52
HYDREA... 52	hydroxyzine hcl... 71, 72	IMFINZI... 52
hydrochlorothiazide... 89	hydroxyzine pamoate... 171	imipenem-cilastatin... 27
hydrocodone bitartrate... 13	HYPERRAB (PF)... 144	imipramine hcl... 38
hydrocodone-acetaminophen... 13	HYPERRAB S/D (PF)... 144	imipramine pamoate... 38
hydrocodone-chlorpheniramine... 178	HYPERTET S/D (PF)... 144	imiquimod... 108
hydrocodone-cpm-pseudoephed... 178	HYSINGLA ER... 13	IMITREX STATDOSE PEN... 46
hydrocodone-guaifenesin... 178	HYZAAR... 89	IMITREX STATDOSE REFILL... 46
hydrocodone-homatropine... 178	I	IMITREX... 46
hydrocodone-ibuprofen... 13	ibandronate... 150	IMLYGIC... 52
hydrocortisone butyr-emollient... 107	IBRANCE... 52	IMOGAM RABIES-HT (PF)... 144
hydrocortisone butyrate... 107	ibu... 14	IMOVAX RABIES VACCINE (PF)... 144
hydrocortisone valerate... 107	IBUDONE... 14	IMPAVIDO... 59
hydrocortisone... 107, 148	ibuprofen... 14	IMPOYZ... 108
hydrocortisone-acetic acid... 168	ibuprofen-oxycodone... 14	IMURAN... 144
hydrocortisone-min oil-wht pet... 108	ibutilide fumarate... 89	INBRIJA... 60
hydromet... 178	icatibant... 144	incassia... 132
	ICLUSIG... 52	INCONTROL ALCOHOL PADS... 156
	IDAMYCIN PFS... 52	INCONTROL PEN NEEDLE... 156
		INCRELEX... 128
		INCRUSE ELLIPTA... 171

indapamide... 89	INSULIN SYRINGE... 156	IRESSA... 52
INDERAL LA... 89	INSULIN SYRINGE-NEEDLE U-100... 156	irinotecan... 53
INDOCIN... 14	INSUPEN... 156	ISENTRESS HD... 67
indomethacin sodium... 14	INTEGRILIN... 81	ISENTRESS... 67
indomethacin... 14	INTELENCE... 67	isibloom... 132
INFANRIX (DTAP) (PF)... 144	INTERMEZZO... 176	isochron... 89
INFLECTRA... 144	INTRALIPID... 113	ISOLYTE S PH 7.4... 114
INFUGEM... 52	INTRON A... 144	ISOLYTE-P IN 5 % DEXTROSE... 114
INFUMORPH P/F... 14	introvale... 132	ISOLYTE-S... 114
INFUVITE ADULT... 179	INTUNIVER... 99	isoniazid... 47
INFUVITE PEDIATRIC... 179	INVANZ... 27	ISOPTO CARPINE... 165
INGREZZA INITIATION PACK... 99	INVEGA SUSTENNA... 63	ISORDIL TITRADOSE... 89
INGREZZA... 99	INVEGA TRINZA... 63	ISORDIL... 89
INLYTA... 52	INVEGA... 63	isosorbide dinitrate... 89
INNOPRAN XL... 89	INVELTYS... 165	isosorbide mononitrate... 89
INQOVI... 52	INVIRASE... 67	isotretinoin... 108
INREBIC... 52	INVOKAMET XR... 75	isradipine... 89
INSPRA... 89	INVOKAMET... 75	ISTALOL... 165
INSULIN ASP PRT-INSULIN ASPART... 75	INVOKANA... 75	ISTODAX... 53
INSULIN ASPART U-100... 75	IONOSOL-B IN D5W... 113	ISTURISA... 156
INSULIN LISPRO PROTAMIN-LISPRO... 75	IONOSOL-MB IN D5W... 114	ISUPREL... 89
INSULIN LISPRO... 75	IOPIDINE... 165	itraconazole... 43
INSULIN SYR/NDL U100 HALF MARK... 156	IPOP... 144	IV PREP WIPES... 156
INSULIN SYRINGE MICROFINE... 156	ipratropium bromide... 171	ivermectin... 59, 108
INSULIN SYRINGE NEEDLELESS... 156	ipratropium-albuterol... 172	IXEMPRA... 53
	irbesartan... 89	IXIARO (PF)... 144
	irbesartan-hydrochlorothiazide... 89	

J

JADENU SPRINKLE... 114

JADENU... 114	JYNARQUE... 114	KERYDIN... 43
jaimiess... 132		ketoconazole... 43
JAKAFI... 53	K-TAB... 114	ketodan... 43
JALYN... 124	KABIVEN... 114	ketoprofen... 14
jantoven... 81	KADCYLA... 53	ketorolac... 14, 165
JANUMET XR... 75	KADIAN... 14	KEVEYIS... 122
JANUMET... 75	kaitlib fe... 132	KEVZARA... 144
JANUVIA... 75	KALETRA... 67	KEYTRUDA... 53
JARDIANCE... 75	kalliga... 133	KHAPZORY... 53
jasmiel (28)... 132	KALYDECO... 172	KHEDEZLA... 38
jencycla... 132	KANJINTI... 53	KINERET... 144
JENTADUETO XR... 75	KANUMA... 122	KINRIX (PF)... 144
JENTADUETO... 75	KAPSPARGO SPRINKLE... 89	kionex (with sorbitol)... 114
jevantage lo... 132	KAPVAY... 99	KISQALI FEMARA CO-PACK... 53
JEVTANA... 53	KARBINAL ER... 172	KISQALI... 53
jinteli... 132	kariva (28)... 133	KITABIS PAK... 27
jolessa... 132	KATERZIA... 89	KLARON... 27
jolivette... 132	KAZANO... 75	KLONOPIN... 72
JORNAY PM... 99	KEDRAB (PF)... 144	klor-con m10... 114
JUBLIA... 43	KEFLEX... 27	KLOR-CON M15... 114
juleber... 132	kelnor 1-50... 133	klor-con m20... 114
JULUCA... 67	kelnor 1/35 (28)... 133	klor-con sprinkle... 114
junel fe 1.5/30 (28)... 132	KENALOG... 126	KLOR-CON 10... 114
junel fe 1/20 (28)... 132	KENALOG-80... 126	KLOR-CON 8... 114
junel fe 24... 132	KENGREAL... 81	klor-con... 114
junel 1.5/30 (21)... 132	KEPIVANCE... 102	KOMBIGLYZE XR... 76
junel 1/20 (21)... 132	KEPPRA XR... 33	KORLYM... 156
JUXTAPID... 89	KEPPRA... 33	KOSELUGO... 53

KOSHER PRENATAL PLUS IRON... 114
 KRINTAFEL... 59
 KRISTALOSE... 119
 kurvelo (28)... 133
 KUVAN... 122
 KYNMOBI... 60
 KYPROLIS... 53

L

l norgest/e.estradiol-e.estrad... 133
 labetalol... 89, 90
 LACRISERT... 165
 lactated ringers... 114, 156
 lactulose... 119
 LAMICTAL ODT STARTER (BLUE)... 33
 LAMICTAL ODT STARTER (GREEN)... 33
 LAMICTAL ODT STARTER (ORANGE)... 33
 LAMICTAL ODT... 33
 LAMICTAL STARTER (BLUE) KIT... 33
 LAMICTAL STARTER (GREEN) KIT... 33
 LAMICTAL STARTER (ORANGE) KIT... 33
 LAMICTAL XR STARTER (BLUE)... 33
 LAMICTAL XR STARTER (GREEN)... 33
 LAMICTAL XR STARTER (ORANGE)... 33
 LAMICTAL XR... 33

LAMICTAL... 33
 lamivudine... 67, 68
 lamivudine-zidovudine... 68
 lamotrigine... 33
 LANOXIN PEDIATRIC... 90
 LANOXIN... 90
 lansoprazole... 119
 lanthanum... 114
 LANTUS SOLOSTAR U-100 INSULIN... 76
 LANTUS U-100 INSULIN... 76
 larin fe 1.5/30 (28)... 133
 larin fe 1/20 (28)... 133
 larin 1.5/30 (21)... 133
 larin 1/20 (21)... 133
 larin 24 fe... 133
 larissia... 133
 LARTRUVO... 53
 LASIX... 90
 LASTACAFT... 165
 latanoprost... 165
 LATUDA... 63
 LAYOLIS FE... 133
 LAZANDA... 14
 ledipasvir-sofosbuvir... 68
 leena 28... 133
 leflunomide... 144
 LEMTRADA... 99

