

2022

# 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 09/28/2021. For more recent information or other questions, please contact Humana Medicare Employer Plan with any questions at the number on the back of your membership card or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week by visiting **Humana.com**.

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# 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 Humana Medicare Employer Plan. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2022. For an updated formulary, please contact us on our website at [Humana.com/PlanDocuments](https://www.humana.com/PlanDocuments) or you can call the number below to request a paper copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

## What is the Humana Medicare Employer formulary?

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

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

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must

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

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

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

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

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

The enclosed formulary is current as of January 1, 2022. We will update the printed formularies each month and they will be available on [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

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

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

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

#### **Medical condition**

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

#### **Alphabetical listing**

If you are not sure about your drug's group, you should look for your drug in the Index that begins on page 188. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

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?**

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):** Humana Medicare Employer Plan requires you to get prior authorization for certain drugs to be covered under your plan. This means that you will need to get approval from Humana Medicare Employer Plan before you fill your prescriptions. If you do not get approval, Humana Medicare Employer Plan may not cover the drug.
- **Quantity Limits (QL):** For some drugs, Humana Medicare Employer Plan limits the amount of the drug that is covered. Humana Medicare Employer Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, 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, Humana Medicare Employer Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, 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 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 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 Humana Medicare Employer Plan to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 for information about how to request an exception.

### **What if my drug is not on the formulary?**

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

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

- You can ask Group Medicare Customer Care for a list of similar drugs that 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 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 Humana Medicare Employer Plan to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

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

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

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

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

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we 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 does not cover. Or you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior

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

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

- We will temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you have been a member of the plan for less than 90 days, unless a formulary exception has been approved.

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

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

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

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

For these changes in treatment settings, Humana 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. Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you are on a stabilized drug regimen that, if changed, is known to have risks.

### **Transition extension**

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

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

### **Mail order pharmacies make it easy to manage your prescriptions**

You may fill your medicines at any network pharmacy, Humana Pharmacy – Humana's mail-delivery pharmacy is one option. To get started or learn more, visit **humanapharmacy.com**. You can also call Humana Pharmacy at **1-800-379-0092 (TTY: 711)** Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m.

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](https://www.medicare.gov).



# Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 188.

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 184.

## How to read your formulary

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Analgesics</b>		
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG, TAB SUBLINGUAL <b>DL,LA</b>	4	PA,QL (128 per 30 days)
<i>acetamin-caf-dihydrocodein 325</i> <b>DL,LA</b>	1	QL (300 per 30 days)
<i>acetamn-caf-dihydrcoidein 320.5</i> <b>DL,LA</b>	1	QL (300 per 30 days)
<i>acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5</i> <b>DL,LA</b>	1	QL (2700 per 30 days)
<i>acetaminophen-cod #2 tablet</i> <b>DL,LA</b>	1	QL (390 per 30 days)
<i>acetaminophen-cod #3 tablet</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>acetaminophen-cod #4 tablet</i> <b>DL,LA</b>	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 <b>DL,LA</b>	4	PA,QL (120 per 30 days)
ANAPROX DS 550 MG, TABLET <b>SP,LA,MO</b>	3	
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED <b>LA,MO</b>	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED <b>LA,MO</b>	3	PA
<i>ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> <b>DL,LA</b>	1	QL (360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG, BUCCAL FILM <b>DL,LA</b>	3	QL (60 per 30 days)
BUPRENEX 0.3 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	4	QL (240 per 30 days)
<i>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</i> <b>DL,LA</b>	1	QL (4 per 28 days)
<i>buprenorphine 0.3 mg/ml, crpjt</i> <b>DL,LA</b>	1	QL (240 per 30 days)
<i>butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>butorphanol 1 mg/ml, vial</i> <b>DL,LA</b>	1	QL (960 per 30 days)
<i>butorphanol 10 mg/ml, spray</i> <b>DL,LA</b>	1	QL (5 per 28 days)
<i>butorphanol 2 mg/ml, vial</i> <b>DL,LA</b>	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 <b>DL,LA</b>	3	PA,QL (4 per 28 days)
CALDOLOR 800 MG/200 ML (4 MG/ML), INTRAVENOUS PIGGYBACK <b>LA,MO</b>	3	
CALDOLOR 800 MG/8 ML (100 MG/ML), INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
CAMBIA 50 MG, ORAL POWDER PACKET <b>DL,LA</b>	4	ST,QL (9 per 30 days)
<i>cataflam 50 mg, tablet</i> <b>LA,MO</b>	1	
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
<i>celecoxib 100 mg, 200 mg, 400 mg, 50 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>codeine sulfate 15 mg, 30 mg, tablet</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>codeine sulfate 60 mg, tablet</i> <b>DL,LA</b>	1	QL (180 per 30 days)
<i>asa-butalb-caff-cod #3 capsule</i> <b>DL,LA</b>	1	QL (360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CONZIP 100 MG, 200 MG, 300 MG, CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG, CAPSULE,EXTENDED RELEASE <b>DL,LA</b>	3	ST,QL (30 per 30 days)
DAYPRO 600 MG, TABLET <b>LA,MO</b>	3	
DEMEROL 100 MG, TABLET <b>DL,LA</b>	3	QL (360 per 30 days)
DEMEROL 100 MG/ML, VIAL <b>DL,LA</b>	3	QL (360 per 30 days)
DEMEROL 50 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	3	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 <b>DL,LA</b>	3	QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML, INJECTION SYRINGE <b>DL,LA</b>	3	QL (360 per 30 days)
DEMEROL (PF) 25 MG/ML, INJECTION SYRINGE <b>DL,LA</b>	3	QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML, INJECTION SYRINGE <b>DL,LA</b>	3	QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML, INJECTION SYRINGE <b>DL,LA</b>	3	QL (480 per 30 days)
DEMEROL 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML, AMPUL <b>DL,LA</b>	3	QL (720 per 30 days)
diclofenac epolamine 1.3% ptch <b>LA,MO</b>	1	PA,QL (60 per 30 days)
diclofenac pot 50 mg, tablet <b>LA,MO</b>	1	
diclofenac 1.5% topical soln <b>SP,LA,MO</b>	1	PA,QL (300 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg, tab <b>LA,MO</b>	1	
diclofenac sod er 100 mg, tab <b>LA,MO</b>	1	
diclofenac sodium 1% gel <b>SP,LA,MO</b>	1	
diclofenac-misoprost 50-0.2 mg; diclofenac-misoprost 75-0.2 mg <b>LA,MO</b>	1	
diflunisal 500 mg, tablet <b>LA,MO</b>	1	
DILAUDID 1 MG/ML, ORAL LIQUID <b>DL,LA</b>	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG, TABLET <b>DL,LA</b>	3	PA,QL (360 per 30 days)
DILAUDID 8 MG, TABLET <b>DL,LA</b>	3	PA,QL (240 per 30 days)
DUEXIS 800 MG-26.6 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
DURAGESIC 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, PATCH <b>DL,LA</b>	4	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	3	B vs D,QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	3	B vs D,QL (3600 per 30 days)
dvorah 325 mg-30 mg-16 mg tablet <b>DL,LA</b>	1	QL (300 per 30 days)
EC-NAPROSYN 375 MG, 500 MG, TABLET,DELAYED RELEASE <b>SP,LA,MO</b>	3	PA
ec-naproxen 375 mg, tablet,delayed release <b>SP,LA,MO</b>	3	PA
ec-naproxen 500 mg, tablet,delayed release <b>SP,LA,MO</b>	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 <b>DL,LA</b>	3	ST,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>DL,LA</b>	1	QL (360 per 30 days)
etodolac 200 mg, 300 mg, capsule <b>SP,LA,MO</b>	1	
etodolac 400 mg, 500 mg, tablet <b>SP,LA,MO</b>	1	
etodolac er 400 mg, 500 mg, 600 mg, tablet <b>SP,LA,MO</b>	1	
FELDENE 10 MG, 20 MG, CAPSULE <b>LA,MO</b>	3	
fenoprofen 200 mg, 400 mg, capsule <b>LA,MO</b>	1	ST
fenoprofen 600 mg, tablet <b>LA,MO</b>	1	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour, patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch <b>DL,LA</b>	1	QL (20 per 30 days)
fentanyl cit 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, buccal tb <b>DL,LA</b>	4	PA,QL (120 per 30 days)
fentanyl cit ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg;; fentanyl citrate ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, <b>DL,LA</b>	4	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul <b>DL,LA</b>	1	B vs D,QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG, BUCCAL TABLET, EFFERVESCENT <b>DL,LA</b>	4	PA,QL (120 per 30 days)
FIORINAL-COD 30-50-325-40 CAP <b>DL,LA</b>	3	QL (360 per 30 days)
FLECTOR 1.3 %, TRANSDERMAL 12 HOUR PATCH <b>LA,MO</b>	3	PA,QL (60 per 30 days)
flurbiprofen 100 mg, tablet <b>LA,MO</b>	1	
hydrocodone er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, capsule <b>DL,LA</b>	1	ST,QL (90 per 30 days)
hydrocodone er 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, tablet <b>DL,LA</b>	1	ST,QL (30 per 30 days)
hydrocodone er 50 mg, capsule <b>DL,LA</b>	1	ST,QL (120 per 30 days)
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg;; hydrocodone-acetamin 7.5-300 <b>DL,LA</b>	1	QL (390 per 30 days)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 <b>DL,LA</b>	1	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 <b>DL,LA</b>	1	QL (2700 per 30 days)
hydrocodone-acetamin 7.5-325/15 <b>DL,LA</b>	1	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg;; hydrocodone-ibuprofen 7.5-200 <b>DL,LA</b>	1	QL (150 per 30 days)
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml;; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml, carpuct <b>DL,LA</b>	1	B vs D,QL (720 per 30 days)
hydromorphone 2 mg, 4 mg, tablet <b>DL,LA</b>	1	QL (360 per 30 days)
hydromorphone 2 mg/ml, carpuct <b>DL,LA</b>	1	QL (360 per 30 days)
hydromorphone 2 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 4 mg/ml, carpject <b>DL,LA</b>	1	B vs D,QL (180 per 30 days)
hydromorphone 5 mg/5 ml soln <b>DL,LA</b>	1	QL (2400 per 30 days)
hydromorphone 8 mg, tablet <b>DL,LA</b>	1	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml, amp <b>DL,LA</b>	1	B vs D,QL (720 per 30 days)
hydromorphone hcl 4 mg/ml, amp <b>DL,LA</b>	1	B vs D,QL (180 per 30 days)
hydromorphone hcl er 12 mg, tab <b>DL,LA</b>	1	ST,QL (180 per 30 days)
hydromorphone hcl er 16 mg, tab <b>DL,LA</b>	1	ST,QL (120 per 30 days)
hydromorphone hcl er 32 mg, tab <b>DL,LA</b>	1	ST,QL (60 per 30 days)
hydromorphone hcl er 8 mg, tab <b>DL,LA</b>	1	ST,QL (240 per 30 days)
hydromorphone 1 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (720 per 30 days)
hydromorphone 4 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (180 per 30 days)
hydromorphone 50 mg/5 ml vial <b>DL,LA</b>	1	B vs D,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 <b>DL,LA</b>	3	ST,QL (30 per 30 days)
ibu 400 mg, 600 mg, 800 mg, tablet <b>SP,LA,MO</b>	1	
ibuprofen 100 mg/5 ml, susp <b>SP,LA,MO</b>	1	
ibuprofen 400 mg, 600 mg, 800 mg, tablet <b>SP,LA,MO</b>	1	
ibuprofen-famotidin 800-26.6mg <b>SP,LA,MO</b>	1	PA,QL (90 per 30 days)
oxycodone-ibuprofen 5-400 tab <b>DL,LA</b>	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML, ORAL SUSPENSION <b>DL,LA</b>	4	
INDOCIN 50 MG, RECTAL SUPPOSITORY <b>LA,MO</b>	3	
indomethacin 25 mg, 50 mg, 75 mg, capsule; indomethacin er 25 mg, 50 mg, 75 mg, capsule <b>LA,MO</b>	1	
indomethacin 1 mg, vial <b>LA,MO</b>	1	
INFUMORPH P/F 10 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	3	B vs D,QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	3	B vs D,QL (150 per 30 days)
KADIAN ER 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, CAPSULE <b>DL,LA</b>	3	ST,QL (60 per 30 days)
ketoprofen 25 mg, 50 mg, 75 mg, capsule <b>LA,MO</b>	1	
ketoprofen er 200 mg, capsule <b>LA,MO</b>	1	
ketorolac 10 mg, tablet <b>LA,MO</b>	1	QL (20 per 30 days)
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 <b>LA,MO</b>	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml, carpject <b>LA,MO</b>	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml, syringe <b>LA,MO</b>	1	
ketorolac 15.75 mg nasal spray <b>DL,LA</b>	4	PA,QL (5 per 30 days)
LAZANDA 100 MCG/SPRAY, 400 MCG/SPRAY, NASAL SPRAY <b>DL,LA</b>	4	PA,QL (30 per 30 days)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
levorphanol 2 mg, tablet <b>DL,LA</b>	4	ST,QL (240 per 30 days)
levorphanol 3 mg, tablet <b>DL,LA</b>	4	ST,QL (150 per 30 days)
LICART 1.3 %, TRANSDERMAL 24 HOUR PATCH <b>DL,LA</b>	4	PA,QL (30 per 30 days)
LODINE 400 MG, TABLET <b>SP,LA,MO</b>	3	PA
lorcet 5-325 mg, tablet <b>DL,LA</b>	1	QL (360 per 30 days)
lorcet hd 10-325 mg, tablet <b>DL,LA</b>	1	QL (360 per 30 days)
lorcet plus 7.5-325 mg, tablet <b>DL,LA</b>	1	QL (360 per 30 days)
lortab elixir 10 mg-300 mg/15 ml oral solution <b>DL,LA</b>	1	QL (6000 per 30 days)
meclofenamate 100 mg, 50 mg, capsule <b>LA,MO</b>	1	
mefenamic acid 250 mg, capsule <b>LA,MO</b>	1	
meloxicam 15 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
meloxicam 7.5 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
meloxicam 10 mg, 5 mg, capsule <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
meperidine 10 mg/ml, cartrdge <b>DL,LA</b>	1	QL (3600 per 30 days)
meperidine 50 mg, tablet <b>DL,LA</b>	1	QL (480 per 30 days)
meperidine 50 mg/5 ml, solution <b>DL,LA</b>	1	QL (720 per 30 days)
meperidine 100 mg/ml, vial <b>DL,LA</b>	1	QL (360 per 30 days)
meperidine 25 mg/ml, vial <b>DL,LA</b>	1	QL (1440 per 30 days)
meperidine 50 mg/ml, vial <b>DL,LA</b>	1	QL (720 per 30 days)
methadone 10 mg/5 ml, solution <b>DL,LA</b>	1	QL (1800 per 30 days)
methadone 10 mg/ml, oral conc <b>DL,LA</b>	1	QL (360 per 30 days)
methadone 5 mg/5 ml, solution <b>DL,LA</b>	1	QL (3600 per 30 days)
methadone hcl 10 mg, tablet <b>DL,LA</b>	1	QL (240 per 30 days)
methadone hcl 10 mg/ml, vial <b>DL,LA</b>	1	QL (360 per 30 days)
methadone hcl 5 mg, tablet <b>DL,LA</b>	1	QL (480 per 30 days)
methadone intensol 10 mg/ml, oral concentrate <b>DL,LA</b>	1	QL (360 per 30 days)
METHADOSE 10 MG/ML, ORAL CONCENTRATE <b>DL,LA</b>	3	QL (360 per 30 days)
mitigo (pf) 10 mg/ml, injection solution <b>DL,LA</b>	3	B vs D,QL (360 per 30 days)
mitigo (pf) 25 mg/ml, injection solution <b>DL,LA</b>	3	B vs D,QL (150 per 30 days)
MOBIC 15 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
MORPHABOND ER 100 MG, TABLET <b>DL,LA</b>	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG, TABLET <b>DL,LA</b>	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG, TABLET <b>DL,LA</b>	3	ST,QL (60 per 30 days)
morphine 10 mg/ml, carpject <b>DL,LA</b>	1	B vs D,QL (360 per 30 days)
morphine 2 mg/ml, carpject <b>DL,LA</b>	1	B vs D,QL (1800 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 4 mg/ml, carpject <b>DL,LA</b>	1	B vs D,QL (900 per 30 days)
morphine 5 mg/ml, syringe <b>DL,LA</b>	1	B vs D
morphine 8 mg/ml, isecure syrng <b>DL,LA</b>	1	B vs D,QL (450 per 30 days)
morphine sulf 10 mg/5 ml, soln <b>DL,LA</b>	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <b>DL,LA</b>	1	QL (1350 per 30 days)
morphine sulf er 100 mg, tablet <b>DL,LA</b>	1	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg, tablet <b>DL,LA</b>	1	QL (120 per 30 days)
morphine sulf er 200 mg, tablet <b>DL,LA</b>	1	QL (90 per 30 days)
morphine sulfate 10 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (360 per 30 days)
morphine sulfate 2 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (1800 per 30 days)
morphine sulfate 4 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (900 per 30 days)
morphine sulfate 5 mg/ml, vial <b>DL,LA</b>	1	B vs D,QL (720 per 30 days)
morphine sulfate 8 mg/ml, vial <b>DL,LA</b>	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 <b>DL,LA</b>	1	ST,QL (60 per 30 days)
morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg, cap <b>DL,LA</b>	1	ST,QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg, cap <b>DL,LA</b>	1	ST,QL (30 per 30 days)
morphine sulfate ir 15 mg, 30 mg, tab <b>DL,LA</b>	1	QL (180 per 30 days)
morphine 10 mg/10 ml vial; morphine sulfate 1 mg/ml vial <b>DL,LA</b>	1	B vs D,QL (3600 per 30 days)
morphine 5 mg/10 ml vial <b>DL,LA</b>	1	B vs D,QL (7200 per 30 days)
morphine 5 mg/ml vial <b>DL,LA</b>	1	B vs D,QL (720 per 30 days)
morphine sulf 100 mg/5 ml conc <b>DL,LA</b>	1	QL (540 per 30 days)
MS CONTIN 100 MG, TABLET,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG, TABLET,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (120 per 30 days)
MS CONTIN 200 MG, TABLET,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (90 per 30 days)
nabumetone 500 mg, 750 mg, tablet <b>LA,MO</b>	1	
nalbuphine 10 mg/ml, ampul <b>DL,LA</b>	1	QL (240 per 30 days)
nalbuphine 20 mg/ml, ampul <b>DL,LA</b>	1	QL (120 per 30 days)
NALFON 400 MG, CAPSULE <b>LA,MO</b>	3	ST
NALFON 600 MG, TABLET <b>LA,MO</b>	1	ST
nalocet 2.5 mg-300 mg tablet <b>DL,LA</b>	4	PA,QL (360 per 30 days)
NAPRELAN CR 375 MG, TAB,EXTENDED RELEASE 24 HR MPHASE <b>DL, SP,LA</b>	4	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG, TAB,EXTENDED RELEASE 24 HR MPHASE <b>DL, SP,LA</b>	4	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG, TAB,EXTENDED RELEASE 24 HR MPHASE <b>DL, SP,LA</b>	4	ST,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAPROSYN 500 MG, TABLET <b>SP,LA,MO</b>	3	PA
<i>naproxen 125 mg/5 ml, suspen</i> <b>SP,LA,MO</b>	1	
<i>naproxen 250 mg, 375 mg, 500 mg, tablet; naproxen dr 250 mg, 375 mg, 500 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>naproxen sod cr 375 mg, tablet</i> <b>SP,LA,MO</b>	1	ST,QL (120 per 30 days)
<i>naproxen sod cr 500 mg, tablet</i> <b>SP,LA,MO</b>	1	ST,QL (90 per 30 days)
<i>naproxen sod cr 750 mg, tablet</i> <b>SP,LA,MO</b>	1	ST,QL (60 per 30 days)
<i>naproxen sodium 275 mg, 550 mg, tab</i> <b>SP,LA,MO</b>	1	
<i>naproxen-esomepraz dr 375-20mg; naproxen-esomepraz dr 500-20mg</i> <b>DL,SP,LA</b>	4	PA,QL (60 per 30 days)
NORCO 10-325 TABLET; NORCO 5-325 TABLET; NORCO 7.5-325 TABLET <b>DL,LA</b>	1	PA,QL (360 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG, TABLET <b>DL,LA</b>	4	ST,QL (180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG, 50 MG, TABLET,EXTENDED RELEASE <b>DL,LA</b>	4	ST,QL (60 per 30 days)
OPANA 10 MG, 5 MG, TABLET <b>DL,LA</b>	4	PA,QL (360 per 30 days)
<i>oxaprozin 600 mg, tablet</i> <b>LA,MO</b>	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) <b>DL,LA</b>	4	PA,QL (360 per 30 days)
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tablet</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml conc</i> <b>DL,LA</b>	1	QL (270 per 30 days)
<i>oxycodone hcl 5 mg, capsule</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>oxycodone hcl 5 mg/5 ml, soln</i> <b>DL,LA</b>	1	QL (5400 per 30 days)
<i>oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, tablet</i> <b>DL,LA</b>	3	PA,QL (90 per 30 days)
<i>oxycodone hcl er 80 mg, tablet</i> <b>DL,LA</b>	3	PA,QL (120 per 30 days)
<i>oxycodone-acetaminophen 10-300; oxycodone-acetaminophen 5-300</i> <b>DL,LA</b>	4	PA,QL (390 per 30 days)
<i>oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325; oxycodone-acetaminophn 2.5-325; oxycodone-acetaminophn 7.5-325</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophn 2.5-300</i> <b>DL,LA</b>	1	PA,QL (360 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> <b>DL,LA</b>	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, TABLET,CRUSH RESISTANT,EXTENDED RELEASE <b>DL,LA</b>	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG, TABLET,CRUSH RESISTANT,EXTENDED RELEASE <b>DL,LA</b>	3	PA,QL (120 per 30 days)
<i>oxymorphone hcl 10 mg, 5 mg, tablet</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>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</i> <b>DL,LA</b>	1	ST,QL (60 per 30 days)
PENNSAID 2 %, TOPICAL SOLUTION IN PACKET <b>DL,LA</b>	4	PA

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PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP <b>DL,LA</b>	4	PA,QL (224 per 28 days)
<i>pentazocine-naloxone tablet</i> <b>DL,LA</b>	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 <b>DL,LA</b>	4	PA,QL (360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET <b>DL,LA</b>	1	PA,QL (360 per 30 days)
<i>piroxicam 10 mg, 20 mg, capsule</i> <b>LA,MO</b>	1	
<i>primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet</i> <b>DL,LA</b>	4	PA,QL (390 per 30 days)
<i>prolate 10 mg-300 mg tablet; prolate 5 mg-300 mg tablet; prolate 7.5 mg-300 mg tablet</i> <b>DL,LA</b>	4	PA,QL (390 per 30 days)
PROLATE 10 MG-300 MG/5 ML ORAL SOLUTION <b>DL,LA</b>	4	PA,QL (900 per 30 days)
QMIIZ ODT 15 MG, 7.5 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
RELAFEN 500 MG, 750 MG, TABLET <b>DL,LA</b>	4	ST
RELAFEN DS 1,000 MG, TABLET <b>DL,LA</b>	4	ST,QL (60 per 30 days)
ROXICODONE 15 MG, 5 MG, TABLET <b>DL,LA</b>	3	PA,QL (360 per 30 days)
ROXICODONE 30 MG, TABLET <b>DL,LA</b>	4	PA,QL (360 per 30 days)
SPRIX 15.75 MG/SPRAY, NASAL SPRAY <b>DL,LA</b>	4	PA,QL (5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY, SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY <b>DL,LA</b>	4	PA,QL (120 per 30 days)
<i>sulindac 150 mg, 200 mg, tablet</i> <b>LA,MO</b>	1	
TALWIN 30 MG/ML, VIAL <b>DL,LA</b>	3	QL (360 per 30 days)
TIVORBEX 20 MG, 40 MG, CAPSULE <b>DL,LA</b>	4	ST,QL (90 per 30 days)
<i>tolmetin sodium 200 mg, 600 mg, tab</i> <b>LA,MO</b>	1	
<i>tolmetin sodium 400 mg, cap</i> <b>LA,MO</b>	1	
<i>tramadol er 100 mg, 200 mg, 300 mg, tablet; tramadol hcl er 100 mg, 200 mg, 300 mg, tablet</i> <b>DL,LA</b>	1	QL (30 per 30 days)
<i>tramadol hcl 100 mg, tablet</i> <b>DL,LA</b>	1	QL (120 per 30 days)
<i>tramadol hcl 50 mg, tablet</i> <b>DL,LA</b>	1	QL (240 per 30 days)
<i>tramadol hcl er 100 mg, 150 mg, 200 mg, 300 mg, capsule</i> <b>DL,LA</b>	1	ST,QL (30 per 30 days)
<i>tramadol-acetaminophn 37.5-325</i> <b>DL,LA</b>	1	QL (240 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE <b>DL,LA</b>	1	QL (300 per 30 days)
TYLENOL WITH CODEINE #3 TABLET <b>DL,LA</b>	1	PA,QL (360 per 30 days)
TYLENOL WITH CODEINE #4 TABLET <b>DL,LA</b>	1	PA,QL (180 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET <b>DL,LA</b>	3	QL (240 per 30 days)

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ULTRAM 50 MG, TABLET <b>DL,LA</b>	3	QL (240 per 30 days)
vicodin 5-300 mg, tablet <b>DL,LA</b>	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet <b>DL,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
VIVLODEX 10 MG, 5 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
VOLTAREN 1% GEL <b>SP,LA,MO</b>	3	PA
VOLTAREN-XR 100 MG, TABLET <b>LA,MO</b>	3	PA
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG, CAPSULE SPRINKLE <b>DL,LA</b>	2	QL (60 per 30 days)
ZIPSOR 25 MG, CAPSULE <b>DL,LA</b>	4	ST,QL (120 per 30 days)
ZOXYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL,LA</b>	3	ST,QL (90 per 30 days)
ZOXYDRO ER 50 MG, CAPSULE, ORAL ONLY,EXTENDED RELEASE <b>DL,LA</b>	3	ST,QL (120 per 30 days)
ZORVOLEX 18 MG, 35 MG, CAPSULE <b>LA,MO</b>	3	ST,QL (90 per 30 days)
<b>Anesthetics</b>		
bupivacaine 0.25% vial; bupivacaine 0.5% (5 mg/ml) amp; bupivacaine 0.75% vial <b>LA,MO</b>	1	
bupivacaine 0.25% vial; bupivacaine 0.5% vial <b>LA,MO</b>	1	
bupivacain 0.75%-dextros 8.25% <b>LA,MO</b>	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 <b>LA,MO</b>	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 <b>LA,MO</b>	1	
bupivacaine 0.5%-epi 1:200,000 <b>LA,MO</b>	1	
CARBOCAINE 1 % (10 MG/ML), 2 %, INJECTION SOLUTION; CARBOCAINE 2% VIAL <b>LA,MO</b>	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), INJECTION SOLUTION <b>LA,MO</b>	3	
CARBOCAINE WITH NEO-COBEFRIN 2 %-1:20,000 INJECTION CARTRIDGE <b>LA,MO</b>	1	
chloroprocaine 2% vial; chloroprocaine 3% vial <b>LA,MO</b>	1	
CLOROTEKAL 10 MG/ML (1 %), INTRATHECAL SOLUTION <b>LA,MO</b>	3	
glydo 2 %, mucosal jelly in applicator <b>LA,MO</b>	1	
lidocaine 5% ointment <b>LA,MO</b>	1	PA
lidocaine 5% patch <b>LA,MO</b>	1	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul <b>LA,MO</b>	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 <b>LA,MO</b>	1	
lidocaine 2% viscous soln; lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lidocaine hcl 2% jelly</i> <b>LA,MO</b>	1	
<i>lidocaine hcl 2% jelly uro-jet</i> <b>LA,MO</b>	1	
<i>lidocaine viscous 2 %, mucosal solution</i> <b>LA,MO</b>	1	
<i>lidocaine 0.5%-epi 1:200,000; lidocaine 2%-epi 1:100,000</i> <b>LA,MO</b>	1	
<i>lidocaine 2%-epi 1:100,000; lidocaine 2%-epi 1:50,000 cart</i> <b>LA,MO</b>	1	
<i>lidocaine-prilocaine cream</i> <b>LA,MO</b>	1	
LIDODERM 5 %, TOPICAL PATCH <b>DL,LA</b>	4	PA,QL (90 per 30 days)
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), INJECTION SOLUTION <b>LA,MO</b>	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML), INJECTION SOLUTION <b>LA,MO</b>	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML), INJECTION SOLUTION <b>LA,MO</b>	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000, INJECTION SOLUTION <b>LA,MO</b>	3	
<i>marcaine-epinephrine 0.5 %-1:200,000, injection cartridge</i> <b>LA,MO</b>	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000, INJECTION SOLUTION <b>LA,MO</b>	3	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %), INJECTION SOLUTION <b>LA,MO</b>	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %), INJECTION SOLUTION <b>LA,MO</b>	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %), INJECTION SOLUTION <b>LA,MO</b>	3	
PLIAGLIS 7 %-7 % TOPICAL CREAM <b>LA,MO</b>	3	
<i>polocaine 1 % (10 mg/ml), 2 %, injection solution</i> <b>LA,MO</b>	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), injection solution</i> <b>LA,MO</b>	1	
<i>ropivacaine 0.2% 400 mg/200 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml v1</i> <b>LA,MO</b>	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), INJECTION SOLUTION <b>LA,MO</b>	1	
<i>sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000, injection solution</i> <b>LA,MO</b>	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), INJECTION SOLUTION <b>LA,MO</b>	1	
<i>sensorcaine-mpf 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml), injection solution</i> <b>LA,MO</b>	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml), injection solution</i> <b>LA,MO</b>	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000, injection solution</i> <b>LA,MO</b>	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000, INJECTION SOLUTION <b>LA,MO</b>	1	

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SYNERA 70 MG-70 MG PATCH <b>DL,LA</b>	4	PA
vivacaine 0.5 %-1:200,000, injection cartridge <b>LA,MO</b>	1	
ZTLIDO 1.8 %, TOPICAL PATCH <b>LA,MO</b>	3	PA,QL (90 per 30 days)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
acamprosate calc dr 333 mg, tab <b>SP,LA,MO</b>	1	
ANTABUSE 250 MG, 500 MG, TABLET <b>SP,LA,MO</b>	1	
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 <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
buprenorphine 2 mg, 8 mg, tablet sl <b>LA,MO</b>	1	QL (90 per 30 days)
buprenorphine-nalox 12-3mg flm <b>SP,LA,MO</b>	1	QL (60 per 30 days)
buprenorphine-nalox 2-0.5 mg, 8-2 mg, tab; buprenorphine-nalox 2-0.5mg tb <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
buprenorphine-nalox 2-0.5mg fm; buprenorphine-nalox 4-1mg film; buprenorphine-nalox 8-2mg film <b>SP,LA,MO</b>	1	QL (90 per 30 days)
bupropion hcl sr 150 mg, tablet <b>LA,MO</b>	1	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG, TABLET <b>LA,MO</b>	3	QL (56 per 28 days)
CHANTIX 1 MG, CONT MONTH BOX <b>LA,MO</b>	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX <b>LA,MO</b>	3	QL (56 per 28 days)
disulfiram 250 mg, 500 mg, tablet <b>SP,LA,MO</b>	1	
EVZIO 2 MG AUTO-INJECTOR <b>DL,LA</b>	4	PA,QL (0.8 per 30 days)
KLOXXADO 8 MG/ACTUATION, NASAL SPRAY <b>LA,MO</b>	3	PA,QL (2 per 30 days)
LUCEMYRA 0.18 MG, TABLET <b>DL,LA</b>	4	PA,QL (224 per 365 days)
naloxone 0.4 mg/ml, 1 mg/ml, carpject; naloxone 2 mg/2 ml syringe <b>LA,MO</b>	1	
naloxone 0.4 mg/ml, vial <b>LA,MO</b>	1	
naloxone 2 mg auto-injector <b>LA,MO</b>	3	QL (0.8 per 30 days)
naltrexone 50 mg, tablet <b>LA,MO</b>	1	
NARCAN 4 MG/ACTUATION, NASAL SPRAY <b>LA,MO</b>	2	QL (2 per 30 days)
NICOTROL 10 MG, INHALATION CARTRIDGE <b>LA,MO</b>	3	
NICOTROL NS 10 MG/ML, NASAL SPRAY <b>LA,MO</b>	3	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
VIVITROL 380 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL,LA</b>	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 <b>SP,LA,MO</b>	1	QL (90 per 30 days)

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ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<b>Antibacterials</b>		
acetic acid 2% ear solution <b>LA,MO</b>	1	
ACTICLATE 150 MG, TABLET <b>DL,LA</b>	4	ST,QL (30 per 30 days)
ACTICLATE 75 MG, TABLET <b>DL,LA</b>	4	ST,QL (60 per 30 days)
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml, vial <b>LA,MO</b>	1	
amoxicillin 125 mg, 250 mg, tab chew <b>LA,MO</b>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml, susp <b>LA,MO</b>	1	
amoxicillin 250 mg, 500 mg, capsule <b>LA,MO</b>	1	
amoxicillin 500 mg, 875 mg, tablet <b>LA,MO</b>	1	
amox-clav 200-28.5 mg, 400-57 mg, tab chew <b>LA,MO</b>	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 <b>LA,MO</b>	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet <b>LA,MO</b>	1	
amox-clav er 1,000-62.5 mg, tab <b>LA,MO</b>	1	
ampicillin 250 mg, 500 mg, capsule <b>LA,MO</b>	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 <b>LA,MO</b>	1	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>LA,MO</b>	1	
ARIKAYCE 590 MG/8.4 ML, SUSPENSION FOR INHALATION VIA NEBULIZATION <b>DL,LA</b>	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 <b>DL,LA</b>	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET <b>LA,MO</b>	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION <b>LA,MO</b>	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE <b>LA,MO</b>	3	
AVC 15% CREAM <b>LA,MO</b>	3	
AVELOX 400 MG/250 ML, IN SODIUM CHLORIDE (ISO-OSM) INTRAVENOUS PIGGYBACK <b>LA,MO</b>	3	PA
avidoxy 100 mg, tablet <b>LA,MO</b>	1	ST
AVYCAZ 2.5 GRAM, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
AZACTAM 1 GRAM, 2 GRAM, SOLUTION FOR INJECTION <b>LA,MO</b>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin 1 gm pwd packet <b>LA,MO</b>	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml, susp <b>LA,MO</b>	1	
azithromycin 250 mg, 500 mg, 600 mg, tablet <b>LA,MO</b>	1	
azithromycin i.v. 500 mg, vial <b>LA,MO</b>	1	
aztreonam 1 gm vial; aztreonam 2 gm vial <b>LA,MO</b>	1	
baciim 50,000 unit, vial <b>LA,MO</b>	1	
bacitracin 50,000 unit, vial <b>LA,MO</b>	1	
BACTRIM 400 MG-80 MG TABLET <b>LA,MO</b>	3	
BACTRIM DS 800 MG-160 MG TABLET <b>LA,MO</b>	3	
BAXDELA 300 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	QL (28 per 14 days)
BAXDELA 450 MG, TABLET <b>DL,LA</b>	4	QL (28 per 14 days)
BETHKIS 300 MG/4 ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	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 <b>LA,MO</b>	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML, INTRAMUSCULAR SYRINGE <b>LA,MO</b>	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 <b>LA,MO</b>	1	
cefaclor 250 mg, 500 mg, capsule <b>LA,MO</b>	1	
cefaclor er 500 mg, tablet <b>LA,MO</b>	1	
cefadroxil 1 gm tablet <b>LA,MO</b>	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml, susp <b>LA,MO</b>	1	
cefadroxil 500 mg, capsule <b>LA,MO</b>	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg, vial; cefazolin 10 gm vial <b>LA,MO</b>	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose <b>LA,MO</b>	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml, susp <b>LA,MO</b>	1	
cefdinir 300 mg, capsule <b>LA,MO</b>	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram, vial <b>LA,MO</b>	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <b>LA,MO</b>	1	
cefepime 1 gm injection; cefepime 2 gm injection <b>LA,MO</b>	3	
cefixime 100 mg/5 ml, 200 mg/5 ml, susp <b>LA,MO</b>	1	
cefixime 400 mg, capsule <b>LA,MO</b>	1	
CEFOTAN 1 GRAM, 2 GRAM, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
cefotaxime sodium 1 gm vial <b>LA,MO</b>	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <b>LA,MO</b>	1	

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cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <b>LA,MO</b>	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <b>LA,MO</b>	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <b>LA,MO</b>	1	
cefpodoxime 100 mg, 200 mg, tablet <b>LA,MO</b>	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml, susp <b>LA,MO</b>	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml, susp <b>LA,MO</b>	1	
cefprozil 250 mg, 500 mg, tablet <b>LA,MO</b>	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <b>LA,MO</b>	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <b>LA,MO</b>	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 <b>LA,MO</b>	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag <b>LA,MO</b>	1	
cefuroxime axetil 250 mg, 500 mg, tab <b>LA,MO</b>	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg, vial; cefuroxime sod 7.5 gm vial <b>LA,MO</b>	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml, susp <b>LA,MO</b>	1	
cephalexin 250 mg, 500 mg, 750 mg, capsule <b>LA,MO</b>	1	
cephalexin 250 mg, 500 mg, tablet <b>LA,MO</b>	1	
chloramphen na succ 1 gm vl <b>LA,MO</b>	1	
CIPRO 250 MG, 500 MG, TABLET <b>LA,MO</b>	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML, ORAL SUSPENSION <b>LA,MO</b>	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml, susp <b>LA,MO</b>	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg, tab <b>LA,MO</b>	1	
ciprofloxacin 200 mg/100ml-d5w; ciprofloxacin 400 mg/200ml-d5w <b>LA,MO</b>	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM, INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml, sus <b>LA,MO</b>	1	
clarithromycin 250 mg, 500 mg, tablet <b>LA,MO</b>	1	
clarithromycin er 500 mg, tab <b>LA,MO</b>	1	
CLEOCIN 100 MG, VAGINAL SUPPOSITORY <b>LA,MO</b>	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 <b>LA,MO</b>	1	
CLEOCIN 2 %, VAGINAL CREAM <b>LA,MO</b>	3	PA
cleocin phos 300 mg/2ml addvan <b>LA,MO</b>	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG, CAPSULE <b>LA,MO</b>	3	

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CLEOCIN PEDIATRIC 75 MG/5 ML, ORAL SOLUTION <b>LA,MO</b>	1	
clindamycin hcl 150 mg, 300 mg, 75 mg, capsule <b>LA,MO</b>	1	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml,-ns <b>LA,MO</b>	1	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml, <b>LA,MO</b>	1	
clindamycin pediatric 75 mg/5 ml, oral solution <b>LA,MO</b>	1	
clindamycin 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml, addvan; clindamycin ph 900 mg/6 ml vial <b>LA,MO</b>	1	
clindamycin 2% vaginal cream <b>LA,MO</b>	1	
CLINDESSE 2 %, VAGINAL CREAM,EXTENDED RELEASE <b>LA,MO</b>	3	
colistimethate 150 mg, vial <b>LA,MO</b>	1	
COLY-MYCIN M PARENTERAL 150 MG, SOLUTION FOR INJECTION <b>DL,LA</b>	4	
coremino 135 mg, 45 mg, 90 mg, tablet,extended release <b>LA,MO</b>	1	ST,QL (30 per 30 days)
CUBICIN 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
CUBICIN RF 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
DALVANCE 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	QL (4 per 28 days)
daptomycin 350 mg, 500 mg, vial <b>DL,LA</b>	4	
demeclocycline 150 mg, tablet <b>LA,MO</b>	1	QL (240 per 30 days)
demeclocycline 300 mg, tablet <b>LA,MO</b>	1	QL (120 per 30 days)
dicloxacillin 250 mg, 500 mg, capsule <b>LA,MO</b>	1	
DIFICID 200 MG, TABLET <b>DL,LA</b>	4	
DIFICID 40 MG/ML, ORAL SUSPENSION <b>DL,LA</b>	4	
DORYX 200 MG, TABLET,DELAYED RELEASE <b>LA,MO</b>	3	ST,QL (30 per 30 days)
DORYX 50 MG, TABLET,DELAYED RELEASE <b>LA,MO</b>	3	ST,QL (60 per 30 days)
DORYX 80 MG, TABLET,DELAYED RELEASE <b>DL,LA</b>	4	ST,QL (60 per 30 days)
DORYX MPC 120 MG, TABLET, DELAYED RELEASE <b>LA,MO</b>	3	ST,QL (60 per 30 days)
doxy-100 100 mg, intravenous solution <b>LA,MO</b>	1	
doxycycline 50 mg, tablet <b>LA,MO</b>	1	ST,QL (180 per 30 days)
doxycycline hyc dr 100 mg, tab <b>LA,MO</b>	1	ST,QL (90 per 30 days)
doxycycline hyc dr 150 mg, 200 mg, tab; doxycycline hyclate 150 mg, 200 mg, tab <b>LA,MO</b>	1	ST,QL (30 per 30 days)
doxycycline hyc dr 150 mg, 50 mg, 75 mg, tab; doxycycline hyclate 150 mg, 50 mg, 75 mg, tab <b>LA,MO</b>	1	ST,QL (60 per 30 days)
doxycycline hyc dr 80 mg, tab <b>DL,LA</b>	4	ST,QL (60 per 30 days)
doxycycline hyclate 100 mg, 20 mg, tab <b>LA,MO</b>	1	
doxycycline hyclate 100 mg, 50 mg, cap <b>LA,MO</b>	1	
doxycycline hyclate 100 mg, vial <b>LA,MO</b>	1	
doxycycline 25 mg/5 ml, susp <b>LA,MO</b>	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>imipenem-cilastatin 250 mg, 500 mg, vial</i> <b>LA,MO</b>	1	
INVANZ 1 GRAM, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
KEFLEX 250 MG, 500 MG, 750 MG, CAPSULE <b>LA,MO</b>	3	
KIMYRSA 1,200 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	QL (1 per 30 days)
KITABIS PAK 300 MG/5 ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA
KLARON 10 %, LOTION (SUSPENSION) <b>LA,MO</b>	3	QL (118 per 30 days)
LEVAQUIN 500 MG, 750 MG, TABLET <b>LA,MO</b>	3	
<i>levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial</i> <b>LA,MO</b>	1	
<i>levofloxacin 250 mg, 500 mg, 750 mg, tablet</i> <b>LA,MO</b>	1	
<i>levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml,-d5w</i> <b>LA,MO</b>	1	
LINCOCIN 300 MG/ML, INJECTION SOLUTION <b>LA,MO</b>	3	
<i>lincomycin hcl 600 mg/2 ml vial</i> <b>LA,MO</b>	1	
<i>linezolid 100 mg/5 ml, susp</i> <b>DL,LA</b>	4	QL (1800 per 30 days)
<i>linezolid 600 mg, tablet</i> <b>LA,MO</b>	1	QL (60 per 30 days)
<i>linezolid 600 mg/300 ml,-d5w</i> <b>LA,MO</b>	1	
<i>linezolid 600mg/300ml-0.9%nacl</i> <b>LA,MO</b>	1	
MACROBID 100 MG, CAPSULE <b>LA,MO</b>	3	
MACRODANTIN 100 MG, 25 MG, 50 MG, CAPSULE <b>LA,MO</b>	3	
MAXIPIME 1 GM ADD-VANTAGE VL; MAXIPIME 2 GM ADD-VANTAGE VL <b>LA,MO</b>	3	
MAXIPIME 1 GRAM, 2 GRAM, VIAL <b>LA,MO</b>	3	PA
<i>meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg, vial</i> <b>LA,MO</b>	1	
<i>meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50</i> <b>LA,MO</b>	1	
MERREM IV 1 GM VIAL; MERREM IV 1 GRAM, 500 MG, VIAL <b>LA,MO</b>	3	
<i>methenamine hipp 1 gm tablet</i> <b>LA,MO</b>	1	
METRO I.V. 500 MG/100 ML, INTRAVENOUS PIGGYBACK <b>LA,MO</b>	3	
METROCREAM 0.75 %, TOPICAL <b>LA,MO</b>	3	PA
METROGEL 1 %, TOPICAL; METROGEL TOPICAL 1% PUMP <b>LA,MO</b>	3	ST
METROGEL VAGINAL 0.75 %, <b>LA,MO</b>	3	
METROLOTION 0.75 %, TOPICAL <b>LA,MO</b>	3	PA
<i>metronidazole 0.75% cream</i> <b>LA,MO</b>	1	
<i>metronidazole 0.75% lotion</i> <b>LA,MO</b>	1	
<i>metronidazole 250 mg, 500 mg, tablet</i> <b>LA,MO</b>	1	
<i>metronidazole 375 mg, capsule</i> <b>LA,MO</b>	1	QL (320 per 30 days)
<i>metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl</i> <b>LA,MO</b>	1	
<i>metronidazole 500 mg/100 ml,</i> <b>LA,MO</b>	1	
MINOCIN 100 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	4	PA

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

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penicillin gk 20 million unit, 5 million unit, <b>LA,MO</b>	1	
pen g 1.2 million unit/2 ml, 600,000 unit/ml,; penicillin g 600,000 unit/1 ml <b>LA,MO</b>	1	
penicillin g na 5 million unit, <b>DL,LA</b>	4	
penicillin vk 125 mg/5 ml, 250 mg/5 ml, soln <b>LA,MO</b>	1	
penicillin vk 250 mg, 500 mg, tablet <b>LA,MO</b>	1	
pfizerpen-g 20 million unit, 5 million unit, solution for injection <b>LA,MO</b>	1	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram,; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial <b>LA,MO</b>	1	
polymyxin b sulfate vial <b>LA,MO</b>	1	
PRIMAXIN 500 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
PRIMSOL 50 MG/5 ML, ORAL SOLUTION <b>LA,MO</b>	3	
RECARBRIO 1.25 GRAM, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
rosadan 0.75 %, topical cream <b>LA,MO</b>	1	ST
rosadan 0.75 %, topical gel <b>LA,MO</b>	1	ST
SEYSARA 100 MG, 150 MG, 60 MG, TABLET <b>DL,LA</b>	4	ST,QL (30 per 30 days)
SIVEXTRO 200 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	QL (6 per 28 days)
SIVEXTRO 200 MG, TABLET <b>DL,LA</b>	4	QL (6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG, TABLET,EXTENDED RELEASE <b>DL,LA</b>	4	ST,QL (30 per 30 days)
SOLOSEC 2 GRAM, ORAL DR GRANULES IN PACKET <b>LA,MO</b>	3	PA
streptomycin sulf 1 gm vial <b>DL,LA</b>	4	
sulfacetamide 10% eye ointment <b>LA,MO</b>	1	
sulfacetamide sod 10% top susp <b>LA,MO</b>	1	QL (118 per 30 days)
sulfadiazine 500 mg, tablet <b>LA,MO</b>	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet <b>LA,MO</b>	1	
sulfamethoxazole-tmp iv vial <b>LA,MO</b>	1	
sulfamethoxazole-tmp susp <b>LA,MO</b>	1	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION <b>LA,MO</b>	3	
SUPRAX 100 MG, 200 MG, CHEWABLE TABLET <b>LA,MO</b>	1	
SUPRAX 100 MG/5 ML, 200 MG/5 ML, ORAL SUSPENSION <b>LA,MO</b>	1	
SUPRAX 400 MG, CAPSULE <b>LA,MO</b>	3	
SUPRAX 500 MG/5 ML, ORAL SUSPENSION <b>LA,MO</b>	3	
SYNERCID 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
TARGADOX 50 MG, TABLET <b>LA,MO</b>	1	ST,QL (180 per 30 days)

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tazicef 1 gram, 2 gram, 6 gram, intravenous solution; tazicef 1 gram, 2 gram, 6 gram, solution for injection <b>LA,MO</b>	1	
TEFLARO 400 MG, 600 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
tetracycline 250 mg, 500 mg, capsule <b>LA,MO</b>	1	
tigecycline 50 mg, vial <b>DL,LA</b>	4	
tinidazole 250 mg, 500 mg, tablet <b>LA,MO</b>	1	
TOBI 300 MG/5 ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA
tobramycin 300 mg/4 ml, ampule <b>DL, SP,LA</b>	4	PA
tobramycin 300 mg/5 ml, ampule <b>DL, SP,LA</b>	4	PA
tobramycin 1.2 gm vial <b>DL,LA</b>	4	
tobramycin 10 mg/ml, 40 mg/ml, vial <b>LA,MO</b>	1	
tobramycin pak 300 mg/5 ml, <b>DL, SP,LA</b>	4	PA
trimethoprim 100 mg, tablet <b>LA,MO</b>	1	
TYGACIL 50 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
VABOMERE 2 GRAM, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	QL (84 per 14 days)
VANOCIN 125 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (120 per 30 days)
VANOCIN 250 MG, CAPSULE <b>DL,LA</b>	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 <b>LA,MO</b>	1	
vancomycin hcl 125 mg, capsule <b>LA,MO</b>	1	PA,QL (120 per 30 days)
vancomycin hcl 250 mg, capsule <b>LA,MO</b>	1	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 <b>LA,MO</b>	3	
vancomycin 1 gram/200 ml, 750 mg/150 ml, bag; vancomycin hcl 1g/200 ml bag <b>LA,MO</b>	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 <b>LA,MO</b>	3	
VANDAZOLE 0.75 %, VAGINAL GEL <b>LA,MO</b>	3	
VIBATIV 750 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
VIBRAMYCIN 100 MG, CAPSULE <b>LA,MO</b>	3	
VIBRAMYCIN 25 MG/5 ML, ORAL SUSPENSION <b>LA,MO</b>	3	ST
VIBRAMYCIN 50 MG/5 ML, ORAL SYRUP <b>LA,MO</b>	3	ST
XENLETA 150 MG/15 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	QL (210 per 7 days)

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

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<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
<i>clobazam 10 mg, 20 mg, tablet</i> <b>DL, SP,LA</b>	1	PA
<i>clobazam 2.5 mg/ml, suspension</i> <b>DL, SP,LA</b>	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG, TABLET,DELAYED RELEASE <b>SP,LA,MO</b>	3	
DEPAKOTE ER 250 MG, 500 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
DEPAKOTE SPRINKLES 125 MG, CAPSULE,DELAYED RELEASE <b>SP,LA,MO</b>	3	
DIACOMIT 250 MG, 500 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
DIACOMIT 250 MG, 500 MG, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
DIASTAT 2.5 MG, RECTAL KIT <b>DL,LA</b>	3	PA
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT <b>DL,LA</b>	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT <b>DL,LA</b>	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> <b>DL,LA</b>	1	
DILANTIN 30 MG, CAPSULE <b>SP,LA,MO</b>	1	
DILANTIN EXTENDED 100 MG, CAPSULE <b>SP,LA,MO</b>	1	
DILANTIN INFATABS 50 MG, CHEWABLE TABLET <b>SP,LA,MO</b>	1	
DILANTIN-125 125 MG/5 ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	
<i>divalproex dr 125 mg, cp(sprnk)</i> <b>SP,LA,MO</b>	1	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg, tab</i> <b>SP,LA,MO</b>	1	
<i>divalproex sod er 250 mg, 500 mg, tab</i> <b>SP,LA,MO</b>	1	
EPIDIOLEX 100 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA
<i>epitol 200 mg, tablet</i> <b>SP,LA,MO</b>	1	
EQUETRO 100 MG, 200 MG, 300 MG, CAPSULE, EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA
<i>ethosuximide 250 mg, capsule</i> <b>SP,LA,MO</b>	1	
<i>ethosuximide 250 mg/5 ml, soln</i> <b>SP,LA,MO</b>	1	
<i>felbamate 400 mg, 600 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>felbamate 600 mg/5 ml, susp</i> <b>DL, SP,LA</b>	4	
FELBATOL 400 MG, 600 MG, TABLET <b>DL, SP,LA</b>	4	PA
FELBATOL 600 MG/5 ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA
FINTEPLA 2.2 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	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, vial</i> <b>LA,MO</b>	1	
FYCOMPA 0.5 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
FYCOMPA 2 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg, capsule</i> <b>SP,LA,MO</b>	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> <b>SP,LA,MO</b>	1	QL (2250 per 30 days)