LENVIMA... 53
 LESCOL XL... 90
 LESCOL... 90
 lessina... 133
 LETAIRIS... 172
 letrozole... 53
 leucovorin calcium... 53
 LEUKERAN... 53
 LEUKINE... 81
 leuprolide... 139
 levalbuterol hcl... 172
 levalbuterol tartrate... 172
 LEVAQUIN... 27
 LEVEMIR FLEXTOUCH U-100 INSULIN... 76
 LEVEMIR U-100 INSULIN... 76
 levetiracetam in nacl (iso-os)... 34
 levetiracetam... 33, 34
 LEVITRA... 181
 LEVO-T... 138
 levobunolol... 165
 levocarnitine (with sugar)... 114
 levocarnitine... 114
 levocetirizine... 172
 levofloxacin in d5w... 27
 levofloxacin... 27, 165
 levoleucovorin calcium... 53
 levonest (28)... 133

levonorg-eth estrad triphasic... 133	linezolid in dextrose 5%... 27	LOESTRIN 1.5/30 (21)... 133
levonorgestrel-ethinyl estrad... 133	linezolid... 27	LOESTRIN 1/20 (21)... 133
LEVOPHED (BITARTRATE)... 90	linezolid-0.9% sodium chloride... 27	lojaimiess... 133
levora-28... 133	LINZESS... 119	LOKELMA... 114
levorphanol tartrate... 14	liothyronine... 138	LOMOTIL... 119
levothyroxine... 138	LIPITOR... 90	LONHALA MAGNAIR REFILL... 172
LEVOXYL... 138	lipodox 50... 54	LONHALA MAGNAIR STARTER... 172
LEVULAN... 53	lipodox... 54	LONSURF... 54
LEXAPRO... 39	LIPOFEN... 90	loperamide... 119
LEXETTE... 108	lisinopril... 90	LOPID... 90
LEXIVA... 68	lisinopril-hydrochlorothiazide... 90	lopinavir-ritonavir... 68
LIALDA... 148	LITE TOUCH INSULIN PEN NEEDLES... 156	lopreeza... 133
LIBTAYO... 54	LITE TOUCH INSULIN SYRINGE... 157	LOPRESSOR HCT... 90
LICART... 14	lithium carbonate... 72	LOPRESSOR... 90
lidocaine (pf) in d7.5w... 19	lithium citrate... 72	LOPROX (AS OLAMINE)... 44
lidocaine (pf)... 19, 90	LITHOBID... 72	LOPROX... 43
lidocaine hcl... 19	LITHOSTAT... 157	lorazepam intensol... 72
lidocaine in 5 % dextrose (pf)... 90	LIVALO... 90	lorazepam... 72
lidocaine viscous... 19	LO LOESTRIN FE... 133	LORBRENA... 54
lidocaine... 19	lo-zumandimine (28)... 133	lorcet (hydrocodone)... 14
lidocaine-epinephrine bit... 19	LOCOID LIPOCREAM... 108	lorcet hd... 14
lidocaine-epinephrine... 19	LOCOID... 108	lorcet plus... 14
lidocaine-prilocaine... 19	LODINE... 14	lortab elixir... 14
LIDODERM... 20	LODOSYN... 60	loryna (28)... 133
lillow (28)... 133	LOESTRIN FE 1.5/30 (28-DAY)... 133	LORZONE... 176
LINCOCIN... 27	LOESTRIN FE 1/20 (28-DAY)... 133	losartan... 90
lincomycin... 27		losartan-hydrochlorothiazide... 90
lindane... 108		LOSEASONIQUE... 133

LOTEMAX SM... 166	lutera (28)... 133	magnesium sulfate... 114
LOTEMAX... 166	LUXIQ... 108	MAKENA (PF)... 134
LOTENSIN HCT... 90	LUZU... 44	MAKENA... 134
LOTENSIN... 90	LYNPARZA... 54	MALARONE PEDIATRIC... 59
loteprednol etabonate... 166	LYRICA CR... 99	MALARONE... 59
LOTREL... 90	LYRICA... 99	malathion... 108
LOTRISONE... 44	LYSODREN... 139	mannitol 10 %... 90
LOTRONEX... 119	LYSTEDA... 81	mannitol 20 %... 90
lovastatin... 90	LYUMJEV KWIKPEN U-100 INSULIN... 76	mannitol 25 %... 90
LOVAZA... 90	LYUMJEV KWIKPEN U-200 INSULIN... 76	mannitol 5 %... 90
LOVENOX... 81	LYUMJEV U-100 INSULIN... 76	maprotiline... 39
low-ogestrel (28)... 133	lyza... 133	MARCAINE (PF)... 20
loxapine succinate... 63		MARCAINE SPINAL (PF)... 20
LUCEMYRA... 21	M	MARCAINE... 20
luliconazole... 44	M.V.I. ADULT... 179	MARCAINE-EPINEPHRINE (PF)... 20
LUMIGAN... 166	M.V.I. PEDIATRIC... 179	MARCAINE-EPINEPHRINE... 20
LUMIZYME... 122	M.V.I.-12 (WITHOUT VITAMIN K)... 179	MARINOL... 41
LUMOXITI... 54	M-M-R II (PF)... 144	marlissa (28)... 134
LUNESTA... 177	m-natal plus... 114	MARPLAN... 39
LUPANETA PACK (1 MONTH)... 139	MACROBID... 27	MARQIBO... 54
LUPANETA PACK (3 MONTH)... 139	MACRODANTIN... 27	MATULANE... 54
LUPRON DEPOT (3 MONTH)... 139	mafenide acetate... 108	matzim la... 91
LUPRON DEPOT (4 MONTH)... 139	MAGELLAN INSULIN SAFETY SYRNG... 157	MAVENCLAD (10 TABLET PACK)... 99
LUPRON DEPOT (6 MONTH)... 139	MAGELLAN SYRINGE... 157	MAVENCLAD (4 TABLET PACK)... 99
LUPRON DEPOT... 139	magnesium sulfate in d5w... 114	MAVENCLAD (5 TABLET PACK)... 99
LUPRON DEPOT-PED (3 MONTH)... 139	magnesium sulfate in water... 114	MAVENCLAD (6 TABLET PACK)... 99
LUPRON DEPOT-PED... 139		MAVENCLAD (7 TABLET PACK)... 99
		MAVENCLAD (8 TABLET PACK)... 99

MAVENCLAD (9 TABLET PACK)... 99	melodetta 24 fe... 134	MESTINON... 47
MAVYRET... 68	meloxicam... 14	metadate er... 99
MAXALT... 46	melphalan hcl... 54	metaproterenol... 172
MAXALT-MLT... 46	melphalan... 54	metaxall... 176
MAXI-COMFORT INSULIN SYRINGE... 157	memantine... 37	metaxalone... 176
MAXICOMFORT II PEN NEEDLE... 157	MENACTRA (PF)... 144	metformin... 76
MAXICOMFORT INSULIN SYRINGE... 157	MENEST... 134	methadone intensol... 15
MAXICOMFORT SAFETY PEN NEEDLE... 157	MENOSTAR... 134	methadone... 15
MAXIDEX... 166	MENQUADFI (PF)... 144	METHADOSE... 15
MAXIPIME... 27	MENTAX... 44	methamphetamine... 99
MAXITROL... 166	MENVEO A-C-Y-W-135-DIP (PF)... 144	methazolamide... 91
MAXZIDE... 91	meperidine (pf)... 15	methenamine hippurate... 27
MAXZIDE-25MG... 91	meperidine... 15	methergine... 157
MAYZENT STARTER PACK... 99	MEPHYTON... 179	methimazole... 140
MAYZENT... 99	mepivacaine (pf)... 20	METHITEST... 134
meclizine... 41	meprobamate... 72	methocarbamol... 176
meclofenamate... 14	MEPRON... 59	methotrexate sodium (pf)... 144
MEDROL (PAK)... 126	MEPSEVII... 122	methotrexate sodium... 144
MEDROL... 126	mercaptapurine... 54	methoxsalen... 108
medroxyprogesterone... 134	meropenem... 27	methscopolamine... 119
mefenamic acid... 14	meropenem-0.9% sodium chloride... 27	methyclothiazide... 91
mefloquine... 59	MERREM... 27	methyl dopa... 91
MEGACE ES... 134	mesalamine... 148	methyl dopa-hydrochlorothiazide... 91
megestrol... 134	mesna... 54	methyl dopate... 91
MEKINIST... 54	MESNEX... 54	methylergonovine... 157
MEKTOVI... 54	MESTINON TIMESPAN... 47	METHYLIN... 100
		methylphenidate hcl... 100

methylprednisolone acetate... 126	micort-hc... 126	MINOLIRA ER... 28
methylprednisolone sodium succ... 126	MICRODOT INSULIN PEN NEEDLE... 157	minoxidil... 91
methylprednisolone... 126	microgestin fe 1.5/30 (28)... 134	MIOSTAT... 166
methyltestosterone... 134	microgestin fe 1/20 (28)... 134	MIRAPEX ER... 60
metipranolol... 166	microgestin 1.5/30 (21)... 134	MIRAPEX... 60
metoclopramide hcl... 41	microgestin 1/20 (21)... 134	MIRCERA... 81
metolazone... 91	MICROGESTIN 24 FE... 134	MIRCETTE (28)... 134
metoprolol succinate... 91	MICROZIDE... 91	mirtazapine... 39
metoprolol ta-hydrochlorothiaz... 91	midodrine... 91	MIRVASO... 108
metoprolol tartrate... 91	migergot... 46	misoprostol... 120
METRO I.V.... 27	miglitol... 76	MITIGARE... 45
METROCREAM... 27	miglustat... 122	mitigo (pf)... 15
METROGEL VAGINAL... 27	MIGRANAL... 46	mitomycin... 54
METROGEL... 27	mili... 134	mitoxantrone... 54
METROLOTION... 27	millipred dp... 126	MOBIC... 15
metronidazole in nacl (iso-os)... 27	millipred... 126	modafinil... 177
metronidazole... 27	milrinone in 5 % dextrose... 91	moderiba... 68
metyrosine... 91	milrinone... 91	moexipril... 91
mexiletine... 91	mimvey lo... 134	moexipril-hydrochlorothiazide... 91
MIACALCIN... 150	mimvey... 134	molindone... 63
mibelas 24 fe... 134	MINASTRIN 24 FE... 134	mometasone... 108, 172
micalfungin... 44	MINI ULTRA-THIN II... 157	mondoxyne nl... 28
MICARDIS HCT... 91	MINIPRESS... 91	MONJUVI... 144
MICARDIS... 91	minitran... 91	mono-linyah... 134
miconazole nitrate-zinc ox-pet... 44	MINIVELLE... 134	MONODOX... 28
miconazole-3... 44	MINOCIN... 27, 28	MONOJECT INSULIN SAFETY SYRINGE... 157
	minocycline... 28	MONOJECT INSULIN SYRINGE... 158

MONOJECT SYRINGE... 158	MVASI... 54	nalocet... 16
MONOJECT ULTRA COMFORT INSULIN... 158	MYALEPT... 120	naloxone... 21
mononessa (28)... 134	MYAMBUTOL... 47	naltrexone... 21
montelukast... 172	MYCAMINE... 44	NAMENDA TITRATION PAK... 37
MONUROL... 28	MYCAPSSA... 139	NAMENDA XR... 37
morgidox... 28	MYCOBUTIN... 47	NAMENDA... 37
MORPHABOND ER... 15	mycophenolate mofetil (hcl)... 145	NAMZARIC... 37
morphine (pf)... 16	mycophenolate mofetil... 144, 145	NAPRELAN CR... 16
morphine concentrate... 16	mycophenolate sodium... 145	NAPROSYN... 16
morphine... 15, 16	MYDAYIS... 100	naproxen sodium... 16
MOTEGRITY... 120	MYFORTIC... 145	naproxen... 16
MOTOFEN... 120	MYLOTARG... 54	naproxen-esomeprazole... 16
MOVANTIK... 120	myorisan... 108	naratriptan... 46
MOVIPREP... 120	MYRBETRIQ... 124	NARCAN... 21
MOXEZA... 166	MYSOLINE... 34	NARDIL... 39
moxifloxacin... 28, 166	MYTESI... 120	NAROPIN (PF)... 20
moxifloxacin-sod.ace,sul-water... 28	myzilra... 134	NASCOBAL... 179
moxifloxacin-sod.chloride(iso)... 28	N	NASONEX... 172
MOZOBIL... 81	nabumetone... 16	NATACHEW (FE BIS-GLYCINATE)... 114
MS CONTIN... 16	nadolol... 91	NATACYN... 166
MULPLETA... 81	nadolol-bendroflumethiazide... 91	NATAZIA... 134
MULTAQ... 91	nafcillin in dextrose iso-osm... 28	nateglinide... 76
mupirocin calcium... 108	nafcillin... 28	NATESTO... 134
mupirocin... 108	naftifine... 44	NATPARA... 150
MUSTARGEN... 54	NAFTIN... 44	NATRECOR... 92
MUTAMYCIN... 54	NAGLAZYME... 122	NATROBA... 108
	nalbuphine... 16	NAVELBINE... 54
	NALFON... 16	

NAYZILAM... 34	NEVANAC... 166	nitrofurantoin monohyd/m-cryst... 28
NEBUPENT... 59	nevirapine... 68	nitrofurantoin... 28
necon 0.5/35 (28)... 134	NEXAVAR... 54	nitroglycerin in 5 % dextrose... 92
nefazodone... 39	NEXIUM IV... 120	nitroglycerin... 92
NEMBUTAL SODIUM... 34	NEXIUM PACKET... 120	NITROLINGUAL... 92
neo-polycin hc... 166	NEXIUM... 120	NITROSTAT... 92
neo-polycin... 166	NEXLETOL... 92	NITYR... 122
NEO-SYNALAR... 108	NEXLIZET... 92	NIVESTYM... 81
neomycin... 28	NEXTERONE... 92	nizatidine... 120
neomycin-bacitracin-poly-hc... 166	niacin... 92	NIZORAL... 44
neomycin-bacitracin-polymyxin... 166	niacor... 92	NOCDURNA (MEN)... 128
neomycin-polymyxin b gu... 158	NIASPAN EXTENDED-RELEASE... 92	NOCDURNA (WOMEN)... 128
neomycin-polymyxin b-dexameth... 166	nicardipine... 92	nolix... 108
neomycin-polymyxin-gramicidin... 166	NICOTROL NS... 21	nora-be... 134
neomycin-polymyxin-hc... 166, 168	NICOTROL... 21	NORCO... 16
NEORAL... 145	nifedipine... 92	NORDITROPIN FLEXP... 128
NEPHRAMINE 5.4 %... 115	nikki (28)... 134	norepinephrine bitartrate... 92
NERLYNX... 54	NILANDRON... 54	noreth-ethinyl estradiol-iron... 134
NESACAINE... 20	nilutamide... 54	norethindrone (contraceptive)... 134
NESACAINE-MPF... 20	nimodipine... 92	norethindrone ac-eth estradiol... 135
NESINA... 76	NINLARO... 54	norethindrone acetate... 135
neuac... 108	NIPENT... 54	norethindrone-e.estradiol-iron... 135
NEULASTA... 81	nisoldipine... 92	NORGESIC FORTE... 176
NEUPOGEN... 81	nitisinone... 122	norgestimate-ethinyl estradiol... 135
NEUPRO... 60	NITRO-BID... 92	NORITATE... 28
NEURONTIN... 34	NITRO-DUR... 92	
	nitrofurantoin macrocrystal... 28	

norlyda... 135	NOVOLIN 70-30 FLEXPEN U-100... 76	NUVARING... 135
NORMOSOL-M IN 5 % DEXTROSE... 115	NOVOLIN 70/30 U-100 INSULIN... 76	NUVESSA... 28
NORMOSOL-R IN 5 % DEXTROSE... 115	NOVOLOG FLEXPEN U-100 INSULIN... 76	NUVIGIL... 177
NORMOSOL-R PH 7.4... 115	NOVOLOG MIX 70-30 U-100 INSULN... 76	NUZYRA (7 DAY WITH LOAD DOSE)... 28
NORMOSOL-R... 115	NOVOLOG MIX 70-30FLEXPEN U-100... 77	NUZYRA (7 DAY)... 28
NORPACE CR... 92	NOVOLOG PENFILL U-100 INSULIN... 77	NUZYRA... 28
NORPACE... 92	NOVOLOG U-100 INSULIN ASPART... 77	nyamyc... 44
NORPRAMIN... 39	NOVOPEN ECHO... 158	NYMALIZE... 92, 93
NORTHERA... 92	NOVOTWIST... 158	nystatin... 44
nortrel 0.5/35 (28)... 135	NOXAFIL... 44	nystatin-triamcinolone... 44
nortrel 1/35 (21)... 135	NUBEQA... 54	nystop... 44
nortrel 1/35 (28)... 135	NUCALA... 172	0
nortrel 7/7/7 (28)... 135	NUCYNTE ER... 17	O-CAL PRENATAL... 115
nortriptyline... 39	NUCYNTE... 17	OB COMPLETE ONE... 115
NORVASC... 92	NUEDEXTA... 100	OB COMPLETE PETITE... 115
NORVIR... 68	NULYTELY LEMON-LIME... 120	OB COMPLETE PREMIER... 115
NOURIANZ... 60	NULYTELY WITH FLAVOR PACKS... 120	OBREDON... 178
NOVAREL... 128	NUPLAZID... 63	OCALIVA... 120
NOVOFINE AUTOCOVER... 158	NURTEC ODT... 158	ocella... 135
NOVOFINE PLUS... 158	NUTRESTORE... 120	OCREVUS... 100
NOVOFINE 32... 158	NUTRILIPID... 115	OCTAGAM... 145
NOVOLIN N FLEXPEN... 76	NUTROPIN AQ NUSPIN... 128	octreotide acetate... 140
NOVOLIN N NPH U-100 INSULIN... 76		OCUFLOX... 166
NOVOLIN R FLEXPEN... 76		ODACTRA... 172
NOVOLIN R REGULAR U-100 INSULN... 76		ODEFSEY... 68
		ODOMZO... 54
		OFEV... 172