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

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

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QUDEXY XR 100 MG, 50 MG, CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG, CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
QUDEXY XR 25 MG, CAPSULE SPRINKLE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
roweepra 1,000 mg, 500 mg, 750 mg, tablet <b>SP,LA,MO</b>	1	
roweepra xr 500 mg, tablet,extended release <b>SP,LA,MO</b>	1	QL (180 per 30 days)
roweepra xr 750 mg, tablet,extended release <b>SP,LA,MO</b>	1	QL (120 per 30 days)
rufinamide 200 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (480 per 30 days)
rufinamide 40 mg/ml, suspension <b>DL, SP,LA</b>	4	PA,QL (2760 per 30 days)
rufinamide 400 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
SABRIL 500 MG, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
SABRIL 500 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
SECONAL SODIUM 100 MG, CAPSULE <b>DL,LA</b>	4	QL (90 per 30 days)
SPRITAM 1,000 MG, TABLET FOR ORAL SUSPENSION <b>SP,LA,MO</b>	3	ST,QL (90 per 30 days)
SPRITAM 250 MG, TABLET FOR ORAL SUSPENSION <b>SP,LA,MO</b>	3	ST,QL (360 per 30 days)
SPRITAM 500 MG, TABLET FOR ORAL SUSPENSION <b>SP,LA,MO</b>	3	ST,QL (180 per 30 days)
SPRITAM 750 MG, TABLET FOR ORAL SUSPENSION <b>SP,LA,MO</b>	3	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg, tablet <b>SP,LA,MO</b>	1	
subvenite starter (blue) kit 25 mg (35), tablets in a dose pack <b>LA,MO</b>	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack <b>LA,MO</b>	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack <b>LA,MO</b>	1	
SYMPAZAN 10 MG, 20 MG, 5 MG, ORAL FILM <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
TEGRETOL 100 MG/5 ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	
TEGRETOL 200 MG, TABLET <b>SP,LA,MO</b>	3	
TEGRETOL XR 100 MG, 200 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (120 per 30 days)
TEGRETOL XR 400 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (225 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg, tablet <b>SP,LA,MO</b>	1	
TOPAMAX 100 MG, 200 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG, SPRINKLE CAPSULE <b>DL, SP,LA</b>	4	
TOPAMAX 25 MG, TABLET <b>DL, SP,LA</b>	4	QL (90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg, sprinkle cap <b>SP,LA,MO</b>	1	
topiramate 25 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg, capsule <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg, capsule <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
topiramate er 25 mg, capsule <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
TRILEPTAL 150 MG, 300 MG, 600 MG, TABLET <b>DL, SP,LA</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRILEPTAL 300 MG/5 ML (60 MG/ML), ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA
TROKENDI XR 100 MG, 50 MG, CAPSULE, EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
TROKENDI XR 200 MG, CAPSULE, EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vial <b>LA,MO</b>	1	
valproic acid 250 mg, capsule <b>SP,LA,MO</b>	1	
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 <b>SP,LA,MO</b>	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML), NASAL SPRAY; VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY <b>DL,LA</b>	4	QL (10 per 30 days)
vigabatrin 500 mg, powder packet <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
vigabatrin 500 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
vigadrone 500 mg, oral powder packet <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
XCOPRI 100 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
XCOPRI 150 MG, 200 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
XCOPRI 250 MG DAILY DOSE PACK; XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS; XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK <b>LA,MO</b>	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 <b>DL,LA</b>	4	PA,QL (28 per 28 days)
ZARONTIN 250 MG, CAPSULE <b>SP,LA,MO</b>	3	
ZARONTIN 250 MG/5 ML, ORAL SOLUTION <b>SP,LA,MO</b>	1	
ZONEGRAN 100 MG, 25 MG, CAPSULE <b>DL, SP,LA</b>	4	PA
zonisamide 100 mg, 25 mg, 50 mg, capsule <b>SP,LA,MO</b>	1	
<b>Antidementia Agents</b>		
ARICEPT 10 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg, tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
donepezil hcl 10 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
ergoloid mesylates 1 mg, tab <b>SP,LA,MO</b>	1	

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EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR, TRANSDERMAL <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
galantamine 4 mg/ml, oral soln <b>SP,LA,MO</b>	1	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg, capsule <b>SP,LA,MO</b>	1	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
memantine 5-10 mg, titration pk <b>LA,MO</b>	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml, solution <b>SP,LA,MO</b>	1	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg, capsule <b>SP,LA,MO</b>	1	PA,QL (30 per 30 days)
NAMENDA 10 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <b>LA,MO</b>	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG, CAPSULE SPRINKLE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,EXT REL, DOSE PACK <b>LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG, CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK <b>LA,MO</b>	2	QL (28 per 28 days)
RAZADYNE 12 MG, 4 MG, 8 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg, capsule <b>SP,LA,MO</b>	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg, capsule <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<b>Antidepressants</b>		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tab <b>SP,LA,MO</b>	1	
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 <b>DL, SP,LA</b>	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
ANAFRANIL 25 MG, 50 MG, 75 MG, CAPSULE <b>DL, SP,LA</b>	4	
APLENZIN 174 MG, 348 MG, 522 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
bupropion hcl 100 mg, 75 mg, tablet <b>SP,LA,MO</b>	1	QL (180 per 30 days)
bupropion hcl sr 100 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
bupropion hcl sr 150 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
bupropion hcl sr 200 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)

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bupropion hcl xl 150 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
bupropion hcl xl 300 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
bupropion hcl xl 450 mg, tablet <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
CELEXA 10 MG, 40 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
CELEXA 20 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml, soln <b>SP,LA,MO</b>	1	
citalopram hbr 20 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg, capsule <b>SP,LA,MO</b>	1	
CYMBALTA 20 MG, 30 MG, 60 MG, CAPSULE,DELAYED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tablet <b>SP,LA,MO</b>	1	
desvenlafaxine er 100 mg, 50 mg, tab <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
desvenlafaxine succnt er 100 mg, 25 mg, 50 mg,; desvenlafaxine succnt er 100mg <b>SP,LA,MO</b>	1	QL (30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG, CAPSULE,DELAYED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg, cap <b>SP,LA,MO</b>	1	QL (60 per 30 days)
EFFEXOR XR 150 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR, TRANSDERMAL 24 HOUR PATCH <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
escitalopram 10 mg, tablet <b>SP,LA,MO</b>	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml, <b>SP,LA,MO</b>	1	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <b>LA,MO</b>	3	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution <b>SP,LA,MO</b>	1	
fluoxetine dr 90 mg, capsule <b>SP,LA,MO</b>	1	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg, capsule <b>SP,LA,MO</b>	1	QL (60 per 30 days)
fluoxetine hcl 10 mg, tablet <b>SP,LA,MO</b>	1	QL (240 per 30 days)
fluoxetine hcl 20 mg, capsule <b>SP,LA,MO</b>	1	QL (120 per 30 days)
fluoxetine hcl 20 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
fluoxetine hcl 60 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
fluvoxamine er 100 mg, 150 mg, capsule <b>SP,LA,MO</b>	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluvoxamine maleate 100 mg, 25 mg, 50 mg, tab <b>SP,LA,MO</b>	1	QL (90 per 30 days)
FORFIVO XL 450 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg, cap <b>SP,LA,MO</b>	1	
LEXAPRO 10 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
maprotiline 25 mg, 50 mg, 75 mg, tablet <b>SP,LA,MO</b>	1	
MARPLAN 10 MG, TABLET <b>SP,LA,MO</b>	3	
mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg, tablet <b>SP,LA,MO</b>	1	
mirtazapine 15 mg, 30 mg, 45 mg, odt <b>SP,LA,MO</b>	1	QL (30 per 30 days)
NARDIL 15 MG, TABLET <b>SP,LA,MO</b>	3	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
NORPRAMIN 10 MG, 25 MG, TABLET <b>SP,LA,MO</b>	3	
nortriptyline 10 mg/5 ml, soln <b>SP,LA,MO</b>	1	
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg, cap <b>SP,LA,MO</b>	1	
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg, <b>SP,LA,MO</b>	1	QL (30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG, CAPSULE <b>DL, SP,LA</b>	4	
PARNATE 10 MG, TABLET <b>DL, SP,LA</b>	4	
paroxetine er 12.5 mg, 37.5 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
paroxetine er 25 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
paroxetine mesylate 7.5 mg, cap <b>SP,LA,MO</b>	1	QL (30 per 30 days)
PAXIL 10 MG, 20 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
PAXIL 10 MG/5 ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	
PAXIL 30 MG, 40 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
PAXIL CR 25 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	
PEXEVA 10 MG, 20 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
PEXEVA 30 MG, 40 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
phenelzine sulfate 15 mg, tab <b>SP,LA,MO</b>	1	
PRISTIQ 100 MG, 25 MG, 50 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	

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PROZAC 10 MG, 40 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
PROZAC 20 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
REMERON 15 MG, 30 MG, TABLET <b>SP,LA,MO</b>	3	
REMERON SOLTAB 15 MG, 30 MG, 45 MG, DISINTEGRATING TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
SARAFEM 10 MG, TABLET <b>SP,LA,MO</b>	3	QL (240 per 30 days)
SARAFEM 20 MG, TABLET <b>SP,LA,MO</b>	3	QL (120 per 30 days)
<i>sertraline 20 mg/ml, oral conc</i> <b>SP,LA,MO</b>	1	
<i>sertraline hcl 100 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (90 per 30 days)
SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	
<i>tranylcypromine sulf 10 mg, tab</i> <b>SP,LA,MO</b>	1	
<i>trazodone 100 mg, 150 mg, 300 mg, 50 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>trimipramine maleate 100 mg, 25 mg, 50 mg, cap; trimipramine maleate 100 mg, 25 mg, 50 mg, cp</i> <b>SP,LA,MO</b>	1	
TRINTELLIX 10 MG, 20 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
<i>venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>venlafaxine hcl er 150 mg, 225 mg, 37.5 mg, tab</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>venlafaxine hcl er 150 mg, cap</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>venlafaxine hcl er 37.5 mg, cap</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>venlafaxine hcl er 75 mg, cap</i> <b>SP,LA,MO</b>	1	QL (90 per 30 days)
<i>venlafaxine hcl er 75 mg, tab</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK <b>LA,MO</b>	3	PA,QL (30 per 30 days)
VIIBRYD 10 MG, 20 MG, 40 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
WELLBUTRIN SR 100 MG, TABLET, 12 HR SUSTAINED-RELEASE <b>SP,LA,MO</b>	3	PA,QL (120 per 30 days)
WELLBUTRIN SR 150 MG, TABLET, 12 HR SUSTAINED-RELEASE <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
WELLBUTRIN SR 200 MG, TABLET, 12 HR SUSTAINED-RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
WELLBUTRIN XL 150 MG, 24 HR TABLET, EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG, 24 HR TABLET, EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
ZOLOFT 100 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML, ORAL CONCENTRATE <b>SP,LA,MO</b>	3	PA
ZOLOFT 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
ZULRESSO 5 MG/ML, INTRAVENOUS SOLUTION <b>DL, LA,LA</b>	4	PA,QL (100 per 365 days)
<b>Antiemetics</b>		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS POWDER FOR SOLUTION <b>DL,LA</b>	4	PA,QL (4 per 28 days)

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AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG/20 ML INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (80 per 28 days)
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE <b>DL,LA</b>	4	PA,QL (4 per 28 days)
ANTIVERT 50 MG, TABLET <b>LA,MO</b>	3	
<i>aprepitant 125 mg, 40 mg, capsule</i> <b>LA,MO</b>	1	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> <b>LA,MO</b>	1	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg, capsule</i> <b>LA,MO</b>	1	B vs D,QL (4 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE <b>LA,MO</b>	3	QL (60 per 30 days)
COMPAZINE 10 MG, 5 MG, TABLET <b>LA,MO</b>	3	B vs D
COMPAZINE 25 MG, RECTAL SUPPOSITORY <b>LA,MO</b>	1	
<i>compro 25 mg, rectal suppository</i> <b>LA,MO</b>	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE <b>LA,MO</b>	3	QL (120 per 30 days)
<i>dimenhydrinate 50 mg/ml, vial</i> <b>LA,MO</b>	1	
<i>doxylamine-pyridoxine 10-10 mg,</i> <b>LA,MO</b>	1	QL (120 per 30 days)
<i>dronabinol 10 mg, 2.5 mg, 5 mg, capsule</i> <b>LA,MO</b>	1	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <b>LA,MO</b>	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION <b>LA,MO</b>	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG, CAPSULE <b>LA,MO</b>	3	PA,QL (2 per 28 days)
EMEND 80 MG, CAPSULE <b>LA,MO</b>	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	PA
<i>fosaprepitant 150 mg, vial</i> <b>LA,MO</b>	1	PA
GIMOTI 15 MG/SPRAY, NASAL SPRAY WITH PUMP <b>DL,LA</b>	4	PA,QL (9.8 per 28 days)
<i>granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial</i> <b>LA,MO</b>	1	
<i>granisetron hcl 1 mg, tablet</i> <b>LA,MO</b>	1	B vs D,QL (28 per 28 days)
<i>granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial</i> <b>LA,MO</b>	1	
MARINOL 10 MG, 2.5 MG, 5 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (120 per 30 days)
<i>meclizine 12.5 mg, 25 mg, tablet</i> <b>LA,MO</b>	1	
<i>metoclopramide 10 mg, 5 mg, tablet</i> <b>LA,MO</b>	1	
<i>metoclopramide 10 mg/2 ml syr</i> <b>LA,MO</b>	1	
<i>metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml, soln</i> <b>LA,MO</b>	1	
<i>metoclopramide hcl 10 mg, odt</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>metoclopramide hcl 5 mg, odt</i> <b>LA,MO</b>	1	QL (360 per 30 days)
<i>ondansetron odt 4 mg, 8 mg, tablet</i> <b>LA,MO</b>	1	B vs D,QL (90 per 30 days)
<i>ondansetron 4 mg/5 ml, solution</i> <b>LA,MO</b>	1	B vs D,QL (450 per 30 days)
<i>ondansetron 40 mg/20 ml vial</i> <b>LA,MO</b>	1	
<i>ondansetron hcl 24 mg, tablet</i> <b>LA,MO</b>	1	B vs D,QL (30 per 30 days)

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

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ciclopirox 0.77% gel <b>LA,MO</b>	1	QL (100 per 30 days)
ciclopirox 0.77% topical susp <b>LA,MO</b>	1	QL (60 per 30 days)
ciclopirox 1% shampoo <b>LA,MO</b>	1	QL (120 per 30 days)
ciclopirox 8% solution <b>LA,MO</b>	1	QL (13.2 per 30 days)
clotrimazole 1% solution <b>LA,MO</b>	1	
clotrimazole 1% topical cream <b>LA,MO</b>	1	
clotrimazole 10 mg, troche <b>LA,MO</b>	1	
clotrimazole-betamethasone crm <b>LA,MO</b>	1	QL (180 per 30 days)
clotrimazole-betamethasone lot <b>LA,MO</b>	1	QL (90 per 28 days)
CRESEMBA 186 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (180 per 30 days)
CRESEMBA 372 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML, ORAL SUSPENSION <b>DL,LA</b>	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG, TABLET <b>LA,MO</b>	3	PA
econazole nitrate 1% cream <b>LA,MO</b>	1	PA,QL (85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
ERAXIS(WATER DILUENT) 50 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
ERTACZO 2 %, TOPICAL CREAM <b>DL,LA</b>	4	QL (60 per 30 days)
EXELDERM 1 %, TOPICAL CREAM <b>LA,MO</b>	3	
EXELDERM 1 %, TOPICAL SOLUTION <b>LA,MO</b>	3	QL (60 per 30 days)
EXTINA 2 %, TOPICAL FOAM <b>LA,MO</b>	3	QL (100 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml, susp <b>LA,MO</b>	1	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg, tablet <b>LA,MO</b>	1	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml, <b>LA,MO</b>	1	
flucytosine 250 mg, 500 mg, capsule <b>DL,LA</b>	4	
griseofulvin 125 mg/5 ml, susp <b>LA,MO</b>	1	
griseofulvin micro 500 mg, tab <b>LA,MO</b>	1	
griseofulvin ultra 125 mg, 250 mg, tab <b>LA,MO</b>	1	
gynazole-1 2 %, vaginal cream <b>LA,MO</b>	1	
itraconazole 10 mg/ml, solution <b>LA,MO</b>	1	
itraconazole 100 mg, capsule <b>LA,MO</b>	1	QL (120 per 30 days)
JUBLIA 10 %, TOPICAL SOLUTION WITH APPLICATOR <b>DL,LA</b>	4	PA,QL (4 per 28 days)
KERYDIN 5 %, TOPICAL SOLUTION WITH APPLICATOR <b>DL,LA</b>	4	QL (10 per 30 days)
ketoconazole 2% cream <b>LA,MO</b>	1	QL (60 per 30 days)
ketoconazole 2% foam <b>LA,MO</b>	1	QL (100 per 30 days)
ketoconazole 2% shampoo <b>LA,MO</b>	1	QL (120 per 30 days)
ketoconazole 200 mg, tablet <b>LA,MO</b>	1	PA

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

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PENLAC 8% SOLUTION <b>LA,MO</b>	3	QL (13.2 per 30 days)
posaconazole dr 100 mg, tablet <b>DL,LA</b>	4	PA
SPORANOX 10 MG/ML, ORAL SOLUTION <b>DL,LA</b>	4	
SPORANOX 100 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG, CAPSULE <b>LA,MO</b>	3	PA,QL (120 per 30 days)
tavaborole 5% topical solution <b>DL,LA</b>	4	QL (10 per 30 days)
terbinafine hcl 250 mg, tablet <b>LA,MO</b>	1	
terconazole 0.4% cream; terconazole 0.8% cream <b>LA,MO</b>	1	
terconazole 80 mg, suppository <b>LA,MO</b>	1	
TOLSURA 65 MG, ORAL SOLID DISPERSION CAPSULE <b>DL,LA</b>	4	PA,QL (120 per 30 days)
VFEND 200 MG, 50 MG, TABLET <b>LA,MO</b>	3	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML), ORAL SUSPENSION <b>DL,LA</b>	4	PA,QL (400 per 30 days)
VFEND IV 200 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
voriconazole 200 mg, 50 mg, tablet <b>LA,MO</b>	1	PA,QL (120 per 30 days)
voriconazole 200 mg, vial <b>DL,LA</b>	4	PA
voriconazole 40 mg/ml susp <b>DL,LA</b>	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT <b>LA,MO</b>	3	
XOLEGEL 2 %, TOPICAL <b>DL,LA</b>	4	
<b>Antigout Agents</b>		
allopurinol 100 mg, 300 mg, tablet <b>SP,LA,MO</b>	1	
allopurinol sodium 500 mg, vial <b>LA,MO</b>	1	
ALOPRIM 500 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
febuxostat 40 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
GLOPERBA 0.6 MG/5 ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	PA,QL (300 per 30 days)
MITIGARE 0.6 MG, CAPSULE <b>SP,LA,MO</b>	2	
probenecid 500 mg, tablet <b>SP,LA,MO</b>	1	
probenecid-colchicine tablet <b>SP,LA,MO</b>	1	
ULORIC 40 MG, 80 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
ZYLOPRIM 100 MG, 300 MG, TABLET <b>SP,LA,MO</b>	3	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG AUTOINJECTOR 140 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (2 per 30 days)
AJOVY 225 MG/1.5 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1.5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AJOVY SYRINGE 225 MG/1.5 ML, SUBCUTANEOUS <b>SP,LA,MO</b>	3	PA,QL (1.5 per 30 days)
<i>almotriptan malate</i> 12.5 mg, 6.25 mg, tab <b>LA,MO</b>	1	ST,QL (9 per 30 days)
AMERGE 1 MG, 2.5 MG, TABLET <b>LA,MO</b>	3	PA,QL (9 per 30 days)
CAFERGOT 1 MG-100 MG TABLET <b>LA,MO</b>	1	PA,QL (40 per 30 days)
D.H.E.45 1 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	4	
<i>dihydroergotamine</i> 1 mg/ml, amp <b>DL,LA</b>	4	PA
<i>dihydroergotamine</i> 4 mg/ml spry <b>DL,LA</b>	4	PA,QL (8 per 30 days)
<i>eletriptan hbr</i> 20 mg, 40 mg, tablet <b>LA,MO</b>	1	ST,QL (9 per 30 days)
EMGALITY PEN 120 MG/ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	3	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3), SUBCUTANEOUS SYRINGE <b>LA,MO</b>	3	PA,QL (3 per 30 days)
ERGOMAR 2 MG, SUBLINGUAL TABLET <b>DL,LA</b>	4	QL (20 per 28 days)
<i>ergotamine-caffeine</i> 1-100mg tb <b>LA,MO</b>	1	PA,QL (40 per 30 days)
FROVA 2.5 MG, TABLET <b>DL,LA</b>	4	ST,QL (12 per 30 days)
<i>frovatriptan succ</i> 2.5 mg, tab <b>LA,MO</b>	1	ST,QL (12 per 30 days)
IMITREX 100 MG, 50 MG, TABLET <b>DL,LA</b>	4	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION, NASAL SPRAY <b>DL,LA</b>	4	PA,QL (12 per 30 days)
IMITREX 25 MG, TABLET <b>LA,MO</b>	3	PA,QL (9 per 30 days)
IMITREX 6 MG/0.5 ML, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML, SUBCUTANEOUS PEN INJECTOR <b>LA,MO</b>	3	PA,QL (6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML, SUBCUTANEOUS CARTRIDGE <b>DL,LA</b>	4	PA,QL (6 per 30 days)
MAXALT 10 MG, TABLET <b>LA,MO</b>	3	PA,QL (12 per 30 days)
MAXALT-MLT 10 MG, DISINTEGRATING TABLET <b>LA,MO</b>	3	PA,QL (12 per 30 days)
<i>migergot</i> 2 mg-100 mg rectal suppository <b>DL,LA</b>	4	QL (20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML), NASAL SPRAY <b>DL,LA</b>	4	QL (8 per 30 days)
<i>naratriptan hcl</i> 1 mg, 2.5 mg, tablet <b>LA,MO</b>	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG, POWDER FOR NASAL INHALATION <b>DL,LA</b>	4	ST,QL (16 per 30 days)
RELPAX 20 MG, 40 MG, TABLET <b>LA,MO</b>	4	ST,QL (9 per 30 days)
REYVOW 100 MG, TABLET <b>LA,MO</b>	3	PA,QL (8 per 30 days)
REYVOW 50 MG, TABLET <b>LA,MO</b>	3	PA,QL (4 per 30 days)
<i>rizatriptan</i> 10 mg, 5 mg, odt; <i>rizatriptan</i> 10 mg, 5 mg, tablet <b>LA,MO</b>	1	QL (12 per 30 days)
<i>sumatriptan</i> 20 mg nasal spray; <i>sumatriptan</i> 5 mg nasal spray <b>LA,MO</b>	1	QL (12 per 30 days)
<i>sumatriptan</i> 4 mg/0.5 ml, 6 mg/0.5 ml, cart <b>LA,MO</b>	3	QL (6 per 30 days)
<i>sumatriptan</i> 4 mg/0.5 ml, 6 mg/0.5 ml, inject <b>LA,MO</b>	1	QL (6 per 30 days)
<i>sumatriptan</i> 6 mg/0.5 ml, syrng <b>LA,MO</b>	1	QL (6 per 30 days)

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

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PRETOMANID 200 MG, TABLET <b>LA,MO</b>	3	PA,QL (30 per 30 days)
PRIFTIN 150 MG, TABLET <b>LA,MO</b>	3	
<i>pyrazinamide 500 mg, tablet</i> <b>LA,MO</b>	1	
<i>rifabutin 150 mg, capsule</i> <b>LA,MO</b>	1	
RIFADIN 150 MG, 300 MG, CAPSULE <b>LA,MO</b>	3	
RIFADIN 600 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
RIFAMATE CAPSULE <b>LA,MO</b>	1	
<i>rifampin 150 mg, 300 mg, capsule</i> <b>LA,MO</b>	1	
<i>rifampin iv 600 mg, vial</i> <b>LA,MO</b>	1	
RIFATER TABLET <b>LA,MO</b>	3	
SIRTURO 100 MG, TABLET <b>DL,LA</b>	4	PA,QL (68 per 28 days)
SIRTURO 20 MG, TABLET <b>DL,LA</b>	4	PA,QL (340 per 28 days)
TRECTOR 250 MG, TABLET <b>LA,MO</b>	3	
<b>Antineoplastics</b>		
<i>abiraterone 500 mg, tablet</i> <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>abiraterone acetate 250 mg, tab</i> <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
ABRAXANE 100 MG, INTRAVENOUS SUSPENSION <b>DL,LA</b>	4	PA
ADCETRIS 50 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml, intravenous solution</i> <b>LA,MO</b>	1	B vs D
ADRIAMYCIN 50 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	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> <b>LA,MO</b>	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG, TABLET FOR ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA
ALECENSA 150 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
ALIQOPA 60 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
ALKERAN 2 MG, TABLET <b>LA,MO</b>	3	B vs D
ALKERAN (AS HCL) 50 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
ALUNBRIG 180 MG, 90 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (30 per 30 days)
<i>amifostine 500 mg, vial</i> <b>DL,LA</b>	4	
<i>anastrozole 1 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ARIMIDEX 1 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
AROMASIN 25 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)

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ARRANON 250 MG/50 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
<i>arsenic trioxide 10 mg/10ml vial; arsenic trioxide 12 mg/6 ml vial</i> <b>DL,LA</b>	4	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (400 per 28 days)
ASPARLAS 750 UNIT/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
AVASTIN 25 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
<i>azacitidine 100 mg, vial</i> <b>DL,LA</b>	4	PA
BALVERSA 3 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
BALVERSA 4 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
BALVERSA 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
BELEODAQ 500 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
BENDEKA 25 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
<i>bexarotene 75 mg, capsule</i> <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
BICNU 100 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
BLENREP 100 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>bleomycin sulfate 15 unit, 30 unit, vial</i> <b>LA,MO</b>	1	B vs D
<i>bortezomib 3.5 mg, iv vial</i> <b>DL,LA</b>	4	PA
BOSULIF 100 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
BRAFTOVI 50 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
BRAFTOVI 75 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
BRUKINSA 80 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
<i>busulfan 60 mg/10 ml, vial</i> <b>LA,MO</b>	1	
BUSULFEX 60 MG/10 ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
CABOMETYX 20 MG, 40 MG, 60 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
CAPRELSA 100 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (30 per 30 days)
<i>carboplatin 150 mg/15 ml vial</i> <b>LA,MO</b>	1	
<i>carmustine 100 mg, vial</i> <b>LA,MO</b>	1	
CASODEX 50 MG, TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)

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<i>cisplatin 100 mg/100 ml vial</i> <b>LA,MO</b>	1	
<i>cladribine 10 mg/10 ml, vial</i> <b>DL,LA</b>	4	B vs D
<i>clofarabine 20 mg/20 ml, vial</i> <b>DL,LA</b>	4	
CLOLAR 20 MG/20 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <b>DL, SP,LA</b>	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY), CAPSULES <b>DL, SP,LA</b>	4	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
COTELLIC 20 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg, vial; cyclophosphamide 2 gm vial</i> <b>LA,MO</b>	1	B vs D
CYCLOPHOSPHAMIDE 1 GM/5 ML VL <b>LA,MO</b>	1	B vs D
<i>cyclophosphamide 25 mg, 50 mg, capsule</i> <b>LA,MO</b>	1	B vs D
<i>cyclophosphamide 25 mg, 50 mg, tablet</i> <b>LA,MO</b>	1	B vs D
CYRAMZA 10 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>cytarabine 20 mg/ml, vial</i> <b>LA,MO</b>	1	B vs D
<i>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</i> <b>LA,MO</b>	1	B vs D
<i>dacarbazine 100 mg, 200 mg, vial</i> <b>LA,MO</b>	1	
DACOGEN 50 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
<i>dactinomycin 500 mcg vial</i> <b>DL,LA</b>	4	
DANYELZA 4 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (120 per 28 days)
DARZALEX 20 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>daunorubicin 20 mg/4 ml vial</i> <b>LA,MO</b>	1	
DAURISMO 100 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
DAURISMO 25 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>decitabine 50 mg, vial</i> <b>DL,LA</b>	4	PA
<i>dexrazoxane 250 mg, 500 mg, vial</i> <b>LA,MO</b>	1	
DOCEFREZ 20 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
DOCEFREZ 80 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
<i>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</i> <b>LA,MO</b>	1	
DOXIL 2 MG/ML, INTRAVENOUS SUSPENSION <b>DL,LA</b>	4	PA

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doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml, vial; doxorubicin 200 mg/100 ml vial <b>LA,MO</b>	1	B vs D
doxorubicin liposome 20mg/10ml <b>DL,LA</b>	4	PA
ELITEK 1.5 MG, 7.5 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
ELLEENCE 200 MG/100 ML, 50 MG/25 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
ELZONRIS 1,000 MCG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (10 per 21 days)
EMCYT 140 MG, CAPSULE <b>DL,LA</b>	4	
EMPLICITI 300 MG, 400 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
ENHERTU 100 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml, vial <b>LA,MO</b>	1	
epirubicin hcl 50 mg, vial <b>LA,MO</b>	3	
ERBITUX 100 MG/50 ML, 200 MG/100 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
ERIVEDGE 150 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
ERLEADA 60 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
erlotinib hcl 100 mg, 150 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
erlotinib hcl 25 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT, VIAL <b>DL,LA</b>	4	PA
ETHYOL 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
ETOPOPHOS 100 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
etoposide 100 mg/5 ml vial <b>LA,MO</b>	1	
EVOMELA 50 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
exemestane 25 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
FARESTON 60 MG, TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG, CAPSULE <b>DL, LA,LA</b>	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML, INTRAMUSCULAR SYRINGE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
floxuridine 500 mg vial <b>LA,MO</b>	1	B vs D
fludarabine 50 mg, vial <b>LA,MO</b>	1	
fludarabine 50 mg/2 ml, vial <b>LA,MO</b>	4	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml, vial; fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml, vl <b>LA,MO</b>	1	B vs D
flutamide 125 mg, capsule <b>SP,LA,MO</b>	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
FOTIVDA 0.89 MG, 1.34 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)
fulvestrant 250 mg/5 ml, syringe <b>SP,LA,MO</b>	1	PA,QL (30 per 30 days)

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FUSILEV 50 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
GAVRETO 100 MG, CAPSULE <b>DL, LA, SP,LA</b>	4	PA,QL (120 per 30 days)
GAZYVA 1,000 MG/40 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (120 per 28 days)
<i>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</i> <b>LA,MO</b>	1	
GILOTRIF 20 MG, 30 MG, 40 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
GLEEVEC 400 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
HERCEPTIN 150 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (5 per 21 days)
HERZUMA 150 MG, 420 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
HYCANTIN 4 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
HYDREA 500 MG, CAPSULE <b>SP,LA,MO</b>	3	
<i>hydroxyurea 500 mg, capsule</i> <b>SP,LA,MO</b>	1	
IBRANCE 100 MG, 125 MG, 75 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
ICLUSIG 15 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
IDAMYCIN PFS 1 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
<i>idarubicin hcl 20 mg/20 ml vl</i> <b>DL,LA</b>	4	
IDHIFA 100 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial</i> <b>LA,MO</b>	1	
<i>imatinib mesylate 100 mg, tab</i> <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
<i>imatinib mesylate 400 mg, tab</i> <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
IMBRUVICA 70 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML, SUSPENSION FOR INJECTION <b>DL,LA</b>	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML, SUSPENSION FOR INJECTION <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)

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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 <b>DL,LA</b>	4	
INLYTA 1 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
INLYTA 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
INQOVI 35 MG-100 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (5 per 28 days)
INREBIC 100 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
IRESSA 250 MG, TABLET <b>DL,LA</b>	4	PA,QL (30 per 30 days)
<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> <b>LA,MO</b>	1	
ISTODAX 10 MG/2 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
IXEMPRA 15 MG, 45 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
JEMPERLI 50 MG/ML, INTRAVENOUS SOLUTION <b>SP,LA,MO</b>	4	PA,QL (20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
KADCYLA 100 MG, 160 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
KANJINTI 150 MG, 420 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
KEYTRUDA 25 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
KHAPZORY 175 MG, 300 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
KISQALI 200 MG/DAY (200 MG X 1), TABLET <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2), TABLET <b>DL, SP,LA</b>	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3), TABLET <b>DL, SP,LA</b>	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (91 per 28 days)
KOSELUGO 10 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
KOSELUGO 25 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
KYPROLIS 10 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
KYPROLIS 30 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
KYPROLIS 60 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (12 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 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 <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)

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LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2), CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
letrozole 2.5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
leucovorin cal 100 mg/10 ml vl; 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, vl <b>LA,MO</b>	1	
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg, tab <b>LA,MO</b>	1	
LEUKERAN 2 MG, TABLET <b>LA,MO</b>	4	
levoleucovorin 10 mg/ml, 50 mg, vial; levoleucovorin 250 mg/25 ml vl <b>DL,LA</b>	4	PA
LEVULAN 20 %, TOPICAL SOLUTION <b>LA,MO</b>	3	
LIBTAYO 50 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (7 per 21 days)
lipodox 2 mg/ml, vial <b>DL,LA</b>	4	PA
lipodox 50 2 mg/ml, vial <b>DL,LA</b>	4	PA
LONSURF 15 MG-6.14 MG TABLET <b>DL,LA</b>	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <b>DL,LA</b>	4	PA,QL (80 per 30 days)
LORBRENA 100 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
LORBRENA 25 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
LUMAKRAS 120 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
LUMOXITI 1 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
LYNPARZA 100 MG, 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <b>DL,LA</b>	4	PA
MATULANE 50 MG, CAPSULE <b>DL,LA</b>	4	
MEKINIST 0.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
MEKINIST 2 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
MEKTOVI 15 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
melphalan 2 mg, tablet <b>LA,MO</b>	1	B vs D
melphalan hcl 50 mg, vial <b>LA,MO</b>	1	
mercaptopurine 50 mg, tablet <b>SP,LA,MO</b>	1	
mesna 1 gram/10 ml vial <b>LA,MO</b>	1	
MESNEX 100 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
MESNEX 400 MG, TABLET <b>DL,LA</b>	4	
mitomycin 20 mg, 40 mg, 5 mg, vial <b>DL,LA</b>	4	
mitoxantrone 20 mg/10 ml vial <b>SP,LA,MO</b>	1	
MUTAMYCIN 20 MG, 40 MG, 5 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
MVASI 25 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA

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NAVELBINE 10 MG/ML, 50 MG/5 ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
NERLYNX 40 MG, TABLET <b>DL,LA</b>	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG, TABLET <b>DL,LA</b>	4	PA,QL (120 per 30 days)
NILANDRON 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg, tablet</i> <b>DL, SP,LA</b>	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
NIPENT 10 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
NUBEQA 300 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
ODOMZO 200 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
OGIVRI 150 MG, 420 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ONCASPAR 750 UNIT/ML, INJECTION SOLUTION <b>DL,LA</b>	4	PA
ONIVYDE 4.3 MG/ML, INTRAVENOUS DISPERSION <b>DL,LA</b>	4	PA
ONTRUZANT 150 MG, 420 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ONUREG 200 MG, 300 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (14 per 28 days)
OPDIVO 100 MG/10 ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (16 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 200 mg/40 ml, 50 mg, 50 mg/10 ml (5 mg/ml), vial; oxaliplatin 50 mg/10 ml vial</i> <b>LA,MO</b>	1	
<i>paclitaxel 300 mg/50 ml vial</i> <b>LA,MO</b>	1	
PADCEV 20 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)
PADCEV 30 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (15 per 28 days)
PANRETIN 0.1 %, TOPICAL GEL <b>DL,LA</b>	4	PA
<i>paraplatin 10 mg/ml, intravenous solution</i> <b>LA,MO</b>	1	
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (14 per 21 days)
PEPAXTO 20 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (2 per 28 days)
PERJETA 420 MG/14 ML (30 MG/ML), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
PHESGO 1,200 MG-600 MG-30,000 UNIT/15 ML SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (15 per 21 days)
PHESGO 600 MG-600 MG-20,000 UNIT/10 ML SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1), TABLET <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
POLIVY 140 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (2 per 21 days)
POLIVY 30 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)

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PORTRAZZA 800 MG/50 ML (16 MG/ML), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
PROLEUKIN 22 MILLION UNIT, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
PURIXAN 20 MG/ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	QL (300 per 30 days)
QINLOCK 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
RETEVMO 40 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
RETEVMO 80 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
RIABNI 10 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
RITUXAN 10 MG/ML, CONCENTRATE,INTRAVENOUS <b>DL,LA</b>	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (13.4 per 28 days)
<i>romidepsin 10 mg kit</i> <b>DL,LA</b>	4	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL <b>DL,LA</b>	4	PA
ROZLYTREK 100 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
ROZLYTREK 200 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
RUXIENCE 10 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
RYBREVANT 50 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (784 per 365 days)
RYDAPT 25 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (224 per 28 days)
RYLAZE 10 MG/0.5 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	4	PA
SARCLISA 20 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (16 per 28 days)
SOLTAMOX 20 MG/10 ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
STIVARGA 40 MG, TABLET <b>DL,LA</b>	4	PA,QL (84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, cap; sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, capsule</i> <b>DL,LA</b>	4	PA,QL (28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
TABLOID 40 MG, TABLET <b>LA,MO</b>	3	
TABRECTA 150 MG, 200 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (112 per 28 days)
TAFINLAR 50 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)

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TAGRISSO 40 MG, 80 MG, TABLET <b>DL,LA</b>	4	PA,QL (30 per 30 days)
TALZENNA 0.25 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (90 per 30 days)
TALZENNA 1 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg, tablet</i> <b>SP,LA,MO</b>	1	
TARCEVA 100 MG, 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
TARCEVA 25 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
TARGRETIN 1 %, TOPICAL GEL <b>DL,LA</b>	4	PA
TARGRETIN 75 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
TAZVERIK 200 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML), INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML), INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
TEMODAR 100 MG, INTRAVENOUS SOLUTION <b>DL, LA,LA</b>	4	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> <b>DL,LA</b>	4	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml, ampule</i> <b>LA,MO</b>	1	
TEPMETKO 225 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
THALOMID 150 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>thiotepa 100 mg, vial</i> <b>DL,LA</b>	4	
<i>thiotepa 15 mg, vial</i> <b>LA,MO</b>	1	
TIBSOVO 250 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>toposar 20 mg/ml, intravenous solution</i> <b>LA,MO</b>	1	
<i>topotecan hcl 1 mg/ml vial</i> <b>DL,LA</b>	4	
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml), vial; topotecan hcl 4 mg/4 ml vial</i> <b>LA,MO</b>	1	
<i>toremifene citrate 60 mg, tab</i> <b>DL, SP,LA</b>	4	QL (30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (8 per 28 days)
TOTECT 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
TRAZIMERA 150 MG, 420 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
TREANDA 100 MG, 25 MG, INTRAVENOUS POWDER FOR SOLUTION <b>DL,LA</b>	4	PA
<i>tretinoin 10 mg, capsule</i> <b>DL,LA</b>	4	
TRISENOX 2 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
TRODELVY 180 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
TRUSELTIQ 100 MG/DAY (100 MG X 1), CAPSULE <b>DL, SP,LA</b>	4	PA,QL (21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), CAPSULE; TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE <b>DL, SP,LA</b>	4	PA,QL (42 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUSELTIQ 75 MG/DAY (25 MG X 3), CAPSULE <b>DL, SP,LA</b>	4	PA,QL (63 per 28 days)
TRUXIMA 10 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
TUKYSA 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
TUKYSA 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
TURALIO 200 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
TYKERB 250 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
UKONIQ 200 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
UNITUXIN 3.5 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
VALCHLOR 0.016 %, TOPICAL GEL <b>DL, SP,LA</b>	4	PA,QL (60 per 28 days)
<i>valrubicin 200 mg/5 ml vial</i> <b>DL,LA</b>	4	PA,QL (80 per 28 days)
VALSTAR 40 MG/ML, INTRAVESICAL SOLUTION <b>DL,LA</b>	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
VELCADE 3.5 MG, SOLUTION FOR INJECTION <b>DL,LA</b>	4	PA
VENCLEXTA 10 MG, TABLET <b>SP,LA,MO</b>	2	PA,QL (56 per 28 days)
VENCLEXTA 100 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
VENCLEXTA 50 MG, TABLET <b>SP,LA,MO</b>	2	PA,QL (28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
VIDAZA 100 MG, SOLUTION FOR INJECTION <b>DL,LA</b>	4	PA
<i>vinblastine 1 mg/ml, vial</i> <b>LA,MO</b>	1	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml, intravenous solution</i> <b>LA,MO</b>	1	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml, vial</i> <b>LA,MO</b>	1	B vs D
<i>vinorelbine 10 mg/ml, 50 mg/5 ml, vial</i> <b>LA,MO</b>	1	
VISTOGARD 10 GRAM, ORAL GRANULES IN PACKET <b>DL,LA</b>	4	QL (20 per 365 days)
VITRAKVI 100 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
VITRAKVI 25 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
VOTRIENT 200 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
WELIREG 40 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
XALKORI 200 MG, 250 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
XOSPATA 40 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
XPOVIO 100 MG ONCE WEEKLY DOSE <b>DL, SP,LA</b>	4	PA,QL (20 per 28 days)

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XPOVIO 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), TABLET; XPOVIO 40 MG ONCE WEEKLY DOSE; XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
XPOVIO 40 MG TWICE WEEKLY DOSE; XPOVIO 80 MG ONCE WEEKLY DOSE <b>DL, SP,LA</b>	4	PA,QL (16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), TABLET <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
XPOVIO 60 MG ONCE WEEKLY DOSE <b>DL, SP,LA</b>	4	PA,QL (12 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET <b>DL, SP,LA</b>	4	PA,QL (24 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET <b>DL, SP,LA</b>	4	PA,QL (32 per 28 days)
XTANDI 40 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
XTANDI 40 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
XTANDI 80 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML), INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
YONDELIS 1 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
YONSA 125 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML), INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ZANOSAR 1 GRAM, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
ZEJULA 100 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
ZEPZELCA 4 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ZINECARD 250 MG, 500 MG, VIAL <b>DL,LA</b>	4	
ZIRABEV 25 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
ZOLINZA 100 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
ZYKADIA 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
ZYNLONTA 10 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ZYTIGA 250 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<b>Antiparasitics</b>		
<i>albendazole 200 mg, tablet</i> <b>LA,MO</b>	1	
ALBENZA 200 MG, TABLET <b>DL,LA</b>	4	
<i>atovaquone 750 mg/5 ml, susp</i> <b>LA,MO</b>	1	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <b>LA,MO</b>	1	
<i>benznidazole 100 mg, tablet</i> <b>LA,MO</b>	3	QL (240 per 365 days)

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benznidazole 12.5 mg, tablet <b>LA,MO</b>	3	QL (720 per 365 days)
BILTRICIDE 600 MG, TABLET <b>DL,LA</b>	4	PA
chloroquine ph 250 mg, 500 mg, tablet <b>LA,MO</b>	1	
COARTEM 20 MG-120 MG TABLET <b>LA,MO</b>	3	QL (24 per 30 days)
DARAPRIM 25 MG, TABLET <b>DL,LA</b>	4	PA,QL (90 per 30 days)
EGATEN 250 MG, TABLET <b>LA,MO</b>	3	
emverm 100 mg, chewable tablet <b>DL,LA</b>	4	
hydroxychloroquine 200 mg, tab <b>SP,LA,MO</b>	1	
IMPAVIDO 50 MG, CAPSULE <b>DL,LA</b>	4	QL (84 per 28 days)
ivermectin 0.5% lotion <b>LA,MO</b>	1	QL (117 per 30 days)
ivermectin 3 mg, tablet <b>LA,MO</b>	1	
KRINTAFEL 150 MG, TABLET <b>LA,MO</b>	2	QL (4 per 180 days)
LAMPIT 120 MG, 30 MG, TABLET <b>LA,MO</b>	3	
MALARONE 250 MG-100 MG TABLET <b>LA,MO</b>	3	PA
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET <b>LA,MO</b>	3	PA
mefloquine hcl 250 mg, tablet <b>LA,MO</b>	1	
MEPRON 750 MG/5 ML, ORAL SUSPENSION <b>DL,LA</b>	4	
NEBUPENT 300 MG, SOLUTION FOR INHALATION <b>SP,LA,MO</b>	3	B vs D
nitazoxanide 500 mg, tablet <b>DL,LA</b>	4	QL (40 per 30 days)
PENTAM 300 MG, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
pentamidine 300 mg, inhal powdr <b>SP,LA,MO</b>	1	B vs D
pentamidine 300 mg, vial <b>LA,MO</b>	1	
PLAQUENIL 200 MG, TABLET <b>SP,LA,MO</b>	3	PA
praziquantel 600 mg, tablet <b>LA,MO</b>	1	
primaquine 26.3 mg, tablet <b>LA,MO</b>	1	
pyrimethamine 25 mg, tablet <b>DL,LA</b>	4	QL (90 per 30 days)
QUALAQUIN 324 MG, CAPSULE <b>LA,MO</b>	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg, capsule <b>LA,MO</b>	1	PA,QL (42 per 7 days)
SKLICE 0.5 %, LOTION <b>LA,MO</b>	3	QL (117 per 30 days)
STROMECTOL 3 MG, TABLET <b>LA,MO</b>	3	
<b>ANTIPARKINSON AGENTS</b>		
amantadine 100 mg, capsule <b>SP,LA,MO</b>	1	
amantadine 100 mg, tablet <b>SP,LA,MO</b>	1	
amantadine 50 mg/5 ml, solution <b>SP,LA,MO</b>	1	
APOKYN 10 MG/ML, SUBCUTANEOUS CARTRIDGE <b>DL, SP,LA</b>	4	PA,QL (84 per 28 days)
AZILECT 0.5 MG, 1 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)

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

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pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg, tablet <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg, tab <b>SP,LA,MO</b>	1	PA,QL (30 per 30 days)
REQUIP XL 12 MG, 4 MG, 6 MG, 8 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg, tablet <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	ST,QL (300 per 30 days)
selegiline hcl 5 mg, capsule <b>SP,LA,MO</b>	1	
selegiline hcl 5 mg, tablet <b>SP,LA,MO</b>	1	
SINEMET 10 MG-100 MG TABLET; SINEMET 10-100 MG, 25-100 MG, 25-250 MG, TABLET; SINEMET 25 MG-100 MG TABLET <b>SP,LA,MO</b>	3	PA
SINEMET CR 25-100 TABLET; SINEMET CR 50-200 TABLET <b>SP,LA,MO</b>	3	PA
STALEVO 100 25 MG-100 MG-200 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
STALEVO 200 50 MG-200 MG-200 MG TABLET <b>DL, SP,LA</b>	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
TASMAR 100 MG, TABLET <b>DL, SP,LA</b>	4	PA
tolcapone 100 mg, tablet <b>DL, SP,LA</b>	4	PA
trihexyphenidyl 2 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
trihexyphenidyl 2 mg/5 ml soln <b>SP,LA,MO</b>	1	
XADAGO 100 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
ZELAPAR 1.25 MG, DISINTEGRATING TABLET <b>DL, SP,LA</b>	4	
<b>Antipsychotics</b>		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	PA
ABILIFY MAINTENA 300 MG, 400 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL, SP,LA</b>	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG, SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG, TABLET WITH SENSOR AND STRIP <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)

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ABILIFY MYCITE STARTER KIT 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG, ORAL TABLET WITH SENSOR, STRIP, POD <b>DL,LA</b>	4	PA,QL (30 per 30 days)
aripiprazole 1 mg/ml, solution <b>SP,LA,MO</b>	1	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
aripiprazole odt 10 mg, 15 mg, tablet <b>DL, SP,LA</b>	4	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>SP,LA,MO</b>	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL, SP,LA</b>	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL, SP,LA</b>	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL, SP,LA</b>	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL,LA</b>	4	QL (2.4 per 42 days)
asenapine 10 mg, 2.5 mg, 5 mg, tablet sl <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
CAPLYTA 42 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
chlorpromazine 10 mg, 25 mg, tablet <b>SP,LA,MO</b>	1	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
chlorpromazine 100 mg/ml, 30 mg/ml, conc <b>SP,LA,MO</b>	1	
chlorpromazine 25 mg/ml, amp <b>LA,MO</b>	1	
clozapine 100 mg, tablet <b>SP,LA,MO</b>	1	QL (270 per 30 days)
clozapine 200 mg, tablet <b>SP,LA,MO</b>	1	QL (135 per 30 days)
clozapine 25 mg, tablet <b>SP,LA,MO</b>	1	QL (1080 per 30 days)
clozapine 50 mg, tablet <b>SP,LA,MO</b>	1	
clozapine odt 100 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (270 per 30 days)
clozapine odt 12.5 mg, tablet <b>SP,LA,MO</b>	1	PA
clozapine odt 150 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (180 per 30 days)
clozapine odt 200 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (135 per 30 days)
clozapine odt 25 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (1080 per 30 days)
CLOZARIL 100 MG, TABLET <b>DL, SP,LA</b>	4	QL (270 per 30 days)
CLOZARIL 200 MG, TABLET <b>DL, SP,LA</b>	4	QL (135 per 30 days)
CLOZARIL 25 MG, TABLET <b>DL, SP,LA</b>	4	QL (1080 per 30 days)
CLOZARIL 50 MG, TABLET <b>DL, SP,LA</b>	4	
droperidol 5 mg/2 ml vial <b>LA,MO</b>	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <b>LA,MO</b>	3	PA,QL (60 per 30 days)
FAZACLO 100 MG, ODT <b>SP,LA,MO</b>	3	PA,QL (270 per 30 days)
FAZACLO 12.5 MG, ODT <b>SP,LA,MO</b>	3	PA
FAZACLO 150 MG, ODT <b>SP,LA,MO</b>	3	PA,QL (180 per 30 days)
FAZACLO 200 MG, ODT <b>SP,LA,MO</b>	3	PA,QL (135 per 30 days)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
FAZACLO 25 MG, ODT <b>SP,LA,MO</b>	3	PA,QL (1080 per 30 days)
fluphenazine dec 125 mg/5 ml <b>SP,LA,MO</b>	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
fluphenazine 2.5 mg/5 ml, elix <b>SP,LA,MO</b>	1	
fluphenazine 2.5 mg/ml, vial <b>LA,MO</b>	1	
fluphenazine 5 mg/ml, conc <b>LA,MO</b>	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG, CAPSULE <b>DL, SP,LA</b>	4	PA
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	PA
HALDOL 5 MG/ML, AMPUL <b>LA,MO</b>	3	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML, INTRAMUSCULAR SOLUTION <b>SP,LA,MO</b>	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
haloperidol dec 100 mg/ml, 50 mg/ml, amp; haloperidol dec 100 mg/ml, 50 mg/ml, vial <b>SP,LA,MO</b>	1	
haloperidol lac 2 mg/ml, conc <b>SP,LA,MO</b>	1	
haloperidol lac 5 mg/ml, syringe <b>LA,MO</b>	1	
haloperidol lac 5 mg/ml, vial <b>LA,MO</b>	1	
INVEGA 1.5 MG, 3 MG, 9 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
INVEGA 6 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML, INTRAMUSCULAR SYRINGE <b>DL, SP,LA</b>	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, INTRAMUSCULAR SYRINGE <b>SP,LA,MO</b>	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML, INTRAMUSCULAR SYRINGE <b>SP,LA,MO</b>	4	QL (0.875 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML, INTRAMUSCULAR SYRINGE <b>SP,LA,MO</b>	4	QL (1.315 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML, INTRAMUSCULAR SYRINGE <b>SP,LA,MO</b>	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML, INTRAMUSCULAR SYRINGE <b>SP,LA,MO</b>	4	QL (2.625 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
LATUDA 80 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg, capsule <b>SP,LA,MO</b>	1	
molindone hcl 10 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (240 per 30 days)
molindone hcl 25 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (270 per 30 days)
molindone hcl 5 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (360 per 30 days)
NUPLAZID 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
NUPLAZID 34 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg, tablet <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 10 mg, vial <b>LA,MO</b>	1	
olanzapine odt 10 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
paliperidone er 6 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg, tablet <b>SP,LA,MO</b>	1	
PERSERIS 120 MG, 90 MG, ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE <b>DL, SP,LA</b>	4	QL (1 per 28 days)
pimozide 1 mg, 2 mg, tablet <b>SP,LA,MO</b>	1	
quetiapine er 150 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
quetiapine er 200 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
quetiapine er 300 mg, 400 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
quetiapine er 50 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
quetiapine fumarate 100 mg, tab <b>SP,LA,MO</b>	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg, tab <b>SP,LA,MO</b>	1	QL (120 per 30 days)
quetiapine fumarate 300 mg, 400 mg, tab <b>SP,LA,MO</b>	1	QL (60 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
RISPERDAL 0.5 MG, TABLET <b>SP,LA,MO</b>	3	QL (120 per 30 days)
RISPERDAL 1 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>DL, SP,LA</b>	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 <b>SP,LA,MO</b>	1	QL (60 per 30 days)
risperidone 0.5 mg, odt; risperidone 0.5 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
risperidone 1 mg/ml, solution <b>SP,LA,MO</b>	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG, SUBLINGUAL TABLET <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
SEROQUEL 100 MG, TABLET <b>SP,LA,MO</b>	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	QL (120 per 30 days)
SEROQUEL 300 MG, 400 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
SEROQUEL XR 150 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)

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

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acyclovir 200 mg, capsule <b>SP,LA,MO</b>	1	
acyclovir 200 mg/5 ml, susp <b>SP,LA,MO</b>	1	
acyclovir 400 mg, 800 mg, tablet <b>SP,LA,MO</b>	1	
acyclovir 5% cream <b>DL,LA</b>	4	PA,QL (5 per 30 days)
acyclovir 5% ointment <b>LA,MO</b>	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 <b>LA,MO</b>	1	B vs D
adefovir dipivoxil 10 mg, tab <b>LA,MO</b>	1	
APTIVUS 250 MG, CAPSULE <b>DL, SP,LA</b>	4	QL (120 per 30 days)
APTIVUS 100 MG/ML, SOLUTION <b>DL, SP,LA</b>	4	QL (285 per 28 days)
atazanavir sulfate 150 mg, 200 mg, cap <b>SP,LA,MO</b>	1	QL (60 per 30 days)
atazanavir sulfate 300 mg, cap <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE <b>DL, SP,LA</b>	4	QL (50 per 365 days)
CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE <b>DL,LA</b>	4	QL (50 per 365 days)
cidofovir 375 mg/5 ml vial <b>LA,MO</b>	4	
CIMDUO 300 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
COMBIVIR 150 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
CRIXIVAN 200 MG, CAPSULE <b>SP,LA,MO</b>	2	QL (450 per 30 days)
CRIXIVAN 400 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (270 per 30 days)
CYTOVENE 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	B vs D
DELSTRIGO 100 MG-300 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
DENAVIR 1 %, TOPICAL CREAM <b>DL,LA</b>	4	PA
DESCOVY 200 MG-25 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
didanosine dr 250 mg, 400 mg, capsule <b>SP,LA,MO</b>	1	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
EDURANT 25 MG, TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
efavirenz 200 mg, capsule <b>SP,LA,MO</b>	1	QL (120 per 30 days)
efavirenz 50 mg, capsule <b>SP,LA,MO</b>	1	QL (480 per 30 days)
efavirenz 600 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
efavir-emtri-tenof 600-200-300 <b>DL, SP,LA</b>	4	QL (30 per 30 days)

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<i>efavir-lamiv-tenof</i> 400-300-300; <i>efavir-lamiv-tenof</i> 600-300-300 <b>DL, SP,LA</b>	4	QL (30 per 30 days)
<i>emtricitabine</i> 200 mg, capsule <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>emtricitabine-tenofv</i> 100-150mg; <i>emtricitabine-tenofv</i> 133-200mg; <i>emtricitabine-tenofv</i> 167-250mg; <i>emtricitabine-tenofv</i> 200-300mg <b>DL, SP,LA</b>	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (680 per 28 days)
EMTRIVA 200 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
<i>entecavir</i> 0.5 mg, 1 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
EPCLUSA 200 MG-50 MG TABLET; EPCLUSA 400 MG-100 MG TABLET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (900 per 30 days)
EPIVIR 150 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
EPIVIR 300 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
EPIVIR HBV 100 MG, TABLET <b>SP,LA,MO</b>	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML), ORAL SOLUTION <b>SP,LA,MO</b>	3	
EPZICOM 600 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
<i>etravirine</i> 100 mg, tablet <b>DL, SP,LA</b>	4	QL (120 per 30 days)
<i>etravirine</i> 200 mg, tablet <b>DL, SP,LA</b>	4	QL (60 per 30 days)
EVOTAZ 300 MG-150 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
<i>famciclovir</i> 125 mg, 250 mg, 500 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
FLUMADINE 100 MG, TABLET <b>LA,MO</b>	3	
<i>fosamprenavir</i> 700 mg, tablet <b>DL, SP,LA</b>	4	QL (120 per 30 days)
<i>foscarnet</i> 6,000 mg/250 ml bttl <b>LA,MO</b>	1	B vs D
FOSCAVIR 24 MG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
FUZEON 90 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	QL (60 per 30 days)
<i>ganciclovir</i> 50 mg/ml, 500 mg, vial; <i>ganciclovir</i> 500 mg/10 ml vial <b>LA,MO</b>	1	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET <b>DL,LA</b>	4	PA,QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
HEPSERA 10 MG, TABLET <b>DL,LA</b>	4	
INTELENCE 100 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)
INTELENCE 200 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
INTELENCE 25 MG, TABLET <b>SP,LA,MO</b>	3	QL (120 per 30 days)
INVIRASE 500 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)
ISENTRESS 100 MG, CHEWABLE TABLET <b>DL, SP,LA</b>	4	QL (180 per 30 days)
ISENTRESS 100 MG, ORAL POWDER PACKET <b>SP,LA,MO</b>	2	QL (300 per 30 days)
ISENTRESS 25 MG, CHEWABLE TABLET <b>SP,LA,MO</b>	3	QL (180 per 30 days)
ISENTRESS 400 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)

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ISENTRESS HD 600 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>SP,LA,MO</b>	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>SP,LA,MO</b>	3	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <b>DL, SP,LA</b>	4	
lamivudine 10 mg/ml, oral soln <b>SP,LA,MO</b>	1	QL (900 per 30 days)
lamivudine 150 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
lamivudine 300 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
lamivudine hbv 100 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
lamivudine-zidovudine tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
ledipasvir-sofosbuvir 90-400mg <b>DL,LA</b>	4	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	QL (1575 per 28 days)
LEXIVA 700 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)
lopinavir-ritonavir 80-20mg/ml <b>SP,LA,MO</b>	1	
lopinavir-ritonavir 100-25mg tb <b>SP,LA,MO</b>	1	QL (300 per 30 days)
lopinavir-ritonavir 200-50mg tb <b>SP,LA,MO</b>	1	QL (150 per 30 days)
MAVYRET 100 MG-40 MG TABLET <b>DL,LA</b>	4	PA,QL (84 per 28 days)
nevirapine 200 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
nevirapine 50 mg/5 ml, susp <b>SP,LA,MO</b>	1	QL (1200 per 30 days)
nevirapine er 100 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
nevirapine er 400 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
NORVIR 100 MG, ORAL POWDER PACKET <b>SP,LA,MO</b>	3	QL (360 per 30 days)
NORVIR 100 MG, TABLET <b>SP,LA,MO</b>	3	QL (360 per 30 days)
NORVIR 80 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
oseltamivir 6 mg/ml, suspension <b>LA,MO</b>	1	QL (1440 per 365 days)
oseltamivir phos 30 mg, capsule <b>LA,MO</b>	1	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg, capsule <b>LA,MO</b>	1	QL (112 per 365 days)
PIFELTRO 100 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
PREVYMIS 240 MG, TABLET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
PREVYMIS 240 MG/12 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (336 per 28 days)
PREVYMIS 480 MG, TABLET <b>DL,LA</b>	4	PA
PREVYMIS 480 MG/24 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (672 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
PREZISTA 100 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	QL (360 per 30 days)
PREZISTA 150 MG, TABLET <b>DL, SP,LA</b>	4	QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREZISTA 600 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
PREZISTA 75 MG, TABLET <b>SP,LA,MO</b>	3	QL (480 per 30 days)
PREZISTA 800 MG, TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION, POWDER FOR INHALATION <b>LA,MO</b>	3	QL (60 per 180 days)
RESCRIPTOR 200 MG, TABLET <b>SP,LA,MO</b>	3	QL (180 per 30 days)
RETROVIR 10 MG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
RETROVIR 10 MG/ML, ORAL SYRUP <b>SP,LA,MO</b>	3	QL (1680 per 28 days)
RETROVIR 100 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG, CAPSULE <b>DL, SP,LA</b>	4	QL (60 per 30 days)
REYATAZ 300 MG, CAPSULE <b>DL, SP,LA</b>	4	QL (30 per 30 days)
REYATAZ 50 MG, ORAL POWDER PACKET <b>SP,LA,MO</b>	3	
<i>ribasphere 200 mg, capsule</i> <b>DL,LA</b>	4	QL (168 per 28 days)
<i>ribasphere 600 mg, tablet</i> <b>LA,MO</b>	1	
RIBASPHERE RIBAPAK 600-400 MG; RIBASPHERE RIBAPAK 600-600 MG <b>DL,LA</b>	4	
<i>ribavirin 200 mg, capsule</i> <b>LA,MO</b>	1	QL (168 per 28 days)
<i>ribavirin 200 mg, tablet</i> <b>LA,MO</b>	1	QL (168 per 28 days)
<i>rimantadine hcl 100 mg, tablet</i> <b>LA,MO</b>	1	
<i>ritonavir 100 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (360 per 30 days)
RUKOBIA 600 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	QL (60 per 30 days)
SELZENTRY 150 MG, TABLET <b>DL, SP,LA</b>	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	QL (1800 per 30 days)
SELZENTRY 25 MG, TABLET <b>SP,LA,MO</b>	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)
SITAVIG 50 MG, BUCCAL TABLET <b>LA,MO</b>	3	PA,QL (1 per 28 days)
SOVALDI 150 MG, ORAL PELLETS IN PACKET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
SOVALDI 200 MG, 400 MG, TABLET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
SOVALDI 200 MG, ORAL PELLETS IN PACKET <b>DL,LA</b>	4	PA,QL (56 per 28 days)
<i>stavudine 15 mg, 20 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
SUSTIVA 200 MG, CAPSULE <b>DL, SP,LA</b>	4	QL (120 per 30 days)
SUSTIVA 50 MG, CAPSULE <b>DL, SP,LA</b>	4	QL (480 per 30 days)
SUSTIVA 600 MG, TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
SYMFI 600 MG-300 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)

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TAMIFLU 30 MG, CAPSULE <b>LA,MO</b>	3	PA,QL (224 per 365 days)
TAMIFLU 45 MG, 75 MG, CAPSULE <b>LA,MO</b>	3	PA,QL (112 per 365 days)
TAMIFLU 6 MG/ML, ORAL SUSPENSION <b>LA,MO</b>	3	PA,QL (1440 per 365 days)
TEMIXYS 300 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
<i>tenofovir disop fum 300 mg, tb</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
TIVICAY 10 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
TIVICAY PD 5 MG, TABLET FOR ORAL SUSPENSION <b>DL, SP,LA</b>	4	QL (180 per 30 days)
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML), INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	QL (30 per 30 days)
TYBOST 150 MG, TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg, tablet</i> <b>SP,LA,MO</b>	1	
VALCYTE 450 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA,QL (1056 per 30 days)
<i>valganciclovir 450 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml,</i> <b>DL, SP,LA</b>	4	QL (1056 per 30 days)
VALTRESX 1 GRAM, 500 MG, TABLET <b>SP,LA,MO</b>	3	PA
VEMLIDY 25 MG, TABLET <b>DL, LA, SP,LA</b>	4	QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN <b>SP,LA,MO</b>	3	QL (1200 per 30 days)
VIDEX EC 125 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (90 per 30 days)
VIDEX EC 200 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (112 per 28 days)
VIRACEPT 250 MG, TABLET <b>DL, SP,LA</b>	4	QL (300 per 30 days)
VIRACEPT 625 MG, TABLET <b>DL, SP,LA</b>	4	QL (120 per 30 days)
VIRAMUNE 200 MG, TABLET <b>DL, SP,LA</b>	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	QL (1200 per 30 days)
VIRAMUNE XR 400 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	QL (30 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG, TABLET <b>DL, SP,LA</b>	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM), ORAL POWDER <b>DL, SP,LA</b>	4	QL (240 per 30 days)
VOCABRIA 30 MG, TABLET <b>DL,LA</b>	4	QL (30 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
XERESE 5 %-1 % TOPICAL CREAM <b>DL,LA</b>	4	QL (5 per 30 days)

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XOFLUZA 20 MG, 40 MG, TABLET <b>LA,MO</b>	3	QL (10 per 365 days)
XOFLUZA 80 MG, TABLET <b>LA,MO</b>	3	QL (5 per 365 days)
ZEPATIER 50 MG-100 MG TABLET <b>DL,LA</b>	4	PA,QL (28 per 28 days)
ZIAGEN 20 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (960 per 30 days)
ZIAGEN 300 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
zidovudine 100 mg, capsule <b>SP,LA,MO</b>	1	QL (180 per 30 days)
zidovudine 300 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <b>SP,LA,MO</b>	1	QL (1680 per 28 days)
ZIRGAN 0.15 %, EYE GEL <b>LA,MO</b>	3	QL (5 per 30 days)
ZOVIRAX 200 MG/5 ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	PA
ZOVIRAX 5 %, TOPICAL CREAM <b>DL,LA</b>	4	PA,QL (5 per 30 days)
ZOVIRAX 5 %, TOPICAL OINTMENT <b>DL,LA</b>	4	PA,QL (30 per 30 days)
<b>Anxiolytics</b>		
alprazolam 0.25 mg, 0.5 mg, 1 mg, tablet <b>DL,LA</b>	1	QL (120 per 30 days)
alprazolam 2 mg, tablet <b>DL,LA</b>	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg, tablet <b>DL,LA</b>	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg, tab <b>DL,LA</b>	1	
alprazolam intensol 1 mg/ml, oral concentrate <b>DL,LA</b>	1	
ATIVAN 0.5 MG, 1 MG, TABLET <b>DL,LA</b>	4	PA,QL (90 per 30 days)
ATIVAN 2 MG, TABLET <b>DL,LA</b>	4	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	3	PA
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg, tablet <b>SP,LA,MO</b>	1	
chlordiazepoxide 10 mg, 25 mg, 5 mg, capsule <b>DL,LA</b>	1	QL (120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.5 mg, 1 mg, 2 mg tablet <b>DL, SP,LA</b>	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg, tablet <b>DL,LA</b>	1	
diazepam 10 mg, tablet <b>DL,LA</b>	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject <b>DL,LA</b>	1	
diazepam 2 mg, 5 mg, tablet <b>DL,LA</b>	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>DL,LA</b>	1	QL (1200 per 30 days)
diazepam 5 mg/ml, oral conc <b>DL,LA</b>	1	QL (240 per 30 days)
diazepam 50 mg/10 ml vial <b>DL,LA</b>	1	
diazepam intensol 5 mg/ml, oral concentrate <b>DL,LA</b>	1	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, capsule <b>SP,LA,MO</b>	1	
doxepin 10 mg/ml, oral conc <b>SP,LA,MO</b>	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 <b>LA,MO</b>	1	

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hydroxyzine hcl 10 mg, 25 mg, 50 mg, tablet <b>LA,MO</b>	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG, TABLET <b>DL, SP,LA</b>	3	PA
lorazepam 0.5 mg, 1 mg, tablet <b>DL,LA</b>	1	QL (90 per 30 days)
lorazepam 2 mg, tablet <b>DL,LA</b>	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml, carpject <b>DL,LA</b>	1	
lorazepam 2 mg/ml, 4 mg/ml, vial <b>DL,LA</b>	1	
lorazepam 2 mg/ml, oral concent <b>DL,LA</b>	1	QL (150 per 30 days)
lorazepam intensol 2 mg/ml, oral concentrate <b>DL,LA</b>	1	QL (150 per 30 days)
LOREEV XR 1 MG, CAPSULE,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (210 per 30 days)
LOREEV XR 2 MG, CAPSULE,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (150 per 30 days)
LOREEV XR 3 MG, CAPSULE,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (90 per 30 days)
meprobamate 200 mg, 400 mg, tablet <b>LA,MO</b>	1	
oxazepam 10 mg, 15 mg, 30 mg, capsule <b>DL,LA</b>	1	
TRANXENE T-TAB 7.5 MG, TABLET <b>DL,LA</b>	3	PA
VALIUM 10 MG, TABLET <b>DL,LA</b>	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG, TABLET <b>DL,LA</b>	3	PA,QL (90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG, TABLET <b>DL,LA</b>	3	PA,QL (120 per 30 days)
XANAX 2 MG, TABLET <b>DL,LA</b>	3	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG, TABLET,EXTENDED RELEASE <b>DL,LA</b>	3	PA,QL (60 per 30 days)
<b>Bipolar Agents</b>		
lithium carbonate 150 mg, 300 mg, 600 mg, cap <b>SP,LA,MO</b>	1	
lithium carbonate 300 mg, tab <b>SP,LA,MO</b>	1	
lithium carbonate er 300 mg, 450 mg, tb <b>SP,LA,MO</b>	1	
lithium 8 meq/5 ml, solution <b>SP,LA,MO</b>	1	
LITHOBID 300 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	
<b>Blood Glucose Regulators</b>		
acarbose 100 mg, 25 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15-1,000 MG, TB <b>SP,LA,MO</b>	3	QL (60 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR <b>LA,MO</b>	3	ST,QL (6 per 28 days)
ADLYXIN 20 MCG/0.2 ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	3	ST,QL (6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML, SUBCUTANEOUS PEN <b>SP,LA,MO</b>	3	ST

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ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	3	ST
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 <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
AFREZZA 12 UNIT, 4 UNIT, 8 UNIT, CARTRIDGE WITH INHALER <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG, TABLET <b>SP,LA,MO</b>	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS PEN <b>SP,LA,MO</b>	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	3	ST
AVANDIA 2 MG, 4 MG, TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
BAQSIMI 3 MG/ACTUATION, NASAL SPRAY <b>LA,MO</b>	2	
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS <b>SP,LA,MO</b>	3	PA
BYDUREON 2 MG PEN INJECT <b>SP,LA,MO</b>	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (2.4 per 30 days)
CYCLOSET 0.8 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (180 per 30 days)
<i>diazoxide 50 mg/ml, oral susp</i> <b>DL, SP,LA</b>	4	
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>SP,LA,MO</b>	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE <b>SP,LA,MO</b>	2	
FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	2	
FORTAMET ER 1,000 MG, TABLET <b>DL, SP,LA</b>	4	ST,QL (60 per 30 days)
FORTAMET ER 500 MG, TABLET <b>DL, SP,LA</b>	4	ST,QL (150 per 30 days)
<i>glimepiride 1 mg, 2 mg, 4 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>glipizide 10 mg, 5 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg,</i> <b>SP,LA,MO</b>	1	
GLUCAGEN HYPOKIT 1 MG, INJECTION <b>LA,MO</b>	2	
GLUCAGON (HCL) EMERGENCY KIT 1 MG, SOLUTION FOR INJECTION <b>LA,MO</b>	3	ST
GLUCAGON EMERGENCY KIT 1 MG, SOLUTION FOR INJECTION <b>LA,MO</b>	3	ST

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GLUCOTROL 10 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
GLUMETZA 1,000 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	ST,QL (60 per 30 days)
GLUMETZA 500 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	ST,QL (120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
glyburide micro 1.5 mg, 3 mg, 6 mg, tab; glyburide micro 1.5 mg, 3 mg, 6 mg, tablet <b>SP,LA,MO</b>	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, <b>SP,LA,MO</b>	1	
GLYNASE 1.5 MG, 3 MG, 6 MG, TABLET <b>SP,LA,MO</b>	3	
GLYSET 100 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR <b>LA,MO</b>	2	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR <b>LA,MO</b>	2	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE <b>LA,MO</b>	2	
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE <b>LA,MO</b>	2	
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML, SUBCUTANEOUS HALF-UNIT PEN <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>SP,LA,MO</b>	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>SP,LA,MO</b>	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>SP,LA,MO</b>	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>SP,LA,MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS CARTRIDGE <b>SP,LA,MO</b>	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>SP,LA,MO</b>	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS <b>SP,LA,MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS <b>SP,LA,MO</b>	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML, SUBCUTANEOUS <b>SP,LA,MO</b>	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION <b>SP,LA,MO</b>	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML, SUBCUTANEOUS SOLN <b>DL, SP,LA</b>	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML), SUBCUTANEOUS <b>DL, SP,LA</b>	4	
INSULIN ASPART PRO MIX70-30 PN <b>SP,LA,MO</b>	2	
INSULIN ASPART PRO MIX70-30 VL <b>SP,LA,MO</b>	2	
INSULIN ASPART 100 UNIT/ML PEN <b>SP,LA,MO</b>	2	
INSULIN ASPART 100 UNIT/ML, CRT <b>SP,LA,MO</b>	2	
INSULIN ASPART 100 UNIT/ML, VL <b>SP,LA,MO</b>	2	
INSULIN LISPRO 100 UNIT/ML, PEN; INSULIN LISPRO JR 100 UNIT/ML, <b>SP,LA,MO</b>	3	ST
INSULIN LISPRO 100 UNIT/ML, VL <b>SP,LA,MO</b>	3	ST
INSULIN LISPRO MIX 75-25 KWKPN <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG, TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>SP,LA,MO</b>	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>SP,LA,MO</b>	2	QL (60 per 30 days)

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

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NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS <b>SP,LA,MO</b>	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>SP,LA,MO</b>	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDGE <b>SP,LA,MO</b>	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	2	
ONGLYZA 2.5 MG, 5 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	2	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> <b>SP,LA,MO</b>	1	QL (90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	
PROGLYCEM 50 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA
QTERN 10 MG-5 MG TABLET; QTERN 5 MG-5 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>repaglinide-metformin 1-500 mg, 2-500 mg,</i> <b>SP,LA,MO</b>	1	
RIOMET 500 MG/5 ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (750 per 30 days)
RIOMET ER 500 MG/5 ML, ORAL SUSPENSION, EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
SEMGLEE PEN U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS <b>SP,LA,MO</b>	3	PA
SEMGLEE U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	3	PA
SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN <b>SP,LA,MO</b>	2	QL (15 per 24 days)
STARLIX 120 MG, 60 MG, TABLET <b>SP,LA,MO</b>	3	PA
STEGLATRO 15 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)

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STEGLUJAN 15 MG-100 MG TABLET; STEGLUJAN 5 MG-100 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	QL (10.5 per 28 days)
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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN <b>SP,LA,MO</b>	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML), SUBCUTANEOUS PEN <b>SP,LA,MO</b>	2	
TRADJENTA 5 MG, TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>SP,LA,MO</b>	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS PEN <b>SP,LA,MO</b>	2	
TRESIBA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>SP,LA,MO</b>	2	QL (15 per 30 days)
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
AGGRASTAT CONCENTRATE 250 MCG/ML, INTRAVENOUS <b>LA,MO</b>	3	

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

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

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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, vl <b>LA,MO</b>	1	
heparin sod 5,000 unit/ml, syrg <b>LA,MO</b>	1	
heparin 2,000 unit/2 ml vial; heparin sod 1,000 unit/ml, 5,000 unit/0.5 ml, <b>LA,MO</b>	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 <b>LA,MO</b>	1	
INTEGRILIN 200 MG/100 ML VIAL; INTEGRILIN 75 MG/100 ML VIAL <b>LA,MO</b>	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet <b>SP,LA,MO</b>	1	
KENGREAL 50 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
LEUKINE 250 MCG, SOLUTION FOR INJECTION <b>DL,LA</b>	4	PA
LOVENOX 100 MG/ML, 150 MG/ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML, INJECTION SYRINGE <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML, INJECTION SYRINGE <b>DL, SP,LA</b>	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML), SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA,QL (9.6 per 30 days)
MULPLETA 3 MG, TABLET <b>DL,LA</b>	4	PA,QL (7 per 30 days)
NEULASTA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML, WITH WEARABLE SUBCUTANEOUS INJECTOR <b>DL,LA</b>	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML, INJECTION SYRINGE <b>DL,LA</b>	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML, INJECTION SOLUTION <b>DL,LA</b>	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML, INJECTION SYRINGE <b>DL,LA</b>	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML, INJECTION SOLUTION <b>DL,LA</b>	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML, INJECTION SOLUTION <b>DL,LA</b>	4	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML, INJECTION SOLUTION <b>DL,LA</b>	4	PA,QL (22.4 per 30 days)
NYVEPRIA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (1.2 per 28 days)
PLAVIX 75 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRADAXA 110 MG, 150 MG, 75 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
<i>prasugrel 10 mg, 5 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
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 <b>SP,LA,MO</b>	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML, INJECTION SOLUTION <b>SP,LA,MO</b>	4	PA,QL (28 per 30 days)
PROMACTA 12.5 MG, 75 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (60 per 30 days)
PROMACTA 12.5 MG, ORAL POWDER PACKET <b>DL, LA, SP,LA</b>	4	PA,QL (360 per 30 days)
PROMACTA 25 MG, ORAL POWDER PACKET <b>DL, LA, SP,LA</b>	4	PA,QL (180 per 30 days)
PROMACTA 25 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (30 per 30 days)
PROMACTA 50 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (90 per 30 days)
REBLOZYL 25 MG, 75 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
REOPRO 10 MG/5 ML, VIAL <b>DL,LA</b>	4	
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML, INJECTION SOLUTION <b>SP,LA,MO</b>	3	PA,QL (14 per 30 days)
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
SAVAYSA 15 MG, 30 MG, 60 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
TAVALISSE 100 MG, 150 MG, TABLET <b>DL,LA</b>	4	PA,QL (60 per 30 days)
<i>tranexamic acid 1,000 mg/10 ml</i> <b>LA,MO</b>	1	PA
<i>tranexamic acid 650 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (1.2 per 28 days)
<i>warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet</i> <b>SP,LA,MO</b>	1	
XARELTO 10 MG, 20 MG, TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG, TABLET <b>SP,LA,MO</b>	2	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK <b>LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML, INJECTION SYRINGE <b>DL,LA</b>	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML, INJECTION SYRINGE <b>DL,LA</b>	4	PA,QL (11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (1.2 per 28 days)
ZONTIVITY 2.08 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<b>Cardiovascular Agents</b>		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET <b>SP,LA,MO</b>	3	
<i>acebutolol 200 mg, 400 mg, capsule</i> <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetazolamide 125 mg, 250 mg, tablet <b>SP,LA,MO</b>	1	
acetazolamide er 500 mg, cap <b>SP,LA,MO</b>	1	
acetazolamide sod 500 mg, vial <b>LA,MO</b>	1	
ADALAT CC 30 MG, 60 MG, 90 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
adenosine 12 mg/4 ml syringe <b>LA,MO</b>	1	
adenosine 12 mg/4 ml vial <b>LA,MO</b>	1	
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET <b>SP,LA,MO</b>	3	
ALDACTONE 100 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	
aliskiren 150 mg, 300 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG, CAPSULE <b>SP,LA,MO</b>	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	ST,QL (30 per 30 days)
amiloride hcl 5 mg, tablet <b>SP,LA,MO</b>	1	
amiloride hcl-hctz 5-50 mg, tab <b>SP,LA,MO</b>	1	
amiodarone 150 mg/3 ml, syringe <b>LA,MO</b>	1	
amiodarone 900 mg/18 ml vial <b>LA,MO</b>	1	
amiodarone hcl 100 mg, 200 mg, tablet <b>SP,LA,MO</b>	1	
amiodarone hcl 400 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
amlodipine besylate 10 mg, 2.5 mg, 5 mg, tab <b>SP,LA,MO</b>	1	
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, <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg, <b>SP,LA,MO</b>	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg, <b>SP,LA,MO</b>	1	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg, <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (60 per 30 days)
ATACAND 32 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <b>SP,LA,MO</b>	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	
AVALIDE 150 MG-12.5 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)

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

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<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg, tablet</i> <b>SP,LA,MO</b>	1	
CARDIZEM 120 MG, 30 MG, 60 MG, TABLET <b>SP,LA,MO</b>	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG, 360 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG, TABLET <b>SP,LA,MO</b>	3	
CARDURA XL 4 MG, 8 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	PA,QL (450 per 30 days)
<i>cartia xt 120 mg, 180 mg, 240 mg, capsule,extended release</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>cartia xt 300 mg, capsule,extended release</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>carvedilol er 10 mg, 20 mg, 40 mg, 80 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG, TABLET <b>SP,LA,MO</b>	3	
CATAPRES-TTS-1 0.1 MG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	PA,QL (4 per 28 days)
<i>chlorothiazide sod 500 mg, vial</i> <b>LA,MO</b>	1	
<i>chlorthalidone 25 mg, 50 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>cholestyramine packet; cholestyramine powder</i> <b>SP,LA,MO</b>	1	
<i>cholestyramine light 4 gram, oral powder; cholestyramine light 4 gram, powder for susp in a packet</i> <b>SP,LA,MO</b>	1	
<i>cholestyramine light packet</i> <b>SP,LA,MO</b>	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML, INTRAVENOUS EMULSION <b>LA,MO</b>	3	
<i>clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch</i> <b>SP,LA,MO</b>	1	QL (4 per 28 days)
<i>clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>colesevelam 625 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (180 per 30 days)
<i>colesevelam hcl 3.75 g packet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
COLESTID 1 GRAM, TABLET <b>SP,LA,MO</b>	3	
COLESTID 5 GRAM, ORAL GRANULES <b>SP,LA,MO</b>	3	QL (1000 per 30 days)
COLESTID 5 GRAM, ORAL PACKET <b>SP,LA,MO</b>	3	
COLESTID FLAVORED 5 GRAM, ORAL GRANULES <b>SP,LA,MO</b>	3	QL (1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM, PACKET <b>SP,LA,MO</b>	3	

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

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B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
disopyramide 100 mg, 150 mg, capsule <b>SP,LA,MO</b>	1	
DIURIL 250 MG/5 ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	
DIURIL 500 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial <b>LA,MO</b>	1	B vs D
dobutamine 1,000 mg/250 ml d5w; dobutamine 250 mg/250 ml-d5w; dobutamine 500 mg/250 ml d5w <b>LA,MO</b>	1	B vs D
dofetilide 125 mcg, 250 mcg, 500 mcg, capsule <b>SP,LA,MO</b>	1	
dopamine 160 mg/ml vial; dopamine 200 mg/5 ml vial; dopamine 400 mg/10 ml vial; dopamine 80 mg/ml vial <b>LA,MO</b>	1	B vs D
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 <b>LA,MO</b>	1	B vs D
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg, tab <b>SP,LA,MO</b>	1	
droxidopa 100 mg, 200 mg, capsule <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
droxidopa 300 mg, capsule <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
DYAZIDE 37.5-25 CAPSULE <b>SP,LA,MO</b>	3	
DYRENIUM 100 MG, 50 MG, CAPSULE <b>SP,LA,MO</b>	3	
EDARBI 40 MG, 80 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
EDECIN 25 MG, TABLET <b>DL, SP,LA</b>	4	QL (480 per 30 days)
enalapril 1 mg/ml, oral soln <b>SP,LA,MO</b>	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
enalapril-hctz 10-25 mg, 5-12.5 mg, tab; enalapril-hctz 10-25 mg, 5-12.5 mg, tablet <b>SP,LA,MO</b>	1	
enalaprilat 2.5 mg/2 ml vial <b>LA,MO</b>	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <b>SP,LA,MO</b>	2	QL (60 per 30 days)
EPANED 1 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
eplerenone 25 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
eprosartan mesylate 600 mg, tab <b>SP,LA,MO</b>	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial <b>LA,MO</b>	1	
esmolol 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml),-nacl; esmolol 2,500 mg/250 ml-nacl <b>LA,MO</b>	1	

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

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>labetalol hcl 100 mg, 200 mg, 300 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>labetalol hcl 100 mg/20 ml vial</i> <b>LA,MO</b>	1	
LABELALOL 200MG/200ML-DEXTROSE <b>LA,MO</b>	1	
LABELALOL 300 MG/300 ML-NACL <b>LA,MO</b>	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 <b>SP,LA,MO</b>	3	QL (30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML), INJECTION SOLUTION; LANOXIN 500 MCG/2 ML (250 MCG/ML) (0.5 MG/2 ML) INJECTION SOLUTION <b>LA,MO</b>	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML), INJECTION SOLUTION <b>LA,MO</b>	3	
LASIX 20 MG, 40 MG, 80 MG, TABLET <b>SP,LA,MO</b>	3	
LESCOL 20 MG, 40 MG, CAPSULE <b>SP,LA,MO</b>	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
<i>lidocaine hcl 2% vial</i> <b>LA,MO</b>	1	
<i>lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln</i> <b>LA,MO</b>	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG, TABLET <b>SP,LA,MO</b>	3	PA
LIPOFEN 150 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
LIPOFEN 50 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab</i> <b>SP,LA,MO</b>	1	
LIVALO 1 MG, 2 MG, 4 MG, TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
LOPID 600 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	
LOPRESSOR 5 MG/5 ML, AMPUL <b>LA,MO</b>	3	
LOPRESSOR HCT 50 MG-25 MG TABLET <b>SP,LA,MO</b>	3	
<i>losartan potassium 100 mg, 25 mg, 50 mg, tab</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg, tab</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG, TABLET <b>SP,LA,MO</b>	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET <b>SP,LA,MO</b>	3	
LOTREL 10 MG-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 10-40 MG, 5-40 MG, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<i>lovastatin 10 mg, 20 mg, 40 mg, tablet</i> <b>SP,LA,MO</b>	1	
LOVAZA 1 GRAM, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (120 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nadolol-bendroflu 80-5 mg, tab <b>SP,LA,MO</b>	1	
nebivolol 10 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
nebivolol 2.5 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
nebivolol 20 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
NEXLETOL 180 MG, TABLET <b>SP,LA,MO</b>	2	PA,QL (30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET <b>SP,LA,MO</b>	2	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 <b>LA,MO</b>	3	
niacin 500 mg, tablet <b>SP,LA,MO</b>	1	
niacin er 1,000 mg, 500 mg, 750 mg, tablet <b>SP,LA,MO</b>	1	
niacor 500 mg, tablet <b>SP,LA,MO</b>	1	
NIASPAN 1,000 MG, 500 MG, 750 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA
nicardipine 20 mg, 30 mg, capsule <b>SP,LA,MO</b>	1	
nicardipine 25 mg/10 ml, ampule <b>LA,MO</b>	1	
nifedipine 10 mg, 20 mg, capsule <b>SP,LA,MO</b>	1	
nifedipine er 30 mg, 60 mg, 90 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
nimodipine 30 mg, capsule <b>LA,MO</b>	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
NITRO-BID 2 %, TRANSDERMAL OINTMENT <b>SP,LA,MO</b>	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, TRANSDERMAL 24 HOUR PATCH <b>SP,LA,MO</b>	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR, TRANSDERMAL 24 HOUR PATCH <b>DL, SP,LA</b>	4	
NITRO-DUR 0.4 MG/HR, TRANSDERMAL 24 HOUR PATCH <b>SP,LA,MO</b>	3	QL (60 per 30 days)
NITRO-DUR 0.6 MG/HR, TRANSDERMAL 24 HOUR PATCH <b>DL, SP,LA</b>	4	QL (30 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr, patch <b>SP,LA,MO</b>	1	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg, tablet sl <b>SP,LA,MO</b>	1	
nitroglycerin 0.4 mg/hr, patch <b>SP,LA,MO</b>	1	QL (60 per 30 days)
nitroglycerin 400 mcg spray <b>SP,LA,MO</b>	1	
nitroglycerin 5 mg/ml vial <b>LA,MO</b>	1	
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 <b>LA,MO</b>	1	
NITROLINGUAL 400 MCG/SPRAY, <b>SP,LA,MO</b>	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG, SUBLINGUAL TABLET <b>SP,LA,MO</b>	2	
norepinephrine 4 mg/4 ml ampul <b>LA,MO</b>	1	
NORPACE 100 MG, 150 MG, CAPSULE <b>SP,LA,MO</b>	3	
NORPACE CR 100 MG, 150 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
NORTHERA 100 MG, 200 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORTHERA 300 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA
NYMALIZE 30 MG/10 ML, 60 MG/10 ML, ORAL SOLUTION; NYMALIZE 30 MG/10 ML, 60 MG/10 ML, SOLUTION <b>DL,LA</b>	4	QL (1260 per 28 days)
NYMALIZE 30 MG/5 ML, ORAL SYRINGE (FOR ORAL USE ONLY) <b>DL,LA</b>	4	QL (630 per 28 days)
NYMALIZE 60 MG/10 ML, ORAL SYRINGE (FOR ORAL USE ONLY) <b>DL,LA</b>	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML, SOLUTION <b>DL,LA</b>	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg, tab</i> <b>SP,LA,MO</b>	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> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg, tab</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
OSMITROL 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
OSMITROL 15 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
OSMITROL 20 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
OSMITROL 5 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
PACERONE 100 MG, TABLET <b>SP,LA,MO</b>	1	
<i>pacerone 200 mg, tablet</i> <b>SP,LA,MO</b>	1	
PACERONE 400 MG, TABLET <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>pentoxifylline er 400 mg, tab</i> <b>SP,LA,MO</b>	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg, tab</i> <b>SP,LA,MO</b>	1	
<i>phenoxybenzamine hcl 10 mg, cap</i> <b>DL,LA</b>	4	
<i>phenylephrine 100 mg/10 ml v1</i> <b>LA,MO</b>	1	
<i>pindolol 10 mg, 5 mg, tablet</i> <b>SP,LA,MO</b>	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	3	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 40 MG, 80 MG, TABLET <b>SP,LA,MO</b>	3	PA
<i>pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg, tab</i> <b>SP,LA,MO</b>	1	
<i>prazosin 1 mg, 2 mg, 5 mg, capsule</i> <b>SP,LA,MO</b>	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
<i>prevalite 4 gram, oral powder; prevalite 4 gram, powder for susp in a packet</i> <b>SP,LA,MO</b>	1	
PRINIVIL 10 MG, 20 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	
<i>procainamide 1 gram/10 ml vial; procainamide 1,000 mg/2 ml v1</i> <b>LA,MO</b>	1	
PROCARDIA 10 MG, CAPSULE <b>SP,LA,MO</b>	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCARDIA XL 30 MG, 60 MG, 90 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
propafenone hcl 150 mg, 225 mg, 300 mg, tab; propafenone hcl 150 mg, 225 mg, 300 mg, tablet <b>SP,LA,MO</b>	1	
propafenone hcl er 225 mg, 325 mg, cap <b>SP,LA,MO</b>	1	QL (60 per 30 days)
propafenone hcl er 425 mg, cap <b>SP,LA,MO</b>	1	
propranolol 1 mg/ml, vial <b>LA,MO</b>	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	
propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln <b>SP,LA,MO</b>	1	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg, capsule <b>SP,LA,MO</b>	1	
propranolol-hctz 40-25 mg, 80-25 mg, tab <b>SP,LA,MO</b>	1	
QBRELIS 1 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	QL (1200 per 30 days)
QUESTRAN 4 GRAM, ORAL POWDER; QUESTRAN 4 GRAM, POWDER FOR SUSP IN A PACKET <b>SP,LA,MO</b>	1	
QUESTRAN LIGHT 4 GRAM, ORAL POWDER <b>SP,LA,MO</b>	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab <b>SP,LA,MO</b>	1	
quinidine gluc er 324 mg, tab <b>SP,LA,MO</b>	1	
quinidine sulfate 200 mg, 300 mg, tab <b>SP,LA,MO</b>	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg, capsule <b>SP,LA,MO</b>	1	
RANEXA 1,000 MG, 500 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (120 per 30 days)
ranolazine er 1,000 mg, 500 mg, tablet <b>SP,LA,MO</b>	1	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML, SUBCUTANEOUS WEARABLE INJECTOR <b>SP,LA,MO</b>	2	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	2	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	2	PA,QL (3 per 28 days)
RESECTISOL 5% SOLUTION <b>LA,MO</b>	3	
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg, tab <b>SP,LA,MO</b>	1	
ROSZET 10 MG-10 MG TABLET; ROSZET 10 MG-20 MG TABLET; ROSZET 10 MG-40 MG TABLET; ROSZET 10 MG-5 MG TABLET <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
RYTHMOL SR 225 MG, 325 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
RYTHMOL SR 425 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	
SODIUM EDECRIN 50 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
sorine 120 mg, 160 mg, 240 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	
sotalol hcl 150 mg/10 ml vial <b>LA,MO</b>	1	
sotalol af 120 mg, 160 mg, 80 mg, tablet <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOTYLIZE 5 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
spironolactone-hctz 25-25 tab <b>SP,LA,MO</b>	1	
spironolactone 100 mg, 25 mg, 50 mg, tablet <b>SP,LA,MO</b>	1	
SULAR 17 MG, 34 MG, 8.5 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
TARKA ER 2-180 MG, 2-240 MG, 4-240 MG, TABLET <b>SP,LA,MO</b>	3	
taztia xt 120 mg, 180 mg, 240 mg, capsule,extended release <b>SP,LA,MO</b>	1	QL (60 per 30 days)
taztia xt 300 mg, 360 mg, capsule,extended release <b>SP,LA,MO</b>	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
telmisartan 20 mg, 40 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
telmisartan 80 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg,; telmisartan-amlodipine 80-10 <b>SP,LA,MO</b>	1	QL (30 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg, tab; telmisartan-hctz 40-12.5 mg, 80-25 mg, tb <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg, tb <b>SP,LA,MO</b>	1	ST,QL (60 per 30 days)
TENORETIC 100 100 MG-25 MG TABLET <b>SP,LA,MO</b>	3	
TENORETIC 50 50 MG-25 MG TABLET <b>SP,LA,MO</b>	3	PA
TENORMIN 100 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	
terazosin 1 mg, 10 mg, 2 mg, 5 mg, capsule <b>SP,LA,MO</b>	1	
tiadylt er 120 mg, 180 mg, 240 mg, capsule,extended release <b>SP,LA,MO</b>	1	QL (60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg, capsule,extended release <b>SP,LA,MO</b>	1	QL (30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG, CAPSULE <b>SP,LA,MO</b>	3	PA
timolol maleate 10 mg, 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
torse mide 10 mg, 100 mg, 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
trandolapril 1 mg, 2 mg, 4 mg, tablet <b>SP,LA,MO</b>	1	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg, <b>SP,LA,MO</b>	1	
triamterene 100 mg, 50 mg, capsule <b>SP,LA,MO</b>	1	
triamterene-hctz 37.5-25 mg, 75-50 mg, tab; triamterene-hctz 37.5-25 mg, 75-50 mg, tb <b>SP,LA,MO</b>	1	
triamterene-hctz 37.5-25 mg, cp <b>SP,LA,MO</b>	1	

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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 <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
TRICOR 145 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
TRICOR 48 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
<i>triklo 1 gm capsule</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG, CAPSULE,DELAYED RELEASE <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<i>valsartan 160 mg, 320 mg, 40 mg, 80 mg, tablet</i> <b>SP,LA,MO</b>	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> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM, CAPSULE <b>SP,LA,MO</b>	2	QL (240 per 30 days)
VASCEPA 1 GRAM, CAPSULE <b>SP,LA,MO</b>	2	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET <b>SP,LA,MO</b>	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	PA
VAZCULEP 10 MG/ML, INJECTION SOLUTION <b>LA,MO</b>	3	
<i>vecamyl 2.5 mg, tablet</i> <b>DL,LA</b>	4	QL (300 per 30 days)
<i>verapamil 10 mg/4 ml syringe</i> <b>LA,MO</b>	1	
<i>verapamil 120 mg, 40 mg, 80 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
<i>verapamil 360 mg, cap pellet</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>verapamil 5 mg/2 ml ampul</i> <b>LA,MO</b>	1	
<i>verapamil er 120 mg, 180 mg, 240 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>verapamil er pm 100 mg, 200 mg, 300 mg, capsule</i> <b>SP,LA,MO</b>	1	
<i>verapamil sr 120 mg, 180 mg, 240 mg, capsule</i> <b>SP,LA,MO</b>	1	
VERELAN 120 MG, 180 MG, 240 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
VERELAN 360 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
VERELAN PM 100 MG, 200 MG, 300 MG, CAPSULE, EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-10 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
WELCHOL 3.75 GRAM, ORAL POWDER PACKET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
WELCHOL 625 MG, TABLET <b>SP,LA,MO</b>	3	QL (180 per 30 days)

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ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET <b>SP,LA,MO</b>	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA
ZETIA 10 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 80 MG, TABLET <b>SP,LA,MO</b>	3	PA
ZYPITAMAG 1 MG, 2 MG, 4 MG, TABLET <b>SP,LA,MO</b>	2	ST,QL (30 per 30 days)
<b>Central Nervous System Agents</b>		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG, TABLET <b>SP,LA,MO</b>	1	PA,QL (90 per 30 days)
ADDERALL 30 MG, TABLET <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
ADZENYS ER 1.25 MG/ML, SUSPENSION, EXTENDED RELEASE 24HR <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	QL (30 per 30 days)
<i>amphetamine er 1.25 mg/ml, susp</i> <b>SP,LA,MO</b>	3	QL (450 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg, tab</i> <b>SP,LA,MO</b>	1	QL (90 per 30 days)
AMPYRA 10 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, CAPSULE,EXTENDED RELEASE SPRINKLE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
AUBAGIO 14 MG, 7 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
AVONEX 30 MCG/0.5 ML, INTRAMUSCULAR PEN KIT <b>DL, SP,LA</b>	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML, INTRAMUSCULAR SYRINGE KIT <b>DL, SP,LA</b>	4	PA,QL (1 per 28 days)
AVONEX 30 MCG, VIAL KIT <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
AZSTARYS 26.1 MG-5.2 MG CAPSULE; AZSTARYS 39.2 MG-7.8 MG CAPSULE; AZSTARYS 52.3 MG-10.4 MG CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
BAFIERTAM 95 MG, CAPSULE,DELAYED RELEASE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
BETASERON 0.3 MG, SUBCUTANEOUS KIT <b>DL, SP,LA</b>	4	PA,QL (15 per 30 days)
<i>clonidine hcl er 0.1 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
CONCERTA 36 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
COPAXONE 20 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)

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COPAXONE 40 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG, EXTENDED RELEASE DISINTEGRATING TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG, EXTENDED RELEASE DISINTEGRATING TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
<i>dalfampridine er 10 mg, tablet</i> <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	QL (30 per 30 days)
DESOXYN 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg, tab</i> <b>SP,LA,MO</b>	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> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>dextroamphetamine 10 mg, tab</i> <b>SP,LA,MO</b>	1	QL (180 per 30 days)
<i>dextroamphetamine 15 mg, tab</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
<i>dextroamphetamine 20 mg, tab</i> <b>SP,LA,MO</b>	1	QL (90 per 30 days)
<i>dextroamphetamine 30 mg, tab</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>dextroamphetamine 5 mg, tab</i> <b>SP,LA,MO</b>	1	QL (150 per 30 days)
<i>dextroamphetamine 5 mg/5 ml,</i> <b>SP,LA,MO</b>	1	QL (1800 per 30 days)
<i>dextroamphetamine er 10 mg, cap</i> <b>SP,LA,MO</b>	1	QL (180 per 30 days)
<i>dextroamphetamine er 15 mg, cap</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)
<i>dextroamphetamine er 5 mg, cap</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>dextroamp-amphet er 10 mg, 15 mg, 5 mg, cap</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>dextroamp-amphet er 20 mg, 25 mg, 30 mg, cap</i> <b>SP,LA,MO</b>	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> <b>SP,LA,MO</b>	1	QL (90 per 30 days)
<i>dextroamp-amphetamin 30 mg, tab</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
DYANAVAL XR 2.5 MG/ML, ORAL 24 HR EXTENDED RELEASE SUSPENSION <b>SP,LA,MO</b>	3	QL (240 per 30 days)
EVEKEO 10 MG, 5 MG, TABLET <b>SP,LA,MO</b>	1	QL (90 per 30 days)
EVEKEO ODT 10 MG, 5 MG, DISINTEGRATING TABLET <b>SP,LA,MO</b>	3	QL (90 per 30 days)
EVEKEO ODT 15 MG, 20 MG, DISINTEGRATING TABLET <b>SP,LA,MO</b>	3	QL (60 per 30 days)
EXSERVAN 50 MG, ORAL FILM <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
EXTAVIA 0.3 MG, SUBCUTANEOUS KIT <b>DL, SP,LA</b>	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (15 per 30 days)
FIRDAPSE 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
GILENYA 0.25 MG, 0.5 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
glatiramer 20 mg/ml, syringe <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
glatiramer 40 mg/ml, syringe <b>DL, SP,LA</b>	4	PA,QL (12 per 28 days)
glatopa 20 mg/ml, subcutaneous syringe <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
glatopa 40 mg/ml, subcutaneous syringe <b>DL, SP,LA</b>	4	PA,QL (12 per 28 days)
GRALISE 300 MG, TABLET,EXTENDED RELEASE <b>LA,MO</b>	3	ST,QL (30 per 30 days)
GRALISE 600 MG, TABLET,EXTENDED RELEASE <b>LA,MO</b>	3	ST,QL (90 per 30 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (28 per 28 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG, CAPSULE,DELAYED RELEASE,EXTENDED RELEASE SPRINKLE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
KAPVAY 0.1 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML, INTRAVENOUS SOLUTION <b>DL, LA, SP,LA</b>	4	PA,QL (6 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (90 per 30 days)
LYRICA 20 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG, CAPSULE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
LYRICA CR 165 MG, 82.5 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
LYRICA CR 330 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (4 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (5 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (6 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (7 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (8 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAVENCLAD (9 TABLET PACK) 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (40 per 365 days)
MAYZENT 0.25 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)