ofloxacin... 28, 166, 168	ONCASPAR... 55	ORIAHNN... 158
ogestrel (28)... 135	ondansetron hcl (pf)... 41	ORLISSA... 140
OGIVRI... 54	ondansetron hcl... 41	ORKAMBI... 172, 173
okebo... 28	ondansetron... 41	orphenadrine citrate... 176
olanzapine... 63, 64	ONEXTON... 108	orphenadrine-asa-caffeine... 176
olanzapine-fluoxetine... 39	ONFI... 34	orphengesic forte... 176
olmesartan... 93	ONGENTYS... 60	orsythia... 135
olmesartan-amlodipin-hcthiazyd... 93	ONGLYZA... 77	ORTHO MICRONOR... 135
olmesartan-hydrochlorothiazide... 93	ONIVYDE... 55	ORTHO TRI-CYCLEN (28)... 135
olopatadine... 166, 172	ONMEL... 44	ORTHO TRI-CYCLEN LO (28)... 135
OLUMIANT... 145	ONTRUZANT... 55	ORTHO-CYCLEN (28)... 135
OLUX... 108	ONUREG... 55	ORTHO-NOVUM 1/35 (28)... 135
OLUX-E... 108	ONZETRA XSAIL... 46	ORTHO-NOVUM 7/7/7 (28)... 135
OMECLAMOX-PAK... 120	OPANA... 17	ORTIKOS... 148
omega-3 acid ethyl esters... 93	OPDIVO... 55	oseltamivir... 68
MEGAVEN... 115	opium tincture... 120	OSENI... 77
omeppi... 120	OPSUMIT... 172	OSMITROL 10 %... 93
omeprazole... 120	ORACEA... 28	OSMITROL 15 %... 93
omeprazole-sodium bicarbonate... 120	ORALAIR... 172	OSMITROL 20 %... 93
OMNARIS... 172	oralone... 102	OSMITROL 5 %... 93
OMNIPOD DASH 5 PACK POD... 158	ORAP... 64	OSMOLEX ER... 60
OMNIPOD INSULIN MANAGEMENT... 158	ORAPRED ODT... 126	OSMOPREP... 120
OMNIPOD INSULIN REFILL... 158	ORAVIG... 44	OSPHENA... 135
OMNIPRED... 166	ORBACTIV... 28	OTEZLA STARTER... 108, 109
OMNITROPE... 128	ORENCIA CLICKJECT... 145	OTEZLA... 108
	ORENCIA... 145	OTOVEL... 168
	ORENITRAM... 172	OTREXUP (PF)... 145
	ORFADIN... 122	OVIDE... 109

oxacillin in dextrose(iso-osm)... 28	PALYNZIQ... 122, 123	peg-electrolyte soln... 120
oxacillin... 28	PAMELOR... 39	peg-prep... 120
oxaliplatin... 55	pamidronate... 150	PEGANONE... 34
oxandrolone... 135	PANCREAZE... 123	PEGASYS PROCLICK... 145
oxaprozin... 17	PANDEL... 109	PEGASYS... 145
OXAYDO... 17	PANRETIN... 55	PEGINTRON... 145
oxazepam... 72	pantoprazole... 120	peg3350-sod sul-nacl-kcl-asb-c... 120
OXBRYTA... 158	PANZYGA... 145	PEMAZYRE... 55
oxcarbazepine... 34	paraplatin... 55	PEN NEEDLE... 158
OXERVATE... 166	paricalcitol... 150	PEN NEEDLE, DIABETIC... 158
oxiconazole... 44	PARLODEL... 61	penicillamine... 115
OXISTAT... 44	PARNATE... 39	penicillin g pot in dextrose... 29
OXSORALEN ULTRA... 109	paroex oral rinse... 102	penicillin g potassium... 29
OXTELLAR XR... 34	paromomycin... 28	penicillin g procaine... 29
oxybutynin chloride... 124	paroxetine hcl... 39	penicillin g sodium... 29
oxycodone... 17	paroxetine mesylate(menop.sym)... 39	penicillin v potassium... 29
oxycodone-acetaminophen... 17	PASER... 47	PENLAC... 44
oxycodone-aspirin... 17	PATADAY... 166	PENNSAID... 17
OXYCONTIN... 17	PATANASE... 173	PENTACEL (PF)... 145
oxymorphone... 17	PATANOL... 166	PENTAM... 59
oxytocin... 158	PAXIL CR... 39	pentamidine... 59
OXYTROL... 124	PAXIL... 39	PENTASA... 148
OZEMPIC... 77	PAZEO... 166	pentazocine-naloxone... 17
P	PEDIAPRED... 126	PENTIPS... 158
PACERONE... 93	PEDIARIX (PF)... 145	pentobarbital sodium... 34
paclitaxel... 55	PEDVAX HIB (PF)... 145	pentoxifylline... 93
PADCEV... 55	peg 3350-electrolytes... 120	pepcid... 120
paliperidone... 64		

PERCOCET... 17	phrenilin forte(with caffeine)... 17	pnv ob+dha... 115
PERFOROMIST... 173	PHYSIOLYTE... 158	pnv-dha... 179
PERIKABIVEN... 115	PHYSIOSOL IRRIGATION... 158	pnv-omega... 179
perindopril erbumine... 93	phytonadione (vitamin k1)... 179	podofilox... 109
periogard... 102	PICATO... 109	POLIVY... 55
PERJETA... 55	PIFELTRO... 68	polocaine... 20
permethrin... 109	pilocarpine hcl... 102, 166	polocaine-mpf... 20
perphenazine... 64	pimecrolimus... 109	polycin... 166
perphenazine-amitriptyline... 39	pimozide... 64	polymyxin b sulf-trimethoprim... 166
PERSERIS... 64	pimtrea (28)... 135	polymyxin b sulfate... 29
PERTZYE... 123	pindolol... 93	POLYTRIM... 167
PEXEVA... 39	pioglitazone... 77	POMALYST... 55
pfizerpen-g... 29	pioglitazone-glimepiride... 77	portia 28... 135
phenadoz... 42	pioglitazone-metformin... 77	PORTRAZZA... 55
phenelzine... 39	piperacillin-tazobactam... 29	posaconazole... 44, 45
PHENERGAN... 42	PIQRAY... 55	POTABA... 179
phenobarbital sodium... 34	pirmella... 135	potassium acetate... 115
phenobarbital... 34	piroxicam... 17	potassium chlorid-d5-0.45%nacl... 115
phenoxybenzamine... 93	PITOCIN... 158	potassium chloride in lr-d5... 115
phenylephrine hcl... 93	PLAQUENIL... 59	potassium chloride in water... 115
PHENYTEK... 34	PLASMA-LYTE A... 115	potassium chloride in 0.9%nacl... 115
phenytoin sodium extended... 34	PLASMA-LYTE 148... 115	potassium chloride in 5 % dex... 115
phenytoin sodium... 34	PLAVIX... 81	potassium chloride... 115
phenytoin... 34	PLEGRIDY... 100	potassium chloride-d5-0.2%nacl... 116
PHESGO... 55	plenamine... 115	
philith... 135	PLENVU... 120	
PHOSLYRA... 115	PLIAGLIS... 20	
PHOSPHOLINE IODIDE... 166	plixda... 109	