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MAYZENT 2 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
MAYZENT STARTER PACK 0.25 MG (12 TABS), TABLETS <b>DL,LA</b>	4	PA,QL (12 per 30 days)
metadate er 20 mg, tablet,extended release <b>SP,LA,MO</b>	1	QL (90 per 30 days)
methamphetamine 5 mg, tablet <b>DL, SP,LA</b>	4	QL (150 per 30 days)
METHYLIN 10 MG/5 ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	PA,QL (900 per 30 days)
METHYLIN 5 MG/5 ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	PA,QL (1800 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (90 per 30 days)
methylphenidate 10 mg, chew tab <b>SP,LA,MO</b>	1	QL (180 per 30 days)
methylphenidate 10 mg/5 ml, sol <b>SP,LA,MO</b>	1	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg, chew tab; methylphenidate 2.5 mg, 5 mg, chew tb <b>SP,LA,MO</b>	1	QL (150 per 30 days)
methylphenidate 5 mg/5 ml, soln <b>SP,LA,MO</b>	1	QL (1800 per 30 days)
methylphenidate cd 10 mg, 20 mg, 40 mg, 50 mg, 60 mg, cap; methylphenidate er(la) 10mg cp; methylphenidate er(la) 40mg cp; methylphenidate la 10 mg, 20 mg, 40 mg, 50 mg, 60 mg, cap <b>SP,LA,MO</b>	1	QL (30 per 30 days)
methylphenidate cd 20 mg, 30 mg, cap; methylphenidate la 20 mg, 30 mg, cap <b>SP,LA,MO</b>	1	QL (60 per 30 days)
methylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, cap <b>SP,LA,MO</b>	3	QL (30 per 30 days)
methylphenidate er 10 mg, tab <b>SP,LA,MO</b>	1	QL (180 per 30 days)
methylphenidate er 18 mg, 27 mg, 54 mg, 72 mg, tab <b>SP,LA,MO</b>	1	QL (30 per 30 days)
methylphenidate er 20 mg, tab <b>SP,LA,MO</b>	1	QL (90 per 30 days)
methylphenidate er 36 mg, tab <b>SP,LA,MO</b>	1	QL (60 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG, CAPSULE EXTENDED RELEASE 24 HR <b>SP,LA,MO</b>	3	QL (30 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE <b>DL,LA</b>	4	PA,QL (60 per 30 days)
OCREVUS 30 MG/ML, INTRAVENOUS SOLUTION <b>LA, SP,LA,MO</b>	4	PA,QL (40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML, INTRAMUSCULAR SYRINGE; PLEGRIDY 125 MCG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL,LA</b>	4	PA,QL (1 per 28 days)
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (1 per 28 days)
PONVORY 20 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK 2-3-4-5-6-7-8-9-10 MG TABLETS <b>DL,LA</b>	4	PA,QL (14 per 30 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg, capsule <b>SP,LA,MO</b>	1	QL (90 per 30 days)
pregabalin 20 mg/ml, solution <b>SP,LA,MO</b>	1	QL (900 per 30 days)
pregabalin 225 mg, 300 mg, capsule <b>SP,LA,MO</b>	1	QL (60 per 30 days)

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<i>pregabalin er 165 mg, 82.5 mg, tablet</i> <b>SP,LA,MO</b>	1	PA,QL (30 per 30 days)
<i>pregabalin er 330 mg, tablet</i> <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
<i>procentra 5 mg/5 ml, oral solution</i> <b>DL, SP,LA</b>	4	QL (1800 per 30 days)
QELBREE 100 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
QELBREE 150 MG, 200 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG, CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG, CHEWABLE, EXTENDED RELEASE TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
QUILLICHEW ER 30 MG, CHEWABLE TABLET, EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML), ORAL SUSPENSION,EXTEND RELEASE 24HR <b>SP,LA,MO</b>	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML, INTRAVENOUS SOLUTION <b>DL, LA, SP,LA</b>	4	PA
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. <b>DL,LA</b>	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (4.2 per 28 days)
<i>relexxii 72 mg, tablet,extended release</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
RILUTEK 50 MG, TABLET <b>DL, SP,LA</b>	4	
<i>riluzole 50 mg, tablet</i> <b>SP,LA,MO</b>	1	
RITALIN 10 MG, 20 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
RUZURGI 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG, TABLET <b>SP,LA,MO</b>	2	QL (60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <b>LA,MO</b>	2	QL (60 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE <b>DL,LA</b>	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG, CAPSULE,DELAYED RELEASE <b>DL, SP,LA</b>	4	PA,QL (14 per 30 days)
TECFIDERA 240 MG, CAPSULE,DELAYED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>tetrabenazine 12.5 mg, tablet</i> <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
<i>tetrabenazine 25 mg, tablet</i> <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
TIGLUTIK 50 MG/10 ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA,QL (600 per 30 days)
TYSABRI 300 MG/15 ML, INTRAVENOUS SOLUTION <b>DL, LA, SP,LA</b>	4	PA,QL (15 per 28 days)

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VUMERITY 231 MG, CAPSULE, DELAYED RELEASE <b>DL, SP, LA</b>	4	PA, QL (120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, CAPSULE <b>SP, LA, MO</b>	3	PA, QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, CHEWABLE TABLET <b>SP, LA, MO</b>	3	PA, QL (30 per 30 days)
XENAZINE 12.5 MG, TABLET <b>DL, SP, LA</b>	4	PA, QL (240 per 30 days)
XENAZINE 25 MG, TABLET <b>DL, SP, LA</b>	4	PA, QL (120 per 30 days)
zenzedi 10 mg, tablet <b>SP, LA, MO</b>	1	QL (180 per 30 days)
ZENZEDI 15 MG, TABLET <b>SP, LA, MO</b>	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG, TABLET <b>SP, LA, MO</b>	1	QL (90 per 30 days)
ZENZEDI 30 MG, TABLET <b>SP, LA, MO</b>	1	QL (60 per 30 days)
zenzedi 5 mg, tablet <b>SP, LA, MO</b>	1	QL (150 per 30 days)
ZEPOSIA 0.92 MG, CAPSULE <b>DL, SP, LA</b>	4	PA, QL (30 per 30 days)
ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG CAPSULES IN A DOSE PACK <b>LA, MO</b>	4	PA, QL (37 per 37 days)
ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK <b>DL, LA</b>	4	PA, QL (7 per 7 days)
<b>Dental &amp; Oral Agents</b>		
cevimeline hcl 30 mg, capsule <b>SP, LA, MO</b>	1	
chlorhexidine 0.12% rinse <b>LA, MO</b>	1	
EVOXAC 30 MG, CAPSULE <b>SP, LA, MO</b>	3	PA
KEPIVANCE 6.25 MG, INTRAVENOUS SOLUTION <b>DL, LA</b>	4	
oralone 0.1 %, dental paste <b>LA, MO</b>	1	
paroex oral rinse 0.12 %, mouthwash <b>LA, MO</b>	1	
perigard 0.12 %, mouthwash <b>LA, MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg, tablet <b>SP, LA, MO</b>	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG, TABLET <b>SP, LA, MO</b>	3	
triamcinolone 0.1% paste <b>LA, MO</b>	1	
<b>DERMATOLOGICAL AGENTS</b>		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, CAPSULE <b>DL, LA</b>	4	ST, QL (60 per 30 days)
ABSORICA 40 MG, CAPSULE <b>DL, LA</b>	4	ST, QL (120 per 30 days)
ABSORICA LD 16 MG, 24 MG, 8 MG, CAPSULE <b>DL, LA</b>	4	ST, QL (60 per 30 days)
ABSORICA LD 32 MG, CAPSULE <b>DL, LA</b>	4	ST, QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP <b>LA, MO</b>	3	QL (50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, capsule <b>LA, MO</b>	1	QL (60 per 30 days)
accutane 40 mg, capsule <b>LA, MO</b>	1	QL (120 per 30 days)
acitretin 10 mg, capsule <b>LA, MO</b>	1	PA, QL (90 per 30 days)

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acitretin 17.5 mg, capsule <b>LA,MO</b>	1	PA,QL (60 per 30 days)
acitretin 25 mg, capsule <b>LA,MO</b>	1	PA
ACZONE 5 %, 7.5 %, TOPICAL GEL; ACZONE 5 %, 7.5 %, TOPICAL GEL WITH PUMP <b>LA,MO</b>	3	QL (90 per 30 days)
adapalene 0.1% cream <b>LA,MO</b>	1	QL (45 per 30 days)
adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump <b>LA,MO</b>	1	QL (45 per 30 days)
adapalene 0.1% solution <b>DL,LA</b>	4	QL (60 per 30 days)
adapalene 0.1% swab <b>LA,MO</b>	1	QL (30 per 30 days)
adapalene-bnzyol perox 0.1-2.5% <b>LA,MO</b>	1	QL (45 per 30 days)
AKLIEF 0.005 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (90 per 30 days)
AKTIPAK 3%-5% GEL POUCH <b>LA,MO</b>	3	
ALA-CORT 1 %, TOPICAL CREAM <b>LA,MO</b>	1	QL (240 per 30 days)
ALA-SCALP 2 %, LOTION <b>LA,MO</b>	1	QL (236.8 per 30 days)
alclometasone dipr 0.05% oint <b>LA,MO</b>	1	QL (240 per 30 days)
alclometasone dipro 0.05% crm <b>LA,MO</b>	1	QL (240 per 30 days)
ALDARA 5 %, TOPICAL CREAM PACKET <b>LA,MO</b>	3	PA,QL (12 per 30 days)
ALTABAX 1 %, TOPICAL OINTMENT <b>LA,MO</b>	3	
ALTRENO 0.05 %, LOTION <b>LA,MO</b>	3	PA,QL (90 per 30 days)
amcinonide 0.1% cream <b>LA,MO</b>	1	QL (120 per 30 days)
amcinonide 0.1% lotion <b>LA,MO</b>	1	QL (120 per 30 days)
ammonium lactate 12% cream <b>LA,MO</b>	1	
ammonium lactate 12% lotion <b>LA,MO</b>	1	
amnesteem 10 mg, 20 mg, capsule <b>LA,MO</b>	1	QL (60 per 30 days)
amnesteem 40 mg, capsule <b>LA,MO</b>	1	QL (120 per 30 days)
AMZEEQ 4 %, TOPICAL FOAM <b>LA,MO</b>	3	PA,QL (30 per 30 days)
anusol-hc 2.5 %, topical cream with perineal applicator <b>LA,MO</b>	1	QL (60 per 30 days)
apexicon e 0.05 %, topical cream <b>LA,MO</b>	1	QL (60 per 30 days)
ARAZLO 0.045 %, LOTION <b>LA,MO</b>	3	PA
ATRALIN 0.05 %, TOPICAL GEL <b>LA,MO</b>	3	PA,QL (45 per 30 days)
AVAGE 0.1% CREAM <b>LA,MO</b>	3	
AVITA 0.025 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (45 per 30 days)
AVITA 0.025 %, TOPICAL GEL <b>LA,MO</b>	3	PA,QL (45 per 30 days)
azelaic acid 15% gel <b>LA,MO</b>	1	ST,QL (50 per 30 days)
AZELEX 20 %, TOPICAL CREAM <b>LA,MO</b>	3	QL (50 per 30 days)
BENZAACLIN 1 %-5 % TOPICAL GEL <b>LA,MO</b>	3	QL (50 per 30 days)
BENZAACLIN PUMP 1 %-5 % TOPICAL GEL <b>LA,MO</b>	3	QL (50 per 30 days)
BENZAMYCIN 3 %-5 % TOPICAL GEL <b>LA,MO</b>	3	QL (46.6 per 30 days)

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beser 0.05 %, lotion <b>LA,MO</b>	1	QL (240 per 30 days)
betamethasone dp 0.05% crm <b>LA,MO</b>	1	QL (90 per 30 days)
betamethasone dp 0.05% lot <b>LA,MO</b>	1	QL (120 per 30 days)
betamethasone dp 0.05% oint <b>LA,MO</b>	1	QL (90 per 30 days)
betamethasone va 0.1% cream <b>LA,MO</b>	1	QL (180 per 30 days)
betamethasone va 0.1% lotion <b>LA,MO</b>	1	QL (120 per 30 days)
betamethasone valer 0.1% ointm <b>LA,MO</b>	1	QL (180 per 30 days)
betamethasone valer 0.12% foam <b>LA,MO</b>	1	QL (200 per 30 days)
betamethasone dp aug 0.05% crm <b>LA,MO</b>	1	QL (100 per 30 days)
betamethasone dp aug 0.05% gel <b>LA,MO</b>	1	QL (100 per 30 days)
betamethasone dp aug 0.05% lot <b>LA,MO</b>	1	QL (120 per 30 days)
betamethasone dp aug 0.05% oin <b>LA,MO</b>	1	QL (100 per 30 days)
blanche 4 %, topical cream <b>LA,MO</b>	1	
BRYHALI 0.01 %, LOTION <b>LA,MO</b>	3	ST,QL (200 per 30 days)
calcipotriene 0.005% cream <b>LA,MO</b>	1	PA,QL (120 per 30 days)
calcipotriene 0.005% foam <b>LA,MO</b>	1	ST,QL (120 per 28 days)
calcipotriene 0.005% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
calcipotriene 0.005% solution <b>LA,MO</b>	1	QL (60 per 30 days)
calcipotriene-betameth dp oint <b>LA,MO</b>	1	PA,QL (60 per 30 days)
calcipotriene-betameth dp susp <b>LA,MO</b>	1	QL (420 per 30 days)
calcitrene 0.005% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
calcitriol 3 mcg/g ointment <b>LA,MO</b>	1	ST,QL (800 per 28 days)
CAPEX 0.01 %, SHAMPOO <b>LA,MO</b>	3	QL (840 per 30 days)
CARAC 0.5 %, TOPICAL CREAM <b>DL,LA</b>	4	PA,QL (60 per 30 days)
CENTANY 2 %, TOPICAL OINTMENT <b>LA,MO</b>	3	
claravis 10 mg, 20 mg, 30 mg, capsule <b>LA,MO</b>	1	QL (60 per 30 days)
claravis 40 mg, capsule <b>LA,MO</b>	1	QL (120 per 30 days)
CLEOCIN T 1 %, LOTION <b>LA,MO</b>	3	QL (60 per 30 days)
CLEOCIN T 1 %, SOLUTION <b>LA,MO</b>	3	QL (60 per 30 days)
CLEOCIN T 1% GEL <b>LA,MO</b>	3	QL (60 per 30 days)
clindacin etz 1 %, topical swab <b>LA,MO</b>	1	
clindacin p 1 %, topical swab <b>LA,MO</b>	1	
CLINDAGEL 1 %, TOPICAL GEL, ONCE DAILY <b>DL,LA</b>	4	PA,QL (75 per 30 days)
clindamycin ph 1% gel <b>LA,MO</b>	1	QL (60 per 30 days)
clindamycin ph 1% solution <b>LA,MO</b>	1	QL (60 per 30 days)
clindamycin phos 1% pledget <b>LA,MO</b>	1	

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B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy  
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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin phosp 1% lotion <b>LA,MO</b>	1	QL (60 per 30 days)
clindamycin phosphate 1% foam <b>LA,MO</b>	1	QL (100 per 30 days)
clindamycin phosphate 1% gel <b>LA,MO</b>	1	PA,QL (75 per 30 days)
clind ph-benzoyl pero 1.2-2.5%; clindamycin-benzoyl perox 1-5%; clindamycin-bnz perox 1-5% pmp <b>LA,MO</b>	1	QL (50 per 30 days)
clind ph-benzoyl perox 1.2-5% <b>LA,MO</b>	1	QL (45 per 30 days)
clinda-tretinoin 1.2%-0.025% <b>LA,MO</b>	1	QL (60 per 30 days)
clobetasol 0.05% cream <b>LA,MO</b>	1	QL (120 per 30 days)
clobetasol 0.05% gel <b>LA,MO</b>	1	QL (120 per 28 days)
clobetasol 0.05% ointment <b>LA,MO</b>	1	QL (120 per 28 days)
clobetasol 0.05% shampoo <b>LA,MO</b>	1	QL (240 per 30 days)
clobetasol 0.05% solution <b>LA,MO</b>	1	QL (100 per 30 days)
clobetasol 0.05% topical lotn <b>LA,MO</b>	1	QL (240 per 28 days)
clobetasol prop 0.05% foam <b>LA,MO</b>	1	QL (100 per 28 days)
clobetasol prop 0.05% spray <b>LA,MO</b>	1	QL (240 per 30 days)
clobetasol emollient 0.05% crm <b>LA,MO</b>	1	QL (120 per 30 days)
clobetasol emollnt 0.05% foam <b>LA,MO</b>	1	QL (100 per 30 days)
CLOBEX 0.05 %, LOTION <b>LA,MO</b>	3	ST,QL (240 per 28 days)
CLOBEX 0.05 %, SHAMPOO <b>LA,MO</b>	3	ST,QL (240 per 30 days)
CLOBEX 0.05 %, TOPICAL SPRAY <b>LA,MO</b>	3	ST,QL (240 per 30 days)
clocortolone pivalate 0.1% crm <b>LA,MO</b>	1	QL (180 per 30 days)
clodan 0.05 %, shampoo <b>LA,MO</b>	1	QL (240 per 30 days)
CLODERM 0.1 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (180 per 30 days)
CONDYLOX 0.5 %, TOPICAL GEL <b>LA,MO</b>	3	
CORDRAN 0.025 %, TOPICAL CREAM <b>LA,MO</b>	3	ST,QL (240 per 30 days)
CORDRAN 0.05 %, LOTION <b>DL,LA</b>	4	ST,QL (240 per 30 days)
CORDRAN 0.05 %, TOPICAL CREAM <b>DL,LA</b>	4	ST,QL (240 per 30 days)
CORDRAN 0.05 %, TOPICAL OINTMENT <b>LA,MO</b>	3	ST,QL (240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2, <b>DL,LA</b>	4	QL (2 per 30 days)
cormax 0.05% solution <b>LA,MO</b>	1	QL (100 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	
CORTISPORIN CREAM <b>LA,MO</b>	3	
CORTISPORIN OINTMENT <b>LA,MO</b>	3	
crotan 10 %, lotion <b>DL,LA</b>	4	PA,QL (454 per 30 days)
CUTIVATE 0.05 %, LOTION <b>DL,LA</b>	4	PA,QL (240 per 30 days)
CUTIVATE 0.05 %, TOPICAL CREAM <b>DL,LA</b>	4	PA,QL (240 per 30 days)
dapsone 5% gel; dapsone 7.5% gel pump <b>LA,MO</b>	1	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DERMA-SMOOTHIE/FS BODY OIL 0.01 %, <b>LA,MO</b>	3	QL (118.28 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL 0.01 %, <b>LA,MO</b>	3	QL (118.28 per 30 days)
DERMATOP 0.1% OINTMENT <b>LA,MO</b>	3	QL (240 per 30 days)
DESONATE 0.05 %, TOPICAL GEL <b>LA,MO</b>	3	QL (240 per 30 days)
desonide 0.05% cream <b>LA,MO</b>	1	QL (240 per 30 days)
desonide 0.05% gel <b>LA,MO</b>	1	QL (240 per 30 days)
desonide 0.05% lotion <b>LA,MO</b>	1	QL (240 per 30 days)
desonide 0.05% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
DESOWEN 0.05 %, LOTION <b>LA,MO</b>	1	PA,QL (240 per 30 days)
DESOWEN 0.05 %, TOPICAL CREAM <b>LA,MO</b>	3	QL (240 per 30 days)
desoximetasone 0.05% cream <b>LA,MO</b>	1	QL (240 per 30 days)
desoximetasone 0.05% gel <b>LA,MO</b>	1	QL (240 per 30 days)
desoximetasone 0.05% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
desoximetasone 0.25% cream <b>LA,MO</b>	1	QL (120 per 30 days)
desoximetasone 0.25% ointment <b>LA,MO</b>	1	QL (120 per 30 days)
desoximetasone 0.25% spray <b>LA,MO</b>	1	QL (100 per 30 days)
desrx 0.05 %, topical gel <b>LA,MO</b>	1	QL (240 per 30 days)
diclofenac sodium 3% gel <b>LA,MO</b>	1	PA
DIFFERIN 0.1 %, LOTION <b>LA,MO</b>	3	QL (59 per 30 days)
DIFFERIN 0.1 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (45 per 30 days)
DIFFERIN 0.3 %, TOPICAL GEL <b>LA,MO</b>	3	PA,QL (45 per 30 days)
DIFFERIN 0.3 %, TOPICAL GEL WITH PUMP <b>LA,MO</b>	3	QL (45 per 30 days)
diflorasone 0.05% cream <b>DL,LA</b>	4	QL (120 per 30 days)
diflorasone 0.05% ointment <b>DL,LA</b>	4	QL (120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 %, TOPICAL OINTMENT <b>LA,MO</b>	3	QL (100 per 30 days)
DOVONEX 0.005 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (120 per 30 days)
doxepin 5% cream <b>DL,LA</b>	4	PA,QL (45 per 30 days)
DUOBRII 0.01 %-0.045 % LOTION <b>DL,LA</b>	4	PA,QL (200 per 28 days)
EFUDEX 5 %, TOPICAL CREAM <b>LA,MO</b>	3	PA
ELIDEL 1 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (100 per 30 days)
ELIMITE 5 %, TOPICAL CREAM <b>LA,MO</b>	3	
ELOCON 0.1% CREAM <b>LA,MO</b>	3	QL (180 per 30 days)
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>LA,MO</b>	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP <b>LA,MO</b>	3	QL (45 per 30 days)
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP <b>LA,MO</b>	3	QL (60 per 30 days)
EPIFOAM 1 %-1 % TOPICAL <b>LA,MO</b>	1	

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ery pads 2 %, topical swab <b>LA,MO</b>	1	QL (60 per 30 days)
ERYGEL 2 %, TOPICAL <b>LA,MO</b>	1	QL (60 per 30 days)
erythromycin 2% gel <b>LA,MO</b>	1	QL (60 per 30 days)
erythromycin 2% pledgets <b>LA,MO</b>	1	QL (60 per 30 days)
erythromycin 2% solution <b>LA,MO</b>	1	QL (120 per 30 days)
erythromycin-benzoyl gel <b>LA,MO</b>	1	QL (46.6 per 30 days)
EUCRISA 2 %, TOPICAL OINTMENT <b>LA,MO</b>	3	PA,QL (100 per 30 days)
EURAX 10 %, LOTION <b>LA,MO</b>	3	PA,QL (454 per 30 days)
EURAX 10 %, TOPICAL CREAM <b>LA,MO</b>	3	PA
EVOCLIN 1 %, TOPICAL FOAM <b>LA,MO</b>	3	PA,QL (100 per 30 days)
FABIOR 0.1 %, TOPICAL FOAM <b>DL,LA</b>	4	PA,QL (100 per 30 days)
FINACEA 15 %, TOPICAL FOAM <b>LA,MO</b>	3	ST,QL (50 per 30 days)
FINACEA 15 %, TOPICAL GEL <b>LA,MO</b>	3	ST,QL (50 per 30 days)
fluocinolone 0.01% body oil <b>LA,MO</b>	1	QL (118.28 per 30 days)
fluocinolone 0.01% cream; fluocinolone 0.025% cream <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinolone 0.01% solution <b>LA,MO</b>	1	QL (180 per 30 days)
fluocinolone 0.025% ointment <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinolone 0.01% scalp oil <b>LA,MO</b>	1	QL (118.28 per 30 days)
fluocinonide 0.05% cream <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinonide 0.05% gel <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinonide 0.05% ointment <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinonide 0.05% solution <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinonide 0.1% cream <b>LA,MO</b>	1	QL (120 per 28 days)
fluocinonide-e 0.05 %, topical cream <b>LA,MO</b>	1	QL (120 per 30 days)
fluocinonide-e 0.05% cream <b>LA,MO</b>	1	QL (120 per 30 days)
FLUOROPLEX 1 %, TOPICAL CREAM <b>DL,LA</b>	4	
fluorouracil 0.5% cream <b>DL,LA</b>	4	QL (60 per 30 days)
fluorouracil 2% topical soln; fluorouracil 5% topical soln <b>LA,MO</b>	1	
fluorouracil 5% cream <b>LA,MO</b>	1	
flurandrenolide 0.05% cream <b>LA,MO</b>	1	QL (240 per 30 days)
flurandrenolide 0.05% lotion <b>LA,MO</b>	4	QL (240 per 30 days)
flurandrenolide 0.05% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
fluticasone prop 0.005% oint <b>LA,MO</b>	1	QL (240 per 30 days)
fluticasone prop 0.05% cream <b>LA,MO</b>	1	QL (240 per 30 days)
fluticasone prop 0.05% lotion <b>LA,MO</b>	1	QL (240 per 30 days)
halcinonide 0.1% cream <b>LA,MO</b>	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
halobetasol prop 0.05% cream <b>LA,MO</b>	1	QL (100 per 30 days)
halobetasol prop 0.05% foam <b>DL,LA</b>	4	PA,QL (100 per 30 days)
halobetasol prop 0.05% ointmnt <b>LA,MO</b>	1	QL (100 per 30 days)
HALOG 0.1 %, TOPICAL CREAM <b>DL,LA</b>	4	QL (120 per 30 days)
HALOG 0.1 %, TOPICAL OINTMENT <b>LA,MO</b>	3	QL (120 per 30 days)
HALOG 0.1 %, TOPICAL SOLUTION <b>DL,LA</b>	4	QL (120 per 30 days)
hydrocortisone 1% cream <b>LA,MO</b>	1	QL (28.4 per 30 days)
hydrocortisone 1% cream; hydrocortisone 2.5% cream <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
hydrocortisone 2.5% cream <b>LA,MO</b>	1	QL (60 per 30 days)
hydrocortisone 2.5% lotion <b>LA,MO</b>	1	QL (236 per 30 days)
hydrocort buty 0.1% lipid crm <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone buty 0.1% cream <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone butyr 0.1% lotn <b>LA,MO</b>	1	QL (236 per 30 days)
hydrocortisone butyr 0.1% oint <b>LA,MO</b>	1	QL (180 per 30 days)
hydrocortisone butyr 0.1% soln <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone val 0.2% cream <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone val 0.2% ointmt <b>LA,MO</b>	1	QL (240 per 30 days)
hydrocortisone 1% absorbase <b>LA,MO</b>	1	QL (220 per 30 days)
hydroquinone 4% cream <b>LA,MO</b>	1	
imiquimod 3.75% cream <b>LA,MO</b>	3	ST,QL (28 per 28 days)
imiquimod 3.75% cream pump <b>DL,LA</b>	4	ST,QL (15 per 30 days)
imiquimod 5% cream packet <b>LA,MO</b>	1	QL (12 per 30 days)
IMPEKLO 0.05 %, TOPICAL LOTION IN PUMP <b>DL,LA</b>	4	ST,QL (136 per 28 days)
isotretinoin 10 mg, 20 mg, 30 mg, capsule <b>LA,MO</b>	1	QL (60 per 30 days)
isotretinoin 25 mg, 35 mg, capsule <b>DL,LA</b>	4	QL (60 per 30 days)
isotretinoin 40 mg, capsule <b>LA,MO</b>	1	QL (120 per 30 days)
ivermectin 1% cream <b>LA,MO</b>	1	ST,QL (45 per 30 days)
KLISYRI 1 %, TOPICAL OINTMENT IN PACKET <b>DL,LA</b>	4	PA,QL (5 per 30 days)
LEXETTE 0.05 %, TOPICAL FOAM <b>DL,LA</b>	4	PA,QL (100 per 30 days)
lindane 1% shampoo <b>LA,MO</b>	1	QL (60 per 30 days)
LOCOID 0.1 %, LOTION <b>LA,MO</b>	3	QL (236 per 30 days)
LOCOID 0.1% CREAM <b>LA,MO</b>	3	QL (240 per 30 days)
LOCOID 0.1% SOLUTION <b>LA,MO</b>	3	QL (240 per 30 days)
LOCOID LIPOCREAM 0.1 %, TOPICAL <b>LA,MO</b>	3	QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUXIQ 0.12 %, TOPICAL FOAM <b>LA,MO</b>	3	ST,QL (200 per 30 days)
mafenide acetate 50 gm powd pk <b>DL,LA</b>	4	
malathion 0.5% lotion <b>LA,MO</b>	1	
methoxsalen 10 mg, softgel <b>DL,LA</b>	4	
MIRVASO 0.33 %, TOPICAL GEL WITH PUMP; MIRVASO 0.33% GEL <b>LA,MO</b>	3	ST,QL (30 per 30 days)
mometasone furoate 0.1% cream <b>LA,MO</b>	1	QL (180 per 30 days)
mometasone furoate 0.1% oint <b>LA,MO</b>	1	QL (180 per 30 days)
mometasone furoate 0.1% soln <b>LA,MO</b>	1	QL (180 per 30 days)
mupirocin 2% ointment <b>LA,MO</b>	1	
mupirocin 2% cream <b>LA,MO</b>	1	ST
myorisan 10 mg, 20 mg, 30 mg, capsule <b>LA,MO</b>	1	QL (60 per 30 days)
myorisan 40 mg, capsule <b>LA,MO</b>	1	QL (120 per 30 days)
NATROBA 0.9 %, TOPICAL SUSPENSION <b>LA,MO</b>	3	QL (240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 %, TOPICAL CREAM <b>LA,MO</b>	4	
neuac 1.2 % (1 % base)-5 % topical gel <b>LA,MO</b>	1	QL (45 per 30 days)
nolix 0.05 %, lotion <b>LA,MO</b>	1	QL (240 per 30 days)
nolix 0.05 %, topical cream <b>LA,MO</b>	1	QL (240 per 30 days)
obagi elastiderm 4 %, topical cream <b>LA,MO</b>	1	
obagi nu-derm blender 4 %, topical cream <b>LA,MO</b>	1	
obagi nu-derm clear 4 %, topical cream <b>LA,MO</b>	1	
OLUX 0.05 %, TOPICAL FOAM <b>LA,MO</b>	3	PA,QL (100 per 28 days)
OLUX-E 0.05 %, TOPICAL FOAM <b>LA,MO</b>	3	PA,QL (100 per 30 days)
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL <b>LA,MO</b>	3	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP <b>LA,MO</b>	3	QL (50 per 30 days)
OTEZLA 30 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19), TABLETS IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (55 per 28 days)
OVIDE 0.5 %, LOTION <b>LA,MO</b>	3	PA
OXSORALEN-ULTRA 10 MG, CAP <b>DL,LA</b>	4	
PANDEL 0.1 %, TOPICAL CREAM <b>DL,LA</b>	4	QL (160 per 30 days)
permethrin 5% cream <b>LA,MO</b>	1	
PICATO 0.015 %, TOPICAL GEL <b>LA,MO</b>	4	QL (3 per 30 days)
PICATO 0.05 %, TOPICAL GEL <b>LA,MO</b>	4	QL (2 per 30 days)
pimecrolimus 1% cream <b>LA,MO</b>	1	PA,QL (100 per 30 days)
podofilox 0.5% topical soln <b>LA,MO</b>	1	QL (7 per 30 days)

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prednicarbate 0.1% cream <b>LA,MO</b>	1	QL (240 per 30 days)
prednicarbate 0.1% ointment <b>LA,MO</b>	1	QL (240 per 30 days)
procto-med hc 2.5 %, topical cream perineal applicator <b>LA,MO</b>	1	QL (60 per 30 days)
procto-pak 1 %, topical cream perineal applicator <b>LA,MO</b>	1	QL (28.4 per 30 days)
proctosol hc 2.5 %, topical cream perineal applicator <b>LA,MO</b>	1	QL (60 per 30 days)
proctozone-hc 2.5 %, topical cream perineal applicator <b>LA,MO</b>	1	QL (60 per 30 days)
PROTOPIC 0.03 %, 0.1 %, TOPICAL OINTMENT <b>LA,MO</b>	3	QL (200 per 30 days)
PRUDOXIN 5 %, TOPICAL CREAM <b>DL,LA</b>	4	PA,QL (45 per 30 days)
psorcon 0.05 %, topical cream <b>LA,MO</b>	1	QL (120 per 30 days)
QBREXZA 2.4 %, TOWELETTE <b>LA,MO</b>	3	PA,QL (30 per 30 days)
refissa 0.05 %, topical cream <b>LA,MO</b>	1	
REGRANEX 0.01 %, TOPICAL GEL <b>DL,LA</b>	4	PA
RENOVA 0.02 %, TOPICAL CREAM <b>LA,MO</b>	3	
RETIN-A 0.01 %, 0.025 %, TOPICAL GEL <b>LA,MO</b>	3	PA,QL (45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (45 per 30 days)
RETIN-A MICRO 0.04 %, 0.1 %, TOPICAL GEL <b>DL,LA</b>	4	PA,QL (45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %, TOPICAL GEL <b>DL,LA</b>	4	PA,QL (50 per 30 days)
RHOFADE 1 %, TOPICAL CREAM <b>LA,MO</b>	3	ST,QL (30 per 30 days)
SANTYL 250 UNIT/GRAM, TOPICAL OINTMENT <b>LA,MO</b>	2	QL (180 per 30 days)
selenium sulfide 2.5% lotion <b>LA,MO</b>	1	QL (120 per 30 days)
SILVADENE 1 %, TOPICAL CREAM <b>LA,MO</b>	2	
silver sulfadiazine 1% cream <b>LA,MO</b>	1	
SOLARAZE 3 %, TOPICAL GEL <b>LA,MO</b>	3	PA
SOOLANTRA 1 %, TOPICAL CREAM <b>LA,MO</b>	3	ST,QL (45 per 30 days)
SORIATANE 10 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (90 per 30 days)
SORIATANE 25 MG, CAPSULE <b>DL,LA</b>	4	PA
SORILUX 0.005 %, TOPICAL FOAM <b>DL,LA</b>	4	ST,QL (120 per 28 days)
spinosad 0.9% topical susp <b>LA,MO</b>	3	QL (240 per 30 days)
SSD 1 %, TOPICAL CREAM <b>LA,MO</b>	1	
SULFAMYLON 50 GRAM, TOPICAL PACKET <b>LA,MO</b>	3	
SULFAMYLON 85 MG/G, TOPICAL CREAM <b>LA,MO</b>	3	
SYNALAR 0.01 %, TOPICAL SOLUTION <b>LA,MO</b>	3	QL (180 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT <b>DL,LA</b>	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>LA,MO</b>	4	PA,QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment <b>LA,MO</b>	1	QL (200 per 30 days)
tazarotene 0.1% cream <b>LA,MO</b>	1	PA,QL (120 per 30 days)

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tazarotene 0.1% foam <b>DL,LA</b>	4	PA,QL (100 per 30 days)
TAZORAC 0.05 %, 0.1 %, TOPICAL CREAM <b>DL,LA</b>	4	PA,QL (120 per 30 days)
TAZORAC 0.05 %, 0.1 %, TOPICAL GEL <b>LA,MO</b>	3	PA,QL (200 per 30 days)
TEMOVATE 0.05 %, TOPICAL CREAM <b>LA,MO</b>	3	PA,QL (120 per 30 days)
TEMOVATE 0.05 %, TOPICAL OINTMENT <b>LA,MO</b>	3	PA,QL (120 per 28 days)
TEXACORT 2.5 %, TOPICAL SOLUTION <b>LA,MO</b>	1	QL (240 per 30 days)
TOLAK 4 %, TOPICAL CREAM <b>LA,MO</b>	3	PA
TOPICORT 0.05 %, TOPICAL CREAM <b>LA,MO</b>	1	QL (240 per 30 days)
TOPICORT 0.05 %, TOPICAL GEL <b>LA,MO</b>	1	QL (240 per 30 days)
TOPICORT 0.05 %, TOPICAL OINTMENT <b>LA,MO</b>	3	QL (240 per 30 days)
TOPICORT 0.25 %, TOPICAL CREAM <b>LA,MO</b>	1	QL (120 per 30 days)
TOPICORT 0.25 %, TOPICAL OINTMENT <b>LA,MO</b>	1	QL (120 per 30 days)
TOPICORT 0.25 %, TOPICAL SPRAY <b>LA,MO</b>	3	QL (100 per 30 days)
tovet emollient 0.05 %, topical foam <b>LA,MO</b>	1	QL (100 per 30 days)
TRETIN-X 0.075% CREAM <b>LA,MO</b>	1	PA
tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel <b>LA,MO</b>	1	PA,QL (45 per 30 days)
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream <b>LA,MO</b>	1	PA,QL (45 per 30 days)
tretinoin 0.05% emollient crm <b>LA,MO</b>	1	
tretinoin gel micro 0.04% pump; tretinoin gel micro 0.1% pump <b>LA,MO</b>	1	PA,QL (50 per 30 days)
tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% tube <b>LA,MO</b>	1	PA,QL (45 per 30 days)
TRI-LUMA 0.01 %-4 %-0.05 % TOPICAL CREAM <b>LA,MO</b>	3	
ULTRAVATE 0.05 %, LOTION <b>DL,LA</b>	4	QL (120 per 30 days)
UVADEX 20 MCG/ML, INJECTION SOLUTION <b>LA,MO</b>	3	
VANIQA 13.9 %, TOPICAL CREAM <b>LA,MO</b>	3	
VANOS 0.1 %, TOPICAL CREAM <b>LA,MO</b>	3	QL (120 per 28 days)
VECTICAL 3 MCG/GRAM, TOPICAL OINTMENT <b>DL,LA</b>	4	ST,QL (800 per 28 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL <b>LA,MO</b>	3	PA,QL (60 per 30 days)
VERDESO 0.05 %, TOPICAL FOAM <b>DL,LA</b>	4	QL (200 per 30 days)
VEREGEN 15 %, TOPICAL OINTMENT <b>DL,LA</b>	4	QL (30 per 30 days)
XEPI 1 %, TOPICAL CREAM <b>LA,MO</b>	3	PA
zenatane 10 mg, 20 mg, 30 mg, capsule <b>LA,MO</b>	1	QL (60 per 30 days)
zenatane 40 mg, capsule <b>LA,MO</b>	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL <b>LA,MO</b>	3	PA,QL (60 per 30 days)
ZILXI 1.5 %, TOPICAL FOAM <b>LA,MO</b>	3	PA,QL (30 per 30 days)
ZONALON 5 %, TOPICAL CREAM <b>DL,LA</b>	4	PA,QL (45 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYCLARA 2.5 %, 3.75 %, TOPICAL CREAM IN A PUMP <b>DL,LA</b>	4	ST,QL (15 per 30 days)
ZYCLARA 3.75 %, TOPICAL CREAM PACKET <b>LA,MO</b>	3	ST,QL (28 per 28 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN 7 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN 8.5 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN 8.5 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN II 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN II 15 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN II 7 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN II 8.5 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN II 8.5 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN M 3.5 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN-PF 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN-PF 7 %, (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AMINOSYN-RF 5.2 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
AURYXIA 210 MG IRON, TABLET <b>SP,LA,MO</b>	3	PA,QL (360 per 30 days)
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>SP,LA,MO</b>	3	
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>SP,LA,MO</b>	1	
<i>calcium acetate 667 mg, gelcap</i> <b>SP,LA,MO</b>	1	
<i>calcium acetate 667 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>calcium chloride 10% syringe</i> <b>LA,MO</b>	1	
<i>calcium chloride 10% vial</i> <b>LA,MO</b>	1	
<i>calcium gluc 1,000 mg/10 ml vial</i> <b>LA,MO</b>	1	
CARBAGLU 200 MG, DISPERSIBLE TABLET <b>DL, SP,LA</b>	4	PA
CARNITOR 100 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
CARNITOR 200 MG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
CARNITOR 330 MG, TABLET <b>SP,LA,MO</b>	3	
CARNITOR (SUGAR-FREE) 100 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
CHEMET 100 MG, CAPSULE <b>DL,LA</b>	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS <b>SP,LA,MO</b>	3	
CLINIMIX 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 5%-25% SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 4.25%-25% SOLUTION <b>LA,MO</b>	3	B vs D

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CLINIMIX 4.25 %, IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 5 %, IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 2.75 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 4.25 %, IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 5 %, IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 5%-25% SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
CLINISOL SF 15 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	1	B vs D
CLINOLIPID 20 %, INTRAVENOUS EMULSION <b>LA,MO</b>	3	B vs D
clovique 250 mg, capsule <b>DL,LA</b>	4	QL (240 per 30 days)
complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack <b>SP,LA,MO</b>	1	
CUPRIMINE 250 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (600 per 30 days)
dextrose 10%-0.45% nacl iv sol <b>LA,MO</b>	1	
dextrose 2.5%-0.45% nacl iv <b>LA,MO</b>	1	
dextrose 5%-0.9% nacl iv soln <b>LA,MO</b>	1	
dextrose 5%-0.45% nacl iv soln <b>LA,MO</b>	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 <b>DL, SP,LA</b>	4	PA

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deferasirox 180 mg, 360 mg, 90 mg, granule pkt <b>DL, SP,LA</b>	4	PA
deferiprone 500 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (720 per 30 days)
deferoxamine 2 gram, 500 mg, vial <b>LA,MO</b>	1	B vs D
DEPEN TITRATABS 250 MG, TABLET <b>DL, SP,LA</b>	4	PA
DESFERAL 2 GRAM, 500 MG, SOLUTION FOR INJECTION; DESFERAL 2 GRAM, 500 MG, VIAL <b>LA,MO</b>	3	B vs D
dextrose 10%-0.2% nacl iv soln <b>LA,MO</b>	1	
dextrose 10%-water iv solution <b>LA,MO</b>	1	
dextrose 20%-water iv soln <b>LA,MO</b>	1	
dextrose 25%-water syringe <b>LA,MO</b>	1	
dextrose 30%-water iv soln <b>LA,MO</b>	1	
dextrose 40%-water iv soln <b>LA,MO</b>	1	
dextrose 5%-water iv soln <b>LA,MO</b>	1	
dextrose 5%-lr iv solution <b>LA,MO</b>	1	
dextrose 5%-0.2% nacl iv soln <b>LA,MO</b>	1	
dextrose 5%-0.3% nacl iv soln <b>LA,MO</b>	1	
dextrose 50%-water syringe <b>LA,MO</b>	1	
dextrose 50%-water vial <b>LA,MO</b>	1	
dextrose 70%-water iv soln <b>LA,MO</b>	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK <b>SP,LA,MO</b>	3	
dextrose 5%-electrolyte 48 <b>LA,MO</b>	1	
EXJADE 125 MG, 250 MG, 500 MG, DISPERSIBLE TABLET <b>DL, SP,LA</b>	4	PA
FERRIPROX 1,000 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
FERRIPROX 100 MG/ML, ORAL SOLUTION <b>DL,LA</b>	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
FOSRENOL 1,000 MG, 500 MG, 750 MG, CHEWABLE TABLET <b>DL, SP,LA</b>	4	ST
FOSRENOL 1,000 MG, 750 MG, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	ST
FREAMINE HBC 6.9% IV SOLN <b>LA,MO</b>	3	B vs D
FREAMINE III 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
GLYCOPHOS 1 MMOL/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	1	
HEPATAMINE 8% IV SOLUTION <b>LA,MO</b>	3	B vs D
INTRALIPID 20 %, 30 %, INTRAVENOUS EMULSION <b>LA,MO</b>	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
ISOLYTE-P IN 5 %, DEXTROSE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	

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ISOLYTE-S INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
JADENU 180 MG, 360 MG, 90 MG, TABLET <b>DL, SP,LA</b>	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG, ORAL GRANULES IN PACKET <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
JYNARQUE 15 MG, 30 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <b>LA,MO</b>	3	B vs D
<i>kionex 15 gm/60 ml suspension</i> <b>LA,MO</b>	1	
<i>klor-con 20 meq, oral packet</i> <b>SP,LA,MO</b>	1	QL (240 per 30 days)
KLOR-CON 10 MEQ, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	1	
KLOR-CON 8 MEQ, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	1	
<i>klor-con m10 meq, tablet,extended release</i> <b>SP,LA,MO</b>	1	
KLOR-CON M15 MEQ, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	1	
<i>klor-con m20 meq, tablet,extended release</i> <b>SP,LA,MO</b>	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET <b>SP,LA,MO</b>	3	
<i>lactated ringers injection</i> <b>LA,MO</b>	1	
lanthanum carb 1,000 mg, 500 mg, 750 mg, tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg, tb chw <b>DL, SP,LA</b>	4	ST
levocarnitine 330 mg, tablet <b>SP,LA,MO</b>	1	
levocarnitine sf 1 g/10 ml sol <b>SP,LA,MO</b>	1	
levocarnitine 1 g/10 ml soln <b>SP,LA,MO</b>	1	
LOKELMA 10 GRAM, 5 GRAM, ORAL POWDER PACKET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
<i>m-natal plus 27 mg iron-1 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>magnesium sulfat 50% syringe</i> <b>LA,MO</b>	1	
<i>magnesium sulfat 50% vial</i> <b>LA,MO</b>	1	
<i>magnesium sulf 1 g/100 ml-d5w</i> <b>LA,MO</b>	1	
<i>magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag</i> <b>LA,MO</b>	1	
<i>magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml</i> <b>LA,MO</b>	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET <b>SP,LA,MO</b>	3	
NEONATAL COMPLETE 29 MG-1 MG TABLET <b>SP,LA,MO</b>	3	
NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET <b>SP,LA,MO</b>	3	
NEONATAL-DHA 29 MG-1 MG-200 MG-500 MG ORAL PACK <b>SP,LA,MO</b>	3	

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NEPHRAMINE 5.4% IV SOLUTION <b>LA,MO</b>	3	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
NORMOSOL-R INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
NORMOSOL-R IN 5 %, DEXTROSE INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
NUTRILIPID 20 %, INTRAVENOUS EMULSION <b>LA,MO</b>	3	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <b>SP,LA,MO</b>	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE <b>SP,LA,MO</b>	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG, CAPSULE <b>SP,LA,MO</b>	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET <b>SP,LA,MO</b>	3	
OMEGAVEN 10 %, INTRAVENOUS EMULSION <b>DL,LA</b>	4	B vs D
penicillamine 250 mg, capsule <b>DL, SP,LA</b>	4	PA,QL (600 per 30 days)
penicillamine 250 mg, tablet <b>DL, SP,LA</b>	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>LA,MO</b>	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	ST
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
PLENAMINE 15 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	1	B vs D
prv-dha 27 mg iron-1 mg-300 mg capsule <b>SP,LA,MO</b>	1	
prv-omega 28 mg-1 mg-300 mg capsule <b>SP,LA,MO</b>	1	
potassium acet 40 meq/20 ml v1 <b>LA,MO</b>	1	
d5w-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 <b>LA,MO</b>	1	
potassium cl 10% (20 meq/15ml) <b>SP,LA,MO</b>	1	QL (1125 per 30 days)
potassium cl 20 meq, packet <b>SP,LA,MO</b>	1	QL (240 per 30 days)
potassium cl 20% (40 meq/15ml) <b>SP,LA,MO</b>	1	
potassium cl 40 meq/20 ml conc <b>LA,MO</b>	1	
potassium cl er 10 meq, 15 meq, 20 meq, tablet <b>SP,LA,MO</b>	1	
potassium cl er 10 meq, 20 meq, 8 meq, tablet <b>SP,LA,MO</b>	1	
potassium cl er 10 meq, 8 meq, capsule <b>SP,LA,MO</b>	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <b>LA,MO</b>	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l, iv solution; kcl 20 meq/l, 30 meq/l, 40 meq/l, in d5w solution; kcl 40 meq in d5w solution <b>LA,MO</b>	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <b>LA,MO</b>	1	
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 <b>LA,MO</b>	1	
potassium cl 20 meq-0.45% nacl <b>LA,MO</b>	1	

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d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l, iv sol; kcl 20 meq in d5w-0.225% nacl <b>LA,MO</b>	1	
kcl 20 meq in d5w-0.3% nacl <b>LA,MO</b>	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <b>LA,MO</b>	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 <b>SP,LA,MO</b>	1	
pr natal 400 29 mg-1 mg-400 mg oral pack <b>SP,LA,MO</b>	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release <b>SP,LA,MO</b>	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack <b>SP,LA,MO</b>	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release <b>SP,LA,MO</b>	1	
PREMASOL 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	1	B vs D
PREMASOL 6% IV SOLUTION <b>LA,MO</b>	1	B vs D
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <b>SP,LA,MO</b>	3	
PRENATABS FA 29 MG-1 MG TABLET <b>SP,LA,MO</b>	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet <b>SP,LA,MO</b>	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack <b>SP,LA,MO</b>	3	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet <b>SP,LA,MO</b>	1	
prenatal-u 106.5 mg-1 mg capsule <b>SP,LA,MO</b>	1	
PRENATE ELITE 26 MG IRON-1 MG TABLET <b>SP,LA,MO</b>	3	
preplus 27 mg iron-1 mg tablet <b>SP,LA,MO</b>	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
RENAGEL 800 MG, TABLET <b>DL, SP,LA</b>	4	ST
REVELA 0.8 GRAM, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA,QL (540 per 30 days)
REVELA 2.4 GRAM, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
REVELA 800 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (540 per 30 days)
ringer's iv solution <b>LA,MO</b>	1	
SAMSCA 15 MG, 30 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
se-natal 19 chewable 29 mg iron-1 mg tablet <b>SP,LA,MO</b>	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET <b>SP,LA,MO</b>	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET <b>SP,LA,MO</b>	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK <b>SP,LA,MO</b>	3	
sevelamer 0.8 gm powder packet <b>SP,LA,MO</b>	1	QL (540 per 30 days)
sevelamer 2.4 gm powder packet <b>SP,LA,MO</b>	1	QL (180 per 30 days)
sevelamer carbonate 800 mg, tab <b>SP,LA,MO</b>	1	QL (540 per 30 days)
sevelamer hcl 400 mg, 800 mg, tablet <b>SP,LA,MO</b>	1	ST
SMOFLIPID 20 %, INTRAVENOUS EMULSION <b>LA,MO</b>	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium acetate 100 meq/50 ml <b>LA,MO</b>	1	
sodium bicarb 8.4% syringe <b>LA,MO</b>	1	
sodium chloride 100 meq/40 ml <b>LA,MO</b>	1	
saline 0.45% soln-excel con <b>LA,MO</b>	1	
sodium chloride 0.45% soln <b>LA,MO</b>	1	
sodium chloride 0.9% solution <b>LA,MO</b>	1	
sodium chloride 0.9% vial <b>LA,MO</b>	1	
sodium chloride 3% iv soln <b>LA,MO</b>	1	
sodium chloride 5% iv soln <b>LA,MO</b>	1	
sodium lactate 50 meq/10 ml vl <b>LA,MO</b>	1	
sodium phosphate 3mm/ml vial <b>LA,MO</b>	1	
sod polystyren sulf 15 g/60 ml <b>LA,MO</b>	1	
sodium polystyrene sulf powder <b>LA,MO</b>	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <b>LA,MO</b>	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <b>LA,MO</b>	1	
SYPRINE 250 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (240 per 30 days)
THAM 36 MG/ML (0.3 M), INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
tolvaptan 15 mg, 30 mg, tablet <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
TRAVASOL 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
TRICARE 27 MG IRON-1 MG TABLET <b>SP,LA,MO</b>	1	
trientine hcl 250 mg, capsule <b>DL,LA</b>	4	QL (240 per 30 days)
trinatal rx 1 60 mg iron-1 mg, tablet <b>SP,LA,MO</b>	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE <b>SP,LA,MO</b>	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <b>SP,LA,MO</b>	1	
TROPHAMINE 10 %, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	B vs D
TROPHAMINE 6% IV SOLUTION <b>LA,MO</b>	3	B vs D
UROCIT-K 10 10 MEQ (1,080 MG), TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
UROCIT-K 15 15 MEQ, (1,620 MG) TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
UROCIT-K 5 5 MEQ (540 MG), TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
VELPHORO 500 MG, CHEWABLE TABLET <b>DL, SP,LA</b>	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
virt-c dha 35 mg-1 mg-200 mg capsule <b>SP,LA,MO</b>	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule <b>SP,LA,MO</b>	1	
virt-pn dha 27 mg iron-1 mg-300 mg capsule <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>virt-pn plus 28 mg-1 mg-300 mg capsule</i> SP,LA,MO	1	
VITAFOL FE PLUS 90 MG IRON-1 MG-200 MG CAPSULE SP,LA,MO	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET SP,LA,MO	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET SP,LA,MO	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE SP,LA,MO	3	
VITAFOL-OB 65 MG-1 MG TABLET SP,LA,MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK SP,LA,MO	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE SP,LA,MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE SP,LA,MO	3	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE SP,LA,MO	3	
<i>westab plus 27 mg iron-1 mg tablet</i> SP,LA,MO	1	
<i>westgel dha 31 mg iron-1 mg-200 mg capsule</i> SP,LA,MO	1	
<i>zatean-pn dha 27 mg iron-1 mg-300 mg capsule</i> SP,LA,MO	1	
<i>zatean-pn plus 28 mg-1 mg-300 mg capsule</i> SP,LA,MO	1	
<b>Gastrointestinal Agents</b>		
ACIPHEX 20 MG, TABLET,DELAYED RELEASE SP,LA,MO	3	PA,QL (60 per 30 days)
ACIPHEX SPRINKLE 10 MG, CAPSULE,DELAYED RELEASE DL, SP,LA	4	QL (60 per 30 days)
ACIPHEX SPRINKLE 5 MG, CAPSULE,DELAYED RELEASE DL, SP,LA	4	QL (30 per 30 days)
ACTIGALL 300 MG, CAPSULE SP,LA,MO	4	PA
AEMCOLO 194 MG, TABLET,DELAYED RELEASE LA,MO	3	PA,QL (12 per 30 days)
<i>alose tron hcl 0.5 mg, 1 mg, tablet</i> DL,LA	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG, CAPSULE SP,LA,MO	3	PA,QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> LA,MO	1	ST,QL (112 per 30 days)
<i>atropine 0.05 mg/ml, 0.1 mg/ml, syringe; atropine 1 mg/10 ml syringe</i> LA,MO	1	
<i>atropine-0.9% nacl 0.25 mg/5</i> LA,MO	1	
BENTYL 10 MG/ML, INTRAMUSCULAR SOLUTION LA,MO	3	
CARAFATE 1 GRAM, TABLET SP,LA,MO	3	
CARAFATE 100 MG/ML, ORAL SUSPENSION SP,LA,MO	3	
CHENODAL 250 MG, TABLET DL,LA	4	PA
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg, tablet</i> SP,LA,MO	1	
<i>cimetidine 300 mg/5 ml, soln</i> SP,LA,MO	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION LA,MO	3	ST
COLYTE WITH FLAVOR PACKETS LA,MO	3	ST
<i>constulose 10 gram/15 ml, oral solution</i> SP,LA,MO	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML), ORAL SOLUTION SP,LA,MO	3	
CYTOTEC 100 MCG, 200 MCG, TABLET DL, SP,LA	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEXILANT 30 MG, 60 MG, CAPSULE, DELAYED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
dicyclomine 10 mg, capsule <b>SP,LA,MO</b>	1	
dicyclomine 10 mg/5 ml, soln <b>SP,LA,MO</b>	1	
dicyclomine 20 mg, tablet <b>SP,LA,MO</b>	1	
dicyclomine 20 mg/2 ml ampul <b>LA,MO</b>	1	
diphenoxylat-atrop 2.5-0.025/5 <b>LA,MO</b>	1	
diphenoxylate-atrop 2.5-0.025 <b>LA,MO</b>	1	
ENDARI 5 GRAM, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
enulose 10 gram/15 ml, oral solution <b>SP,LA,MO</b>	1	
esomeprazole dr 10 mg, 20 mg, 40 mg, packet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
esomeprazole mag dr 20 mg, 40 mg, cap <b>SP,LA,MO</b>	1	QL (60 per 30 days)
esomeprazole sodium 20 mg, 40 mg, vial <b>LA,MO</b>	1	
esomeprazole dr 49.3 mg, cap <b>SP,LA,MO</b>	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg, tablet <b>SP,LA,MO</b>	1	
famotidine 40 mg/4 ml vial <b>LA,MO</b>	1	
famotidine 40 mg/5 ml susp <b>SP,LA,MO</b>	1	
famotidine 20 mg/2 ml, vial <b>LA,MO</b>	1	
famotidine 20 mg piggyback <b>LA,MO</b>	1	
GATTEX 30-VIAL 5 MG, SUBCUTANEOUS KIT <b>DL, LA, SP,LA</b>	4	PA
GATTEX ONE-VIAL 5 MG, SUBCUTANEOUS KIT <b>DL, LA, SP,LA</b>	4	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <b>LA,MO</b>	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <b>LA,MO</b>	1	
gavilyte-n 420 gram, oral solution <b>LA,MO</b>	1	
generlac 10 gram/15 ml, oral solution <b>SP,LA,MO</b>	1	
GLYCATE 1.5 MG, TABLET <b>SP,LA,MO</b>	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg, tablet <b>SP,LA,MO</b>	1	
glycopyrrolate 4 mg/20 ml vial <b>LA,MO</b>	1	
glycopyrrolate 0.2 mg/ml, syrng <b>LA,MO</b>	1	
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION <b>LA,MO</b>	3	ST
GOLYTELY PACKET <b>LA,MO</b>	3	ST
helidac 250 mg-500 mg-262.4 mg oral pack <b>DL,LA</b>	4	PA,QL (224 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM, ORAL PACKET <b>SP,LA,MO</b>	1	
lactulose 10 gm packet <b>SP,LA,MO</b>	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution <b>SP,LA,MO</b>	1	
lansoprazole dr 15 mg, 30 mg, capsule <b>SP,LA,MO</b>	1	QL (60 per 30 days)
lansoprazole odt 15 mg, 30 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LINZESS 145 MCG, 290 MCG, 72 MCG, CAPSULE <b>SP,LA,MO</b>	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET <b>LA,MO</b>	3	
<i>loperamide 2 mg, capsule</i> <b>SP,LA,MO</b>	1	
LOTRONEX 0.5 MG, 1 MG, TABLET <b>DL,LA</b>	4	PA,QL (60 per 30 days)
<i>lubiprostone 24 mcg, 8 mcg, capsule</i> <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
<i>methscopolamine brom 2.5 mg, 5 mg, tab; methscopolamine brom 2.5 mg, 5 mg, tb</i> <b>LA,MO</b>	1	
<i>misoprostol 100 mcg, 200 mcg, tablet</i> <b>SP,LA,MO</b>	1	
MOTEGRITY 1 MG, 2 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
MOTOFEN 1 MG-0.025 MG TABLET <b>LA,MO</b>	3	
MOVANTIK 12.5 MG, 25 MG, TABLET <b>LA,MO</b>	2	QL (30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET <b>LA,MO</b>	3	ST
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
MYTESI 125 MG, TABLET,DELAYED RELEASE <b>DL,LA</b>	4	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG, CAPSULE,DELAYED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
NEXIUM 40 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG, GRANULES DELAYED RELEASE FOR SUSP <b>SP,LA,MO</b>	3	QL (30 per 30 days)
<i>nizatidine 15 mg/ml solution</i> <b>SP,LA,MO</b>	1	
<i>nizatidine 150 mg, 300 mg, capsule</i> <b>SP,LA,MO</b>	1	
NULYTELY LEMON-LIME 420 GRAM, ORAL SOLUTION <b>LA,MO</b>	3	ST
NULYTELY WITH FLAVOR PACKS SOL <b>LA,MO</b>	3	ST
OICALIVA 10 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK <b>LA,MO</b>	3	ST,QL (80 per 30 days)
<i>omeppi 20 mg-1,100 mg capsule; omeppi 40 mg-1,100 mg capsule</i> <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
<i>omeprazole dr 10 mg, 20 mg, 40 mg, capsule</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap</i> <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
<i>omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt</i> <b>DL, SP,LA</b>	4	ST,QL (30 per 30 days)
<i>opium tincture 10 mg/ml</i> <b>LA,MO</b>	3	QL (180 per 30 days)
OSMOPREP 1.5 GRAM, (1.102-0.398) TABLET <b>LA,MO</b>	3	ST
<i>pantoprazole 40 mg, suspension</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>pantoprazole sod dr 20 mg, 40 mg, tab</i> <b>SP,LA,MO</b>	1	QL (60 per 30 days)
<i>pantoprazole sodium 40 mg, vial</i> <b>LA,MO</b>	1	
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> <b>LA,MO</b>	1	
<i>peg 3350-electrolyte solution</i> <b>LA,MO</b>	1	
<i>peg-prep 5 mg-210 gram oral kit</i> <b>LA,MO</b>	1	

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peg3350 100-7.5-2.691-1.01-5.9 <b>LA,MO</b>	1	ST
pepcid 20 mg, 40 mg, tablet <b>SP,LA,MO</b>	3	PA
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACKS <b>LA,MO</b>	3	ST
PREPOPIK POWDER PACKET <b>LA,MO</b>	3	ST
PREVACID 15 MG, 30 MG, CAPSULE,DELAYED RELEASE; PREVACID DR 15 MG, 30 MG, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG, DELAYED RELEASE,DISINTEGRATING TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
PRILOSEC 10 MG, 2.5 MG, ORAL SUSPENSION,DELAYED RELEASE <b>SP,LA,MO</b>	3	
propantheline 15 mg, tablet <b>LA,MO</b>	1	
PROTONIX 20 MG, 40 MG, TABLET,DELAYED RELEASE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
PROTONIX 40 MG, GRANULES DELAYED-RELEASE PACKET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
PROTONIX 40 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>LA,MO</b>	3	QL (120 per 30 days)
rabeprazole sod dr 20 mg, tab <b>SP,LA,MO</b>	1	QL (60 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SOLUTION <b>LA,MO</b>	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>LA,MO</b>	3	QL (36 per 28 days)
RELISTOR 150 MG, TABLET <b>LA,MO</b>	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML, SUBCUTANEOUS SYRINGE <b>LA,MO</b>	3	QL (12 per 30 days)
RELTONE 200 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
RELTONE 400 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
sucrafate 1 gm tablet <b>SP,LA,MO</b>	1	
sucrafate 1 gm/10 ml susp <b>SP,LA,MO</b>	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>LA,MO</b>	2	
SUTAB 1.479-0.188-0.225 GRAM TABLET <b>LA,MO</b>	3	
SYMPROIC 0.2 MG, TABLET <b>LA,MO</b>	3	PA,QL (30 per 30 days)
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE <b>LA,MO</b>	3	ST,QL (168 per 30 days)
trilyte with flavor packets 420 gram, oral solution <b>LA,MO</b>	1	
TRULANCE 3 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
URSO 250 250 MG, TABLET <b>SP,LA,MO</b>	3	PA
URSO FORTE 500 MG, TABLET <b>SP,LA,MO</b>	3	PA
ursodiol 200 mg, capsule <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
ursodiol 250 mg, 500 mg, tablet <b>SP,LA,MO</b>	1	
ursodiol 300 mg, capsule <b>SP,LA,MO</b>	1	
ursodiol 400 mg, capsule <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)

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VIBERZI 100 MG, 75 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
XERMELO 250 MG, TABLET <b>DL,LA</b>	4	PA,QL (84 per 28 days)
XIFAXAN 200 MG, TABLET <b>DL,LA</b>	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (84 per 28 days)
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET <b>DL, SP,LA</b>	4	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE <b>DL, SP,LA</b>	4	ST,QL (30 per 30 days)
ZELNORM 6 MG, TABLET <b>LA,MO</b>	3	PA,QL (60 per 30 days)
ZINPLAVA 25 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
<b>GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
ALDURAZYME 2.9 MG/5 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
ARALAST NP 1,000 MG, 500 MG, INTRAVENOUS SOLUTION <b>DL, LA, SP,LA</b>	4	PA
BUPHENYL 0.94 GRAM/GRAM, ORAL POWDER <b>DL, SP,LA</b>	4	PA
BUPHENYL 500 MG, TABLET <b>DL, SP,LA</b>	4	PA
CERDELGA 84 MG, CAPSULE <b>DL, SP,LA</b>	4	PA
CEREZYME 400 UNIT, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
CHOLBAM 250 MG, 50 MG, CAPSULE <b>DL, SP,LA</b>	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 <b>SP,LA,MO</b>	2	
CRYSVITA 10 MG/ML, 20 MG/ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML, ORAL POWDER <b>DL, SP,LA</b>	4	
CYTAGON 150 MG, 50 MG, CAPSULE <b>SP,LA,MO</b>	3	
ELAPRASE 6 MG/3 ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ELELYSO 200 UNIT, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
EVRYSDI 0.75 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
FABRAZYME 35 MG, 5 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
GALAFOLD 123 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (14 per 28 days)
GLASSIA 1 GRAM/50 ML (2 %), INTRAVENOUS SOLUTION <b>DL, LA, SP,LA</b>	4	PA
KANUMA 2 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
KEVEYIS 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
KUVAN 100 MG, 500 MG, ORAL POWDER PACKET <b>DL, SP,LA</b>	4	PA
KUVAN 100 MG, SOLUBLE TABLET <b>DL, SP,LA</b>	4	PA

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LUMIZYME 50 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
MEPSEVII 2 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>miglustat 100 mg, capsule</i> <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
NEXVIAZYME 100 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>nitisinone 10 mg, 2 mg, 5 mg, capsule</i> <b>DL, SP,LA</b>	4	
NITYR 10 MG, 2 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	
NULIBRY 9.5 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ONPATTRO 2 MG/ML, INTRAVENOUS SOLUTION <b>SP,LA,MO</b>	4	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG, CAPSULE <b>DL, SP,LA</b>	4	
ORFADIN 4 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	
PALYNZIQ 10 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (4 per 28 days)
PALYNZIQ 20 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (90 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 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE <b>DL, SP,LA</b>	4	ST
PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE <b>SP,LA,MO</b>	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 <b>DL, SP,LA</b>	4	ST
PROCYSBI 25 MG, CAPSULE,DELAYED RELEASE SPRINKLE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
PROCYSBI 300 MG, ORAL DR GRANULES IN PACKET <b>DL, SP,LA</b>	4	PA,QL (210 per 30 days)
PROCYSBI 75 MG, CAPSULE,DELAYED RELEASE SPRINKLE <b>DL, SP,LA</b>	4	PA,QL (780 per 30 days)
PROCYSBI 75 MG, ORAL DR GRANULES IN PACKET <b>DL, SP,LA</b>	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 <b>DL, LA, SP,LA</b>	4	PA
RAVICTI 1.1 GRAM/ML, ORAL LIQUID <b>DL, SP,LA</b>	4	PA,QL (525 per 30 days)
REVOVI 2.4 MG/1.5 ML (1.6 MG/ML), INTRAMUSCULAR SOLUTION <b>DL, SP,LA</b>	4	
<i>sapropterin 100 mg, 500 mg, powder pkt</i> <b>DL, SP,LA</b>	4	PA
<i>sapropterin 100 mg, tablet</i> <b>DL, SP,LA</b>	4	PA
<i>sodium phenylbutyrate 500mg tb</i> <b>DL, SP,LA</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sodium phenylbutyrate powder</i> DL, SP,LA	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML, SUBCUTANEOUS SOLUTION DL, SP,LA	4	PA
SUCRAID 8,500 UNIT/ML, ORAL SOLUTION DL, SP,LA	4	
TEGSEDI 284 MG/1.5 ML, SUBCUTANEOUS SYRINGE DL, LA, SP,LA	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, SP,LA	4	ST
VPRIV 400 UNIT, INTRAVENOUS SOLUTION DL, SP,LA	4	PA
VYNDAMAX 61 MG, CAPSULE DL, SP,LA	4	PA,QL (30 per 30 days)
VYNDAQEL 20 MG, CAPSULE DL, SP,LA	4	PA,QL (120 per 30 days)
XURIDEN 2 GRAM, ORAL GRANULES IN PACKET DL, SP,LA	4	PA,QL (120 per 30 days)
ZAVESCA 100 MG, CAPSULE DL, SP,LA	4	PA,QL (90 per 30 days)
ZEMAIRA 1,000 MG, INTRAVENOUS SOLUTION DL, LA, SP,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 SP,LA,MO	3	
ZOKINVY 50 MG, 75 MG, CAPSULE DL, SP,LA	4	PA,QL (120 per 30 days)
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er 10 mg, tablet</i> SP,LA,MO	1	
AVODART 0.5 MG, CAPSULE SP,LA,MO	3	PA,QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg, tablet</i> SP,LA,MO	1	
CIALIS 2.5 MG, 5 MG, TABLET SP,LA,MO	3	PA
<i>darifenacin er 15 mg, 7.5 mg, tablet</i> SP,LA,MO	1	ST,QL (30 per 30 days)
DETROL 1 MG, 2 MG, TABLET SP,LA,MO	3	PA,QL (60 per 30 days)
DETROL LA 2 MG, 4 MG, CAPSULE,EXTENDED RELEASE SP,LA,MO	3	PA,QL (30 per 30 days)
DITROPAN XL 10 MG, 5 MG, TABLET,EXTENDED RELEASE SP,LA,MO	3	PA,QL (60 per 30 days)
<i>dutasteride 0.5 mg, capsule</i> SP,LA,MO	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> SP,LA,MO	1	QL (30 per 30 days)
ELMIRON 100 MG, CAPSULE LA,MO	3	QL (90 per 30 days)
ENABLEX 15 MG, 7.5 MG, TABLET SP,LA,MO	3	ST,QL (30 per 30 days)
<i>finasteride 5 mg, tablet</i> SP,LA,MO	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg, tablet</i> SP,LA,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOMAX 0.4 MG, CAPSULE <b>SP,LA,MO</b>	3	
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %), TRANSDERMAL GEL PACKET; GELNIQUE 10% GEL PUMP <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
GEMTESA 75 MG, TABLET <b>SP,LA,MO</b>	3	QL (30 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	2	QL (30 per 30 days)
MYRBETRIQ 8 MG/ML, ORAL SUSPENSION,EXTENDED RELEASE <b>SP,LA,MO</b>	2	QL (300 per 30 days)
oxybutynin 5 mg, tablet <b>SP,LA,MO</b>	1	
oxybutynin 5 mg/5 ml, syrup <b>SP,LA,MO</b>	1	
oxybutynin cl er 10 mg, 15 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	ST,QL (8 per 28 days)
PROSCAR 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
RAPAFLO 4 MG, 8 MG, CAPSULE <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
silodosin 4 mg, 8 mg, capsule <b>SP,LA,MO</b>	1	QL (30 per 30 days)
solifenacin 10 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
tadalafil 2.5 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	PA
tamsulosin hcl 0.4 mg, capsule <b>SP,LA,MO</b>	1	
THIOLA 100 MG, TABLET <b>DL, SP,LA</b>	4	
THIOLA EC 100 MG, 300 MG, TABLET,DELAYED RELEASE <b>DL, SP,LA</b>	4	
tiopronin 100 mg, tablet <b>DL, SP,LA</b>	4	
tolterodine tart er 2 mg, 4 mg, cap <b>SP,LA,MO</b>	1	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg, tab <b>SP,LA,MO</b>	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	2	QL (30 per 30 days)
tropium chloride 20 mg, tablet <b>SP,LA,MO</b>	1	
tropium chloride er 60 mg, cap <b>SP,LA,MO</b>	1	QL (30 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG, TABLET <b>SP,LA,MO</b>	1	PA
UROXATRAL 10 MG, TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	
VESICARE 10 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
VESICARE LS 1 MG/ML, ORAL SUSPENSION <b>SP,LA,MO</b>	3	PA,QL (300 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
a-hydrocort 100 mg, vial <b>LA,MO</b>	1	
ACTHAR 80 UNIT/ML, INJECTION GEL <b>DL, LA,LA</b>	4	PA,QL (30 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG, CAPSULE <b>DL, SP,LA</b>	4	PA
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML, SUSPENSION FOR INJECTION <b>LA,MO</b>	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML, SUSPENSION FOR INJECTION <b>LA,MO</b>	3	
betamethasone sp-ac 30 mg/5 ml <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CELESTONE SOLUSPAN 6 MG/ML, SUSPENSION FOR INJECTION <b>LA,MO</b>	3	
cortisone 25 mg, tablet <b>LA,MO</b>	1	
decadron 0.5 mg, 0.75 mg, 4 mg, 6 mg, tablet <b>LA,MO</b>	1	
decadron 0.5 mg/5 ml, elixir <b>LA,MO</b>	1	
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML, SUSPENSION FOR INJECTION <b>LA,MO</b>	3	
dexabliss 1.5 mg (39 tabs), tablets in a dose pack <b>LA,MO</b>	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 <b>LA,MO</b>	1	
dexamethasone 0.5 mg/5 ml, elx <b>LA,MO</b>	1	
dexamethasone 0.5 mg/5 ml, liq <b>LA,MO</b>	1	
dexamethasone intensol 1 mg/ml, drops (concentrate) <b>LA,MO</b>	1	
dexamethasone 10 mg/ml, syringe <b>LA,MO</b>	1	
dexamethasone 10 mg/ml, vial <b>LA,MO</b>	1	
dexamethasone 10 mg/ml, 4 mg/ml, vial <b>LA,MO</b>	1	
dexamethasone 4 mg/ml, syringe <b>LA,MO</b>	1	
DEXPAK 10 DAY 1.5 MG TABLET <b>LA,MO</b>	1	
DEXPAK 13 DAY 1.5 MG TABLET <b>LA,MO</b>	1	
DEXPAK 6 DAY 1.5 MG TABLET <b>LA,MO</b>	1	
DXEVO 1.5 MG (39 TABS), TABLETS IN A DOSE PACK <b>LA,MO</b>	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG, TABLET <b>DL, SP,LA</b>	4	PA
EMFLAZA 22.75 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA
fludrocortisone 0.1 mg, tablet <b>SP,LA,MO</b>	1	
HEMADY 20 MG, TABLET <b>LA,MO</b>	3	PA,QL (24 per 28 days)
hidex 1.5 mg (21 tabs), tablets in a dose pack <b>LA,MO</b>	1	
KENALOG 0.147 MG/GRAM, TOPICAL AEROSOL <b>LA,MO</b>	3	QL (200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML, SUSPENSION FOR INJECTION <b>LA,MO</b>	3	
KENALOG-80 80 MG/ML, SUSPENSION FOR INJECTION <b>LA,MO</b>	3	
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG, TABLET <b>LA,MO</b>	3	B vs D
MEDROL (PAK) 4 MG, TABLETS IN A DOSE PACK <b>LA,MO</b>	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg, tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg, tablet <b>LA,MO</b>	1	B vs D
methylprednisolone 4 mg, dosepk <b>LA,MO</b>	1	
methylprednisolone 40 mg/ml, 80 mg/ml, vl <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>LA,MO</b>	1	
micort hc 2.5% cream <b>LA,MO</b>	1	
MICORT-HC 2.5% CREAM <b>LA,MO</b>	1	
millipred 5 mg, tablet <b>LA,MO</b>	1	B vs D
millipred dp 5 mg (21 tabs), 5 mg (48 tabs), tablets in a dose pack <b>LA,MO</b>	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG, DISINTEGRATING TABLET <b>LA,MO</b>	3	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML), ORAL SOLUTION <b>LA,MO</b>	3	
prednisolone 15 mg/5 ml, soln <b>LA,MO</b>	1	
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 <b>LA,MO</b>	1	
prednisolone odt 10 mg, 15 mg, 30 mg, tablet <b>LA,MO</b>	1	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg, tablet <b>LA,MO</b>	1	B vs D
prednisone 10 mg, 5 mg, tab dose pack <b>LA,MO</b>	1	
prednisone 5 mg/5 ml, solution <b>LA,MO</b>	1	B vs D
prednisone intensol 5 mg/ml, oral concentrate <b>LA,MO</b>	1	B vs D
RAYOS 1 MG, 2 MG, 5 MG, TABLET,DELAYED RELEASE <b>DL,LA</b>	4	PA
SOLU-CORTEF 100 MG, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
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 <b>LA,MO</b>	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG, INTRAVENOUS SOLUTION <b>LA,MO</b>	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 <b>LA,MO</b>	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs), tablets in a dose pack <b>LA,MO</b>	1	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream <b>LA,MO</b>	1	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion <b>LA,MO</b>	1	
triamcinolone 0.025% oint; triamcinolone 0.05% ointment; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment <b>LA,MO</b>	1	
triamcinolone 0.147 mg/g spray <b>LA,MO</b>	1	QL (200 per 30 days)
triamcinolone acet 40 mg/ml, vl <b>LA,MO</b>	1	
trianex 0.05 %, topical ointment <b>DL,LA</b>	4	
triderm 0.1 %, 0.5 %, topical cream <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triticin 0.05 %, topical ointment <b>LA,MO</b>	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML), ORAL SOLUTION <b>LA,MO</b>	1	
ZCORT 1.5 MG (25 TABS), TABLETS IN A DOSE PACK <b>LA,MO</b>	1	
ZILRETTA 32 MG, INTRA-ARTICULAR SUSPENSION,EXTENDED RELEASE <b>LA,MO</b>	3	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
CHORIONIC GONAD 10,000 UNIT, VL <b>LA,MO</b>	3	PA
DDAVP 0.01% NASAL SPRAY <b>SP,LA,MO</b>	3	PA,QL (25 per 30 days)
DDAVP 0.1 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE), NASAL SOLUTION <b>SP,LA,MO</b>	3	PA
DDAVP 0.2 MG, TABLET <b>DL, SP,LA</b>	4	PA
DDAVP 4 MCG/ML, INJECTION SOLUTION <b>LA,MO</b>	3	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr <b>SP,LA,MO</b>	1	PA,QL (25 per 30 days)
desmopressin ac 4 mcg/ml, vial <b>LA,MO</b>	1	
desmopressin acetate 0.1 mg, tb <b>SP,LA,MO</b>	1	QL (180 per 30 days)
desmopressin acetate 0.2 mg, tb <b>SP,LA,MO</b>	1	
EGRIFTA 1 MG, VIAL <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
EGRIFTA SV 2 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML), SUBCUTANEOUS CARTRIDGE <b>DL, SP,LA</b>	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT), INJECTION CARTRIDGE <b>DL, SP,LA</b>	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION <b>DL, SP,LA</b>	4	PA
INCRELEX 10 MG/ML, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA
NOCDURNA (MEN) 55.3 MCG, DISINTEGRATING TABLET,SUBLINGUAL <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG, DISINTEGRATING TABLET,SUBLINGUAL <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT, INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML), SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS CARTRIDGE <b>DL, SP,LA</b>	4	PA

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OMNITROPE 5.8 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
OVIDREL 250 MCG/0.5 ML, SUBCUTANEOUS SYRINGE <b>LA,MO</b>	3	
PREGNYL 10,000 UNIT, INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	PA
SAIZEN 5 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
SAIZEN 8.8 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.), SUBCUTANEOUS CARTRIDGE <b>DL, SP,LA</b>	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
STIMATE 1.5 MG/ML NASAL SPRAY <b>DL, SP,LA</b>	4	
ZOMACTON 10 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
ZOMACTON 5 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
ZORBTIVE 8.8 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)</b>		
<i>carboprost 250 mcg/ml, vial</i> <b>LA,MO</b>	1	
HEMABATE 250 MCG/ML, INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ACTIVELLA 0.5-0.1 MG, 1-0.5 MG, TABLET; ACTIVELLA 1 MG-0.5 MG TABLET <b>SP,LA,MO</b>	3	
<i>afirmelle 0.1 mg-20 mcg tablet</i> <b>SP,LA,MO</b>	1	
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	QL (8 per 28 days)
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>SP,LA,MO</b>	1	QL (91 per 90 days)
<i>amethia lo tablet</i> <b>SP,LA,MO</b>	1	QL (91 per 90 days)
<i>amethyst (28) 90 mcg-20 mcg tablet</i> <b>SP,LA,MO</b>	1	
ANADROL-50 TABLET <b>DL,LA</b>	4	
ANDRODERM 2 MG/24 HOUR, TRANSDERMAL 24 HOUR PATCH <b>SP,LA,MO</b>	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR, TRANSDERMAL 24 HOUR PATCH <b>SP,LA,MO</b>	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 <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM), TRANSDERMAL GEL PACKET <b>DL, SP,LA</b>	4	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), TRANSDERMAL GEL PACKET <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %), TRANSDERMAL GEL PUMP <b>SP,LA,MO</b>	4	PA,QL (150 per 30 days)
ANDROID 10 MG, CAPSULE <b>DL, SP,LA</b>	4	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET <b>SP,LA,MO</b>	3	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING <b>SP,LA,MO</b>	3	QL (1 per 365 days)
apri 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>SP,LA,MO</b>	1	QL (91 per 90 days)
abra 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
abra eq 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet <b>SP,LA,MO</b>	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet <b>SP,LA,MO</b>	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION <b>DL, SP,LA</b>	4	PA,QL (3 per 70 days)
aviane 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
AYGESTIN 5 MG, TABLET <b>SP,LA,MO</b>	1	
ayuna 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>SP,LA,MO</b>	1	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET <b>SP,LA,MO</b>	3	
balziva (28) 0.4 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
bekyree 28 day tablet <b>SP,LA,MO</b>	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET <b>SP,LA,MO</b>	3	
BIJUVA 1 MG-100 MG CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet <b>SP,LA,MO</b>	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
briellyn 0.4 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
camila 0.35 mg, tablet <b>SP,LA,MO</b>	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>SP,LA,MO</b>	3	QL (91 per 90 days)
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>SP,LA,MO</b>	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>SP,LA,MO</b>	1	
charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <b>SP,LA,MO</b>	1	
chateal (28) 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
chateal eq (28) 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	QL (4 per 28 days)

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CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	QL (4 per 28 days)
<i>clomiphene citrate 50 mg, tab</i> <b>LA,MO</b>	1	
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL <b>SP,LA,MO</b>	3	QL (8 per 28 days)
CRINONE 4 %, 8 %, VAGINAL GEL <b>LA,MO</b>	3	
<i>cryselle (28) 0.3 mg-30 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>cyclafem 1/35 (28) 1 mg-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>cyred 0.15 mg-0.03 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>cyred eq 0.15 mg-0.03 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>danazol 100 mg, 200 mg, 50 mg, capsule</i> <b>LA,MO</b>	1	
<i>dasetta 1/35 (28) 1 mg-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack</i> <b>SP,LA,MO</b>	1	QL (91 per 90 days)
<i>deblitane 0.35 mg, tablet</i> <b>SP,LA,MO</b>	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML, INTRAMUSCULAR OIL <b>LA,MO</b>	3	
DEPO-ESTRADIOL 5 MG/ML, INTRAMUSCULAR OIL <b>LA,MO</b>	1	QL (5 per 30 days)
DEPO-PROVERA 150 MG/ML, INTRAMUSCULAR SUSPENSION <b>SP,LA,MO</b>	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML, INTRAMUSCULAR SYRINGE <b>SP,LA,MO</b>	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML, VIAL <b>SP,LA,MO</b>	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML, INTRAMUSCULAR OIL <b>SP,LA,MO</b>	1	
<i>desogestr-eth estrad eth estra</i> <b>SP,LA,MO</b>	1	
<i>desogestrel-ee 0.15-0.03 mg, tb</i> <b>SP,LA,MO</b>	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %), TRANSDERMAL GEL PACKET <b>SP,LA,MO</b>	3	
<i>dolishale 90 mcg-20 mcg (28) tablet</i> <b>SP,LA,MO</b>	1	
<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> <b>SP,LA,MO</b>	1	QL (8 per 28 days)
<i>dros-ee-levomef 3-0.02-0.451; dros-ee-levomef 3-0.03-0.451</i> <b>SP,LA,MO</b>	1	
<i>drospirenone-ee 3-0.02 mg, 3-0.03 mg, tab</i> <b>SP,LA,MO</b>	1	
DUAVEE 0.45 MG-20 MG TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION, (0.06%) TRANSDERMAL GEL PUMP <b>SP,LA,MO</b>	3	QL (52 per 30 days)
<i>elinest 0.3 mg-30 mcg tablet</i> <b>SP,LA,MO</b>	1	
ELLA 30 MG, TABLET <b>LA,MO</b>	2	QL (1 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
eluryng 0.12 mg-0.015 mg/24 hr vaginal ring <b>SP,LA,MO</b>	1	QL (1 per 28 days)
emoquette 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
ENDOMETRIN 100 MG, VAGINAL INSERT <b>LA,MO</b>	3	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet <b>SP,LA,MO</b>	1	
enskyce 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
errin 0.35 mg, tablet <b>SP,LA,MO</b>	1	
estarylla 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <b>SP,LA,MO</b>	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG, TABLET <b>SP,LA,MO</b>	1	
estradiol 0.01% cream <b>SP,LA,MO</b>	1	
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) <b>SP,LA,MO</b>	1	QL (4 per 28 days)
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) <b>SP,LA,MO</b>	1	QL (8 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg, tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg, vaginal insrt <b>SP,LA,MO</b>	1	
estradiol valerate 100 mg/5 ml; estradiol valerate 200 mg/5 ml <b>LA,MO</b>	1	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg, tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg, tb <b>SP,LA,MO</b>	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <b>SP,LA,MO</b>	3	QL (1 per 90 days)
ESTROGEL 1.25 GRAM/ACTUATION, (0.06%) TRANSDERMAL GEL PUMP <b>SP,LA,MO</b>	3	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>SP,LA,MO</b>	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg <b>SP,LA,MO</b>	1	
etonogestrel-ee vaginal ring <b>SP,LA,MO</b>	1	QL (1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY <b>SP,LA,MO</b>	3	
EVISTA 60 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<i>falmina</i> (28) 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET <b>SP,LA,MO</b>	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR, VAGINAL <b>SP,LA,MO</b>	3	QL (1 per 90 days)
<i>femynor</i> 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	
<i>gemmily</i> 1 mg-20 mcg (24)/75 mg (4), capsule <b>SP,LA,MO</b>	1	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <b>SP,LA,MO</b>	3	
<i>gianvi</i> 3 mg-0.02 mg tablet <b>SP,LA,MO</b>	1	

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hailey 1.5 mg-30 mcg tablet <b>SP,LA,MO</b>	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet <b>SP,LA,MO</b>	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
heather 0.35 mg, tablet <b>SP,LA,MO</b>	1	
hydroxyprogesterone 250 mg/ml vial <b>DL,LA</b>	4	PA
hydroxyprogesterone 1,250 mg/5 ml <b>DL,LA</b>	4	PA
hydroxyprogesterone 1.25 g/5ml <b>DL,LA</b>	4	PA
iclevia 0.15 mg-30 mcg (91), tablets,3 month dose pack <b>SP,LA,MO</b>	1	QL (91 per 90 days)
incassia 0.35 mg, tablet <b>SP,LA,MO</b>	1	
introvale 0.15-0.03 mg tablet <b>SP,LA,MO</b>	1	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>SP,LA,MO</b>	1	QL (91 per 90 days)
jasmiel (28) 3 mg-0.02 mg tablet <b>SP,LA,MO</b>	1	
JATENZO 158 MG, 198 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
JATENZO 237 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
jencycla 0.35 mg, tablet <b>SP,LA,MO</b>	1	
jinteli 1 mg-5 mcg tablet <b>SP,LA,MO</b>	1	
jolessa 0.15 mg-30 mcg (91), tablets,3 month dose pack <b>SP,LA,MO</b>	1	QL (91 per 90 days)
juleber 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <b>SP,LA,MO</b>	1	
junel 1/20 (21) 1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4), tablet <b>SP,LA,MO</b>	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet <b>SP,LA,MO</b>	1	
kalliga 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>SP,LA,MO</b>	1	
kelnor 1-50 (28) 1 mg-50 mcg tablet <b>SP,LA,MO</b>	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
kurvelo (28) 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>SP,LA,MO</b>	1	
larin 1/20 (21) 1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet <b>SP,LA,MO</b>	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	

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larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
larissia 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET <b>SP,LA,MO</b>	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
lessina 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>SP,LA,MO</b>	1	
levonor-eth estrad triphasic <b>SP,LA,MO</b>	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <b>SP,LA,MO</b>	1	
levonor-eth estrad 0.15-0.03 <b>SP,LA,MO</b>	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
lillow (28) 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2), TABLET <b>SP,LA,MO</b>	3	
lo-zumandimine (28) 3 mg-0.02 mg tablet <b>SP,LA,MO</b>	1	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>SP,LA,MO</b>	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <b>SP,LA,MO</b>	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7), TABLET <b>SP,LA,MO</b>	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7), TABLET <b>SP,LA,MO</b>	1	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>SP,LA,MO</b>	1	QL (91 per 90 days)
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet <b>SP,LA,MO</b>	1	
loryna (28) 3 mg-0.02 mg tablet <b>SP,LA,MO</b>	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>SP,LA,MO</b>	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>SP,LA,MO</b>	1	
lutra (28) 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
lyleq 0.35 mg, tablet <b>SP,LA,MO</b>	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr, transdermal patch <b>SP,LA,MO</b>	1	QL (8 per 28 days)
lyza 0.35 mg, tablet <b>SP,LA,MO</b>	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML), INTRAMUSCULAR OIL <b>DL,LA</b>	4	PA
MAKENA (PF) 275 MG/1.1 ML, SUBCUTANEOUS AUTO-INJECTOR <b>DL,LA</b>	4	PA
marlissa (28) 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg, tab <b>SP,LA,MO</b>	1	
medroxyprogesterone 150 mg/ml, <b>SP,LA,MO</b>	1	QL (1 per 90 days)
MEGACE ES 625 MG/5 ML SUSP <b>SP,LA,MO</b>	3	
megestrol 20 mg, 40 mg, tablet <b>LA,MO</b>	1	

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megestrol 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <b>SP,LA,MO</b>	1	
melodetta 24 fe chewable tab <b>SP,LA,MO</b>	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, TABLET <b>SP,LA,MO</b>	1	
MENOSTAR 14 MCG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	QL (8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4), capsule <b>SP,LA,MO</b>	1	
METHITEST 10 MG, TABLET <b>DL, SP,LA</b>	4	
methyltestosterone 10 mg, cap <b>DL, SP,LA</b>	4	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet <b>SP,LA,MO</b>	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>SP,LA,MO</b>	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet <b>SP,LA,MO</b>	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet <b>SP,LA,MO</b>	1	
mili 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
mimvey 1 mg-0.5 mg tablet <b>SP,LA,MO</b>	1	
mimvey lo 0.5-0.1 mg, tablet <b>SP,LA,MO</b>	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET <b>SP,LA,MO</b>	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR, TRANSDERMAL PATCH <b>SP,LA,MO</b>	3	QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET <b>SP,LA,MO</b>	1	
mono-lynyah 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>SP,LA,MO</b>	3	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP <b>SP,LA,MO</b>	3	PA,QL (21.96 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
NEXTSTELLIS 3 MG-14.2 MG (28) TABLET <b>SP,LA,MO</b>	3	
nikki (28) 3 mg-0.02 mg tablet <b>SP,LA,MO</b>	1	
nora-be 0.35 mg, tablet <b>SP,LA,MO</b>	1	
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg <b>SP,LA,MO</b>	1	
norethindrone 0.35 mg, tablet <b>SP,LA,MO</b>	1	
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 <b>SP,LA,MO</b>	1	
norethindrone 5 mg, tablet <b>SP,LA,MO</b>	1	
noreth-ee-fe 1-0.02(21)-75 tab; noreth-ee-fe 1.5-0.03mg(21)-75 <b>SP,LA,MO</b>	1	
noreth-ee-fe 1-0.02(24)-75 cap <b>SP,LA,MO</b>	1	
noreth-ee-fe 1-0.02(24)-75 chw <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>SP,LA,MO</b>	1	
norlyda 0.35 mg, tablet <b>SP,LA,MO</b>	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
NUVARING 0.12 MG-0.015 MG/24 HR VAGINAL <b>SP,LA,MO</b>	3	QL (1 per 28 days)
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
nymyo 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
ocella 3 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
ogestrel tablet <b>SP,LA,MO</b>	1	
orsythia 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
ORTHO MICRONOR 0.35 MG, TABLET <b>SP,LA,MO</b>	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET <b>SP,LA,MO</b>	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>SP,LA,MO</b>	3	
OSPHENA 60 MG, TABLET <b>SP,LA,MO</b>	2	PA
oxandrolone 10 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
oxandrolone 2.5 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
pimtree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>SP,LA,MO</b>	1	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
portia 28 0.15 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET <b>SP,LA,MO</b>	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG, TABLET <b>SP,LA,MO</b>	3	
PREMARIN 0.625 MG/GRAM, VAGINAL CREAM <b>SP,LA,MO</b>	2	
PREMARIN 25 MG, SOLUTION FOR INJECTION <b>LA,MO</b>	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <b>SP,LA,MO</b>	3	
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 <b>SP,LA,MO</b>	3	
previfem 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
progesterone 500 mg/10 ml vial <b>LA,MO</b>	1	
progesterone 100 mg, 200 mg, capsule <b>SP,LA,MO</b>	1	
PROMETRIUM 100 MG, 200 MG, CAPSULE <b>SP,LA,MO</b>	3	
PROVERA 10 MG, 2.5 MG, 5 MG, TABLET <b>SP,LA,MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>SP,LA,MO</b>	3	QL (91 per 90 days)
<i>raloxifene hcl 60 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>reclipsen (28) 0.15 mg-0.03 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack</i> <b>SP,LA,MO</b>	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET <b>SP,LA,MO</b>	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK <b>SP,LA,MO</b>	3	QL (91 per 90 days)
SEROPHENE 50 MG, TABLET <b>LA,MO</b>	3	
<i>setlakin 0.15 mg-30 mcg (91), tablets,3 month dose pack</i> <b>SP,LA,MO</b>	1	QL (91 per 90 days)
<i>sharobel 0.35 mg, tablet</i> <b>SP,LA,MO</b>	1	
<i>simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>SP,LA,MO</b>	1	
<i>simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>SP,LA,MO</b>	1	QL (91 per 90 days)
SLYND 4 MG (28), TABLET <b>SP,LA,MO</b>	3	
<i>sprintec (28) 0.25 mg-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>sronyx 0.1 mg-20 mcg tablet</i> <b>SP,LA,MO</b>	1	
STRIANT 30 MG, MUCOADHESIVE <b>DL, SP,LA</b>	4	PA
<i>syeda 3 mg-0.03 mg tablet</i> <b>SP,LA,MO</b>	1	
<i>tarina 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet</i> <b>SP,LA,MO</b>	1	
<i>tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7), tablet</i> <b>SP,LA,MO</b>	1	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet</i> <b>SP,LA,MO</b>	1	
<i>taysofy 1 mg-20 mcg (24)/75 mg (4), capsule</i> <b>SP,LA,MO</b>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4), CAPSULE <b>SP,LA,MO</b>	3	
TESTIM 50 MG/5 GRAM (1 %), TRANSDERMAL GEL <b>SP,LA,MO</b>	4	PA,QL (300 per 30 days)
testosterone 1% (25mg/2.5g) pk; testosterone 1% (50 mg/5 g) pk; testosterone 12.5 mg/1.25 gram; testosterone 50 mg/5 gram gel <b>SP,LA,MO</b>	3	PA,QL (300 per 30 days)
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump <b>SP,LA,MO</b>	1	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt <b>SP,LA,MO</b>	1	PA,QL (37.5 per 30 days)
testosterone 10 mg gel pump <b>SP,LA,MO</b>	3	PA,QL (120 per 30 days)
testosterone 30 mg/1.5 ml pump <b>SP,LA,MO</b>	3	PA,QL (180 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml, <b>SP,LA,MO</b>	1	
testosteron enan 1,000 mg/5 ml <b>LA,MO</b>	1	QL (24 per 90 days)
TESTRED 10 MG, CAPSULE <b>DL, SP,LA</b>	4	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>SP,LA,MO</b>	1	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>SP,LA,MO</b>	1	
<i>tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet <b>SP,LA,MO</b>	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>SP,LA,MO</b>	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>SP,LA,MO</b>	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>SP,LA,MO</b>	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg, tablet <b>SP,LA,MO</b>	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>SP,LA,MO</b>	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>SP,LA,MO</b>	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet <b>SP,LA,MO</b>	1	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>SP,LA,MO</b>	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>SP,LA,MO</b>	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>SP,LA,MO</b>	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg, tablet <b>SP,LA,MO</b>	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>SP,LA,MO</b>	1	
tulana 0.35 mg, tablet <b>SP,LA,MO</b>	1	
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET <b>SP,LA,MO</b>	3	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet <b>SP,LA,MO</b>	1	
VAGIFEM 10 MCG, VAGINAL TABLET <b>SP,LA,MO</b>	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>SP,LA,MO</b>	1	
vestura (28) 3 mg-0.02 mg tablet <b>SP,LA,MO</b>	1	
vienva 0.1 mg-20 mcg tablet <b>SP,LA,MO</b>	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>SP,LA,MO</b>	1	
VIVELLE-DOT 0.025 MG PATCH; 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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (300 per 30 days)
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>SP,LA,MO</b>	1	
vyfemla (28) 0.4 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
vylibra 0.25 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
wera (28) 0.5 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>SP,LA,MO</b>	1	
xulane 150 mcg-35 mcg/24 hr transdermal patch <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	PA,QL (2 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET <b>SP,LA,MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YAZ (28) 3 MG-0.02 MG TABLET <b>SP,LA,MO</b>	3	
yuvaferm 10 mcg, vaginal tablet <b>SP,LA,MO</b>	1	
zafemy 150 mcg-35 mcg/24 hr transdermal patch <b>SP,LA,MO</b>	1	QL (3 per 28 days)
zarah 3 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
zovia 1-35 (28) 1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
zovia 1/35e (28) 1 mg-35 mcg tablet <b>SP,LA,MO</b>	1	
zumandimine (28) 3 mg-0.03 mg tablet <b>SP,LA,MO</b>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG, TABLET <b>SP,LA,MO</b>	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG, TABLET <b>SP,LA,MO</b>	3	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET <b>SP,LA,MO</b>	1	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET <b>SP,LA,MO</b>	2	
levothyroxine 100 mcg, 100 mcg/ml, 20 mcg/ml, 40 mcg/ml, vial; levothyroxine 100 mcg/5 ml vial; levothyroxine 200 mcg/5 ml vial; levothyroxine 500 mcg/5 ml vial <b>LA,MO</b>	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, capsule <b>SP,LA,MO</b>	1	
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 <b>SP,LA,MO</b>	1	
levothyroxine 200 mcg, 500 mcg, vial <b>LA,MO</b>	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET <b>SP,LA,MO</b>	1	
liothyronine sod 10 mcg/ml, vial <b>LA,MO</b>	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg, tab <b>SP,LA,MO</b>	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET <b>SP,LA,MO</b>	2	
THYQUIDITY 20 MCG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>SP,LA,MO</b>	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>SP,LA,MO</b>	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>SP,LA,MO</b>	1	
THYROLAR-2 25 MCG-100 MCG TABLET <b>SP,LA,MO</b>	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	

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TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
TRIOSTAT 10 MCG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET <b>SP,LA,MO</b>	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN 500 MG, TABLET <b>DL, SP,LA</b>	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
BYNFEZIA 2,500 MCG/ML, PEN <b>SP,LA,MO</b>	3	PA
<i>cabergoline 0.5 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (16 per 28 days)
CETROTIDE 0.25 MG, SUBCUTANEOUS KIT <b>LA,MO</b>	3	
ELIGARD 7.5 MG (1 MONTH), SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA
ELIGARD 22.5 MG, (3 MONTH) SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA
ELIGARD 30 MG, (4 MONTH) SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA
ELIGARD 45 MG, (6 MONTH) SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA
FENSOLVI 45 MG, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	4	PA,QL (1 per 180 days)
FIRMAGON 120 MG, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	3	PA
GANIRELIX ACET 250 MCG/0.5 ML, <b>LA,MO</b>	3	
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> <b>SP,LA,MO</b>	1	
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT <b>DL,LA</b>	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT <b>LA,MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG, INTRAMUSCULAR SYRINGE KIT <b>LA,MO</b>	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG, INTRAMUSCULAR SYRINGE KIT <b>DL, SP,LA</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>LA,MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT 22.5 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>SP,LA,MO</b>	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG, (4 MONTH) INTRAMUSCULAR SYRINGE KIT <b>SP,LA,MO</b>	3	PA,QL (1 per 112 days)
LUPRON DEPOT 45 MG, (6 MONTH) INTRAMUSCULAR SYRINGE KIT <b>SP,LA,MO</b>	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED), INTRAMUSCULAR KIT <b>DL, SP,LA</b>	4	PA,QL (1 per 28 days)

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LUPRON DEPOT-PED 11.25 MG, 30 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>SP,LA,MO</b>	4	PA,QL (1 per 90 days)
MYCAPSSA 20 MG, CAPSULE,DELAYED RELEASE <b>DL, SP,LA</b>	4	PA,QL (112 per 28 days)
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 <b>SP,LA,MO</b>	1	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr <b>SP,LA,MO</b>	1	PA
ORGOVYX 120 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (32 per 30 days)
ORILISSA 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
ORILISSA 200 MG, TABLET <b>DL,LA</b>	4	PA,QL (56 per 28 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML, INJECTION SOLUTION <b>DL, SP,LA</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG, INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML), SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG, INTRAMUSCULAR SUSPENSION <b>DL, SP,LA</b>	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML, NASAL SPRAY <b>DL,LA</b>	4	
TRELSTAR 11.25 MG, INTRAMUSCULAR SUSPENSION <b>LA,MO</b>	4	PA
TRELSTAR 22.5 MG, INTRAMUSCULAR SUSPENSION <b>SP,LA,MO</b>	4	PA
TRELSTAR 3.75 MG, INTRAMUSCULAR SUSPENSION <b>DL, SP,LA</b>	4	PA
TRIPTODUR 22.5 MG, INTRAMUSCULAR SUSPENSION <b>SP,LA,MO</b>	4	PA,QL (1 per 168 days)
ZOLADEX 10.8 MG, SUBCUTANEOUS IMPLANT <b>LA,MO</b>	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG, SUBCUTANEOUS IMPLANT <b>LA,MO</b>	3	PA,QL (1 per 28 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
methimazole 10 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	
propylthiouracil 50 mg, tablet <b>SP,LA,MO</b>	1	
TAPAZOLE 10 MG, 5 MG, TABLET <b>SP,LA,MO</b>	1	
<b>IMMUNOLOGICAL AGENTS</b>		
ACTEMRA 162 MG/0.9 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (3.6 per 28 days)