potassium chloride-d5-0.3%nacl... 116	prednisolone sodium phosphate... 126, 167	PREVENT DROPSAFE PEN NEEDLE... 158
potassium chloride-d5-0.9%nacl... 116	prednisolone... 126	previfem... 136
potassium chloride-0.45 % nacl... 115	prednisone intensol... 126	PREVYMIS... 68
potassium citrate... 116	prednisone... 126	PREZCOBIX... 68
POTELIGEO... 55	PREFEST... 135	PREZISTA... 68
pr natal 400 ec... 116	pregabalin... 100	PRIALT... 158
pr natal 400... 116	PREGNYL... 128	PRIFTIN... 47
pr natal 430 ec... 116	PREMARIN... 135	PRILOSEC... 121
pr natal 430... 116	PREMASOL 10 %... 116	primaquine... 59
PRADAXA... 81	PREMASOL 6 %... 116	PRIMAXIN IV... 29
PRALUENT PEN... 93	PREMPHASE... 135	primidone... 34
pramipexole... 61	PREMPRO... 136	primlev... 17
PRANDIN... 77	PRENATA... 116	PRIMSOL... 29
prasugrel... 81	PRENATABS FA... 116	PRINIVIL... 93
PRAVACHOL... 93	prenatal plus (calcium carb)... 116	PRISTIQ... 39
pravastatin... 93	prenatal plus dha... 116	PRIVIGEN... 145
praziquantel... 59	prenatal vitamin plus low iron... 116	PRO COMFORT ALCOHOL PADS... 159
prazosin... 93	prenatal-u... 179	PRO COMFORT INSULIN SYRINGE... 159
PRECOSE... 77	PRENATE ELITE... 116	PRO COMFORT PEN NEEDLE... 159
PRED FORTE... 167	preplus... 116	PROAIR DIGIHALER... 173
PRED MILD... 167	PREPOPIK... 120	PROAIR HFA... 173
PRED-G S.O.P.... 167	PRESTALIA... 93	PROAIR RESPICLICK... 173
PRED-G... 167	PRETOMANID... 47	probenecid... 45
prednicarbate... 109	PREVACID SOLUTAB... 121	probenecid-colchicine... 45
prednisolone acetate... 167	PREVACID... 120	procainamide... 93
	prevalite... 93	PROCALAMINE 3%... 116

PROCARDIA XL... 93	promethazine-codeine... 178	PULMOZYME... 173
PROCARDIA... 93	promethazine-dm... 178	PURE COMFORT ALCOHOL PADS... 159
procentra... 100	promethazine-phenyleph-codeine... 178	PURE COMFORT PEN NEEDLE... 159
prochlorperazine edisylate... 42	promethazine-phenylephrine... 159	PURIXAN... 55
prochlorperazine maleate... 42	promethegan... 42	PYLERA... 121
prochlorperazine... 42	PROMETRIUM... 136	pyrazinamide... 47
PROCRIT... 82	propafenone... 93, 94	pyridostigmine bromide... 47
procto-med hc... 109	propantheline... 121	pyridoxine (vitamin b6)... 179
procto-pak... 109	proparacaine... 167	pyrimethamine... 59
PROCTOFOAM HC... 149	propranolol... 94	Q
proctosol hc... 109	propranolol-hydrochlorothiazid... 94	QBRELIS... 94
proctozone-hc... 109	propylthiouracil... 140	QBREXZA... 109
PROCYSBI... 123	PROQUAD (PF)... 145	QINLOCK... 55
PRODIGY INSULIN SYRINGE... 159	PROSCAR... 124	QMIIZ ODT... 18
profeno... 17	PROSOL 20 %... 116	QNASL... 173
progesterone micronized... 136	protamine... 159	QTERN... 77
progesterone... 136	PROTONIX... 121	QUADRACEL (PF)... 145
PROGLYCEM... 77	PROTOPIC... 109	QUALAQUIN... 59
PROGRAF... 145	protriptyline... 39	QUARTETTE... 136
PROLASTIN-C... 123	PROVENTIL HFA... 173	quasense... 136
prolate... 17	PROVERA... 136	QUDEXY XR... 34
PROLENSA... 167	PROVIGIL... 177	QUESTRAN LIGHT... 94
PROLEUKIN... 55	PROZAC... 39	QUESTRAN... 94
PROLIA... 150	PRUDOXIN... 109	quetiapine... 64
PROMACTA... 82	psorcon... 109	QUILLICHEW ER... 100
promethazine vc... 159	PULMICORT FLEXHALER... 173	QUILLIVANT XR... 100
promethazine vc-codeine... 178	PULMICORT... 173	quinapril... 94
promethazine... 42		

quinapril-hydrochlorothiazide... 94	REBIF REBIDOSE... 101	repaglinide... 77
quinidine gluconate... 94	REBIF TITRATION PACK... 101	repaglinide-metformin... 77
quinidine sulfate... 94	REBLOZYL... 82	REPATHA PUSHTRONEX... 94
quinine sulfate... 59	RECARBRIO... 29	REPATHA SURECLICK... 94
QUZYTIR... 173	RECLAST... 150	REPATHA SYRINGE... 94
QVAR REDIHALER... 173	reclipsen (28)... 136	REQUIP XL... 61
R	RECOMBIVAX HB (PF)... 146	REQUIP... 61
RABAVERT (PF)... 145	RECTIV... 159	RESCRIPTOR... 68
rabeprazole... 121	REGLAN... 42	RESECTISOL... 94
RADICAVA... 100	REGONOL... 47	RESPA-AR... 178
RAGWITEK... 173	REGRANEX... 109	RESTASIS MULTIDOSE... 167
rajani... 136	RELAFEN DS... 18	RESTASIS... 167
raloxifene... 136	RELAFEN... 18	RESTORIL... 177
ramelteon... 177	RELENZA DISKHALER... 68	RETACRIT... 82
ramipril... 94	relexxii... 101	RETEVMO... 55
RANEXA... 94	RELION NEEDLES... 159	RETIN-A MICRO PUMP... 109
ranolazine... 94	RELION PEN NEEDLES... 159	RETIN-A MICRO... 109
RAPAFLO... 124	RELISTOR... 121	RETIN-A... 109
RAPAMUNE... 145	RELPAK... 46	RETROVIR... 68, 69
rasagiline... 61	REMERON SOLTAB... 39	REVATIO... 173
RASUVO (PF)... 146	REMERON... 39	REVCovi... 123
RAVICTI... 123	REMICADE... 146	REVLIMID... 55
RAYALDEE... 150	REMODULIN... 173	revonto... 65
RAYOS... 126	RENACIDIN... 159	REXULTI... 64
RAZADYNE ER... 37	RENAGEL... 116	REYATAZ... 69
RAZADYNE... 37	RENFLEXIS... 146	REYVOW... 46
REBETOL... 68	RENVELA... 116	RHOFADE... 109
REBIF (WITH ALBUMIN)... 100	REOPRO... 82	RHOPHYLAC... 146

RHOPRESSA... 167	rivastigmine tartrate... 37	RUZURGI... 101
RIASTAP... 82	rivastigmine... 37	RYBELSUS... 77
RIBASPHERE RIBAPAK... 69	rivelsa... 136	RYCLORA... 173
ribaspHERE... 69	rizatriptan... 46	RYDAPT... 56
ribavirin... 69, 159	ROBAXIN... 176	RYTARY... 61
RIDAURA... 146	ROBAXIN-750... 176	RYTHMOL SR... 94
rifabutin... 47	ROBINUL FORTE... 121	RYVENT... 173
RIFADIN... 47, 48	ROBINUL... 121	S
RIFAMATE... 48	ROCALTROL... 150	SABRIL... 35
rifampin... 48	ROCKLATAN... 167	SAFESNAP INSULIN SYRINGE... 159
RIFATER... 48	romidepsin... 56	SAFETY PEN NEEDLE... 159
RILUTEK... 101	ropinirole... 61	SAFYRAL... 136
riluzole... 101	ropivacaine (pf)... 20	SAIZEN SAIZENPREP... 128
rimantadine... 69	rosadan... 29	SAIZEN... 128
RIMSO-50... 159	rosuvastatin... 94	SALAGEN (PILOCARPINE)... 102
ringer's... 116, 159	ROTARIX... 146	SAMSCA... 116
RINVOQ... 146	ROTATEQ VACCINE... 146	SANCUSO... 42
RIOMET ER... 77	ROWASA... 149	SANDIMMUNE... 146
RIOMET... 77	roweepra xr... 35	SANDOSTATIN LAR DEPOT... 140
risedronate... 150	roweepra... 35	SANDOSTATIN... 140
RISPERDAL CONSTA... 64	ROXICODONE... 18	SANTYL... 109
RISPERDAL... 64	ROXYBOND... 18	SAPHRIS... 64
risperidone... 64	ROZEREM... 177	sapropterin... 123
RITALIN LA... 101	ROZLYTREK... 56	SARAFEM... 39, 40
RITALIN... 101	RUBRACA... 56	SARCLISA... 56
ritonavir... 69	RUCONEST... 146	SAVAYSA... 82
RITUXAN HYCELA... 55	RUKOBIA... 69	SAVELLA... 101
RITUXAN... 55	RUXIENCE... 56	scopolamine base... 42