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

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COSENTYX 150 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
COSENTYX 75 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML,) SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
COSENTYX PEN 150 MG/ML, SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML,) SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
CUTAQUIG 16.5 %, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>cyclosporine 100 mg, 25 mg, capsule</i> , <b>SP,LA,MO</b>	1	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> , <b>SP,LA,MO</b>	1	B vs D
<i>cyclosporine modified 100mg/ml</i> , <b>SP,LA,MO</b>	1	B vs D
CYTOGAM 50 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>DL,LA</b>	2	
DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML), SUBCUTANEOUS CARTRIDGE <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML), SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML, INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	B vs D
ENGERIX-B (PF) 20 MCG/ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	B vs D
ENSPRYNG 120 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
ENTYVIO 300 MG, INTRAVENOUS SOLUTION <b>SP,LA,MO</b>	4	PA,QL (8 per 365 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG, TABLET,EXTENDED RELEASE , <b>SP,LA,MO</b>	3	PA
<i>everolimus 0.25 mg, tablet</i> , <b>SP,LA,MO</b>	4	B vs D,QL (60 per 30 days)
<i>everolimus 0.5 mg, tablet</i> , <b>DL, SP,LA</b>	4	B vs D,QL (120 per 30 days)
<i>everolimus 0.75 mg, tablet</i> , <b>DL, SP,LA</b>	4	B vs D,QL (60 per 30 days)
FIRAZYR 30 MG/3 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 %, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
GAMASTAN 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	PA
GAMMAGARD LIQUID 10 %, INJECTION SOLUTION <b>DL, SP,LA</b>	4	PA

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GAMMAGARD S-D (IGA &LT; 1 MCG/ML) 10 GRAM, 5 GRAM, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %), INJECTION SOLUTION <b>DL, SP,LA</b>	4	PA
GAMMAPLEX 10 %, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
GAMMAPLEX (WITH SORBITOL) 5 %, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA
GARDASIL 9 (PF) 0.5 ML, INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	3	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, capsule</i> • <b>SP,LA,MO</b>	1	B vs D
<i>gengraf 100 mg/ml, oral solution</i> • <b>SP,LA,MO</b>	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
HIBERIX (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	2	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA
HUMIRA 10 MG/0.2 ML, SYRINGE <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SUBCUTANEOUS SYRINGE KIT; HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SYRINGE <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML, SUBCUTANEOUS KIT <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, SUBCUT KIT <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML, SUBCUT KT <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML, SUBCUTANEOUS SYRINGE KIT <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, SUBCUTANEOUS SYRINGE KIT <b>DL, SP,LA</b>	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 <b>DL,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, SUBCUT SYRINGE KIT <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, SUBCUTANEOUS KIT <b>DL, SP,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML, SUBCUTANEOUS KIT <b>DL,LA</b>	4	PA,QL (6 per 28 days)

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HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML, SUBCUT KIT <b>DL,LA</b>	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML, SUBCUT KIT <b>DL,LA</b>	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 <b>DL,LA</b>	4	PA,QL (6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	4	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	4	B vs D
HYPERTET S/D (PF) 250 UNIT, INTRAMUSCULAR SYRINGE <b>LA,MO</b>	3	B vs D
<i>icatibant 30 mg/3 ml, syringe</i> <b>DL,LA</b>	4	PA,QL (18 per 30 days)
ILUMYA 100 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	4	PA,QL (6 per 365 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML, INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	2	B vs D
IMURAN 50 MG, TABLET <b>SP,LA,MO</b>	3	PA
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
INFANRIX DTAP VIAL <b>DL,LA</b>	2	
INFLECTRA 100 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
INTRON A 10 MILLION UNIT (1 ML), SOLUTION FOR INJECTION <b>LA,MO</b>	2	PA
INTRON A 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), SOLUTION FOR INJECTION <b>LA,MO</b>	3	PA
INTRON A 18 MILLION UNIT/3 ML; INTRON A 25 MILLION UNIT/2.5ML <b>DL,LA</b>	4	PA
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>DL,LA</b>	3	
IXIARO (PF) 6 MCG/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	3	
KEDRAB (PF) 150 UNIT/ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	4	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
KINRIX VIAL <b>DL,LA</b>	2	
<i>leflunomide 10 mg, 20 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
LUPKYNIS 7.9 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	3	
MENACTRA (PF) 4 MCG/0.5 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	2	
MENQUADFI (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION <b>LA,MO</b>	2	

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MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>DL,LA</b>	2	
methotrexate 2.5 mg, tablet <b>SP,LA,MO</b>	1	B vs D
methotrexate 50 mg/2 ml vial <b>LA,MO</b>	1	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial <b>LA,MO</b>	1	
MONJUVI 200 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
mycophenolate 200 mg/ml, susp , <b>SP,LA,MO</b>	1	B vs D
mycophenolate 250 mg, capsule , <b>SP,LA,MO</b>	1	B vs D
mycophenolate 500 mg, tablet , <b>SP,LA,MO</b>	1	B vs D
mycophenolic acid dr 180 mg, 360 mg, tb , <b>SP,LA,MO</b>	1	B vs D
MYFORTIC 180 MG, TABLET,DELAYED RELEASE , <b>SP,LA,MO</b>	3	B vs D
MYFORTIC 360 MG, TABLET,DELAYED RELEASE , <b>DL, SP,LA</b>	4	B vs D
NEORAL 100 MG, 25 MG, CAPSULE , <b>SP,LA,MO</b>	3	B vs D
NEORAL 100 MG/ML, ORAL SOLUTION , <b>SP,LA,MO</b>	3	B vs D
OCTAGAM 10 %, 5 %, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
OLUMIANT 1 MG, 2 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
ORENCIA 125 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
ORLADEYO 110 MG, 150 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1.6 per 28 days)
PANZYGA 10 %, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	2	
PEGASYS 180 MCG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL,LA</b>	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML, SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 180 MCG/0.5 <b>DL,LA</b>	4	PA,QL (2 per 28 days)
PEGINTRON 50 MCG KIT <b>DL,LA</b>	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 <b>DL,LA</b>	2	
PRIVIGEN 10 %, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
PROGRAF 0.2 MG, 1 MG, ORAL GRANULES IN PACKET , <b>SP,LA,MO</b>	3	B vs D

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PROGRAF 0.5 MG, 1 MG, 5 MG, CAPSULE , <b>SP,LA,MO</b>	3	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>DL,LA</b>	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	
RABAVERT (PF) 2.5 UNIT, INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG, TABLET , <b>DL, SP,LA</b>	4	B vs D
RAPAMUNE 1 MG/ML, ORAL SOLUTION , <b>DL, SP,LA</b>	4	B vs D
RASUVO (PF) 10 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	3	PA,QL (0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	B vs D
REDITREX (PF) 10 MG/0.4 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (3.6 per 28 days)
REDITREX (PF) 25 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	PA,QL (1.2 per 28 days)
REMICADE 100 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
RENFLEXIS 100 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML, INJECTION SYRINGE <b>LA,MO</b>	3	
RIDAURA 3 MG, CAPSULE <b>DL, SP,LA</b>	4	PA
RINVOQ 15 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
ROTARIX 10EXP6 CCID50/ML, SUSPENSION <b>DL,LA</b>	3	
ROTATEQ VACCINE 2 ML, ORAL SOLUTION <b>DL,LA</b>	3	
RUCONEST 2,100 UNIT, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sajazir 30 mg/3 ml, subcutaneous syringe</i> <b>DL,LA</b>	4	PA,QL (18 per 30 days)
SANDIMMUNE 100 MG, 25 MG, CAPSULE , <b>SP,LA,MO</b>	3	B vs D
SANDIMMUNE 100 MG/ML, ORAL SOLUTION , <b>SP,LA,MO</b>	3	B vs D
SAPHNELO 300 MG/2 ML (150 MG/ML), INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION, KIT <b>DL,LA</b>	2	QL (2 per 999 days)
SILIQ 210 MG/1.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (4.5 per 28 days)
SIMPONI 100 MG/ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
SIMPONI 100 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
SIMPONI 50 MG/0.5 ML, SUBCUTANEOUS PEN INJECTOR <b>DL, SP,LA</b>	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg, tablet</i> • <b>SP,LA,MO</b>	1	B vs D
<i>sirolimus 1 mg/ml, solution</i> • <b>SP,LA,MO</b>	1	B vs D
SKYRIZI 150 MG/1.66 ML (75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT; SKYRIZI 150 MG/ML, 150MG/1.66ML(75 MG/0.83 ML X2), SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	4	PA,QL (6 per 365 days)
SKYRIZI 150 MG/ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	4	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	4	PA,QL (9.96 per 365 days)
STELARA 130 MG/26 ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (3 per 84 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG, KIT <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
SYLVANT 100 MG, 400 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg, capsule (ir)</i> • <b>SP,LA,MO</b>	1	B vs D
TAKHZYRO 300 MG/2 ML (150 MG/ML), SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML, SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML, SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML, SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
TALTZ SYRINGE 80 MG/ML, SUBCUTANEOUS <b>DL, SP,LA</b>	4	PA,QL (4 per 28 days)
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
DIPHThERIA-TETANUS TOXOIDS-PED <b>DL,LA</b>	2	
TREMFYA 100 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	4	PA,QL (8 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREMFYA 100 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	4	PA,QL (8 per 365 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG, TABLET <b>SP,LA,MO</b>	1	B vs D
TRUMENBA 120 MCG/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	3	
TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	3	
UPLIZNA 10 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (120 per 365 days)
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SUSPENSION <b>DL,LA</b>	2	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SYRINGE <b>DL,LA</b>	2	
VARIVAX (PF) 1,350 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION <b>DL,LA</b>	2	
VARIZIG 125 UNIT/1.2 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	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 <b>DL,LA</b>	4	B vs D
XATMEP 2.5 MG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	PA
XELJANZ 1 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
XELJANZ 10 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG, 22 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
XOLAIR 150 MG, SUBCUTANEOUS SOLUTION <b>DL, LA, SP,LA</b>	4	PA,QL (8 per 28 days)
XOLAIR 150 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, LA, SP,LA</b>	4	PA,QL (8 per 28 days)
XOLAIR 75 MG/0.5 ML, SUBCUTANEOUS SYRINGE <b>DL, LA, SP,LA</b>	4	PA,QL (4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION <b>DL,LA</b>	3	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG, TABLET , <b>DL, SP,LA</b>	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG, TABLET , <b>DL, SP,LA</b>	4	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML, SUBCUTANEOUS SUSPENSION <b>DL,LA</b>	3	QL (1 per 365 days)
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
APRISO 0.375 GRAM, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	3	ST,QL (120 per 30 days)
ASACOL HD 800 MG, TABLET,DELAYED RELEASE <b>DL, SP,LA</b>	4	ST,QL (180 per 30 days)
AZULFIDINE 500 MG, TABLET <b>SP,LA,MO</b>	3	
AZULFIDINE EN-TABS 500 MG, TABLET,DELAYED RELEASE <b>SP,LA,MO</b>	3	
<i>balsalazide disodium 750 mg, cp</i> <b>LA,MO</b>	1	
<i>budesonide ec 3 mg, capsule</i> <b>LA,MO</b>	1	PA

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budesonide er 9 mg, tablet <b>LA,MO</b>	1	PA,QL (30 per 30 days)
CANASA 1,000 MG, RECTAL SUPPOSITORY <b>DL, SP,LA</b>	4	ST,QL (30 per 30 days)
COLAZAL 750 MG, CAPSULE <b>DL,LA</b>	4	PA
colocort 100 mg/60 ml, enema <b>LA,MO</b>	1	
CORTENEMA 100 MG/60 ML, <b>LA,MO</b>	3	
CORTIFOAM 10 % (80 MG), RECTAL <b>LA,MO</b>	3	
DELZICOL 400 MG, CAPSULE (DR TABLETS INSIDE) <b>SP,LA,MO</b>	3	ST,QL (180 per 30 days)
DIPENTUM 250 MG, CAPSULE <b>DL, SP,LA</b>	4	ST,QL (120 per 30 days)
ENTOCORT EC 3 MG, CAPSULE,DELAYED,EXTENDED RELEASE <b>DL,LA</b>	4	PA
hydrocortisone 100 mg/60 ml, <b>LA,MO</b>	1	
LIALDA 1.2 GRAM, TABLET,DELAYED RELEASE <b>SP,LA,MO</b>	3	ST,QL (120 per 30 days)
mesalamine 1,000 mg, supp <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
mesalamine 4 gm/60 ml enema <b>SP,LA,MO</b>	1	QL (1800 per 30 days)
mesalamine 800 mg, dr tablet <b>SP,LA,MO</b>	1	ST,QL (180 per 30 days)
mesalamine dr 1.2 gm tablet <b>SP,LA,MO</b>	1	ST,QL (120 per 30 days)
mesalamine dr 400 mg, capsule <b>SP,LA,MO</b>	1	ST,QL (180 per 30 days)
mesalamine er 0.375 gram, cap <b>SP,LA,MO</b>	1	QL (120 per 30 days)
ORTIKOS 6 MG, 9 MG, CAPSULE,EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (30 per 30 days)
PENTASA 250 MG, CAPSULE,CONTROLLED RELEASE <b>DL, SP,LA</b>	4	ST,QL (150 per 30 days)
PENTASA 500 MG, CAPSULE,CONTROLLED RELEASE <b>DL, SP,LA</b>	4	ST,QL (300 per 30 days)
PROCTOFOAM HC 1 %-1 % <b>LA,MO</b>	1	
ROWASA 4 GRAM/60 ML, ENEMA <b>SP,LA,MO</b>	3	QL (1800 per 30 days)
SFROWASA 4 GRAM/60 ML, ENEMA <b>SP,LA,MO</b>	3	QL (1800 per 30 days)
sulfasalazine 500 mg, tablet; sulfasalazine dr 500 mg, tab <b>SP,LA,MO</b>	1	
UCERIS 2 MG/ACTUATION, RECTAL FOAM <b>DL,LA</b>	4	PA
UCERIS 9 MG, TABLET, EXTENDED RELEASE <b>DL,LA</b>	4	PA,QL (30 per 30 days)
<b>Metabolic Bone Disease Agents</b>		
ACTONEL 150 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (1 per 30 days)
ACTONEL 35 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (4 per 28 days)
ACTONEL 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
alendronate sod 70 mg/75 ml, <b>SP,LA,MO</b>	1	QL (300 per 28 days)
alendronate sodium 10 mg, 40 mg, 5 mg, tab; alendronate sodium 10 mg, 40 mg, 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg, tab <b>SP,LA,MO</b>	1	QL (4 per 28 days)
AELVIA 35 MG, TABLET,DELAYED RELEASE <b>SP,LA,MO</b>	3	PA,QL (4 per 28 days)
BINOSTO 70 MG, EFFERVESCENT TABLET <b>SP,LA,MO</b>	3	ST,QL (4 per 28 days)

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BONIVA 150 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (1 per 28 days)
calcitonin-salmon 200 units sp <b>SP,LA,MO</b>	1	QL (3.7 per 28 days)
calcitonin-salmon 400 unit/2ml <b>DL,LA</b>	4	
calcitriol 0.25 mcg, 0.5 mcg, capsule <b>SP,LA,MO</b>	1	
calcitriol 1 mcg/ml, ampul <b>LA,MO</b>	1	
calcitriol 1 mcg/ml, solution <b>SP,LA,MO</b>	1	
cinacalcet hcl 30 mg, 60 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
cinacalcet hcl 90 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg, cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg, capsule <b>SP,LA,MO</b>	1	
doxercalciferol 4 mcg/2 ml, vial <b>SP,LA,MO</b>	1	
etidronate disodium 200 mg, tab <b>SP,LA,MO</b>	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 <b>DL,LA</b>	4	PA,QL (2.34 per 30 days)
FORTEO 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	4	PA,QL (2.48 per 28 days)
FOSAMAX 70 MG, TABLET <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (4 per 28 days)
HECTOROL 2 MCG/ML, VIAL <b>SP,LA,MO</b>	2	
HECTOROL 4 MCG/2 ML, INTRAVENOUS SOLUTION <b>SP,LA,MO</b>	3	
ibandronate 3 mg/3 ml, syringe <b>SP,LA,MO</b>	1	PA,QL (3 per 90 days)
ibandronate 3 mg/3 ml, vial <b>SP,LA,MO</b>	1	PA,QL (3 per 90 days)
ibandronate sodium 150 mg, tab <b>SP,LA,MO</b>	1	QL (1 per 28 days)
MIACALCIN 200 UNIT/ML, INJECTION SOLUTION <b>DL,LA</b>	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE, SUBCUTANEOUS CARTRIDGE <b>DL, SP,LA</b>	4	PA,QL (2 per 28 days)
pamidronate 30 mg/10 ml vial <b>LA,MO</b>	1	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial <b>LA,MO</b>	1	B vs D,QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg, capsule <b>SP,LA,MO</b>	1	QL (30 per 30 days)
paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml, vial <b>SP,LA,MO</b>	1	QL (48 per 28 days)
paricalcitol 2 mcg/ml, vial <b>SP,LA,MO</b>	1	QL (24 per 30 days)
paricalcitol 4 mcg, capsule <b>SP,LA,MO</b>	1	QL (12 per 30 days)
PROLIA 60 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	3	QL (1 per 180 days)
RAYALDEE 30 MCG, CAPSULE,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
RECLAST 5 MG/100 ML, INTRAVENOUS PIGGYBACK <b>LA,MO</b>	3	PA,QL (100 per 365 days)

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<i>risedronate sod dr 35 mg, tab; risedronate sodium 35 mg, tab</i> <b>SP,LA,MO</b>	1	QL (4 per 28 days)
<i>risedronate sodium 150 mg, tab</i> <b>SP,LA,MO</b>	1	QL (1 per 30 days)
<i>risedronate sodium 30 mg, tab</i> <b>LA,MO</b>	1	QL (30 per 30 days)
<i>risedronate sodium 5 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ROCALTROL 0.25 MCG, 0.5 MCG, CAPSULE <b>SP,LA,MO</b>	3	
ROCALTROL 1 MCG/ML, ORAL SOLUTION <b>SP,LA,MO</b>	3	
SENSIPAR 30 MG, 60 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
SENSIPAR 90 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	4	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML), SUBCUTANEOUS SOLUTION <b>DL,LA</b>	4	PA,QL (1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG, CAPSULE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	QL (48 per 28 days)
<i>zoledronic acid 4 mg/100 ml,</i> <b>SP,LA,MO</b>	1	B vs D,QL (300 per 21 days)
<i>zoledronic acid 4 mg, vial</i> <b>SP,LA,MO</b>	1	B vs D
<i>zoledronic acid 4 mg/5 ml, vial</i> <b>SP,LA,MO</b>	1	B vs D,QL (15 per 21 days)
<i>zoledronic acid 4 mg/100 ml,</i> <b>SP,LA,MO</b>	1	B vs D,QL (300 per 21 days)
<i>zoledronic acid 5 mg/100 ml,</i> <b>LA,MO</b>	1	PA,QL (100 per 365 days)
<b>Miscellaneous Therapeutic Agents</b>		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
ACETADOTE 200 MG/ML (20 %), INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
<i>acetaminophen 1000mg/100ml vl; acetaminophen 500 mg/50 ml bag</i> <b>LA,MO</b>	1	
<i>acetic acid 0.25% irrig soln</i> <b>LA,MO</b>	1	
<i>acetylcysteine 6 gram/30 ml vl</i> <b>LA,MO</b>	1	
ADAKVEO 10 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
<i>adipex-p 37.5 mg, capsule</i> <b>LA,MO</b>	1	
ADIPEX-P 37.5 MG, TABLET <b>LA,MO</b>	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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," <b>SP,LA,MO</b>	1	
ALCOHOL PADS <b>LA,MO</b>	1	
ALCOHOL PREP PADS <b>LA,MO</b>	1	
ALCOHOL SWAB <b>LA,MO</b>	1	
ALCOHOL WIPES <b>LA,MO</b>	1	
ALLZITAL 25 MG-325 MG TABLET <b>LA,MO</b>	1	QL (360 per 30 days)
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION <b>DL,LA</b>	4	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE <b>SP,LA,MO</b>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", SYRINGE <b>SP,LA,MO</b>	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16", <b>SP,LA,MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>SP,LA,MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>SP,LA,MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>SP,LA,MO</b>	1	
BAL IN OIL 100 MG/ML, INTRAMUSCULAR SOLUTION <b>LA,MO</b>	3	
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>LA,MO</b>	1	
BD ALCOHOL SWABS <b>LA,MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16", <b>SP,LA,MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2", SYRINGE <b>SP,LA,MO</b>	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML, <b>SP,LA,MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64", <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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, " <b>SP,LA,MO</b>	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2", SYRINGE <b>SP,LA,MO</b>	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2", SYRINGE <b>SP,LA,MO</b>	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 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", <b>SP,LA,MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8", <b>SP,LA,MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4", <b>SP,LA,MO</b>	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16", <b>SP,LA,MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", <b>SP,LA,MO</b>	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", <b>SP,LA,MO</b>	1	
<i>benzphetamine hcl 50 mg, tablet</i> <b>LA,MO</b>	1	
<i>bimatoprost 0.03% eyelash soln</i> <b>LA,MO</b>	1	
BORDERED GAUZE 2" X 2" BANDAGE <b>LA,MO</b>	1	
<i>bupap 50 mg-300 mg tablet</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>butalb-acetamin-caf-cod 50-300</i> <b>DL,LA</b>	1	QL (180 per 30 days)
<i>butalb-acetamin-caf-cod 50-325</i> <b>DL,LA</b>	1	QL (360 per 30 days)
<i>butalbital-acetaminophn 25-325</i> <b>LA,MO</b>	1	QL (360 per 30 days)
<i>butalbital-acetaminophn 50-300</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>butalbital-acetaminophn 50-300; butalbital-acetaminophn 50-325</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>butalb-acetamin-caff 50-300-40; butalb-acetamin-caff 50-325-40</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>butalb-acetamin-caff 50-325-40</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>butalb-aspirin-caffe 50-325-40</i> <b>LA,MO</b>	1	QL (180 per 30 days)
<i>butalbital-asa-caffeine cap</i> <b>LA,MO</b>	1	QL (180 per 30 days)
BYLVAY 1,200 MCG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
BYLVAY 200 MCG, ORAL PELLETT <b>DL, SP,LA</b>	4	PA,QL (360 per 30 days)
BYLVAY 400 MCG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (420 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYLVAY 600 MCG, ORAL PELLETT <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML), INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> <b>LA,MO</b>	1	
<i>calcium disodium versenate 200 mg/ml, injection solution</i> <b>LA,MO</b>	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <b>LA,MO</b>	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; 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" <b>SP,LA,MO</b>	1	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
CERVIDIL 10 MG, VAGINAL INSERT,CONTROLLED RELEASE <b>LA,MO</b>	3	
CIALIS 10 MG, 20 MG, TABLET <b>SP,LA,MO</b>	3	QL (6 per 30 days)
CINVANTI 7.2 MG/ML, INTRAVENOUS EMULSION <b>LA,MO</b>	3	PA,QL (36 per 28 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE <b>LA,MO</b>	3	ST,QL (60 per 30 days)
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2";; 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", " <b>SP,LA,MO</b>	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
CONTRACE 8 MG-90 MG TABLET,EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (120 per 30 days)
CURITY ALCOHOL SWABS <b>LA,MO</b>	1	
CURITY GAUZE 2" X 2" BANDAGE <b>LA,MO</b>	1	
<i>cyanocobalamin 1,000 mcg/ml, vl</i> , <b>SP,LA,MO</b>	1	
DEFITELIO 80 MG/ML, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
DERMACEA 2" X 2" BANDAGE <b>LA,MO</b>	1	
<i>diethylpropion 25 mg, tablet</i> <b>LA,MO</b>	1	
<i>diethylpropion er 75 mg, tablet</i> <b>LA,MO</b>	1	
DOJOLVI 8.3 KCAL/ML, ORAL LIQUID <b>DL, SP,LA</b>	4	PA
DRISDOL 1,250 MCG (50,000 UNIT), CAPSULE , <b>SP,LA,MO</b>	3	
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" <b>SP,LA,MO</b>	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16;; 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," <b>SP,LA,MO</b>	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64", <b>SP,LA,MO</b>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
DROXIA 200 MG, 300 MG, 400 MG, CAPSULE <b>SP,LA,MO</b>	2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS <b>LA,MO</b>	1	

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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", " <b>SP,LA,MO</b>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64", <b>SP,LA,MO</b>	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
EASY TOUCH ALCOHOL PREP PADS <b>LA,MO</b>	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", SYRINGE; 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", <b>SP,LA,MO</b>	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", <b>SP,LA,MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 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", " <b>SP,LA,MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML, SYRINGE <b>SP,LA,MO</b>	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16", <b>SP,LA,MO</b>	1	

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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", <b>SP,LA,MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML, SYRINGE <b>SP,LA,MO</b>	1	
EMPAVELI 1,080 MG/20 ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (160 per 28 days)
<i>vitamin d2 1.25mg(50,000 unit)</i> , <b>SP,LA,MO</b>	1	
ESGIC 50 MG-325 MG-40 MG CAPSULE <b>LA,MO</b>	1	QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET <b>LA,MO</b>	1	QL (180 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE <b>SP,LA,MO</b>	1	
<i>finasteride 1 mg, tablet</i> <b>LA,MO</b>	1	
<i>fioricet 50 mg-300 mg-40 mg capsule</i> <b>LA,MO</b>	1	QL (180 per 30 days)
FIORICET WITH CODEINE 50 MG-300 MG-40 MG-30 MG CAPSULE <b>DL,LA</b>	3	QL (180 per 30 days)
FIORINAL 50-325-40 MG, CAPSULE <b>LA,MO</b>	3	QL (180 per 30 days)
<i>flumazenil 0.1 mg/ml, vial</i> <b>LA,MO</b>	1	
<i>folic acid 1 mg, tablet</i> , <b>SP,LA,MO</b>	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML, SUBCUTANEOUS CARTRIDGE <b>LA,MO</b>	3	
<i>fomepizole 1.5 gm/1.5 ml vial</i> <b>LA,MO</b>	1	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," SYRINGE <b>SP,LA,MO</b>	1	
GAUZE PADS 2"X2" <b>LA,MO</b>	1	
GAUZE PAD 2" X 2" BANDAGE <b>LA,MO</b>	1	
GIVLAARI 189 MG/ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA
GONAL-F 1,050 UNIT, 450 UNIT, SUBCUTANEOUS SOLUTION <b>LA,MO</b>	3	
GONAL-F RFF 75 UNIT, SUBCUTANEOUS SOLUTION <b>LA,MO</b>	3	
GONAL-F RFF REDI-JECT 300 UNIT/0.5 ML SUBCUTANEOUS PEN INJECTOR; GONAL-F RFF REDI-JECT 450 UNIT/0.75 ML SUBCUTANEOUS PEN INJECTOR; GONAL-F RFF REDI-JECT 900 UNIT/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>LA,MO</b>	3	
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," <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
INCONTROL ALCOHOL PADS <b>LA,MO</b>	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>SP,LA,MO</b>	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
BD LUER-LOK SYRINGE 1 ML, <b>SP,LA,MO</b>	1	
BD INSULIN SYR 1 ML 28GX1/2"; EQL INSULIN 0.3 ML SYRINGE; EQL INSULIN 0.5 ML SYRINGE; 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; INSULIN SYRINGE 1 ML 27GX1/2"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; 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" <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	
ISTURISA 1 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (240 per 30 days)
ISTURISA 10 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
ISTURISA 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
IV PREP WIPES MEDICATED <b>LA,MO</b>	1	
KORLYM 300 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> <b>LA,MO</b>	1	
LATISSE 0.03 %, EYELASH DROPS <b>LA,MO</b>	3	
LEVITRA 10 MG, 20 MG, TABLET , <b>SP,LA,MO</b>	3	QL (6 per 30 days)
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	

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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 <b>SP,LA,MO</b>	1	
LITHOSTAT 250 MG, TABLET <b>LA,MO</b>	3	
<i>lomaira 8 mg, tablet</i> <b>LA,MO</b>	1	
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", <b>SP,LA,MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4", <b>SP,LA,MO</b>	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
MENOPUR 75 UNIT, SUBCUTANEOUS SOLUTION <b>LA,MO</b>	3	
<i>methergine 0.2 mg, tablet</i> <b>LA,MO</b>	3	
<i>methylergonovine 0.2 mg, tablet</i> <b>LA,MO</b>	4	
<i>methylergonovine 0.2 mg/ml amp</i> <b>LA,MO</b>	1	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16", NEEDLE <b>SP,LA,MO</b>	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", <b>SP,LA,MO</b>	1	

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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 <b>SP,LA,MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE, <b>SP,LA,MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE, SYRINGE <b>SP,LA,MO</b>	1	
MYFEMBREE 40 MG-1 MG-0.5 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (28 per 28 days)
NASCOBAL 500 MCG/SPRAY, NASAL SPRAY, <b>SP,LA,MO</b>	3	
<i>neomy-polymyxin b 40 mg/ml amp</i> <b>LA,MO</b>	1	
NOVOFINE 32 32 GAUGE X 1/4", NEEDLE <b>SP,LA,MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3", NEEDLE <b>SP,LA,MO</b>	1	
NOVOFINE PLUS 32 GAUGE X 1/6", NEEDLE <b>SP,LA,MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>SP,LA,MO</b>	1	
NOVOTWIST 32 GAUGE X 1/5", NEEDLE <b>SP,LA,MO</b>	1	
NURTEC ODT 75 MG, DISINTEGRATING TABLET <b>DL,LA</b>	4	PA,QL (18 per 30 days)
OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE <b>SP,LA,MO</b>	2	
OMNIPOD INSULIN MANAGEMENT <b>LA,MO</b>	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE <b>SP,LA,MO</b>	2	
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
OXBRYTA 500 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
OXLUMO 94.5 MG/0.5 ML, SUBCUTANEOUS SOLUTION <b>SP,LA,MO</b>	4	PA
<i>oxytocin 10 unit/ml, vial</i> <b>LA,MO</b>	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", <b>SP,LA,MO</b>	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; RELION PEN NEEDLE 31G 6MM <b>SP,LA,MO</b>	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
<i>phendimetrazine 35 mg, tablet</i> <b>LA,MO</b>	1	
<i>phendimetrazine er 105 mg, cap</i> <b>LA,MO</b>	3	

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<i>phentermine 15 mg, 30 mg, 37.5 mg, capsule</i> <b>LA,MO</b>	1	
<i>phentermine 37.5 mg, tablet</i> <b>LA,MO</b>	1	
<i>phrenilin forte 50-300-40 mg,</i> <b>LA,MO</b>	1	QL (180 per 30 days)
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>LA,MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>LA,MO</b>	1	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
PITOCIN 10 UNIT/ML, INJECTION SOLUTION <b>LA,MO</b>	3	
POTABA 500 MG, CAPSULE , <b>SP,LA,MO</b>	3	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
PRIALT 100 MCG/ML, 25 MCG/ML, INTRATHECAL SOLUTION <b>DL,LA</b>	4	PA
PRO COMFORT ALCOHOL PADS <b>LA,MO</b>	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; 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," <b>SP,LA,MO</b>	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
<i>promethazine vc 6.25 mg-5 mg/5 ml oral syrup</i> <b>LA,MO</b>	1	
<i>promethazine-phenylephrine syr</i> <b>LA,MO</b>	1	
PROPECIA 1 MG, TABLET <b>LA,MO</b>	3	
<i>protamine 250 mg/25 ml vial</i> <b>LA,MO</b>	1	
PURE COMFORT ALCOHOL PADS <b>LA,MO</b>	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
QSYMIA 11.25 MG-69 MG CAPSULE, EXTENDED RELEASE; QSYMIA 15 MG-92 MG CAPSULE, EXTENDED RELEASE; QSYMIA 3.75 MG-23 MG CAPSULE, EXTENDED RELEASE; QSYMIA 7.5 MG-46 MG CAPSULE, EXTENDED RELEASE <b>SP,LA,MO</b>	3	QL (30 per 30 days)
QUTENZA 8 %, TOPICAL KIT <b>DL,LA</b>	4	PA
RECTIV 0.4 % (W/W), OINTMENT <b>LA,MO</b>	3	QL (30 per 30 days)
RELION NEEDLES 31 GAUGE X 1/4", <b>SP,LA,MO</b>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION <b>LA,MO</b>	3	
<i>ribavirin 6 gm inhalation vial</i> <b>DL,LA</b>	4	B vs D

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RIMSO-50 50 %, INTRAVESICAL SOLUTION <b>DL,LA</b>	4	
<i>ringers irrigation solution</i> <b>LA,MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16", <b>SP,LA,MO</b>	1	
SAXENDA 3 MG/0.5 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	3	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
SEMPREX-D 8 MG-60 MG CAPSULE <b>LA,MO</b>	3	
SIKLOS 1,000 MG, 100 MG, TABLET <b>SP,LA,MO</b>	3	PA
<i>sildenafil 100 mg, 25 mg, 50 mg, tablet</i> <b>ED, SP,LA,MO</b>	1	QL (6 per 30 days)
<i>sod phenylacet-sod benzoate v1</i> <b>DL,LA</b>	4	
<i>sodium chloride 0.9% irrig.</i> <b>LA,MO</b>	1	
<i>sorbitol-mannitol irrig</i> <b>LA,MO</b>	1	
STAXYN 10 MG, ODT <b>SP,LA,MO</b>	3	QL (6 per 30 days)
STENDRA 100 MG, 200 MG, 50 MG, TABLET <b>SP,LA,MO</b>	3	QL (6 per 30 days)
SURE COMFORT ALCOHOL PREP PADS <b>LA,MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"; 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", " <b>SP,LA,MO</b>	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	

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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", " <b>SP,LA,MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>LA,MO</b>	1	
SYNAGIS 100 MG/ML, 50 MG/0.5 ML, INTRAMUSCULAR SOLUTION <b>DL,LA</b>	4	PA
<i>tadalafil 10 mg, 20 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (6 per 30 days)
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," <b>SP,LA,MO</b>	1	
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", <b>SP,LA,MO</b>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
<i>tencon 50 mg-325 mg tablet</i> <b>LA,MO</b>	1	QL (180 per 30 days)
TEPEZZA 500 MG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8", <b>SP,LA,MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8", <b>SP,LA,MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", NEEDLE <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>SP,LA,MO</b>	1	
TRUE COMFORT ALCOHOL PADS <b>LA,MO</b>	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," <b>SP,LA,MO</b>	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
TRUE COMFORT PRO ALCOHOL PADS <b>LA,MO</b>	1	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16",; TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16", " <b>SP,LA,MO</b>	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", " SYRINGE <b>SP,LA,MO</b>	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
UBRELVY 100 MG, 50 MG, TABLET <b>DL,LA</b>	4	PA,QL (10 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 <b>SP,LA,MO</b>	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4", <b>SP,LA,MO</b>	1	
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4", <b>SP,LA,MO</b>	1	

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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", <b>SP,LA,MO</b>	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16", <b>SP,LA,MO</b>	1	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
ULTILET ALCOHOL SWAB <b>LA,MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; 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 <b>SP,LA,MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32", <b>SP,LA,MO</b>	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", <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	1	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", <b>SP,LA,MO</b>	1	
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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," <b>SP,LA,MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16", NEEDLE <b>SP,LA,MO</b>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; 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," <b>SP,LA,MO</b>	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16", NEEDLE <b>SP,LA,MO</b>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE <b>SP,LA,MO</b>	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16", NEEDLE <b>SP,LA,MO</b>	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE <b>SP,LA,MO</b>	1	
V-GO 20 DEVICE <b>SP,LA,MO</b>	2	
V-GO 30 DEVICE <b>SP,LA,MO</b>	2	
V-GO 40 DEVICE <b>SP,LA,MO</b>	2	
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution <b>DL,LA</b>	4	QL (450 per 30 days)
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution <b>DL,LA</b>	4	QL (450 per 30 days)
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16", <b>SP,LA,MO</b>	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", <b>SP,LA,MO</b>	1	
vardenafil hcl 10 mg, 2.5 mg, 20 mg, 5 mg, tablet • <b>SP,LA,MO</b>	1	QL (6 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32", <b>SP,LA,MO</b>	1	
VIAGRA 100 MG, 25 MG, 50 MG, TABLET <b>ED, SP,LA,MO</b>	3	QL (6 per 30 days)
VIRAZOLE 6 GRAM, SOLUTION FOR INHALATION <b>DL,LA</b>	4	B vs D
vitamin d2 1,250 mcg (50,000 unit), capsule, <b>SP,LA,MO</b>	1	
vtol lq 50 mg-325 mg-40 mg/15 ml oral solution <b>DL,LA</b>	4	QL (450 per 30 days)
sterile water for irrigation <b>LA,MO</b>	1	
WEBCOL TOPICAL PADS <b>LA,MO</b>	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML, SUBCUTANEOUS PEN INJECTOR <b>SP,LA,MO</b>	3	
XENICAL 120 MG, CAPSULE <b>SP,LA,MO</b>	3	PA
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE <b>LA,MO</b>	1	QL (180 per 30 days)
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet, <b>SP,LA,MO</b>	1	
ZYNRELEF 200 MG-6 MG/7 ML SURGICAL SITE INSTILLATION SOLN, ER; ZYNRELEF 400 MG-12 MG/14 ML SURGICAL SITE INSTILLATION SOLN, ER <b>LA,MO</b>	3	
<b>OPHTHALMIC AGENTS</b>		
ACULAR 0.5 %, EYE DROPS <b>LA,MO</b>	3	ST
ACULAR LS 0.4 %, EYE DROPS <b>LA,MO</b>	3	ST
ACUVAIL (PF) 0.45 %, EYE DROPS IN A DROPPERETTE <b>LA,MO</b>	3	ST
ak-poly-bac 500 unit-10,000 unit/gram eye ointment <b>LA,MO</b>	1	
AKTEN (PF) 3.5 %, EYE GEL <b>LA,MO</b>	3	
ALCAINE 0.5 %, EYE DROPS <b>LA,MO</b>	1	
ALOCRI 2 %, EYE DROPS <b>LA,MO</b>	3	
ALOMIDE 0.1 %, EYE DROPS <b>LA,MO</b>	3	
ALPHAGAN P 0.1 %, EYE DROPS <b>SP,LA,MO</b>	2	
ALPHAGAN P 0.15 %, EYE DROPS <b>SP,LA,MO</b>	3	PA
ALREX 0.2 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
apraclonidine hcl 0.5% drops <b>LA,MO</b>	1	
atropine 1% eye drops <b>SP,LA,MO</b>	1	
AZASITE 1 %, EYE DROPS <b>LA,MO</b>	3	ST,QL (2.5 per 25 days)
azelastine hcl 0.05% drops <b>LA,MO</b>	1	
AZOPT 1 %, EYE DROPS,SUSPENSION <b>SP,LA,MO</b>	3	ST,QL (10 per 28 days)
BACIGUENT 500 UNIT/GM EYE OINT <b>LA,MO</b>	1	
bacitracin 500 unit/gm ophth <b>LA,MO</b>	1	
bacitracin-polymyxin eye oint <b>LA,MO</b>	1	
balanced salt intraocular solution <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bepotastine 1.5% eye drop <b>LA,MO</b>	1	ST,QL (5 per 25 days)
BEPREVE 1.5 %, EYE DROPS <b>LA,MO</b>	3	ST,QL (5 per 25 days)
BESIVANCE 0.6 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
BETADINE OPHTHALMIC PREP 5 %, SOLUTION <b>LA,MO</b>	3	
betaxolol hcl 0.5% eye drop <b>SP,LA,MO</b>	1	
BETIMOL 0.25 %, 0.5 %, EYE DROPS <b>SP,LA,MO</b>	3	ST
BETOPTIC S 0.25 %, EYE DROPS,SUSPENSION <b>SP,LA,MO</b>	3	ST
bimatoprost 0.03% eye drops <b>SP,LA,MO</b>	1	QL (2.5 per 25 days)
BLEPH-10 10 %, EYE DROPS <b>LA,MO</b>	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION <b>LA,MO</b>	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT <b>LA,MO</b>	1	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp <b>SP,LA,MO</b>	1	
brinzolamide 1% eye drops <b>SP,LA,MO</b>	1	ST,QL (10 per 28 days)
bromfenac sodium 0.09% eye drp <b>LA,MO</b>	1	QL (1.7 per 30 days)
BROMSITE 0.075 %, EYE DROPS <b>LA,MO</b>	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION <b>LA,MO</b>	3	
BSS PLUS INTRAOCULAR SOLUTION <b>LA,MO</b>	3	
carteolol hcl 1% eye drops <b>SP,LA,MO</b>	1	
CEQUA 0.09 %, EYE DROPS IN A DROPPERETTE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
CILOXAN 0.3 %, EYE DROPS <b>LA,MO</b>	3	
CILOXAN 0.3 %, EYE OINTMENT <b>LA,MO</b>	3	
ciprofloxacin 0.3% eye drop <b>LA,MO</b>	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>SP,LA,MO</b>	2	QL (5 per 25 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS <b>SP,LA,MO</b>	3	ST
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE <b>SP,LA,MO</b>	3	ST,QL (60 per 30 days)
cromolyn 4% eye drops <b>LA,MO</b>	1	
CYSTADROPS 0.37 %, EYE DROPS <b>DL, SP,LA</b>	4	PA,QL (20 per 28 days)
CYSTARAN 0.44 %, EYE DROPS <b>DL, SP,LA</b>	4	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop <b>LA,MO</b>	1	
DEXTENZA 0.4 MG, INTRACANALICULAR INSERT <b>LA,MO</b>	3	QL (1 per 30 days)
diclofenac 0.1% eye drops <b>LA,MO</b>	1	
dorzolamide hcl 2% eye drops <b>SP,LA,MO</b>	1	
dorzolamide-timolol eye drops <b>SP,LA,MO</b>	1	
dorzolamide-timolol 2%-0.5% <b>SP,LA,MO</b>	1	QL (60 per 30 days)
DUREZOL 0.05 %, EYE DROPS <b>LA,MO</b>	2	
DURYSTA 10 MCG, INTRACAMERAL IMPLANT <b>DL, SP,LA</b>	4	PA,QL (2 per 365 days)

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epinastine hcl 0.05% eye drops <b>LA,MO</b>	1	ST,QL (5 per 25 days)
erythromycin 0.5% eye ointment <b>LA,MO</b>	1	
EYSUVIS 0.25 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	PA,QL (8.3 per 30 days)
FLAREX 0.1 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
fluorometholone 0.1% drops <b>LA,MO</b>	1	
flurbiprofen 0.03% eye drop <b>LA,MO</b>	1	
FML FORTE 0.25 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
FML LIQUIFILM 0.1 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
FML S.O.P. 0.1 %, EYE OINTMENT <b>LA,MO</b>	3	ST
gatifloxacin 0.5% eye drops <b>LA,MO</b>	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram), eye ointment <b>LA,MO</b>	1	
gentamicin 0.3% eye drop <b>LA,MO</b>	1	
ILEVRO 0.3 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	2	QL (3 per 30 days)
INVELTYS 1 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
IOPIDINE 1 %, EYE DROPS IN A DROPPERETTE <b>LA,MO</b>	3	
ISOPTO CARPINE 1 %, 2 %, 4 %, EYE DROPS <b>SP,LA,MO</b>	3	
ISTALOL 0.5 %, EYE DROPS <b>SP,LA,MO</b>	3	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution <b>LA,MO</b>	1	
LACRISERT 5 MG, EYE INSERTS <b>LA,MO</b>	3	
LASTACFT 0.25 %, EYE DROPS <b>LA,MO</b>	3	ST
latanoprost 0.005% eye drops <b>SP,LA,MO</b>	1	QL (5 per 25 days)
levobunolol 0.5% eye drops <b>SP,LA,MO</b>	1	
levofloxacin 0.5% eye drops <b>LA,MO</b>	1	
LOTEMAX 0.5 %, EYE DROPS,SUSPENSION; LOTEMAX 0.5 %, EYE GEL DROPS <b>LA,MO</b>	3	ST
LOTEMAX 0.5 %, EYE OINTMENT <b>LA,MO</b>	3	ST
LOTEMAX SM 0.38 %, EYE GEL DROPS <b>LA,MO</b>	3	
loteprednol 0.5% ophthalmc gel; loteprednol etabonate 0.5% drp <b>LA,MO</b>	1	ST
LUMIGAN 0.01 %, EYE DROPS <b>SP,LA,MO</b>	2	QL (2.5 per 25 days)
MAXIDEX 0.1 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 %, EYE OINTMENT <b>LA,MO</b>	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION <b>LA,MO</b>	1	
metipranolol 0.3% eye drops <b>SP,LA,MO</b>	1	
MIOSTAT 0.01 %, INTRAOCULAR SOLUTION <b>LA,MO</b>	3	
MOXEZA 0.5 %, EYE DROPS <b>LA,MO</b>	3	ST
moxifloxacin 0.5% eye drops <b>LA,MO</b>	1	
moxifloxacin 0.5% eye drops <b>LA,MO</b>	1	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATACYN 5 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <b>LA,MO</b>	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <b>LA,MO</b>	1	
neo-bacit-poly-hc eye ointment <b>LA,MO</b>	1	
neomyc-bacit-polymix eye oint <b>LA,MO</b>	1	
neomyc-polym-dexamet eye ointm <b>LA,MO</b>	1	
neomyc-polym-dexameth eye drop <b>LA,MO</b>	1	
neomyc-polym-gramicid eye drop <b>LA,MO</b>	1	
neomycin-poly-hc eye drops <b>LA,MO</b>	1	
NEVANAC 0.1 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
OCUFLOX 0.3 %, EYE DROPS <b>LA,MO</b>	3	
ofloxacin 0.3% eye drops <b>LA,MO</b>	1	
olopatadine hcl 0.1% eye drops <b>LA,MO</b>	1	ST
olopatadine hcl 0.2% eye drop <b>LA,MO</b>	1	
OXERVATE 0.002 %, EYE DROPS <b>DL,LA</b>	4	PA,QL (112 per 365 days)
PATADAY 0.2% EYE DROPS <b>LA,MO</b>	3	ST
PATANOL 0.1% EYE DROPS <b>LA,MO</b>	3	ST
PAZEO 0.7% EYE DROPS <b>LA,MO</b>	3	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125% <b>SP,LA,MO</b>	3	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops <b>SP,LA,MO</b>	1	
polycin 500 unit-10,000 unit/gram eye ointment <b>LA,MO</b>	1	
polymyxin b-tmp eye drops <b>LA,MO</b>	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS <b>LA,MO</b>	3	
PRED FORTE 1 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
PRED MILD 0.12 %, EYE DROPS,SUSPENSION <b>LA,MO</b>	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <b>LA,MO</b>	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <b>LA,MO</b>	3	
prednisolone ac 1% eye drop <b>LA,MO</b>	1	
prednisolone sod 1% eye drop <b>LA,MO</b>	1	
PROLENSA 0.07 %, EYE DROPS <b>LA,MO</b>	3	ST,QL (3 per 30 days)
proparacaine 0.5% eye drops <b>LA,MO</b>	1	
RESTASIS 0.05 %, EYE DROPS IN A DROPPERETTE <b>SP,LA,MO</b>	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 %, EYE DROPS <b>SP,LA,MO</b>	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 %, EYE DROPS <b>SP,LA,MO</b>	2	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS <b>SP,LA,MO</b>	2	ST,QL (2.5 per 25 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION <b>SP,LA,MO</b>	3	ST,QL (16 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfacetamide 10% eye drops <b>LA,MO</b>	1	
sulf-pred 10-0.23% eye drops <b>LA,MO</b>	1	
timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution <b>SP,LA,MO</b>	1	
timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops <b>SP,LA,MO</b>	1	
timolol maleate 0.5% eye drop <b>SP,LA,MO</b>	1	
TIMOPTIC 0.25 %, 0.5 %, EYE DROPS <b>SP,LA,MO</b>	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 %, EYE DROPS IN A DROPPERETTE <b>SP,LA,MO</b>	3	ST
TIMOPTIC-XE 0.25 %, 0.5 %, EYE GEL <b>SP,LA,MO</b>	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION <b>LA,MO</b>	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT <b>LA,MO</b>	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION <b>LA,MO</b>	3	
tobramycin 0.3% eye drop <b>LA,MO</b>	1	
tobramycin-dexameth ophth susp <b>LA,MO</b>	1	
TOBREX 0.3 %, EYE DROPS <b>LA,MO</b>	3	
TOBREX 0.3 %, EYE OINTMENT <b>LA,MO</b>	3	
TRAVATAN Z 0.004 %, EYE DROPS <b>SP,LA,MO</b>	3	ST,QL (2.5 per 25 days)
travoprost 0.004% eye drop <b>SP,LA,MO</b>	1	QL (2.5 per 25 days)
trifluridine 1% eye drops <b>LA,MO</b>	1	
TRUSOPT 2 %, EYE DROPS <b>SP,LA,MO</b>	3	
VIGAMOX 0.5 %, EYE DROPS <b>LA,MO</b>	3	PA
VYZULTA 0.024 %, EYE DROPS <b>SP,LA,MO</b>	3	QL (5 per 30 days)
XALATAN 0.005 %, EYE DROPS <b>SP,LA,MO</b>	3	PA,QL (5 per 25 days)
XELPROS 0.005 %, EYE DROP EMULSION <b>SP,LA,MO</b>	3	ST,QL (2.5 per 25 days)
XIIDRA 5 %, EYE DROPS IN A DROPPERETTE <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
ZERVIAE 0.24 %, EYE DROPS IN A DROPPERETTE <b>LA,MO</b>	3	ST,QL (60 per 30 days)
ZIOPTAN (PF) 0.0015 %, EYE DROPS IN A DROPPERETTE <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION <b>LA,MO</b>	3	
ZYMAXID 0.5 %, EYE DROPS <b>LA,MO</b>	3	ST,QL (2.5 per 25 days)
<b>Otic Agents</b>		
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION <b>LA,MO</b>	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <b>LA,MO</b>	3	
ciprofloxacin 0.2% otic soln <b>LA,MO</b>	1	
ciproflox-dexameth otic susp <b>LA,MO</b>	1	
ciproflox-fluocinoln 0.3-0.025% <b>LA,MO</b>	3	
COLY-MYCIN S OTIC SUSP DROP <b>LA,MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <b>LA,MO</b>	3	
DERMOTIC OIL 0.01 %, EAR DROPS <b>LA,MO</b>	3	
<i>flac otic (ear) oil 0.01 %, drops</i> <b>LA,MO</b>	1	
<i>fluocinolone oil 0.01% ear drp</i> <b>LA,MO</b>	1	
<i>hydrocortison-acetic acid soln</i> <b>LA,MO</b>	1	
<i>neomycin-polymyxin-hc ear soln</i> <b>LA,MO</b>	1	
<i>neomycin-polymyxin-hc ear susp</i> <b>LA,MO</b>	1	
<i>ofloxacin 0.3% ear drops</i> <b>LA,MO</b>	1	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION <b>LA,MO</b>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
ACCOLATE 10 MG, 20 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <b>LA,MO</b>	1	B vs D
ADCIRCA 20 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML), INJECTION SOLUTION <b>LA,MO</b>	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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	2	QL (12 per 30 days)
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 <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (1 per 30 days)
<i>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</i> <b>SP,LA,MO</b>	1	B vs D
<i>albuterol hfa 90 mcg inhaler</i> <b>SP,LA,MO</b>	1	QL (36 per 30 days)
<i>albuterol sulf 2 mg/5 ml, syrup</i> <b>SP,LA,MO</b>	1	
<i>albuterol sulfate 2 mg, tab</i> <b>SP,LA,MO</b>	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>albuterol sulfate</i> 4 mg, <i>tab</i> <b>SP,LA,MO</b>	1	
<i>albuterol sulfate er</i> 4 mg, 8 mg, <i>tab</i> <b>SP,LA,MO</b>	1	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	3	ST,QL (18.3 per 28 days)
<i>alyq</i> 20 mg, <i>tablet</i> <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
<i>ambriasantan</i> 10 mg, 5 mg, <i>tablet</i> <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
<i>aminophylline</i> 250 mg/10 ml, 500 mg/20 ml, <i>vl</i> <b>LA,MO</b>	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG, <i>CAP</i> <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
<i>arformoterol</i> 15 mcg/2 ml, <i>soln</i> <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION, AEROSOL POWDER BREATH ACT, SENSOR <b>SP,LA,MO</b>	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION <b>SP,LA,MO</b>	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	ST,QL (1 per 28 days)
ATROVENT HFA 17 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	3	QL (25.8 per 30 days)
<i>azelastine</i> 0.1% (137 mcg) <i>spry</i> <b>SP,LA,MO</b>	1	QL (30 per 25 days)
<i>azelastine</i> 0.15% <i>nasal spray</i> <b>SP,LA,MO</b>	1	QL (30 per 25 days)
<i>azelastin-flutic</i> 137-50mcg <i>spr</i> <b>LA,MO</b>	1	ST,QL (23 per 28 days)
BECONASE AQ 42 MCG (0.042 %), NASAL SPRAY <b>SP,LA,MO</b>	3	ST,QL (50 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <b>SP,LA,MO</b>	3	QL (10.7 per 30 days)
<i>bosentan</i> 125 mg, 62.5 mg, <i>tablet</i> <b>DL, SP,LA</b>	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 <b>SP,LA,MO</b>	2	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER <b>SP,LA,MO</b>	2	QL (10.7 per 30 days)
BRONCHITOL 40 MG, CAPSULE WITH INHALATION DEVICE <b>DL, SP,LA</b>	4	PA,QL (560 per 28 days)
BROVANA 15 MCG/2 ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
<i>budesonide</i> 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml, <i>inh susp</i> ; <i>budesonide</i> 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml, <i>susp</i> <b>SP,LA,MO</b>	1	B vs D

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carbinoxamine 4 mg/5 ml, liquid <b>LA,MO</b>	1	
carbinoxamine maleate 4 mg, tab <b>LA,MO</b>	1	
carbinoxamine maleate 6 mg, tab <b>LA,MO</b>	1	QL (120 per 30 days)
CAYSTON 75 MG/ML, SOLUTION FOR NEBULIZATION <b>DL,LA</b>	4	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml, soln <b>LA,MO</b>	1	QL (300 per 30 days)
CINQAIR 10 MG/ML, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA
CLARINEX 5 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
clemastine 0.5 mg/5 ml, syrup <b>DL,LA</b>	4	PA,QL (1800 per 30 days)
clemastine fum 2.68 mg, tab <b>LA,MO</b>	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <b>SP,LA,MO</b>	3	QL (4 per 20 days)
cromolyn 100 mg/5 ml, oral conc <b>LA,MO</b>	1	
cromolyn 20 mg/2 ml, neb soln <b>DL, SP,LA</b>	4	B vs D
cyproheptadine 2 mg/5 ml, syrup <b>LA,MO</b>	1	
cyproheptadine 4 mg, tablet <b>LA,MO</b>	1	
DALIRESP 250 MCG, TABLET <b>SP,LA,MO</b>	2	QL (28 per 365 days)
DALIRESP 500 MCG, TABLET <b>SP,LA,MO</b>	2	QL (30 per 30 days)
desloratadine 2.5 mg, 5 mg, odt <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
desloratadine 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)
dexchlorpheniramine 2 mg/5 ml, <b>LA,MO</b>	1	PA
diphen 12.5 mg/5 ml, oral elixir <b>LA,MO</b>	1	
diphenhydramine 12.5 mg/5 ml, <b>LA,MO</b>	1	
diphenhydramine 50 mg/ml, syrng <b>LA,MO</b>	1	
diphenhydramine 50 mg/ml, vial <b>LA,MO</b>	1	
DOPRAM 20 MG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED <b>DL, SP,LA</b>	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 <b>SP,LA,MO</b>	3	ST,QL (13 per 30 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY <b>LA,MO</b>	3	ST,QL (23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML, ORAL ELIXIR <b>SP,LA,MO</b>	1	
epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject <b>LA,MO</b>	1	QL (4 per 30 days)
EPIPEN 0.3 MG/0.3 ML, INJECTION, AUTO-INJECTOR <b>LA,MO</b>	3	PA,QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML, INJECTION, AUTO-INJECTOR <b>LA,MO</b>	3	PA,QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML, INJECTION,AUTO-INJECTOR <b>LA,MO</b>	3	PA,QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML, INJECTION,AUTO-INJECTOR <b>LA,MO</b>	3	PA,QL (4 per 30 days)

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epoprostenol sodium 0.5 mg, 1.5 mg, v <sup>l</sup> <b>DL, SP,LA</b>	4	PA
epoprostenol sodium 0.5 mg, 1.5 mg, v <sup>l</sup> <b>DL, SP,LA</b>	4	PA
ESBRIET 267 MG, CAPSULE <b>DL, LA, SP,LA</b>	4	PA,QL (270 per 30 days)
ESBRIET 267 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (270 per 30 days)
ESBRIET 801 MG, TABLET <b>DL, LA, SP,LA</b>	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML, SUBCUTANEOUS SYRINGE <b>SP,LA,MO</b>	4	PA,QL (1 per 28 days)
FASENRA PEN 30 MG/ML, SUBCUTANEOUS AUTO-INJECTOR <b>SP,LA,MO</b>	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION <b>SP,LA,MO</b>	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	2	QL (10.6 per 30 days)
flunisolide 0.025% spray <b>SP,LA,MO</b>	1	QL (50 per 30 days)
fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50 <b>SP,LA,MO</b>	1	QL (60 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 <b>SP,LA,MO</b>	2	QL (1 per 30 days)
fluticasone prop 50 mcg spray <b>SP,LA,MO</b>	1	QL (16 per 30 days)
formoterol 20 mcg/2 ml, neb v <sup>l</sup> <b>SP,LA,MO</b>	1	PA,QL (120 per 30 days)
GASTROCROM 100 MG/5 ML, ORAL CONCENTRATE <b>LA,MO</b>	3	
GRASTEK 2,800 BAU, SUBLINGUAL TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg, cap <b>LA,MO</b>	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION, POWDER FOR INHALATION <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
ipratropium 0.03% spray <b>SP,LA,MO</b>	1	QL (30 per 30 days)
ipratropium 0.06% spray <b>LA,MO</b>	1	QL (45 per 30 days)
ipratropium br 0.02% soln <b>SP,LA,MO</b>	1	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml <b>SP,LA,MO</b>	1	B vs D
KALYDECO 150 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG, ORAL GRANULES IN PACKET <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
KARBINAL ER 4 MG/5 ML, ORAL SUSPENSION,EXTENDED RELEASE <b>LA,MO</b>	3	
LETAIRIS 10 MG, 5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml, sol; levalbuterol conc 1.25 mg/0.5 <b>SP,LA,MO</b>	1	B vs D
levalbuterol tar hfa 45mcg inh <b>SP,LA,MO</b>	1	ST,QL (30 per 30 days)
levocetirizine 2.5 mg/5 ml, sol <b>SP,LA,MO</b>	1	QL (300 per 30 days)
levocetirizine 5 mg, tablet <b>SP,LA,MO</b>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LONHALA MAGNAIR REFILL 25 MCG/ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML, SOLUTION FOR NEBULIZATION <b>DL,LA</b>	4	PA,QL (60 per 365 days)
<i>metaproterenol 10 mg/5 ml, syr</i> <b>SP,LA,MO</b>	1	
<i>mometasone furoate 50 mcg spry</i> <b>SP,LA,MO</b>	1	ST,QL (34 per 30 days)
<i>montelukast sod 10 mg, tablet</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg, 5 mg, tab chew</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg, granules</i> <b>SP,LA,MO</b>	1	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION, SPRAY <b>SP,LA,MO</b>	3	ST,QL (34 per 30 days)
NUCALA 100 MG, 100 MG/ML, SUBCUTANEOUS AUTO-INJECTOR; NUCALA 100 MG, 100 MG/ML, SUBCUTANEOUS SOLUTION <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
NUCALA 100 MG/ML, SUBCUTANEOUS SYRINGE <b>DL, SP,LA</b>	4	PA,QL (3 per 28 days)
ODACTRA 12 SQ-HDM, SUBLINGUAL TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
OFEV 100 MG, 150 MG, CAPSULE <b>DL, LA, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spry</i> <b>LA,MO</b>	1	ST,QL (30.5 per 30 days)
OMNARIS 50 MCG, NASAL SPRAY <b>SP,LA,MO</b>	3	ST,QL (12.5 per 30 days)
OPSUMIT 10 MG, TABLET <b>DL, SP,LA</b>	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 <b>LA,MO</b>	3	PA,QL (30 per 30 days)
ORALAIR 300 IR SUBLINGUAL TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG, TABLET,EXTENDED RELEASE <b>DL, SP,LA</b>	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG, TABLET, EXTENDED RELEASE <b>DL, SP,LA</b>	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 <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <b>DL, SP,LA</b>	4	PA,QL (112 per 28 days)
PATANASE 0.6 %, NASAL SPRAY <b>LA,MO</b>	3	ST,QL (30.5 per 30 days)
PERFORMIST 20 MCG/2 ML, SOLUTION FOR NEBULIZATION <b>SP,LA,MO</b>	3	PA,QL (120 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION, AEROSOL POWDER BREATH ACT, SENSOR <b>SP,LA,MO</b>	3	ST,QL (2 per 30 days)
PROAIR HFA 90 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION, BREATH ACTIVATED <b>SP,LA,MO</b>	3	ST,QL (2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	3	ST,QL (36 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML, SUSPENSION FOR NEBULIZATION <b>SP,LA,MO</b>	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION, BREATH ACTIVATED <b>SP,LA,MO</b>	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML, SOLUTION FOR INHALATION <b>DL, SP,LA</b>	4	B vs D
QNASL 40 MCG/ACTUATION, NASAL AEROSOL SPRAY <b>SP,LA,MO</b>	3	ST,QL (6.8 per 30 days)
QNASL 80 MCG/ACTUATION, NASAL AEROSOL SPRAY <b>SP,LA,MO</b>	3	ST,QL (10.6 per 30 days)
QUZYTIR 10 MG/ML, INTRAVENOUS SOLUTION <b>LA,MO</b>	3	
QVAR REDHALER 40 MCG/ACTUATION, HFA BREATH ACTIVATED AEROSOL <b>SP,LA,MO</b>	3	ST,QL (10.6 per 30 days)
QVAR REDHALER 80 MCG/ACTUATION, HFA BREATH ACTIVATED AEROSOL <b>SP,LA,MO</b>	3	ST,QL (21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT, SUBLINGUAL TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	4	PA
REVATIO 10 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
REVATIO 20 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
RYCLORA 2 MG/5 ML, ORAL SOLUTION <b>LA,MO</b>	1	
RYVENT 6 MG, TABLET <b>LA,MO</b>	1	QL (120 per 30 days)
SEEBRI NEOHALER 15.6 MCG, INHAL <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE, POWDER FOR INHALATION <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
<i>sildenafil 10 mg/ml, oral susp</i> <b>DL, SP,LA</b>	4	PA,QL (180 per 30 days)
<i>sildenafil 20 mg, tablet</i> <b>SP,LA,MO</b>	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG, CHEWABLE TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, ORAL GRANULES IN PACKET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION <b>SP,LA,MO</b>	2	QL (4 per 28 days)
SPIRIVA WITH HANDHALER 18 MCG, AND INHALATION CAPSULES <b>SP,LA,MO</b>	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>SP,LA,MO</b>	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	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 <b>DL, SP,LA</b>	4	PA,QL (56 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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) <b>LA,MO</b>	2	QL (4 per 30 days)
tadalafil 20 mg, tablet <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
terbutaline sulf 1 mg/ml, vial <b>LA,MO</b>	1	
terbutaline sulfate 2.5 mg, 5 mg, tab <b>SP,LA,MO</b>	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG, CAPSULE,EXTENDED RELEASE <b>SP,LA,MO</b>	1	
theophylline 80 mg/15 ml, soln <b>SP,LA,MO</b>	1	
theophylline er 100 mg, 200 mg, 300 mg, tab; theophylline er 100 mg, 200 mg, 300 mg, tablet <b>SP,LA,MO</b>	1	
theophylline er 400 mg, 600 mg, tablet <b>SP,LA,MO</b>	1	
theophylline er 450 mg, tab <b>SP,LA,MO</b>	1	QL (30 per 30 days)
theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml, d5w <b>LA,MO</b>	1	
TOBI PODHALER 28 MG, CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, INHALE CAP <b>DL, SP,LA</b>	4	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
TRACLEER 32 MG, TABLET FOR ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION; TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <b>SP,LA,MO</b>	2	QL (60 per 30 days)
treprostinil 100 mg/20 ml vial; treprostinil 20 mg/20 ml vial; treprostinil 200 mg/20 ml vial; treprostinil 50 mg/20 ml vial <b>DL,LA</b>	4	PA
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS; TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N), TABLETS <b>DL, SP,LA</b>	4	PA,QL (84 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION, BREATH ACTIVATED <b>SP,LA,MO</b>	3	PA,QL (1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML), SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML, SOLN FOR NEBULIZATION <b>DL,LA</b>	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML), SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML, SOLUTION FOR NEBULIZATION <b>DL,LA</b>	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
UPTRAVI 1,800 MCG, INTRAVENOUS SOLUTION <b>DL,LA</b>	4	PA
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK <b>DL,LA</b>	4	PA,QL (200 per 30 days)
UTIBRON NEOHALER 27.5-15.6 MCG, <b>SP,LA,MO</b>	3	PA,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG, INTRAVENOUS SOLUTION <b>DL, SP,LA</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENTAVIS 10 MCG/ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA,QL (150 per 30 days)
VENTAVIS 20 MCG/ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	2	QL (36 per 30 days)
VISTARIL 25 MG, 50 MG, CAPSULE <b>LA,MO</b>	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 <b>SP,LA,MO</b>	1	QL (60 per 30 days)
XHANCE 93 MCG/ACTUATION, BREATH ACTIVATED AEROSOL <b>SP,LA,MO</b>	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 <b>SP,LA,MO</b>	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML, SOLUTION FOR NEBULIZATION <b>SP,LA,MO</b>	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION, AEROSOL INHALER <b>SP,LA,MO</b>	3	ST,QL (30 per 30 days)
YUPELRI 175 MCG/3 ML, SOLUTION FOR NEBULIZATION <b>DL, SP,LA</b>	4	PA,QL (90 per 30 days)
zafirlukast 10 mg, 20 mg, tablet <b>SP,LA,MO</b>	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION, NASAL HFA INHALER <b>SP,LA,MO</b>	3	ST,QL (6.1 per 28 days)
zileuton er 600 mg, tablet <b>DL, SP,LA</b>	4	ST,QL (120 per 30 days)
ZYFLO 600 MG, TABLET <b>DL, SP,LA</b>	4	ST,QL (120 per 30 days)
<b>Skeletal Muscle Relaxants</b>		
AMRIX 15 MG, 30 MG, CAPSULE,EXTENDED RELEASE <b>DL,LA</b>	4	ST,QL (21 per 30 days)
carisoprodol 250 mg, 350 mg, tablet <b>LA,MO</b>	1	QL (120 per 30 days)
carisoprodol-aspirin 200-325 mg, <b>LA,MO</b>	1	
carisoprodol-aspirin-codein tb <b>DL,LA</b>	1	QL (360 per 30 days)
chlorzoxazone 250 mg, tablet <b>LA,MO</b>	1	ST,QL (360 per 30 days)
chlorzoxazone 375 mg, 750 mg, tablet <b>LA,MO</b>	1	ST,QL (120 per 30 days)
chlorzoxazone 500 mg, tablet <b>LA,MO</b>	1	ST
cyclobenzaprine 10 mg, 5 mg, tablet <b>LA,MO</b>	1	
cyclobenzaprine 7.5 mg, tablet <b>LA,MO</b>	1	QL (90 per 30 days)
cyclobenzaprine er 15 mg, 30 mg, cap <b>LA,MO</b>	1	ST,QL (21 per 30 days)
FEXMID 7.5 MG, TABLET <b>LA,MO</b>	1	ST,QL (90 per 30 days)
LORZONE 375 MG, 750 MG, TABLET <b>LA,MO</b>	1	ST,QL (120 per 30 days)
metaxall 800 mg, tablet <b>LA,MO</b>	1	QL (120 per 30 days)
metaxalone 400 mg, 800 mg, tablet <b>LA,MO</b>	1	QL (120 per 30 days)
methocarbamol 1,000 mg/10 ml <b>LA,MO</b>	1	
methocarbamol 500 mg, 750 mg, tablet <b>LA,MO</b>	1	
NORGESIC FORTE 50 MG-770 MG-60 MG TABLET <b>DL,LA</b>	4	PA,QL (120 per 30 days)
orphenadrine 30 mg/ml, vial <b>LA,MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>orphenadrine er 100 mg, tablet</i> <b>LA,MO</b>	1	
<i>orphenad-asa-caff 50-770-60 mg,</i> <b>DL,LA</b>	4	PA,QL (120 per 30 days)
<i>orphengesic forte 50 mg-770 mg-60 mg tablet</i> <b>LA,MO</b>	1	PA,QL (120 per 30 days)
ROBAXIN 100 MG/ML, INJECTION SOLUTION <b>DL,LA</b>	4	
ROBAXIN-750 TABLET <b>LA,MO</b>	3	
SKELAXIN 800 MG, TABLET <b>DL,LA</b>	4	PA,QL (120 per 30 days)
SOMA 250 MG, TABLET <b>DL,LA</b>	4	PA,QL (120 per 30 days)
SOMA 350 MG, TABLET <b>LA,MO</b>	3	PA,QL (120 per 30 days)
<i>vanadom 350 mg, tablet</i> <b>LA,MO</b>	1	QL (120 per 30 days)
<b>SLEEP DISORDER AGENTS</b>		
AMBIEN 10 MG, 5 MG, TABLET <b>LA,MO</b>	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG, TABLET,EXTENDED RELEASE <b>LA,MO</b>	3	PA,QL (30 per 30 days)
<i>armodafinil 150 mg, 200 mg, 250 mg, tablet</i> <b>SP,LA,MO</b>	1	PA,QL (30 per 30 days)
<i>armodafinil 50 mg, tablet</i> <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
BELSOMRA 10 MG, TABLET <b>LA,MO</b>	2	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG, TABLET <b>LA,MO</b>	2	QL (30 per 30 days)
BELSOMRA 5 MG, TABLET <b>LA,MO</b>	2	QL (120 per 30 days)
DAYVIGO 10 MG, 5 MG, TABLET <b>LA,MO</b>	3	PA,QL (30 per 30 days)
<i>doxepin hcl 3 mg, 6 mg, tablet</i> <b>LA,MO</b>	1	QL (30 per 30 days)
EDLUAR 10 MG, SUBLINGUAL TABLET <b>LA,MO</b>	3	
EDLUAR 5 MG, SUBLINGUAL TABLET <b>LA,MO</b>	3	QL (30 per 30 days)
<i>estazolam 1 mg, 2 mg, tablet</i> <b>DL,LA</b>	1	QL (30 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg, tablet</i> <b>LA,MO</b>	1	QL (30 per 30 days)
<i>flurazepam 15 mg, capsule</i> <b>DL,LA</b>	1	QL (60 per 30 days)
<i>flurazepam 30 mg, capsule</i> <b>DL,LA</b>	1	QL (30 per 30 days)
HALCION 0.25 MG, TABLET <b>DL,LA</b>	3	PA,QL (30 per 30 days)
HETLIOZ 20 MG, CAPSULE <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
HETLIOZ LQ 4 MG/ML, ORAL SUSPENSION <b>DL, SP,LA</b>	4	PA,QL (158 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG, SUBLINGUAL TABLET; INTERMEZZO 1.75 MG, 3.5 MG, TAB SUBLING <b>LA,MO</b>	3	PA,QL (30 per 30 days)
LUNESTA 1 MG, 2 MG, 3 MG, TABLET <b>LA,MO</b>	3	PA,QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg, tablet</i> <b>SP,LA,MO</b>	1	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (30 per 30 days)
NUVIGIL 50 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
PROVIGIL 100 MG, 200 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
<i>ramelteon 8 mg, tablet</i> <b>LA,MO</b>	1	ST,QL (30 per 30 days)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG, CAPSULE <b>DL,LA</b>	4	PA,QL (30 per 30 days)
ROZEREM 8 MG, TABLET <b>LA,MO</b>	3	ST,QL (30 per 30 days)
SILENOR 3 MG, 6 MG, TABLET <b>LA,MO</b>	3	QL (30 per 30 days)
SUNOSI 150 MG, 75 MG, TABLET <b>SP,LA,MO</b>	3	PA,QL (30 per 30 days)
temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg, capsule <b>DL,LA</b>	1	QL (30 per 30 days)
triazolam 0.125 mg, 0.25 mg, tablet <b>DL,LA</b>	1	QL (30 per 30 days)
WAKIX 17.8 MG, 4.45 MG, TABLET <b>DL, SP,LA</b>	4	PA,QL (60 per 30 days)
XYREM 500 MG/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA,QL (540 per 30 days)
XYWAV 0.5 GRAM/ML, ORAL SOLUTION <b>DL, SP,LA</b>	4	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg, capsule <b>LA,MO</b>	1	QL (30 per 30 days)
zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tab sl; zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tablet sl; zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tab; zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg, tablet <b>LA,MO</b>	1	QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML), ORAL SPRAY <b>LA,MO</b>	3	QL (23.1 per 365 days)

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## Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>COUGH/COLD</b>		
<i>benzonatate 100 mg, 150 mg, 200 mg, capsule</i> <b>MO</b>	1	
<i>bromfed dm 2 mg-30 mg-10 mg/5 ml oral syrup</i> <b>MO</b>	1	
<i>bromphen-pse-dm 2-30-10 mg/5ml</i> <b>MO</b>	1	
HYCODAN 5 MG-1.5 MG/5 ML (5 ML) ORAL SYRUP <b>MO</b>	1	
HYCODAN (WITH HOMATROPINE) 5 MG-1.5 MG/5 ML ORAL SYRUP <b>MO</b>	1	
<i>hydrocodone-chlorphen er susp</i> <b>MO</b>	1	
<i>hydrocodone-homatropine 5-1.5</i> <b>MO</b>	1	
<i>hydrocodone-homatropine soln; hydrocodone-homatropine syrup</i> <b>MO</b>	1	
<i>hydromet 5 mg-1.5 mg/5 ml oral syrup</i> <b>MO</b>	1	
OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION <b>MO</b>	3	
<i>promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup</i> <b>MO</b>	1	
<i>promethazine-codeine syrup</i> <b>MO</b>	1	
<i>promethazine-dm 6.25-15 mg/5ml</i> <b>MO</b>	1	
<i>promethazine-pe-codeine syrup</i> <b>MO</b>	1	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
TESSALON PERLES 100 MG, CAPSULE <b>MO</b>	3	
TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE; TUSSICAPS 5 MG-4 MG CAPSULE <b>MO</b>	1	
TUXARIN ER 8 MG-54.3 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	
TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE <b>MO</b>	3	
<b>ERECTILE DYSFUNCTION</b>		
<i>sildenafil 100 mg, 25 mg, 50 mg, tablet</i> <b>MD,MO</b>	1	QL (6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG, TABLET <b>MD,MO</b>	3	QL (6 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>VITAMINS/MINERALS</b>		
vitamin k1 10 mg/ml, injection solution <b>MO</b>	1	
zingiber 1.2 mg-40 mg-124.1 mg-100 mg tablet , <b>MD,MO</b>	1	
<b>CUSTOM DRUGS</b>		
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG, CAPSULE,EXTENDED RELEASE	3	B vs D
ATGAM 50 MG/ML, INTRAVENOUS SOLUTION	4	PA
AZASAN 100 MG, 75 MG, TABLET	1	B vs D
azathioprine 50 mg, tablet	1	B vs D
azathioprine sod 100 mg, vial	1	B vs D
CELLCEPT 200 MG/ML, ORAL SUSPENSION	4	B vs D
CELLCEPT 250 MG, CAPSULE	4	B vs D
CELLCEPT 500 MG, TABLET	4	B vs D
CELLCEPT INTRAVENOUS 500 MG, INTRAVENOUS SOLUTION	3	B vs D
cyclosporine 100 mg, 25 mg, capsule	1	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg,	1	B vs D
cyclosporine modified 100mg/ml	1	B vs D
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG, TABLET,EXTENDED RELEASE	3	PA
everolimus 0.25 mg, tablet	4	B vs D,QL (60 per 30 days)
everolimus 0.5 mg, tablet	4	B vs D,QL (120 per 30 days)
everolimus 0.75 mg, tablet	4	B vs D,QL (60 per 30 days)
gengraf 100 mg, 25 mg, capsule	1	B vs D
gengraf 100 mg/ml, oral solution	1	B vs D
IMURAN 50 MG, TABLET	3	PA
LEVITRA 10 MG, 20 MG, TABLET	3	QL (6 per 30 days)
LUPKYNIS 7.9 MG, CAPSULE	4	PA,QL (180 per 30 days)
mycophenolate 200 mg/ml, susp	1	B vs D
mycophenolate 250 mg, capsule	1	B vs D
mycophenolate 500 mg, tablet	1	B vs D
mycophenolate 500 mg, vial	1	B vs D
mycophenolic acid dr 180 mg, 360 mg, tb	1	B vs D
MYFORTIC 180 MG, TABLET,DELAYED RELEASE	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>CUSTOM DRUGS</b>		
MYFORTIC 360 MG, TABLET, DELAYED RELEASE	4	B vs D
NEORAL 100 MG, 25 MG, CAPSULE	3	B vs D
NEORAL 100 MG/ML, ORAL SOLUTION	3	B vs D
PROGRAF 0.2 MG, 1 MG, ORAL GRANULES IN PACKET	3	B vs D
PROGRAF 0.5 MG, 1 MG, 5 MG, CAPSULE	3	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG, TABLET	4	B vs D
RAPAMUNE 1 MG/ML, ORAL SOLUTION	4	B vs D
SANDIMMUNE 100 MG, 25 MG, CAPSULE	3	B vs D
SANDIMMUNE 100 MG/ML, ORAL SOLUTION	3	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg, tablet</i>	1	B vs D
<i>sirolimus 1 mg/ml, solution</i>	1	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg, capsule (ir)</i>	1	B vs D
THYMOGLOBULIN 25 MG, INTRAVENOUS SOLUTION	3	PA
<i>varденаfil hcl 10 mg, 2.5 mg, 20 mg, 5 mg, tablet</i>	1	QL (6 per 30 days)
ZORTRESS 0.25 MG, 0.75 MG, 1 MG, TABLET	4	B vs D, QL (60 per 30 days)
ZORTRESS 0.5 MG, TABLET	4	B vs D, QL (120 per 30 days)

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# Index

## A

- a-hydrocort... 126
- abacavir... 65
- abacavir-lamivudine... 65
- abacavir-lamivudine-zidovudine... 65
- ABELCET... 41
- ABILIFY MAINTENA... 61
- ABILIFY MYCITE MAINTENANCE KIT... 61
- ABILIFY MYCITE STARTER KIT... 62
- ABILIFY MYCITE... 61
- ABILIFY... 61
- abiraterone... 47
- ABOUTTIME PEN NEEDLE... 153
- ABRAXANE... 47
- ABSORICA LD... 102
- ABSORICA... 102
- ABSTRAL... 10
- acamprosate... 20
- ACANYA... 102
- acarbose... 72
- ACCOLATE... 174
- ACCUPRIL... 82
- ACCURETIC... 82
- accutane... 102
- acebutolol... 82
- ACETADOTE... 153
- acetaminophen... 153
- acetaminophen-caff-dihydrocod... 10
- acetaminophen-codeine... 10
- acetazolamide sodium... 83
- acetazolamide... 83
- acetic acid... 21, 153
- acetylcysteine... 153, 174
- ACIPHEX SPRINKLE... 119
- ACIPHEX... 119
- acitretin... 102, 103
- ACTEMRA ACTPEN... 142
- ACTEMRA... 142
- ACTHAR... 126
- ACTHIB (PF)... 143
- ACTICLATE... 21
- ACTIGALL... 119
- ACTIMMUNE... 143
- ACTIQ... 10
- ACTIVELLA... 130
- ACTONEL... 151
- ACTOPLUS MET XR... 72
- ACTOPLUS MET... 72
- ACTOS... 72
- ACULAR LS... 169
- ACULAR... 169
- ACUVAIL (PF)... 169
- acyclovir sodium... 66
- acyclovir... 66
- ACZONE... 103
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 143
- ADAKVEO... 153
- ADALAT CC... 83
- adapalene... 103
- adapalene-benzoyl peroxide... 103
- ADCETRIS... 47
- ADCIRCA... 174
- ADDERALL XR... 97
- ADDERALL... 97
- adefovir... 66
- ADEMPAS... 174
- adenosine... 83
- adipex-p... 153
- ADLYXIN... 72
- ADMELOG SOLOSTAR U-100 INSULIN... 72
- ADMELOG U-100 INSULIN LISPRO... 73
- ADRENALIN... 174
- adriamycin... 47
- adrucil... 47
- ADVAIR DISKUS... 174
- ADVAIR HFA... 174
- ADVOCATE PEN NEEDLE... 153
- ADVOCATE SYRINGES... 154
- ADZENYS ER... 97
- ADZENYS XR-ODT... 97
- AEMCOLO... 119
- AFINITOR DISPERZ... 47
- AFINITOR... 47
- afirmelle... 130
- AFREZZA... 73
- AGGRASTAT CONCENTRATE... 78
- AGGRASTAT IN SODIUM CHLORIDE... 79
- AGGRENEX... 79

AGRYLIN... 79	ALKERAN (AS HCL)... 47	amcinonide... 103
AIMOVIG AUTOINJECTOR... 44	ALKERAN... 47	AMERGE... 45
AIRDUO DIGIHALER... 174	ALKINDI SPRINKLE... 126	amethia lo... 130
AIRDUO RESPICLICK... 174	allopurinol sodium... 44	amethia... 130
AJOVY AUTOINJECTOR... 44	allopurinol... 44	amethyst (28)... 130
AJOVY SYRINGE... 45	ALLZITAL... 154	AMICAR... 79
ak-poly-bac... 169	almotriptan malate... 45	amifostine crystalline... 47
AKLIEF... 103	ALOCRI... 169	amikacin... 21
AKTEN (PF)... 169	ALOMIDE... 169	amiloride... 83
AKTIPAK... 103	ALOPRIM... 44	amiloride-hydrochlorothiazide... 83
AKYNZEO (FOSNETUPITANT)... 39, 40	ALORA... 130	aminocaproic acid... 79
AKYNZEO (NETUPITANT)... 40	alose... 119	aminophylline... 175
ALA-CORT... 103	ALPHAGAN P... 169	AMINOSYN II 10 %... 112
ALA-SCALP... 103	alprazolam intensol... 71	AMINOSYN II 15 %... 112
albendazole... 58	alprazolam... 71	AMINOSYN II 7 %... 112
ALBENZA... 58	ALREX... 169	AMINOSYN II 8.5 %... 112
albuterol sulfate... 174, 175	ALTABAX... 103	AMINOSYN II 8.5 %-ELECTROLYTES... 112
ALCAINE... 169	ALTACE... 83	AMINOSYN M 3.5 %... 112
alclometasone... 103	altavera (28)... 130	AMINOSYN 10 %... 112
ALCOHOL PADS... 154	ALTOPREV... 83	AMINOSYN 7 % WITH ELECTROLYTES... 112
ALCOHOL PREP PADS... 154	ALTRENO... 103	AMINOSYN 8.5 %... 112
ALCOHOL SWABS... 154	ALUNBRIG... 47	AMINOSYN 8.5 %-ELECTROLYTES... 112
ALCOHOL WIPES... 154	ALVESCO... 175	AMINOSYN-HBC 7%... 112
ALDACTAZIDE... 83	alyacen 1/35 (28)... 130	AMINOSYN-PF 10 %... 112
ALDACTONE... 83	alyacen 7/7/7 (28)... 130	AMINOSYN-PF 7 % (SULFITE-FREE)... 112
ALDARA... 103	alyq... 175	AMINOSYN-RF 5.2 %... 112
ALDURAZYME... 123	amabelz... 130	amiodarone... 83
ALECENSA... 47	amantadine hcl... 59	AMITIZA... 119
alendronate... 151	AMARYL... 73	amitriptyline... 36
alfuzosin... 125	AMBIEN CR... 182	amitriptyline-chlordiazepoxide... 36
ALIMTA... 47	AMBIEN... 182	
ALIQOPA... 47	AMBISOME... 41	
aliskiren... 83	ambrisentan... 175	

amlodipine... 83  
 amlodipine-atorvastatin... 83  
 amlodipine-benazepril... 83  
 amlodipine-olmesartan... 83  
 amlodipine-valsartan... 83  
 amlodipine-valsartan-hcthiamid... 83  
 ammonium lactate... 103  
 AMMONUL... 154  
 amnesteem... 103  
 amoxapine... 36  
 amoxicil-clarithromy-lansopraz... 119  
 amoxicillin... 21  
 amoxicillin-pot clavulanate... 21  
 amphetamine sulfate... 97  
 amphetamine... 97  
 amphotericin b... 41  
 ampicillin sodium... 21  
 ampicillin... 21  
 ampicillin-sulbactam... 21  
 AMPYRA... 97  
 AMRIX... 181  
 AMZEEQ... 103  
 ANADROL-50... 130  
 ANAFRANIL... 36  
 anagrelide... 79  
 ANAPROX DS... 10  
 anastrozole... 47  
 ANCOBON... 41  
 ANDRODERM... 130  
 ANDROGEL... 130, 131  
 ANDROID... 131  
 ANGELIQ... 131  
 ANNOVERA... 131  
 ANORO ELLIPTA... 175  
 ANTABUSE... 20  
 ANTARA... 83  
 ANTIVERT... 40  
 anusol-hc... 103  
 apexicon e... 103  
 APIDRA SOLOSTAR U-100 INSULIN... 73  
 APIDRA U-100 INSULIN... 73  
 APLENZIN... 36  
 APOKYN... 59  
 apraclonidine... 169  
 aprepitant... 40  
 apri... 131  
 APRISO... 150  
 APTENSIO XR... 97  
 APTIOM... 30  
 APTIVUS (WITH VITAMIN E)... 66  
 APTIVUS... 66  
 ARALAST NP... 123  
 aranelle (28)... 131  
 ARANESP (IN POLYSORBATE)... 79  
 ARAVA... 143  
 ARAZLO... 103  
 ARCALYST... 143  
 ARCAPTA NEOHALER... 175  
 arformoterol... 175  
 ARICEPT... 35  
 ARIKAYCE... 21  
 ARIMIDEX... 47  
 aripiprazole... 62  
 ARISTADA INITIO... 62  
 ARISTADA... 62  
 ARISTOSPAN INTRA-ARTICULAR... 126  
 ARISTOSPAN INTRALESIONAL... 126  
 ARIXTRA... 79  
 armodafinil... 182  
 ARMONAIR DIGIHALER... 175  
 ARMOUR THYROID... 140  
 ARNUITY ELLIPTA... 175  
 AROMASIN... 47  
 ARRANON... 48  
 arsenic trioxide... 48  
 ARTHROTEC 50... 10  
 ARTHROTEC 75... 10  
 ARZERRA... 48  
 ASACOL HD... 150  
 ASCENIV... 143  
 ascomp with codeine... 10  
 ascorbic acid (vitamin c)... 185  
 asenapine maleate... 62  
 ashlyna... 131  
 ASMANEX HFA... 175  
 ASMANEX TWISTHALER... 175  
 ASPARLAS... 48  
 aspirin-dipyridamole... 79  
 ASSURE ID DUO-SHIELD... 154  
 ASSURE ID INSULIN SAFETY... 154  
 ASSURE ID PEN NEEDLE... 154  
 ASTAGRAF XL... 143, 186  
 ATACAND HCT... 83  
 ATACAND... 83  
 atazanavir... 66  
 ATELVIA... 151

atenolol... 83	AVAPRO... 84	AZULFIDINE EN-TABS... 150
atenolol-chlorthalidone... 83	AVASTIN... 48	AZULFIDINE... 150
ATGAM... 143, 186	AVC VAGINAL... 21	azurette (28)... 131
ATIVAN... 71	AVEED... 131	<b>B</b>
atomoxetine... 97	AVELOX IN NACL (ISO-OSMOTIC)... 21	b complex 100... 185
atorvastatin... 83	aviane... 131	b-complex injection... 185
atovaquone... 58	avidoxy... 21	BACIGUENT... 169
atovaquone-proguanil... 58	AVITA... 103	baciim... 22
ATRALIN... 103	AVODART... 125	bacitracin... 22, 169
ATRIPLA... 66	AVONEX (WITH ALBUMIN)... 97	bacitracin-polymyxin b... 169
atropine in 0.9 % sod chloride... 119	AVONEX... 97	baclofen... 65
atropine... 119, 169	AVSOLA... 143	BACTRIM DS... 22
ATROVENT HFA... 175	AVYCAZ... 21	BACTRIM... 22
AUBAGIO... 97	AYGESTIN... 131	BAFIERTAM... 97
aubra eq... 131	ayuna... 131	BAL IN OIL... 154
aubra... 131	AYVAKIT... 48	bal-care dha... 112
AUGMENTIN ES-600... 21	azacididine... 48	balanced salt... 169
AUGMENTIN XR... 21	AZACTAM... 21	BALCOLTRA... 131
AUGMENTIN... 21	AZASAN... 143, 186	balsalazide... 150
aurovela fe 1.5/30 (28)... 131	AZASITE... 169	BALVERSA... 48
aurovela fe 1-20 (28)... 131	azathioprine sodium... 186	balziva (28)... 131
aurovela 1.5/30 (21)... 131	azathioprine... 143, 186	BAND-AID GAUZE PADS... 154
aurovela 1/20 (21)... 131	azelaic acid... 103	BANZEL... 30
aurovela 24 fe... 131	azelastine... 169, 175	BAQSIMI... 73
AURYXIA... 112	azelastine-fluticasone... 175	BARACLUDE... 66
AUSTEDO... 97	AZELEX... 103	BASAGLAR KWIKPEN U-100 INSULIN... 73
AUTOJECT 2 INJECTION DEVICE... 154	AZILECT... 59	BAVENCIO... 48
AUTOPEN 1 TO 21 UNITS... 154	azithromycin... 22	BAXDELA... 22
AUTOPEN 2 TO 42 UNITS... 154	AZOPT... 169	BCG VACCINE, LIVE (PF)... 143
AVAGE... 103	AZOR... 84	BD ALCOHOL SWABS... 154
AVALIDE... 83, 84	AZSTARYS... 97	BD AUTOSHIELD DUO PEN NEEDLE... 154
AVANDIA... 73	aztreonam... 22	

BD ECLIPSE LUER-LOK... 154	benazepril... 84	BETOPTIC S... 170
BD INSULIN SYRINGE (HALF UNIT)... 154	benazepril-hydrochlorothiazide... 84	BEVESPI AEROSPHERE... 175
BD INSULIN SYRINGE MICRO-FINE... 154	BENDEKA... 48	bexarotene... 48
BD INSULIN SYRINGE SAFETY-LOK... 154	BENICAR HCT... 84	BEXSERO... 143
BD INSULIN SYRINGE SLIP TIP... 154	BENICAR... 84	BEYAZ... 131
BD INSULIN SYRINGE U-500... 154	BENLYSTA... 143	bicalutamide... 84
BD INSULIN SYRINGE ULTRA-FINE... 155	BENTYL... 119	BICILLIN C-R... 22
BD INSULIN SYRINGE... 154	BENZAACLIN PUMP... 103	BICILLIN L-A... 22
BD LO-DOSE MICRO-FINE IV... 155	BENZAACLIN... 103	BICNU... 48
BD LO-DOSE ULTRA-FINE... 155	BENZAMYCIN... 103	BIDIL... 84
BD NANO 2ND GEN PEN NEEDLE... 155	benznidazole... 58, 59	BIJUVA... 131
BD SAFETYGLIDE INSULIN SYRINGE... 155	benzonatate... 184	BIKTARVY... 66
BD SAFETYGLIDE SYRINGE... 155	benzphetamine... 155	BILTRICIDE... 59
BD ULTRA-FINE MICRO PEN NEEDLE... 155	benztropine... 60	bimatoprost... 155, 170
BD ULTRA-FINE MINI PEN NEEDLE... 155	bepotastine besilate... 170	BINOSTO... 151
BD ULTRA-FINE NANO PEN NEEDLE... 155	BEPREVE... 170	BIORPHEN... 84
BD ULTRA-FINE ORIG PEN NEEDLE... 155	BERINERT... 143	bisoprolol fumarate... 84
BD ULTRA-FINE SHORT PEN NEEDLE... 155	baser... 104	bisoprolol-hydrochlorothiazide... 84
BD VEO INSULIN SYR (HALF UNIT)... 155	BESIVANCE... 170	BIVIGAM... 143
BD VEO INSULIN SYRINGE UF... 155	BESPONS... 48	blanche... 104
BECONASE AQ... 175	BETADINE OPHTHALMIC PREP... 170	BLENREP... 48
bekyree (28)... 131	betamethasone acet,sod phos... 126	bleomycin... 48
BELBUCA... 10	betamethasone dipropionate... 104	BLEPH-10... 170
BELEODAQ... 48	betamethasone valerate... 104	BLEPHAMIDE S.O.P.... 170
BELSOMRA... 182	betamethasone, augmented... 104	BLEPHAMIDE... 170
	BETAPACE AF... 84	blisovi fe 1.5/30 (28)... 131
	BETAPACE... 84	blisovi fe 1/20 (28)... 131
	BETASERON... 97	blisovi 24 fe... 131
	betaxolol... 84, 170	BONIVA... 152
	bethanechol chloride... 125	BONJESTA... 40
	BETHKIS... 22	BOOSTRIX TDAP... 143
	BETIMOL... 170	BORDERED GAUZE... 155
		bortezomib... 48



bosentan... 175	bupivacaine-dextrose-water(pf)... 18	CABLIVI... 79
BOSULIF... 48	bupivacaine-epinephrine (pf)... 18	CABOMETYX... 48
BRAFTOVI... 48	bupivacaine-epinephrine bitart... 18	CADUET... 84
BREO ELLIPTA... 175	bupivacaine-epinephrine... 18	CAFCIT... 156
bretylium tosylate... 84	BUPRENEX... 10	CAFERGOT... 45
BREVIBLOC IN NAACL (ISO-OSM)... 84	buprenorphine hcl... 10, 20	caffeine citrate... 156
BREVIBLOC... 84	buprenorphine... 10	CALAN SR... 84
BREZTRI AEROSPHERE... 175	buprenorphine-naloxone... 20	CALAN... 84
briellyn... 131	bupropion hcl (smoking deter)... 20	calcipotriene... 104
BRILINTA... 79	bupropion hcl... 36, 37	calcipotriene-betamethasone... 104
brimonidine... 170	bupirone... 71	calcitonin (salmon)... 152
brinzolamide... 170	busulfan... 48	calcitrene... 104
BRISDELLE... 36	BUSULFEX... 48	calcitriol... 104, 152
BRIVIACT... 30	butalbital compound w/codeine... 10	calcium acetate(phosphat bind)... 112
bromfed dm... 184	butalbital-acetaminop-caf-cod... 155	calcium chloride... 112
bromfenac... 170	butalbital-acetaminophen... 155	calcium disodium versenate... 156
bromocriptine... 60	butalbital-acetaminophen-caff... 155	calcium gluconate... 112
brompheniramine-pseudoeph-dm... 184	butalbital-aspirin-caffeine... 155	CALDOLOR... 10
BROMSITE... 170	butorphanol... 10	CALQUENCE... 48
BRONCHITOL... 175	BUTRANS... 10	CAMBIA... 10
BROVANA... 175	BYDUREON BCISE... 73	camila... 131
BRUKINSA... 48	BYDUREON... 73	CAMPTOSAR... 48
BRYHALI... 104	BYETTA... 73	camrese lo... 131
BSS PLUS... 170	BYLVAY... 155, 156	camrese... 131
BSS... 170	BYNFEZIA... 141	CANASA... 151
budesonide... 150, 151, 175	BYSTOLIC... 84	CANCIDAS... 41
bumetanide... 84		candesartan... 84
BUNAVAIL... 20		candesartan-hydrochlorothiazid... 84
bupap... 155		CAPASTAT... 46
BUPHENYL... 123		CAPEX... 104
bupivacaine (pf)... 18		CAPLYTA... 62
bupivacaine hcl... 18		

**C**

c-nate dha... 112  
 CABENUVA... 66  
 cabergoline... 141

CAPRELSA... 48	CARNITOR... 112	ceftazidime... 23
captopril... 85	CAROSPIR... 85	ceftriaxone in dextrose,iso-os... 23
captopril-hydrochlorothiazide... 85	carteolol... 170	ceftriaxone... 23
CARAC... 104	cartia xt... 85	cefuroxime axetil... 23
CARAFATE... 119	carvedilol phosphate... 85	cefuroxime sodium... 23
CARBAGLU... 112	carvedilol... 85	CELEBREX... 10
carbamazepine... 30	CASODEX... 48	celecoxib... 10
CARBATROL... 30	caspofungin... 41	CELESTONE SOLUSPAN... 127
carbidopa... 60	cataflam... 10	CELEXA... 37
carbidopa-levodopa... 60	CATAPRES... 85	CELLCEPT INTRAVENOUS... 186
carbidopa-levodopa-entacapone... 60	CATAPRES-TTS-1... 85	CELLCEPT... 143, 186
carbinoxamine maleate... 176	CATAPRES-TTS-2... 85	CELONTIN... 30
CARBOCAINE (PF)... 18	CATAPRES-TTS-3... 85	CENTANY... 104
CARBOCAINE WITH NEO-COBEFRIN... 18	CAYSTON... 176	cephalexin... 23
CARBOCAINE... 18	caziant (28)... 131	CEQUA... 170
carboplatin... 48	cefaclor... 22	CERDELGA... 123
carboprost tromethamine... 130	cefadroxil... 22	CEREBYX... 30
CARDIZEM CD... 85	cefazolin in dextrose (iso-os)... 22	CEREZYME... 123
CARDIZEM LA... 85	cefazolin... 22	CERVIDIL... 156
CARDIZEM... 85	cefdinir... 22	cetirizine... 176
CARDURA XL... 85	cefepime in dextrose 5 %... 22	CETROTIDE... 141
CARDURA... 85	cefepime in dextrose,iso-osm... 22	cevimeline... 102
CAREFINE PEN NEEDLE... 156	cefepime... 22	CHANTIX CONTINUING MONTH BOX... 20
CARETOUCH ALCOHOL PREP PAD... 156	cefexime... 22	CHANTIX STARTING MONTH BOX... 20
CARETOUCH INSULIN SYRINGE... 156	CEFOTAN... 22	CHANTIX... 20
CARETOUCH PEN NEEDLE... 156	cefotaxime... 22	charlotte 24 fe... 131
carisoprodol... 181	cefotetan in dextrose, iso-osm... 23	chateal (28)... 131
carisoprodol-aspirin... 181	cefotetan... 22	chateal eq (28)... 131
carisoprodol-aspirin-codeine... 181	cefoxitin in dextrose, iso-osm... 23	CHEMET... 112
carmustine... 48	cefoxitin... 23	CHENODAL... 119
CARNITOR (SUGAR-FREE)... 112	cefpodoxime... 23	chloramphenicol sod succinate... 23
	cefprozil... 23	
	ceftazidime in d5w... 23	

chlordiazepoxide hcl... 71  
 chlorhexidine gluconate... 102  
 chlorprocaine (pf)... 18  
 chloroquine phosphate... 59  
 chlorothiazide sodium... 85  
 chlorpromazine... 62  
 chlorthalidone... 85  
 chlorzoxazone... 181  
 CHOLBAM... 123  
 cholestyramine (with sugar)... 85  
 cholestyramine light... 85  
 cholestyramine-aspartame... 85  
 CHORIONIC GONADOTROPIN,  
 HUMAN... 129  
 CIALIS... 125, 156  
 ciclodan... 41  
 ciclopirox... 41, 42  
 cidofovir... 66  
 cilostazol... 79  
 CILOXAN... 170  
 CIMDUO... 66  
 cimetidine hcl... 119  
 cimetidine... 119  
 CIMZIA POWDER FOR RECONST...  
 143  
 CIMZIA STARTER KIT... 143  
 CIMZIA... 143  
 cinacalcet... 152  
 CINQAIR... 176  
 CINRYZE... 143  
 CINVANTI... 156  
 CIPRO HC... 173  
 CIPRO... 23  
 CIPRODEX... 173  
 ciprofloxacin hcl... 23, 170, 173  
 ciprofloxacin in 5 % dextrose... 23  
 ciprofloxacin... 23  
 ciprofloxacin-dexamethasone...  
 173  
 ciprofloxacin-fluocinolone... 173  
 cisplatin... 49  
 citalopram... 37  
 CITRANATAL B-CALM (FE GLUC)...  
 112  
 cladribine... 49  
 CLAFORAN... 23  
 claravis... 104  
 CLARINEX... 176  
 CLARINEX-D 12 HOUR... 156  
 clarithromycin... 23  
 clemastine... 176  
 CLENPIQ... 119  
 CLEOCIN HCL... 23  
 CLEOCIN PEDIATRIC... 24  
 CLEOCIN T... 104  
 CLEOCIN... 23  
 CLEVIPREX... 85  
 CLICKFINE PEN NEEDLE... 156  
 CLIMARA PRO... 132  
 CLIMARA... 131  
 clindacin etz... 104  
 clindacin p... 104  
 CLINDAGEL... 104  
 clindamycin hcl... 24  
 clindamycin in 0.9 % sod chlor... 24  
 clindamycin in 5 % dextrose... 24  
 clindamycin pediatric... 24  
 clindamycin phosphate... 24, 104,  
 105  
 clindamycin-benzoyl peroxide...  
 105  
 clindamycin-tretinoin... 105  
 CLINDESSE... 24  
 CLINIMIX E 2.75%/D5W SULF FREE...  
 113  
 CLINIMIX E 4.25%/D10W SUL  
 FREE... 113  
 CLINIMIX E 4.25%/D5W SULF FREE...  
 113  
 CLINIMIX E 5%/D15W SULFIT FREE...  
 113  
 CLINIMIX E 5%/D20W SULFIT FREE...  
 113  
 CLINIMIX E 5%/D25W SULFIT FREE...  
 113  
 CLINIMIX E 8%-D10W  
 SULFITEFREE... 113  
 CLINIMIX E 8%-D14W  
 SULFITEFREE... 113  
 CLINIMIX 4.25%-D25W SULF-FREE...  
 112  
 CLINIMIX 4.25%/D10W SULF FREE...  
 113  
 CLINIMIX 4.25%/D5W SULFIT  
 FREE... 113  
 CLINIMIX  
 5%-D20W(SULFITE-FREE)... 113  
 CLINIMIX 5%/D15W SULFITE FREE...  
 112  
 CLINIMIX 5%/D25W  
 SULFITE-FREE... 112  
 CLINIMIX 6%-D5W  
 (SULFITE-FREE)... 113  
 CLINIMIX  
 8%-D10W(SULFITE-FREE)... 113