se-natal 19 chewable... 116	sevelamer carbonate... 116	SIVEXTRO... 29
SEASONIQUE... 136	sevelamer hcl... 116	SKELAXIN... 176
SECONAL SODIUM... 35	SEYSARA... 29	SKLICE... 59
SECUADO... 64	SFROWASA... 149	SKYRIZI... 146
SEEBRI NEOHALER... 173	sharobel... 136	SLYND... 136
SEGLUROMET... 77	SHINGRIX (PF)... 146	SMOFLIPID... 116
SELECT-OB (FOLIC ACID)... 116	SIGNIFOR... 140	sodium acetate... 116
SELECT-OB + DHA... 116	SIKLOS... 159	sodium benzoate-sod phenylacet... 159
SELECT-OB... 116	sildenafil (pulm.hypertension)... 173	sodium bicarbonate... 117
selegiline hcl... 61	sildenafil... 178	sodium chloride 0.45 %... 117
selenium sulfide... 109	SILENOR... 177	sodium chloride 0.9 %... 117
SELZENTRY... 69	SILIQ... 146	sodium chloride 3 %... 117
SEMGLEE PEN U-100 INSULIN... 77	silodosin... 124	sodium chloride 5 %... 117
SEMGLEE U-100 INSULIN... 77	SILVADENE... 109	sodium chloride... 117, 159
SEMPREX-D... 159	silver sulfadiazine... 109	SODIUM EDECRIN... 94
SENSIPAR... 150	SIMBRINZA... 167	sodium lactate... 117
SENSORCAINE... 20	simliya (28)... 136	sodium phenylbutyrate... 123
sensorcaine-epinephrine... 20	simpesse... 136	sodium phosphate... 117
sensorcaine-mpf spinal... 20	SIMPONI ARIA... 146	sodium polystyrene (sorb free)... 117
SENSORCAINE-MPF... 20	SIMPONI... 146	sodium polystyrene sulfonate... 117
sensorcaine-mpf/epinephrine... 20	SIMULECT... 146	SOLARAZE... 109
SEREVENT DISKUS... 173	simvastatin... 94	solifenacin... 124
SERNIVO... 109	SINEMET CR... 61	SOLIQUA 100/33... 77
SEROQUEL XR... 64, 65	SINEMET... 61	SOLODYN... 29
SEROQUEL... 64	SINGULAIR... 173	SOLOSEC... 29
SEROSTIM... 128	sirolimus... 146	soloxide... 29
sertraline... 40	SIRTURO... 48	
setlakin... 136	SITAVIG... 69	

SOLTAMOX... 56	SPRIX... 18	subvenite starter (blue) kit... 35
SOLU-CORTEF ACT-O-VIAL (PF)... 127	SPRYCEL... 56	subvenite starter (green) kit... 35
SOLU-CORTEF... 126	SPS (WITH SORBITOL)... 117	subvenite starter (orange) kit... 35
SOLU-MEDROL (PF)... 127	sronyx... 136	subvenite... 35
SOLU-MEDROL... 127	SSD... 110	SUCRAID... 123
SOMA... 176	STALEVO 100... 61	sucralfate... 121
SOMATULINE DEPOT... 140	STALEVO 125... 61	SULAR... 94
SOMAVERT... 140	STALEVO 150... 61	sulfacetamide sodium (acne)... 29
SONATA... 177	STALEVO 200... 61	sulfacetamide sodium... 29, 167
SOOLANTRA... 109	STALEVO 50... 61	sulfacetamide-prednisolone... 167
sorbitol-mannitol... 159	STALEVO 75... 61	sulfadiazine... 29
SORIATANE... 109	STARLIX... 77	sulfamethoxazole-trimethoprim... 29
SORILUX... 109	stavudine... 69	SULFAMYLON... 110
sorine... 94	STEGLATRO... 77	sulfasalazine... 149
sotalol af... 94	STEGLUJAN... 77	SULFATRIM... 29
sotalol... 94	STELARA... 146, 147	sulindac... 18
SOTYLIZE... 94	STIMATE... 128	sumatriptan succinate... 46, 47
SOVALDI... 69	STIOLTO RESPIMAT... 174	sumatriptan... 46
SPIRIVA RESPIMAT... 173	STIVARGA... 56	sumatriptan-naproxen... 47
SPIRIVA WITH HANDIHALER... 173	STRATTERA... 101	SUMAVEL DOSEPRO... 47
spironolacton-hydrochlorothiaz... 94	STRENSIQ... 123	SUNOSI... 177
spironolactone... 94	streptomycin... 29	SUPRAX... 29
SPORANOX PULSEPAK... 45	STRIANT... 136	SUPREP BOWEL PREP KIT... 121
SPORANOX... 45	STRIBILD... 69	SURE COMFORT ALCOHOL PREP PADS... 159
sprintec (28)... 136	STRIVERDI RESPIMAT... 174	SURE COMFORT INS. SYR. U-100... 159
SPRITAM... 35	STROMECTOL... 59	
	SUBOXONE... 21	
	SUBSYS... 18	

SURE COMFORT INSULIN SYRINGE... 160	SYNERA... 20	tamsulosin... 125
SURE COMFORT PEN NEEDLE... 160	SYNERCID... 29	TAPAZOLE... 140
SURE-FINE PEN NEEDLES... 160	SYNJARDY XR... 78	taperdex... 127
SURE-JECT INSULIN SYRINGE... 160	SYNJARDY... 78	TARCEVA... 56
SURE-PREP ALCOHOL PREP PADS... 160	SYNRIBO... 56	TARGADOX... 30
SURMONTIL... 40	SYNTHROID... 138	TARGETIN... 56
SUSTIVA... 69	SYPRINE... 117	tarina fe 1-20 eq (28)... 136
SUTENT... 56	T	tarina fe 1/20 (28)... 136
syeda... 136	TABLOID... 56	tarina 24 fe... 136
SYLATRON... 147	TABRECTA... 56	TARKA... 95
SYLVANT... 147	TACLONEX... 110	TASIGNA... 56
SYMBICORT... 174	tacrolimus... 110, 147	TASMAR... 61
SYMBYAX... 40	tadalafil (pulm. hypertension)... 174	TAVALISSE... 82
SYMDEKO... 174	tadalafil... 125	TAXOTERE... 56
SYMFI LO... 69	TAFINLAR... 56	TAYTULLA... 136
SYMFI... 69	TAGRISSE... 56	tazarotene... 110
SYMJEPI... 174	TAKHZYRO... 147	tazicef... 30
SYMLINPEN 120... 77	TALICIA... 121	TAZORAC... 110
SYMLINPEN 60... 77	TALTZ AUTOINJECTOR (2 PACK)... 147	taztia xt... 95
SYMPAZAN... 35	TALTZ AUTOINJECTOR (3 PACK)... 147	TAZVERIK... 56
SYMPROIC... 121	TALTZ AUTOINJECTOR... 147	TDVAX... 147
SYMTUZA... 69	TALTZ SYRINGE... 147	TECENTRIQ... 56
SYNAGIS... 160	TALWIN... 18	TECFIDERA... 101
SYNALAR... 110	TALZENNA... 56	TECHLITE INSULIN SYR HALF UNIT... 160
SYNAREL... 140	TAMIFLU... 69	TECHLITE INSULIN SYRINGE... 160
SYNDROS... 42	tamoxifen... 56	TECHLITE PEN NEEDLE... 160
		TEFLARO... 30

TEGRETOL XR... 35	testosterone cypionate... 137	tiagabine... 35
TEGRETOL... 35	testosterone enanthate... 137	TIAZAC... 95
TEGSEDI... 123	testosterone... 136	TIBSOVO... 57
TEKTURNA HCT... 95	TESTRED... 137	TIGAN... 42
TEKTURNA... 95	TETANUS,DIPHThERIA TOX PED(PF)... 147	tigecycline... 30
telmisartan... 95	tetrabenazine... 101	TIGLUTIK... 101
telmisartan-amlodipine... 95	tetracycline... 30	TIKOSYN... 95
telmisartan-hydrochlorothiazid... 95	TEXACORT... 110	tilia fe... 137
temazepam... 177	THALOMID... 56	timolol maleate... 95, 167
TEMIXYS... 69	THAM... 117	TIMOPTIC OCUDOSE (PF)... 167
TEMODAR... 56	THEO-24... 174	TIMOPTIC... 167
TEMOVATE... 110	theophylline in dextrose 5 %... 174	TIMOPTIC-XE... 167
temsirolimus... 56	theophylline... 174	TINDAMAX... 30
tencon... 18	thiamine hcl (vitamin b1)... 180	tinidazole... 30
teniposide... 56	THINPRO INSULIN SYRINGE... 161	TIROSINT... 138
TENIVAC (PF)... 147	THIOLA EC... 125	TIROSINT-SOL... 139
tenofovir disoproxil fumarate... 69	THIOLA... 125	TIVICAY PD... 70
TENORETIC 100... 95	thioridazine... 65	TIVICAY... 69, 70
TENORETIC 50... 95	thiotepa... 57	TIVORBEX... 18
TENORMIN... 95	thiothixene... 65	tizanidine... 65
TEPEZZA... 160	THYMOGLOBULIN... 147	TOBI PODHALER... 174
terazosin... 95	THYROLAR-1... 138	TOBI... 30
terbinafine hcl... 45	THYROLAR-1/2... 138	TOBRADEX ST... 167
terbutaline... 174	THYROLAR-1/4... 138	TOBRADEX... 167
terconazole... 45	THYROLAR-2... 138	tobramycin in 0.225 % nacl... 30
TERUMO INSULIN SYRINGE... 161	THYROLAR-3... 138	tobramycin sulfate... 30
TESSALON PERLES... 178	tiadylt er... 95	tobramycin with nebulizer... 30
TESTIM... 136		tobramycin... 167

tobramycin-dexamethasone... 167	TOVIAZ... 125	tretinoin microspheres... 110
TOBEX... 167	TPN ELECTROLYTES... 117	tretinoin... 110
TOFRANIL... 40	TRACLEER... 174	TREXALL... 147
TOLAK... 110	TRADJENTA... 78	TREXIMET... 47
tolazamide... 78	tramadol... 18	TREZIX... 18
tolbutamide... 78	tramadol-acetaminophen... 18	tri femynor... 137
tolcapone... 61	trandolapril... 95	tri-estarylla... 137
tolmetin... 18	trandolapril-verapamil... 95	tri-legest fe... 137
TOLSURA... 45	tranexamic acid... 82	tri-linyah... 137
tolterodine... 125	TRANSDERM-SCOP... 42	tri-lo-estarylla... 137
tolvaptan... 117	TRANXENE T-TAB... 72	tri-lo-marzia... 137
TOPAMAX... 35	tranylcypromine... 40	tri-lo-mili... 137
TOPCARE CLICKFINE... 161	TRAVASOL 10 %... 117	tri-lo-sprintec... 137
TOPCARE ULTRA COMFORT... 161	TRAVATAN Z... 167	tri-mili... 137
TOPICORT... 110	travoprost... 167	TRI-NORINYL (28)... 137
topiramate... 35	TRAZIMERA... 57	tri-previfem (28)... 137
toposar... 57	trazodone... 40	tri-sprintec (28)... 137
topotecan... 57	TREANDA... 57	tri-vylibra lo... 137
TOPROL XL... 95	TRECATOR... 48	tri-vylibra... 137
toremifene... 57	TRELEGY ELLIPTA... 174	triamcinolone acetonide... 102, 127
TORISEL... 57	TRELSTAR... 140	triamterene... 95
torseamide... 95	TREMFYA... 147	triamterene-hydrochlorothiazid... 95
TOSYMRA... 47	treprostinil sodium... 174	trianex... 127
TOTECT... 57	TRESIBA FLEXTOUCH U-100... 78	triazolam... 177
TOUJEO MAX U-300 SOLOSTAR... 78	TRESIBA FLEXTOUCH U-200... 78	TRIBENZOR... 96
TOUJEO SOLOSTAR U-300 INSULIN... 78	TRESIBA U-100 INSULIN... 78	TRICARE... 117
tovet emollient... 110	TRETIN-X... 110	TRICOR... 96
	tretinoin (antineoplastic)... 57	

triderm... 127	TROGARZO... 70	tydemy... 137
TRIDESILON... 110	TROKENDI XR... 35	TYGACIL... 30
trientine... 117	TROPHAMINE 10 %... 117	TYKERB... 57
trifluoperazine... 65	TROPHAMINE 6%... 117	TYLENOL-CODEINE #3... 18
trifluridine... 167	trosipium... 125	TYLENOL-CODEINE #4... 18
TRIGLIDE... 96	TRUE COMFORT ALCOHOL PADS... 161	TYMLOS... 150
trihexyphenidyl... 61	TRUE COMFORT INSULIN SYRINGE... 161	TYPHIM VI... 147
TRIJARDY XR... 78	TRUE COMFORT PEN NEEDLE... 161	TYSABRI... 101
TRIKAFTA... 174	TRUEPLUS INSULIN... 161	TYVASO INSTITUTIONAL START KIT... 174
triklo... 96	TRUEPLUS PEN NEEDLE... 161	TYVASO REFILL KIT... 174
TRILEPTAL... 35	TRULANCE... 121	TYVASO STARTER KIT... 174
TRILIPIX... 96	TRULICITY... 78	TYVASO... 174
trilyte with flavor packets... 121	TRUMENBA... 147	U
trimethobenzamide... 42	TRUSOPT... 167	UBRELVY... 161
trimethoprim... 30	TRUVADA... 70	UCERIS... 149
trimipramine... 40	TRUXIMA... 57	UDENYCA... 82
trinatal rx 1... 117	TUDORZA PRESSAIR... 174	ULORIC... 45
trinessa (28)... 137	TUKYSA... 57	ULTICARE INSULIN SYR HALF UNIT... 161
trinessa lo... 137	tulana... 137	ULTICARE INSULIN SYRINGE... 161
TRINTELLIX... 40	TURALIO... 57	ULTICARE PEN NEEDLE... 162
TRIOSTAT... 139	TUSSICAPS... 178	ULTICARE... 161
TRIPTODUR... 140	TUSSIONEX PENNKINETIC ER... 178	ULTIGUARD SAFE PACK... 162
TRISENOX... 57	TUZISTRA XR... 178	ULTILET ALCOHOL SWAB... 162
TRISTART DHA... 117	TWINRIX (PF)... 147	ULTILET INSULIN SYRINGE... 162
TRIUMEQ... 70	TWYNSTA... 96	ULTILET PEN NEEDLE... 162
triveen-duo dha... 117	TYBOST... 70	ULTRA CMFT INS SYR HALF UNIT... 162
trivora (28)... 137		
TRIZIVIR... 70		

ULTRA COMFORT INSULIN SYRINGE... 162	UROCIT-K 15... 117	vanadom... 176
ULTRA FLO INSULIN SYRINGE... 162	UROCIT-K 5... 117	vanatol lq... 18
ULTRA FLO PEN NEEDLE... 162	UROXATRAL... 125	vanatol s... 18
ULTRA THIN PEN NEEDLE... 162	URSO FORTE... 121	VANCOGIN... 30
ULTRA-THIN II (SHORT) INS SYR... 162	URSO 250... 121	vancomycin in dextrose 5 %... 30
ULTRA-THIN II (SHORT) PEN ND... 162	ursodiol... 121	vancomycin in 0.9 % sodium chl... 30
ULTRA-THIN II INS PEN NEEDLES... 162	UTIBRON NEOHALER... 175	vancomycin... 30
ULTRA-THIN II INSULIN SYRINGE... 162	UVADEX... 110	vancomycin-water inject (peg)... 30
ULTRACARE INSULIN SYRINGE... 163		VANDAZOLE... 30
ULTRACARE PEN NEEDLE... 163	V	VANISHPOINT INSULIN SYRINGE... 163
ULTRACET... 18	V-GO 20... 163	VANISHPOINT SYRINGE... 163
ULTRAM... 18	V-GO 30... 163	VANOS... 110
ULTRAVATE... 110	V-GO 40... 163	VAPRISOL IN 5 % DEXTROSE... 117
UNASYN... 30	VABOMERE... 30	VAQTA (PF)... 147
UNIFINE PENTIPS MAXFLOW... 163	VAGIFEM... 137	vardenafil... 181
UNIFINE PENTIPS PLUS MAXFLOW... 163	valacyclovir... 70	VARIVAX (PF)... 147
UNIFINE PENTIPS PLUS... 163	VALCHLOR... 57	VARIZIG... 147
UNIFINE PENTIPS... 163	VALCYTE... 70	VARUBI... 42
UNIFINE SAFECONTROL... 163	valganciclovir... 70	VASCEPA... 96
UNITHROID... 139	VALIUM... 72	VASERETIC... 96
UNITUXIN... 57	valproate sodium... 35	VASOTEC... 96
UPTRAVI... 175	valproic acid (as sodium salt)... 36	VAZCULEP... 96
URECHOLINE... 125	valproic acid... 36	vecamyl... 96
UROCIT-K 10... 117	valrubicin... 57	VECTIBIX... 57
	valsartan... 96	VECTICAL... 110
	valsartan-hydrochlorothiazide... 96	VELCADE... 57
	VALSTAR... 57	
	VALTOCO... 36	
	VALTRESX... 70	

VELETRI... 175	vicodin... 18	VISTARIL... 175
velivet triphasic regimen (28)... 137	VICTOZA 2-PAK... 78	VISTOGARD... 58
VELPHORO... 117	VICTOZA 3-PAK... 78	VITAFOL FE PLUS... 118
VELTASSA... 117	VIDAZA... 57	VITAFOL GUMMIES... 118
VELTIN... 110	VIDEX EC... 70	VITAFOL NANO... 118
VEMLIDY... 70	VIDEX 2 GRAM PEDIATRIC... 70	VITAFOL ULTRA... 118
VENCLEXTA STARTING PACK... 57	VIDEX 4 GRAM PEDIATRIC... 70	VITAFOL-OB... 118
VENCLEXTA... 57	VIEKIRA PAK... 70	VITAFOL-OB+DHA... 118
venlafaxine... 40	vienva... 137	VITAFOL-ONE... 118
VENTAVIS... 175	vigabatrin... 36	VITAMED MD ONE RX... 118
VENTOLIN HFA... 175	vigadrone... 36	vitamin d2... 180
verapamil... 96	VIGAMOX... 167	vitamin k... 180
VERDESO... 110	VIIBRYD... 40	vitamin k1... 180
VEREGEN... 110	VIMOVO... 18	VITRAKVI... 58
VERELAN PM... 96	VIMPAT... 36	vivacaine... 20
VERELAN... 96	vinblastine... 57	VIVELLE-DOT... 137
VERIFINE PEN NEEDLE... 163	vincasar pfs... 57	VIVITROL... 21
VERIPRED 20... 127	vincristine... 57	VIVLODEX... 18
VERSACLOZ... 65	vinorelbine... 57	VIZIMPRO... 58
VERZENIO... 57	VIOKACE... 123	VOGELXO... 137
VESICARE... 125	viorele (28)... 137	volnea (28)... 137
VFEND IV... 45	VIRACEPT... 70	VOLTAREN... 18
VFEND... 45	VIRAMUNE XR... 70	VOLTAREN-XR... 19
VIAGRA... 178	VIRAMUNE... 70	voriconazole... 45
VIBATIV... 30	VIRAZOLE... 163	VOSEVI... 70
VIBERZI... 121	VIREAD... 70	VOTRIENT... 58
VIBRAMYCIN... 30	virt-c dha... 117	VP-PNV-DHA... 118
vicodin hp... 18	virt-nate dha... 117	VPRIV... 123

VRAYLAR... 65
vtol lq... 19
VUMERITY... 101
VUSION... 45
VYEPTI... 47
vyfemla (28)... 137
vylibra... 137
VYNDAMAX... 123
VYNDAQEL... 123
VYONDYS-53... 123
VYTORIN 10-10... 96
VYTORIN 10-20... 96
VYTORIN 10-40... 96
VYTORIN 10-80... 96
VYVANSE... 101
VYXEOS... 58
VYZULTA... 167

W

WAKIX... 177
warfarin... 82
water for irrigation, sterile... 163
WEBCOL... 163
WELCHOL... 96, 97
WELLBUTRIN SR... 40
WELLBUTRIN XL... 40
wera (28)... 138
WINRHO SDF... 147
wixela inhub... 175

wymzya fe... 138
X
XADAGO... 61
XALATAN... 167
XALKORI... 58
XANAX XR... 72
XANAX... 72
XARELTO DVT-PE TREAT 30D
START... 82
XARELTO... 82
XATMEP... 147
XCOPRI MAINTENANCE PACK... 36
XCOPRI TITRATION PACK... 36
XCOPRI... 36
XELJANZ XR... 147
XELJANZ... 147
XELPROS... 167
XEMBIFY... 148
XENAZINE... 101
XENICAL... 163
XENLETA... 31
XEPI... 111
XERAVA... 31
XERESE... 70
XERMELO... 121
XGEVA... 150
XHANCE... 175
XIFAXAN... 121

XIGDUO XR... 78
XIIDRA... 168
XIMINO... 31
XOFLUZA... 70
XOLAIR... 148
XOLEGEL... 45
XOPENEX CONCENTRATE... 175
XOPENEX HFA... 175
XOPENEX... 175
XOSPATA... 58
XPOVIO... 58
XTAMPZA ER... 19
XTANDI... 58
xulane... 138
XULTOPHY 100/3.6... 78
XURIDEN... 123
XYOSTED... 138
XYREM... 177
Y
YASMIN (28)... 138
YAZ (28)... 138
YERVOY... 58
YF-VAX (PF)... 148
YONDELIS... 58
YONSA... 58
YOSPRALA... 82
YUPELRI... 175
yuvafem... 138

Z

zafirlukast... 175	ZERBAXA... 31	ZOFRAN ODT... 42
zaleplon... 177	ZERIT... 70	ZOFRAN... 42
ZALTRAP... 58	ZERVIATE... 168	ZOHYDRO ER... 19
ZANAFLEX... 65	ZESTORETIC... 97	ZOLADEX... 140
ZANOSAR... 58	ZESTRIL... 97	zoledronic ac-mannitol-0.9nacl... 150
zarah... 138	ZETIA... 97	zoledronic acid... 150
ZARONTIN... 36	ZETONNA... 175	zoledronic acid-mannitol-water... 150
ZARXIO... 82	ZIAC... 97	ZOLINZA... 58
zatean-pn dha... 180	ZIAGEN... 70, 71	zolmitriptan... 47
zatean-pn plus... 180	ZIANA... 111	ZOLOFT... 40
ZAVESCA... 123	zidovudine... 71	zolpidem... 177
ZCORT... 127	ZIEXTENZO... 82	ZOLPIMIST... 177
ZEBUTAL... 19	zileuton... 175	ZOMACTON... 128
ZEGERID... 121	ZILRETTA... 127	ZOMETA... 150
ZEJULA... 58	ZILXI... 111	ZOMIG ZMT... 47
ZELAPAR... 61	ZINECARD (AS HCL)... 58	ZOMIG... 47
ZELBORAF... 58	zingiber... 180	ZONALON... 111
ZELNORM... 121	ZINPLAVA... 121	ZONEGRAN... 36
ZEMAIRA... 124	ZIOPTAN (PF)... 168	zonisamide... 36
ZEMBRACE SYMTOUCH... 47	ziprasidone hcl... 65	ZONTIVITY... 82
ZEMDRI... 31	ziprasidone mesylate... 65	ZORBTIVE... 128
ZEMPLAR... 150	ZIPSOR... 19	ZORTRESS... 148
zenatane... 111	ZIRABEV... 58	ZORVOLEX... 19
ZENPEP... 124	ZIRGAN... 71	ZOSTAVAX (PF)... 148
zenzedi... 101	ZITHROMAX TRI-PAK... 31	ZOSYN IN DEXTROSE (ISO-OSM)... 31
ZEPATIER... 70	ZITHROMAX Z-PAK... 31	ZOSYN... 31
ZEPZELCA... 58	ZITHROMAX... 31	
	ZOCOR... 97	

zovia 1/35e (28)... 138
ZOVIRAX... 71
ZTLIDO... 20
ZUBSOLV... 21
ZULRESSO... 40
zumandimine (28)... 138
ZUPLENZ... 42
ZURAMPIC... 45
ZYBAN... 21
ZYCLARA... 111
ZYDELIG... 58
ZYFLO CR... 175
ZYFLO... 175
ZYKADIA... 58
ZYLET... 168
ZYLOPRIM... 45
ZYMAXID... 168
ZYPITAMAG... 97
ZYPREXA RELPREV... 65
ZYPREXA ZYDIS... 65
ZYPREXA... 65
ZYTIGA... 58
ZYVOX... 31
1ST TIER UNIFINE PENTIPS PLUS...
151
1ST TIER UNIFINE PENTIPS... 151

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 identity, or religion. 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 **1-800-783-4599** 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 by mail or phone 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)**.

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.

1-800-783-4599 (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.

Language assistance services, free of charge, are available to you.

1-800-783-4599 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



This formulary was updated on 09/23/2020. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit **Humana.com**.

GRP11PDG2180021C_v1



Humana.com