CLINIMIX	COLESTID... 85	CORGARD... 86
8%-D14W(SULFITE-FREE)... 113	colestipol... 86	CORLANOR... 86
CLINISOL SF 15 %... 113	colistin (colistimethate na)... 24	CORLOPAM... 86
CLINOLIPID... 113	colocort... 151	cormax... 105
clobazam... 31	COLY-MYCIN M PARENTERAL... 24	CORTEF... 105
clobetasol... 105	COLY-MYCIN S... 173	CORTENEMA... 151
clobetasol-emollient... 105	COLYTE WITH FLAVOR PACKS... 119	CORTIFOAM... 151
CLOBEX... 105	COMBIGAN... 170	cortisone... 127
clocortolone pivalate... 105	COMBIPATCH... 132	CORTISPORIN... 105
clodan... 105	COMBIVENT RESPIMAT... 176	CORTISPORIN-TC... 174
CLODERM... 105	COMBIVIR... 66	CORVERT... 86
clofarabine... 49	COMETRIQ... 49	COSENTYX (2 SYRINGES)... 144
CLOLAR... 49	COMFORT EZ INSULIN SYRINGE... 156	COSENTYX PEN (2 PENS)... 144
clomiphene citrate... 132	COMFORT EZ PEN NEEDLES... 156	COSENTYX PEN... 144
clomipramine... 37	COMFORT TOUCH PEN NEEDLE... 157	COSENTYX... 144
clonazepam... 71	COMPAZINE... 40	COSMEGEN... 49
clonidine hcl... 85, 97	COMPLERA... 66	COSOPT (PF)... 170
clonidine... 85	complete natal dha... 113	COSOPT... 170
clopidogrel... 79	compro... 40	COTELLIC... 49
clorazepate dipotassium... 71	COMTAN... 60	COTEMPLA XR-ODT... 98
CLOROTEKAL... 18	CONCERTA... 97	COUMADIN... 79
clotrimazole... 42	CONDYLOX... 105	COZAAR... 86
clotrimazole-betamethasone... 42	constulose... 119	CREON... 123
clovique... 113	CONTRAVE... 157	CRESEMBA... 42
clozapine... 62	CONZIP... 11	CRESTOR... 86
CLOZARIL... 62	COPAXONE... 97, 98	CRINONE... 132
COARTEM... 59	COPIKTRA... 49	CRIXIVAN... 66
codeine sulfate... 10	CORDRAN TAPE LARGE ROLL... 105	cromolyn... 170, 176
codeine-butalbital-asa-caff... 10	CORDRAN... 105	crotan... 105
COGENTIN... 60	COREG CR... 86	cryselle (28)... 132
COLAZAL... 151	COREG... 86	CRYSVITA... 123
colesevelam... 85	coremino... 24	CUBICIN RF... 24
COLESTID FLAVORED... 85		CUBICIN... 24

CUPRIMINE... 113	D.H.E.45... 45	deferoxamine... 114
CURITY ALCOHOL SWABS... 157	dacarbazine... 49	DEFITELIO... 157
CURITY GAUZE... 157	DACOGEN... 49	DELESTROGEN... 132
CUTAQUIG... 144	dactinomycin... 49	DELSTRIGO... 66
CUTIVATE... 105	dalfampridine... 98	DELZICOL... 151
CUVPOSA... 119	DALIRESP... 176	demeclocycline... 24
cyanocobalamin (vitamin b-12)... 157, 185	DALVANCE... 24	DEMEROL (PF)... 11
cyclafem 1/35 (28)... 132	danazol... 132	DEMEROL... 11
cyclafem 7/7/7 (28)... 132	DANTRIUM... 65	DEMSER... 86
cyclobenzaprine... 181	dantrolene... 65	DENAVIR... 66
cyclophosphamide... 49	DANYELZA... 49	DEPAKOTE ER... 31
cycloserine... 46	dapsone... 46, 105	DEPAKOTE SPRINKLES... 31
CYCLOSET... 73	DAPTACEL (DTAP PEDIATRIC) (PF)... 144	DEPAKOTE... 31
cyclosporine modified... 144, 186	daptomycin... 24	DEPEN TITRATABS... 114
cyclosporine... 144, 186	DARAPRIM... 59	DEPO-ESTRADIOL... 132
CYKLOKAPRON... 79	darifenacin... 125	DEPO-MEDROL... 127
CYMBALTA... 37	DARZALEX FASPRO... 49	DEPO-PROVERA... 132
cyproheptadine... 176	DARZALEX... 49	DEPO-SUBQ PROVERA 104... 132
CYRAMZA... 49	dasetta 1/35 (28)... 132	DEPO-TESTOSTERONE... 132
cyred eq... 132	dasetta 7/7/7 (28)... 132	DERMA-SMOOTH/FS BODY OIL... 106
cyred... 132	daunorubicin... 49	DERMA-SMOOTH/FS SCALP OIL... 106
CYSTADANE... 123	DAURISMO... 49	DERMACEA... 157
CYSTADROPS... 170	DAYPRO... 11	DERMATOP... 106
CYSTAGON... 123	daysee... 132	DERMOTIC OIL... 174
CYSTARAN... 170	DAYTRANA... 98	DESCOVY... 66
cytarabine (pf)... 49	DAYVIGO... 182	DESFERAL... 114
cytarabine... 49	DDAVP... 129	desipramine... 37
CYTOGAM... 144	deblitane... 132	desloratadine... 176
CYTOMEL... 140	decadron... 127	desmopressin... 129
CYTOTEC... 119	decitabine... 49	desog-e.estradiol/e.estradiol... 132
CYTOVENE... 66	deferasirox... 113, 114	desogestrel-ethinyl estradiol... 132
	deferiprone... 114	

**D**

DESONATE... 106	dextrose 25 % in water (d25w)... 114	DIFLUCAN... 42
desonide... 106	dextrose 30 % in water (d30w)... 114	diflunisal... 11
DESOWEN... 106	dextrose 40 % in water (d40w)... 114	digitek... 86
desoximetasone... 106	dextrose 5 % in water (d5w)... 114	digox... 86
DESOXYN... 98	dextrose 5 %-lactated ringers... 114	digoxin... 86
desrx... 106	dextrose 5%-0.2 % sod chloride... 114	dihydroergotamine... 45
desvenlafaxine succinate... 37	dextrose 5%-0.3 % sod.chloride... 114	DILANTIN EXTENDED... 31
desvenlafaxine... 37	dextrose 50 % in water (d50w)... 114	DILANTIN INFATABS... 31
DETROL LA... 125	dextrose 70 % in water (d70w)... 114	DILANTIN... 31
DETROL... 125	DIACOMIT... 31	DILANTIN-125... 31
dexabliss... 127	DIASTAT ACUDIAL... 31	DILATRATE-SR... 86
dexamethasone intensol... 127	DIASTAT... 31	DILAUDID... 11
dexamethasone sodium phos (pf)... 127	diazepam intensol... 71	dilt-xr... 86
dexamethasone sodium phosphate... 127, 170	diazepam... 31, 71	diltiazem hcl... 86
dexamethasone... 127	diazoxide... 73	dimenhydrinate... 40
dexchlorpheniramine maleate... 176	DIBENZYLIN... 86	DIOVAN HCT... 86
DEXEDRINE SPANSULE... 98	DICLEGIS... 40	DIOVAN... 86
DEXILANT... 120	diclofenac epolamine... 11	DIPENTUM... 151
dexmethylphenidate... 98	diclofenac potassium... 11	diphen... 176
DEXPAK 10 DAY... 127	diclofenac sodium... 11, 106, 170	diphenhydramine hcl... 176
DEXPAK 13 DAY... 127	diclofenac-misoprostol... 11	diphenoxylate-atropine... 120
DEXPAK 6 DAY... 127	dicloxacillin... 24	DIPROLENE (AUGMENTED)... 106
dexrazoxane hcl... 49	dicyclomine... 120	dipyridamole... 79
DEXTENZA... 170	didanosine... 66	disopyramide phosphate... 87
dextroamphetamine... 98	diethylpropion... 157	disulfiram... 20
dextroamphetamine-amphetamine... 98	DIFFERIN... 106	DITROPAN XL... 125
dextrose 10 % and 0.2 % nacl... 114	DIFICID... 24	DIURIL IV... 87
dextrose 10 % in water (d10w)... 114	diflorasone... 106	DIURIL... 87
dextrose 20 % in water (d20w)... 114		divalproex... 31

docetaxel... 49	DROPLET INSULIN SYR(HALF UNIT)... 157	DYAZIDE... 87
dofetilide... 87	DROPLET INSULIN SYRINGE... 157	DYMISTA... 176
DOJOLVI... 157	DROPLET MICRON PEN NEEDLE... 157	DYRENIUM... 87
dolishale... 132	DROPLET PEN NEEDLE... 157	d10 %-0.45 % sodium chloride... 113
donepezil... 35	DROPSAFE PEN NEEDLE... 157	d2.5 %-0.45 % sodium chloride... 113
dopamine in 5 % dextrose... 87	drospirenone-e.estradiol-lm.fa... 132	d5 % and 0.9 % sodium chloride... 113
dopamine... 87	drospirenone-ethinyl estradiol... 132	d5 %-0.45 % sodium chloride... 113
DOPRAM... 176	DROXIA... 157	<b>E</b>
DOPTELET (10 TAB PACK)... 80	droxidopa... 87	E.E.S. GRANULES... 25
DOPTELET (15 TAB PACK)... 80	DUAKLIR PRESSAIR... 176	E.E.S. 400... 25
DOPTELET (30 TAB PACK)... 80	DUAVEE... 132	EASY COMFORT ALCOHOL PAD... 157
DORYX MPC... 24	DUET DHA WITH OMEGA-3... 114	EASY COMFORT INSULIN SYRINGE... 158
DORYX... 24	DUETACT... 73	EASY COMFORT PEN NEEDLES... 158
dorzolamide... 170	DUEXIS... 11	EASY GLIDE INSULIN SYRINGE... 158
dorzolamide-timolol (pf)... 170	DULERA... 176	EASY GLIDE PEN NEEDLE... 158
dorzolamide-timolol... 170	duloxetine... 37	EASY TOUCH ALCOHOL PREP PADS... 158
dotti... 132	DUOBRII... 106	EASY TOUCH FLIPLOCK INSULIN... 158
DOVATO... 66	DUOPA... 60	EASY TOUCH INSULIN SAFETY SYR... 158
DOVONEX... 106	DUPIXENT PEN... 144	EASY TOUCH INSULIN SYRINGE... 158
doxazosin... 87	DUPIXENT SYRINGE... 144	EASY TOUCH LUER LOCK INSULIN... 158
doxepin... 71, 106, 182	DURAGESIC... 11	EASY TOUCH PEN NEEDLE... 158
doxercalciferol... 152	DURAMORPH (PF)... 11	EASY TOUCH SAFETY PEN NEEDLE... 158
DOXIL... 49	DUREZOL... 170	EASY TOUCH SHEATHLOCK INSULIN... 159
doxorubicin... 50	DURYSTA... 170	EASY TOUCH UNI-SLIP... 159
doxorubicin, peg-liposomal... 50	dutasteride... 125	EASY TOUCH... 158
doxy-100... 24	dutasteride-tamsulosin... 125	
doxycycline hyclate... 24	DUTOPROL... 87	
doxycycline monohydrate... 24, 25	DUZALLO... 44	
doxylamine-pyridoxine (vit b6)... 40	dvorah... 11	
DRISDOL... 157, 185	DXEVO... 127	
DRIZALMA SPRINKLE... 37	DYANAVEL XR... 98	
dronabinol... 40		
droperidol... 62		

EC-NAPROSYN... 11	ELIXOPHYLLIN... 176	ENGERIX-B PEDIATRIC (PF)... 144
ec-naproxen... 11	ELLA... 132	ENHERTU... 50
econazole... 42	ELLENCE... 50	enoxaparin... 80
EDARBI... 87	ELMIRON... 125	enpresse... 133
EDARBYCLOR... 87	ELOCON... 106	enskyce... 133
EDECIN... 87	eluryng... 133	ENSPRYNG... 144
EDLUAR... 182	ELZONRIS... 50	ENSTILAR... 106
EDURANT... 66	EMBEDA... 11	entacapone... 60
efavirenz... 66	EMCYT... 50	entecavir... 67
efavirenz-emtricitabin-tenofov... 66	EMEND (FOSAPREPITANT)... 40	ENTOCORT EC... 151
efavirenz-lamivu-tenofov disop... 67	EMEND... 40	ENTRESTO... 87
EFFEXOR XR... 37	EMFLAZA... 127	ENTYVIO... 144
EFFIENT... 80	EMGALITY PEN... 45	enulose... 120
EFUDEX... 106	EMGALITY SYRINGE... 45	ENVARUSUS XR... 144, 186
EGATEN... 59	emoquette... 133	EPANED... 87
EGRIFTA SV... 129	EMPAVELI... 159	EPCLUSA... 67
EGRIFTA... 129	EMPLICITI... 50	EPIDIOLEX... 31
ELAPRASE... 123	EMSAM... 37	EPIDUO FORTE... 106
electrolyte-48 in d5w... 114	emtricitabine... 67	EPIDUO... 106
ELELYSO... 123	emtricitabine-tenofovir (tdf)... 67	EPIFOAM... 106
ELESTRIN... 132	EMTRIVA... 67	epinastine... 171
eletriptan... 45	emverm... 59	epinephrine... 176
ELIDEL... 106	ENABLEX... 125	EPIPEN JR 2-PAK... 176
ELIGARD (3 MONTH)... 141	enalapril maleate... 87	EPIPEN JR... 176
ELIGARD (4 MONTH)... 141	enalapril-hydrochlorothiazide... 87	EPIPEN 2-PAK... 176
ELIGARD (6 MONTH)... 141	enalaprilat... 87	EPIPEN... 176
ELIGARD... 141	ENBREL MINI... 144	epirubicin... 50
ELIMITE... 106	ENBREL SURECLICK... 144	epitol... 31
elinest... 132	ENBREL... 144	EPIVIR HBV... 67
ELIQUIS DVT-PE TREAT 30D START... 80	ENDARI... 120	EPIVIR... 67
ELIQUIS... 80	endocet... 12	eplerenone... 87
ELITEK... 50	ENDOMETRIN... 133	EPOGEN... 80
	ENGERIX-B (PF)... 144	epoprostenol (glycine)... 177



epoprostenol... 177	esmolol in nacl (iso-osm)... 87	EVENITY... 152
eprosartan... 87	esmolol... 87	everolimus (immunosuppressive)... 144, 186
eptifibatide... 80	esomeprazole magnesium... 120	EVISTA... 133
EPZICOM... 67	esomeprazole sodium... 120	EVKEEZA... 88
EQUETRO... 31	esomeprazole strontium... 120	EVOCLIN... 107
ERAXIS(WATER DILUENT)... 42	estarylla... 133	EVOMELA... 50
ERBITUX... 50	estazolam... 182	EVOTAZ... 67
ergocalciferol (vitamin d2)... 159, 185	ESTRACE... 133	EVOXAC... 102
ergoloid... 35	estradiol valerate... 133	EVRYSDI... 123
ERGOMAR... 45	estradiol... 133	EVZIO... 20
ergotamine-caffeine... 45	estradiol-norethindrone acet... 133	EXEL INSULIN... 159
ERIVEDGE... 50	ESTRING... 133	EXELDERM... 42
ERLEADA... 50	ESTROGEL... 133	EXELON PATCH... 36
erlotinib... 50	ESTROSTEP FE-28... 133	exemestane... 50
errin... 133	eszopiclone... 182	EXFORGE HCT... 88
ERTACZO... 42	ethacrynate sodium... 88	EXFORGE... 88
ertapenem... 25	ethacrynic acid... 88	EXJADE... 114
ERWINAZE... 50	ethambutol... 46	EXSERVAN... 98
ery pads... 107	ethosuximide... 31	EXTAVIA... 99
ERY-TAB... 25	ethynodiol diac-eth estradiol... 133	EXTINA... 42
ERYGEL... 107	ETHYOL... 50	EYSUVIS... 171
ERYPED 200... 25	etidronate disodium... 152	EZALLOR SPRINKLE... 88
ERYPED 400... 25	etodolac... 12	ezetimibe... 88
ERYTHROCIN (AS STEARATE)... 25	etonogestrel-ethinyl estradiol... 133	ezetimibe-simvastatin... 88
ERYTHROCIN... 25	ETOPOPHOS... 50	
erythromycin ethylsuccinate... 25	etoposide... 50	<b>F</b>
erythromycin with ethanol... 107	etravirine... 67	FABIOR... 107
erythromycin... 25, 171	EUCRISA... 107	FABRAZYME... 123
erythromycin-benzoyl peroxide... 107	EURAX... 107	falmina (28)... 133
ESBRIET... 177	EUTHYROX... 140	famciclovir... 67
escitalopram oxalate... 37	EVAMIST... 133	famotidine (pf)... 120
ESGIC... 159	EVEKEO ODT... 98	famotidine (pf)-nacl (iso-os)... 120
	EVEKEO... 98	famotidine... 120

FANAPT... 62  
 FARESTON... 50  
 FARXIGA... 73  
 FARYDAK... 50  
 FASENRA PEN... 177  
 FASENRA... 177  
 FASLODEX... 50  
 FAZACLO... 62, 63  
 febuxostat... 44  
 felbamate... 31  
 FELBATOL... 31  
 FELDENE... 12  
 felodipine... 88  
 FEMARA... 50  
 FEMHRT LOW DOSE... 133  
 FEMRING... 133  
 femynor... 133  
 fenofibrate micronized... 88  
 fenofibrate nanocrystallized... 88  
 fenofibrate... 88  
 fenofibric acid (choline)... 88  
 fenofibric acid... 88  
 FENOGLIDE... 88  
 fenoprofen... 12  
 FENSOLVI... 141  
 fentanyl citrate (pf)... 12  
 fentanyl citrate... 12  
 fentanyl... 12  
 FENTORA... 12  
 FERRIPROX (2 TIMES A DAY)... 114  
 FERRIPROX... 114  
 FETROJA... 25  
 FETZIMA... 37  
 FEXMID... 181  
 FIASP FLEXTOUCH U-100 INSULIN... 73  
 FIASP PENFILL U-100 INSULIN... 73  
 FIASP U-100 INSULIN... 73  
 FIBRICOR... 88  
 FINACEA... 107  
 finasteride... 125, 159  
 FINTEPLA... 31  
 FIORICET WITH CODEINE... 159  
 fioricet... 159  
 FIORINAL... 159  
 FIORINAL-CODEINE #3... 12  
 FIRAZYR... 144  
 FIRDAPSE... 99  
 FIRMAGON KIT W DILUENT SYRINGE... 141  
 FIRMAGON... 141  
 FIRVANQ... 25  
 flac otic oil... 174  
 FLAGYL... 25  
 FLAREX... 171  
 flavoxate... 125  
 FLEBOGAMMA DIF... 144  
 flecainide... 88  
 FLECTOR... 12  
 FLOLIPID... 88  
 FLOMAX... 126  
 FLOVENT DISKUS... 177  
 FLOVENT HFA... 177  
 floxuridine... 50  
 fluconazole in nacl (iso-osm)... 42  
 fluconazole... 42  
 flucytosine... 42  
 fludarabine... 50  
 fludrocortisone... 127  
 FLUMADINE... 67  
 flumazenil... 159  
 flunisolide... 177  
 fluocinolone acetonide oil... 174  
 fluocinolone and shower cap... 107  
 fluocinolone... 107  
 fluocinonide... 107  
 fluocinonide-e... 107  
 fluocinonide-emollient... 107  
 fluorometholone... 171  
 FLUOROPLEX... 107  
 fluorouracil... 50, 107  
 fluoxetine... 37  
 fluphenazine decanoate... 63  
 fluphenazine hcl... 63  
 flurandrenolide... 107  
 flurazepam... 182  
 flurbiprofen sodium... 171  
 flurbiprofen... 12  
 flutamide... 50  
 fluticasone propion-salmeterol... 177  
 fluticasone propionate... 107, 177  
 fluvastatin... 88  
 fluvoxamine... 37, 38  
 FML FORTE... 171  
 FML LIQUIFILM... 171  
 FML S.O.P... 171  
 FOCALIN XR... 99  
 FOCALIN... 99

folic acid... 159, 185	FUSILEV... 51	GELNIQUE... 126
FOLLISTIM AQ... 159	FUZEON... 67	gemcitabine... 51
FOLOTYN... 50	fyavolv... 133	gemfibrozil... 89
fomepizole... 159	FYCOMPA... 31	gemmily... 133
fondaparinux... 80	<b>G</b>	GEMTESA... 126
FORFIVO XL... 38	gabapentin... 31, 32	GENERESS FE... 133
formoterol fumarate... 177	GABITRIL... 32	generlac... 120
FORTAMET... 73	GALAFOLD... 123	gengraf... 145, 186
FORTAZ... 25	galantamine... 36	GENOTROPIN MINIQUICK... 129
FORTEO... 152	GAMASTAN S/D... 144	GENOTROPIN... 129
FORTESTA... 133	GAMASTAN... 144	gentak... 171
FOSAMAX PLUS D... 152	GAMMAGARD LIQUID... 144	gentamicin in nacl (iso-osm)... 25
FOSAMAX... 152	GAMMAGARD S-D (IGA < 1 MCG/ML)... 145	gentamicin sulfate (ped) (pf)... 25
fosamprenavir... 67	GAMMAKED... 145	gentamicin sulfate (pf)... 25
fosaprepitant... 40	GAMMAPLEX (WITH SORBITOL)... 145	gentamicin... 25, 171
foscarnet... 67	GAMMAPLEX... 145	GENVOYA... 67
FOSCAVIR... 67	GAMUNEX-C... 145	GEODON... 63
fosfomycin tromethamine... 25	ganciclovir sodium... 67	gianvi (28)... 133
fosinopril... 88	GANIRELIX... 141	GILENYA... 99
fosinopril-hydrochlorothiazide... 88	GARDASIL 9 (PF)... 145	GILOTRIF... 51
fosphenytoin... 31	GASTROCROM... 177	GIMOTI... 40
FOSRENOL... 114	gatifloxacin... 171	GIVLAARI... 159
FOTIVDA... 50	GATTEX ONE-VIAL... 120	GLASSIA... 123
FRAGMIN... 80	GATTEX 30-VIAL... 120	glatiramer... 99
FREAMINE HBC 6.9 %... 114	GAUZE BANDAGE... 159	glatopa... 99
FREAMINE III 10 %... 114	GAUZE PAD... 159	GLEEEVC... 51
FREESTYLE PRECISION... 159	gavilyte-c... 120	glimepiride... 73
FROVA... 45	gavilyte-g... 120	glipizide... 73
frovatriptan... 45	gavilyte-n... 120	glipizide-metformin... 73
FULPHILA... 80	GAVRETO... 51	GLOPERBA... 44
fulvestrant... 50	GAZYVA... 51	GLUCAGEN HYPOKIT... 73
FURADANTIN... 25		GLUCAGON (HCL) EMERGENCY KIT... 73
furosemide... 88, 89		

GLUCAGON EMERGENCY KIT (HUMAN)... 73  
 GLUCOTROL XL... 74  
 GLUCOTROL... 74  
 GLUMETZA... 74  
 glyburide micronized... 74  
 glyburide... 74  
 glyburide-metformin... 74  
 GLYCATE... 120  
 GLYCOPHOS... 114  
 glycopyrrolate (pf) in water... 120  
 glycopyrrolate... 120  
 glydo... 18  
 GLYNASE... 74  
 GLYSET... 74  
 GLYXAMBI... 74  
 GOCOVRI... 60  
 GOLYTELY... 120  
 GONAL-F RFF REDI-JECT... 159  
 GONAL-F RFF... 159  
 GONAL-F... 159  
 GONITRO... 89  
 GRALISE... 99  
 granisetron (pf)... 40  
 granisetron hcl... 40  
 GRANIX... 80  
 GRASTEK... 177  
 griseofulvin microsize... 42  
 griseofulvin ultramicrosize... 42  
 guanfacine... 89, 99  
 guanidine... 46  
 GVOKE HYPOPEN 1-PACK... 74  
 GVOKE HYPOPEN 2-PACK... 74  
 GVOKE PFS 1-PACK SYRINGE... 74  
 GVOKE PFS 2-PACK SYRINGE... 74  
 gynazole-1... 42  

**H**

 HAEGARDA... 145  
 hailey fe 1.5/30 (28)... 134  
 hailey fe 1/20 (28)... 134  
 hailey 24 fe... 134  
 hailey... 134  
 HALAVEN... 51  
 halcinonide... 107  
 HALCION... 182  
 HALDOL DECANOATE... 63  
 HALDOL... 63  
 halobetasol propionate... 108  
 HALOG... 108  
 haloperidol decanoate... 63  
 haloperidol lactate... 63  
 haloperidol... 63  
 HARVONI... 67  
 HAVRIX (PF)... 145  
 HEALTHWISE INSULIN SYRINGE... 159  
 HEALTHWISE PEN NEEDLE... 160  
 HEALTHY ACCENTS UNIFINE PENTIP... 160  
 heather... 134  
 HECTOROL... 152  
 helidac... 120  
 HEMABATE... 130  
 HEMADY... 127  
 HEMANGEOL... 89  
 heparin (porcine)... 80, 81  
 heparin, porcine (pf)... 81  
 HEPATAMINE 8%... 114  
 HEPSERA... 67  
 HERCEPTIN HYLECTA... 51  
 HERCEPTIN... 51  
 HERZUMA... 51  
 HETLIOZ LQ... 182  
 HETLIOZ... 182  
 HIBERIX (PF)... 145  
 hidex... 127  
 HIPREX... 25  
 HIZENTRA... 145  
 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  
 HUMATIN... 25  
 HUMATROPE... 129  
 HUMIRA PEN CROHNS-UC-HS START... 145  
 HUMIRA PEN PSOR-UVEITS-ADOL HS... 145  
 HUMIRA PEN... 145  
 HUMIRA... 145  
 HUMIRA(CF) PEDI CROHNS STARTER... 145  
 HUMIRA(CF) PEN CROHNS-UC-HS... 146

HUMIRA(CF) PEN PEDIATRIC UC... 146	hydrocortisone... 108, 151	ICLUSIG... 51
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 146	hydrocortisone-acetic acid... 174	IDAMYCIN PFS... 51
HUMIRA(CF) PEN... 145	hydrocortisone-min oil-wht pet... 108	idarubicin... 51
HUMIRA(CF)... 145	hydromet... 184	IDHIFA... 51
HUMULIN N NPH INSULIN KWIKPEN... 75	hydromorphone (pf)... 13	IFEX... 51
HUMULIN N NPH U-100 INSULIN... 75	hydromorphone... 12, 13	ifosfamide... 51
HUMULIN R REGULAR U-100 INSULN... 75	hydroquinone... 108	ILEVRO... 171
HUMULIN R U-500 (CONC) INSULIN... 75	hydroxocobalamin... 185	ILUMYA... 146
HUMULIN R U-500 (CONC) KWIKPEN... 75	hydroxychloroquine... 59	imatinib... 51
HUMULIN 70/30 U-100 INSULIN... 74	hydroxyprogesterone cap(ppres)... 134	IMBRUVICA... 51
HUMULIN 70/30 U-100 KWIKPEN... 75	hydroxyprogesterone caproate... 134	IMFINZI... 51
HYCAMTIN... 51	hydroxyprogesterone caproate... 134	imipenem-cilastatin... 26
HYCODAN (WITH HOMATROPINE)... 184	hydroxyurea... 51	imipramine hcl... 38
HYCODAN... 184	hydroxyzine hcl... 71, 72	imipramine pamoate... 38
hydralazine... 89	hydroxyzine pamoate... 177	imiquimod... 108
HYDREA... 51	HYPERRAB (PF)... 146	IMITREX STATDOSE PEN... 45
hydrochlorothiazide... 89	HYPERRAB S/D (PF)... 146	IMITREX STATDOSE REFILL... 45
hydrocodone bitartrate... 12	HYPERTET S/D (PF)... 146	IMITREX... 45
hydrocodone-acetaminophen... 12	HYSINGLA ER... 13	IMLYGIC... 51
hydrocodone-chlorpheniramine... 184	HYZAAR... 89	IMOGAM RABIES-HT (PF)... 146
hydrocodone-homatropine... 184		IMOVAX RABIES VACCINE (PF)... 146
hydrocodone-ibuprofen... 12	<b>I</b>	IMPAVIDO... 59
hydrocortisone butyr-emollient... 108	ibandronate... 152	IMPEKLO... 108
hydrocortisone butyrate... 108	IBRANCE... 51	IMURAN... 146, 186
hydrocortisone valerate... 108	ibu... 13	INBRIJA... 60
	ibuprofen... 13	incassia... 134
	ibuprofen-famotidine... 13	INCONTROL ALCOHOL PADS... 160
	ibuprofen-oxycodone... 13	INCONTROL PEN NEEDLE... 160
	ibutilide fumarate... 89	INCRELEX... 129
	icatibant... 146	INCRUSE ELLIPTA... 177
	iclevia... 134	indapamide... 89
		INDERAL LA... 89
		INDOCIN... 13

indomethacin sodium... 13	introvale... 134	isotretinoin... 108
indomethacin... 13	INTUNIVER... 99	isradipine... 89
INFANRIX (DTAP) (PF)... 146	INVANZ... 26	ISTALOL... 171
INFLECTRA... 146	INVEGA SUSTENNA... 63	ISTODAX... 52
INFUGEM... 52	INVEGA TRINZA... 63	ISTURISA... 160
INFUMORPH P/F... 13	INVEGA... 63	ISUPREL... 89
INFUVITE ADULT... 185	INVELTYS... 171	itraconazole... 42
INFUVITE PEDIATRIC... 185	INVIRASE... 67	IV PREP WIPES... 160
INGREZZA INITIATION PACK... 99	INVOKAMET XR... 75	ivermectin... 59, 108
INGREZZA... 99	INVOKAMET... 75	IXEMPRA... 52
INLYTA... 52	INVOKANA... 75	IXIARO (PF)... 146
INNOPRAN XL... 89	IONOSOL-B IN D5W... 114	<b>J</b>
INQOVI... 52	IONOSOL-MB IN D5W... 114	JADENU SPRINKLE... 115
INREBIC... 52	IOPIDINE... 171	JADENU... 115
INSPIRA... 89	IPOL... 146	jaimiess... 134
INSULIN ASP PRT-INSULIN ASPART... 75	ipratropium bromide... 177	JAKAFI... 52
INSULIN ASPART U-100... 75	ipratropium-albuterol... 177	JALYN... 126
INSULIN LISPRO PROTAMIN-LISPRO... 75	irbesartan... 89	jantoven... 81
INSULIN LISPRO... 75	irbesartan-hydrochlorothiazide... 89	JANUMET XR... 75
INSULIN SYR/NDL U100 HALF MARK... 160	IRESSA... 52	JANUMET... 75
INSULIN SYRINGE MICROFINE... 160	irinotecan... 52	JANUVIA... 75
INSULIN SYRINGE NEEDLELESS... 160	ISENTRESS HD... 68	JARDIANCE... 75
INSULIN SYRINGE... 160	ISENTRESS... 67	jasmiel (28)... 134
INSULIN SYRINGE-NEEDLE U-100... 160	isibloom... 134	JATENZO... 134
INSUPEN... 160	ISOLYTE S PH 7.4... 114	JEMPERLI... 52
INTEGRILIN... 81	ISOLYTE-P IN 5 % DEXTROSE... 114	jencycla... 134
INTELENCE... 67	ISOLYTE-S... 115	JENTADUETO XR... 75, 76
INTERMEZZO... 182	isoniazid... 46	JENTADUETO... 75
INTRALIPID... 114	ISOPTO CARPINE... 171	JEVTANA... 52
INTRON A... 146	ISORDIL TITRADOSE... 89	jinteli... 134
	ISORDIL... 89	jolessa... 134
	isosorbide dinitrate... 89	JORNAY PM... 99
	isosorbide mononitrate... 89	JUBLIA... 42

juleber... 134	KEPIVANCE... 102	KOSELUGO... 52
JULUCA... 68	KEPPRA XR... 32	KOSHER PRENATAL PLUS IRON... 115
junel fe 1.5/30 (28)... 134	KEPPRA... 32	KRINTAFEL... 59
junel fe 1/20 (28)... 134	KERENDIA... 89	KRISTALOSE... 120
junel fe 24... 134	KERYDIN... 42	kurvelo (28)... 134
junel 1.5/30 (21)... 134	KESIMPTA PEN... 99	KUVAN... 123
junel 1/20 (21)... 134	ketoconazole... 42	KYNMOBI... 60
JUXTAPID... 89	ketodan... 43	KYPROLIS... 52
JYNARQUE... 115	ketoprofen... 13	
	ketorolac... 13, 171	<b>L</b>
<b>K</b>	KEVEYIS... 123	l norgest/e.estradiol-e.estrad... 134
K-TAB... 115	KEVZARA... 146	LABETALOL IN DEXTROSE,ISO-OSM... 90
KABIVEN... 115	KEYTRUDA... 52	LABETALOL IN NACL (ISO-OSMOT)... 90
KADCYLA... 52	KHAPZORY... 52	labetalol... 90
KADIAN... 13	KIMYRSA... 26	LACRISERT... 171
kaitlib fe... 134	KINERET... 146	lactated ringers... 115, 160
KALETRA... 68	KINRIX (PF)... 146	lactulose... 120
kalliga... 134	kionex (with sorbitol)... 115	LAMICTAL ODT STARTER (BLUE)... 32
KALYDECO... 177	KISQALI FEMARA CO-PACK... 52	LAMICTAL ODT STARTER (GREEN)... 32
KANJINTI... 52	KISQALI... 52	LAMICTAL ODT STARTER (ORANGE)... 32
KANUMA... 123	KITABIS PAK... 26	LAMICTAL ODT... 32
KAPSPARGO SPRINKLE... 89	KLARON... 26	LAMICTAL STARTER (BLUE) KIT... 32
KAPVAY... 99	KLISYRI... 108	LAMICTAL STARTER (GREEN) KIT... 32
KARBINAL ER... 177	KLONOPIN... 72	LAMICTAL STARTER (ORANGE) KIT... 32
kariva (28)... 134	klor-con m10... 115	LAMICTAL XR STARTER (BLUE)... 32
KATERZIA... 89	KLOR-CON M15... 115	LAMICTAL XR STARTER (GREEN)... 32
KAZANO... 76	klor-con m20... 115	LAMICTAL XR STARTER (ORANGE)... 32
KEDRAB (PF)... 146	KLOR-CON 10... 115	LAMICTAL XR... 32
KEFLEX... 26	KLOR-CON 8... 115	LAMICTAL... 32
kelnor 1-50 (28)... 134	klor-con... 115	
kelnor 1/35 (28)... 134	KLOXXADO... 20	
KENALOG... 127	KOMBIGLYZE XR... 76	
KENALOG-80... 127	KORLYM... 160	
KENGREAL... 81		

lamivudine... 68	letrozole... 53	LEXIVA... 68
lamivudine-zidovudine... 68	leucovorin calcium... 53	LIALDA... 151
lamotrigine... 32, 33	LEUKERAN... 53	LIBTAYO... 53
LAMPIT... 59	LEUKINE... 81	LICART... 14
LANOXIN PEDIATRIC... 90	leuprolide... 141	lidocaine (pf) in d7.5w... 18
LANOXIN... 90	levabuterol hcl... 177	lidocaine (pf)... 18, 90
lansoprazole... 120	levabuterol tartrate... 177	lidocaine hcl... 18, 19
lanthanum... 115	LEVAQUIN... 26	lidocaine in 5 % dextrose (pf)... 90
LANTUS SOLOSTAR U-100 INSULIN... 76	LEVEMIR FLEXTOUCH U-100 INSULN... 76	lidocaine viscous... 19
LANTUS U-100 INSULIN... 76	LEVEMIR U-100 INSULIN... 76	lidocaine... 18
larin fe 1.5/30 (28)... 134	levetiracetam in nacl (iso-os)... 33	lidocaine-epinephrine bit... 19
larin fe 1/20 (28)... 135	levetiracetam... 33	lidocaine-epinephrine... 19
larin 1.5/30 (21)... 134	LEVITRA... 160, 186	lidocaine-prilocaine... 19
larin 1/20 (21)... 134	LEVO-T... 140	LIDODERM... 19
larin 24 fe... 134	levobunolol... 171	lillow (28)... 135
larissia... 135	levocarnitine (with sugar)... 115	LINCOCIN... 26
LASIX... 90	levocarnitine... 115	lincomycin... 26
LASTACRAFT... 171	levocetirizine... 177	lindane... 108
latanoprost... 171	levofloxacin in d5w... 26	linezolid in dextrose 5%... 26
LATISSE... 160	levofloxacin... 26, 171	linezolid... 26
LATUDA... 63	levoleucovorin calcium... 53	linezolid-0.9% sodium chloride... 26
LAYOLIS FE... 135	levonest (28)... 135	LINZESS... 121
LAZANDA... 13	levonorg-eth estrad triphasic... 135	liothyronine... 140
ledipasvir-sofosbuvir... 68	levonorgestrel-ethinyl estrad... 135	LIPITOR... 90
leena 28... 135	LEVOPHED (BITARTRATE)... 90	lipodox 50... 53
leflunomide... 146	levora-28... 135	lipodox... 53
LEMTRADA... 99	levorphanol tartrate... 14	LIPOFEN... 90
LENVIMA... 52, 53	levothyroxine... 140	lisinopril... 90
LESCOL XL... 90	LEVOXYL... 140	lisinopril-hydrochlorothiazide... 90
LESCOL... 90	LEVULAN... 53	LITE TOUCH INSULIN PEN NEEDLES... 160
lessina... 135	LEXAPRO... 38	LITE TOUCH INSULIN SYRINGE... 161
LETAIRIS... 177	LEXETTE... 108	lithium carbonate... 72



lithium citrate... 72	lorcet hd... 14	LUPRON DEPOT (3 MONTH)... 141
LITHOBID... 72	lorcet plus... 14	LUPRON DEPOT (4 MONTH)... 141
LITHOSTAT... 161	LOREEV XR... 72	LUPRON DEPOT (6 MONTH)... 141
LIVALO... 90	lortab elixir... 14	LUPRON DEPOT... 141
LO LOESTRIN FE... 135	loryna (28)... 135	LUPRON DEPOT-PED (3 MONTH)... 142
lo-zumandimine (28)... 135	LORZONE... 181	LUPRON DEPOT-PED... 141
LOCOID LIPOCREAM... 108	losartan... 90	lutera (28)... 135
LOCOID... 108	losartan-hydrochlorothiazide... 90	LUXIQ... 109
LODINE... 14	LOSEASONIQUE... 135	LUZU... 43
LODOSYN... 60	LOTEMAX SM... 171	lyleq... 135
LOESTRIN FE 1.5/30 (28-DAY)... 135	LOTEMAX... 171	lyllana... 135
LOESTRIN FE 1/20 (28-DAY)... 135	LOTENSIN HCT... 90	LYNPARZA... 53
LOESTRIN 1.5/30 (21)... 135	LOTENSIN... 90	LYRICA CR... 99
LOESTRIN 1/20 (21)... 135	loteprednol etabonate... 171	LYRICA... 99
lojaimiess... 135	LOTREL... 90	LYSODREN... 141
LOKELMA... 115	LOTRISONE... 43	LYSTEDA... 81
lomaira... 161	LOTRONEX... 121	LYUMJEV KWIKPEN U-100 INSULIN... 76
LOMOTIL... 121	lovastatin... 90	LYUMJEV KWIKPEN U-200 INSULIN... 76
LONHALA MAGNAIR REFILL... 178	LOVAZA... 90	LYUMJEV U-100 INSULIN... 76
LONHALA MAGNAIR STARTER... 178	LOVENOX... 81	lyza... 135
LONSURF... 53	low-ogestrel (28)... 135	
loperamide... 121	loxapine succinate... 63	<b>M</b>
LOPID... 90	lubiprostone... 121	M.V.I. ADULT... 185
lopinavir-ritonavir... 68	LUCEMYRA... 20	M.V.I. PEDIATRIC... 185
lopreeza... 135	luliconazole... 43	M.V.I.-12 (WITHOUT VITAMIN K)... 185
LOPRESSOR HCT... 90	LUMAKRAS... 53	M-M-R II (PF)... 146
LOPRESSOR... 90	LUMIGAN... 171	m-natal plus... 115
LOPROX (AS OLAMINE)... 43	LUMIZYME... 124	MACROBID... 26
LOPROX... 43	LUMOXITI... 53	MACRODANTIN... 26
lorazepam intensol... 72	LUNESTA... 182	mafenide acetate... 109
lorazepam... 72	LUPANETA PACK (1 MONTH)... 141	
LORBRENA... 53	LUPANETA PACK (3 MONTH)... 141	
lorcet (hydrocodone)... 14	LUPKYNIS... 146, 186	

MAGELLAN INSULIN SAFETY SYRNG... 161  
MAGELLAN SYRINGE... 161  
magnesium sulfate in d5w... 115  
magnesium sulfate in water... 115  
magnesium sulfate... 115  
MAKENA (PF)... 135  
MAKENA... 135  
MALARONE PEDIATRIC... 59  
MALARONE... 59  
malathion... 109  
mannitol 10 %... 91  
mannitol 20 %... 91  
mannitol 25 %... 91  
mannitol 5 %... 91  
maprotiline... 38  
MARCAINE (PF)... 19  
MARCAINE SPINAL (PF)... 19  
MARCAINE... 19  
MARCAINE-EPINEPHRINE (PF)... 19  
MARCAINE-EPINEPHRINE... 19  
MARINOL... 40  
marlissa (28)... 135  
MARPLAN... 38  
MARQIBO... 53  
MATULANE... 53  
matzim la... 91  
MAVENCLAD (10 TABLET PACK)... 99  
MAVENCLAD (4 TABLET PACK)... 99  
MAVENCLAD (5 TABLET PACK)... 99  
MAVENCLAD (6 TABLET PACK)... 99  
MAVENCLAD (7 TABLET PACK)... 99  
MAVENCLAD (8 TABLET PACK)... 99  
MAVENCLAD (9 TABLET PACK)... 99  
MAVYRET... 68  
MAXALT... 45  
MAXALT-MLT... 45  
MAXI-COMFORT INSULIN SYRINGE... 161  
MAXICOMFORT II PEN NEEDLE... 161  
MAXICOMFORT INSULIN SYRINGE... 161  
MAXICOMFORT SAFETY PEN NEEDLE... 161  
MAXIDEX... 171  
MAXIPIME... 26  
MAXITROL... 171  
MAXZIDE... 91  
MAXZIDE-25MG... 91  
MAYZENT STARTER PACK... 100  
MAYZENT... 99, 100  
meclizine... 40  
meclofenamate... 14  
MEDROL (PAK)... 127  
MEDROL... 127  
medroxyprogesterone... 135  
mefenamic acid... 14  
mefloquine... 59  
MEGACE ES... 135  
megestrol... 135, 136  
MEKINIST... 53  
MEKTOVI... 53  
melodetta 24 fe... 136  
meloxicam submicronized... 14  
meloxicam... 14  
melphalan hcl... 53  
melphalan... 53  
memantine... 36  
MENACTRA (PF)... 146  
MENEST... 136  
MENOPUR... 161  
MENOSTAR... 136  
MENQUADFI (PF)... 146  
MENTAX... 43  
MENVEO A-C-Y-W-135-DIP (PF)... 147  
meperidine (pf)... 14  
meperidine... 14  
MEPHYTON... 185  
meprobamate... 72  
MEPRON... 59  
MEPSEVII... 124  
mercaptapurine... 53  
meropenem... 26  
meropenem-0.9% sodium chloride... 26  
MERREM... 26  
merzee... 136  
mesalamine... 151  
mesna... 53  
MESNEX... 53  
MESTINON TIMESPAN... 46  
MESTINON... 46  
metadate er... 100  
metaproterenol... 178  
metaxall... 181  
metaxalone... 181  
metformin... 76  
methadone intensol... 14  
methadone... 14

METHADOSE... 14  
 methamphetamine... 100  
 methazolamide... 91  
 methenamine hippurate... 26  
 methergine... 161  
 methimazole... 142  
 METHITEST... 136  
 methocarbamol... 181  
 methotrexate sodium (pf)... 147  
 methotrexate sodium... 147  
 methoxsalen... 109  
 methscopolamine... 121  
 methyl dopa... 91  
 methyl dopa-hydrochlorothiazide... 91  
 methyl dopate... 91  
 methylergonovine... 161  
 METHYLIN... 100  
 methylphenidate hcl... 100  
 methylprednisolone acetate... 127  
 methylprednisolone sodium succ... 128  
 methylprednisolone... 127  
 methyltestosterone... 136  
 metipranolol... 171  
 metoclopramide hcl... 40  
 metolazone... 91  
 metoprolol succinate... 91  
 metoprolol ta-hydrochlorothiaz... 91  
 metoprolol tartrate... 91  
 METRO I.V.... 26  
 METROCREAM... 26  
 METROGEL VAGINAL... 26  
 METROGEL... 26  
 METROLOTION... 26  
 metronidazole in nacl (iso-os)... 26  
 metronidazole... 26  
 metyrosine... 91  
 mexiletine... 91  
 MIACALCIN... 152  
 mibelas 24 fe... 136  
 micafungin... 43  
 MICARDIS HCT... 91  
 MICARDIS... 91  
 miconazole nitrate-zinc ox-pet... 43  
 miconazole-3... 43  
 micort-hc... 128  
 MICRODOT INSULIN PEN NEEDLE... 161  
 microgestin fe 1.5/30 (28)... 136  
 microgestin fe 1/20 (28)... 136  
 microgestin 1.5/30 (21)... 136  
 microgestin 1/20 (21)... 136  
 microgestin 24 fe... 136  
 MICROZIDE... 91  
 midodrine... 91  
 migergot... 45  
 miglitol... 76  
 miglustat... 124  
 MIGRANAL... 45  
 mili... 136  
 millipred dp... 128  
 millipred... 128  
 milrinone in 5 % dextrose... 91  
 milrinone... 91  
 mimvey lo... 136  
 mimvey... 136  
 MINASTRIN 24 FE... 136  
 MINI ULTRA-THIN II... 161  
 MINIPRESS... 91  
 minitran... 91  
 MINIVELLE... 136  
 MINOCIN... 26, 27  
 minocycline... 27  
 MINOLIRA ER... 27  
 minoxidil... 91  
 MIOSTAT... 171  
 MIRAPEX ER... 60  
 MIRAPEX... 60  
 MIRCERA... 81  
 MIRCETTE (28)... 136  
 mirtazapine... 38  
 MIRVASO... 109  
 misoprostol... 121  
 MITIGARE... 44  
 mitigo (pf)... 14  
 mitomycin... 53  
 mitoxantrone... 53  
 MOBIC... 14  
 modafinil... 182  
 moexipril... 91  
 molindone... 63  
 mometasone... 109, 178  
 mondoxyne nl... 27  
 MONJUVI... 147  
 mono-linyah... 136  
 MONODOX... 27  
 MONOJECT INSULIN SAFETY SYRING... 161

MONOJECT INSULIN SYRINGE... 162  
 MONOJECT SYRINGE... 162  
 MONOJECT ULTRA COMFORT  
 INSULIN... 162  
 montelukast... 178  
 MONUROL... 27  
 morgidox... 27  
 MORPHABOND ER... 14  
 morphine (pf)... 15  
 morphine concentrate... 15  
 morphine... 14, 15  
 MOTTEGRITY... 121  
 MOTOFEN... 121  
 MOVANTIK... 121  
 MOVIPREP... 121  
 MOXEZA... 171  
 moxifloxacin... 27, 171  
 moxifloxacin-sod.ace,sul-water...  
 27  
 moxifloxacin-sod.chloride(iso)... 27  
 MOZOBIL... 81  
 MS CONTIN... 15  
 MULPLETA... 81  
 MULTAQ... 91  
 mupirocin calcium... 109  
 mupirocin... 109  
 MUTAMYCIN... 53  
 MVASI... 53  
 MYALEPT... 121  
 MYAMBUTOL... 46  
 MYCAMINE... 43  
 MYCAPSSA... 142  
 MYCOBUTIN... 46  
 mycophenolate mofetil (hcl)... 186  
 mycophenolate mofetil... 147, 186  
 mycophenolate sodium... 147, 186  
 MYDAYIS... 100  
 MYFEMBREE... 162  
 MYFORTIC... 147, 186, 187  
 MYLOTARG... 53  
 myorisan... 109  
 MYRBETRIQ... 126  
 MYSOLINE... 33  
 MYTESI... 121

**N**

nabumetone... 15  
 nadolol... 91  
 nadolol-bendroflumethiazide... 92  
 nafcillin in dextrose iso-osm... 27  
 nafcillin... 27  
 naftifine... 43  
 NAFTIN... 43  
 NAGLAZYME... 124  
 nalbuphine... 15  
 NALFON... 15  
 nalocet... 15  
 naloxone... 20  
 naltrexone... 20  
 NAMENDA TITRATION PAK... 36  
 NAMENDA XR... 36  
 NAMENDA... 36  
 NAMZARIC... 36  
 NAPRELAN CR... 15  
 NAPROSYN... 16  
 naproxen sodium... 16  
 naproxen... 16  
 naproxen-esomeprazole... 16  
 naratriptan... 45  
 NARCAN... 20  
 NARDIL... 38  
 NAROPIN (PF)... 19  
 NASCOBAL... 162, 185  
 NASONEX... 178  
 NATACHEW (FE BIS-GLYCINATE)...  
 115  
 NATACYN... 172  
 NATAZIA... 136  
 nateglinide... 76  
 NATESTO... 136  
 NATPARA... 152  
 NATROBA... 109  
 NAVELBINE... 54  
 NAYZILAM... 33  
 nebivolol... 92  
 NEBUPENT... 59  
 necon 0.5/35 (28)... 136  
 nefazodone... 38  
 NEMBUTAL SODIUM... 33  
 neo-polycin hc... 172  
 neo-polycin... 172  
 NEO-SYNALAR... 109  
 neomycin... 27  
 neomycin-bacitracin-poly-hc... 172  
 neomycin-bacitracin-polymyxin...  
 172  
 neomycin-polymyxin b gu... 162  
 neomycin-polymyxin b-dexameth...  
 172  
 neomycin-polymyxin-gramicidin...  
 172  
 neomycin-polymyxin-hc... 172, 174

NEONATAL COMPLETE... 115  
 NEONATAL PLUS VITAMIN... 115  
 NEONATAL-DHA... 115  
 NEORAL... 147, 187  
 NEPHRAMINE 5.4 %... 116  
 NERLYNX... 54  
 NESACAINE... 19  
 NESACAINE-MPF... 19  
 NESINA... 76  
 neuac... 109  
 NEULASTA ONPRO... 81  
 NEULASTA... 81  
 NEUPOGEN... 81  
 NEUPRO... 60  
 NEURONTIN... 33  
 NEVANAC... 172  
 nevirapine... 68  
 NEXAVAR... 54  
 NEXIUM IV... 121  
 NEXIUM PACKET... 121  
 NEXIUM... 121  
 NEXLETOL... 92  
 NEXLIZET... 92  
 NEXTERONE... 92  
 NEXTSTELLIS... 136  
 NEXVIAZYME... 124  
 niacin... 92  
 niacor... 92  
 NIASPAN EXTENDED-RELEASE... 92  
 nifedipine... 92  
 NICOTROL NS... 20  
 NICOTROL... 20  
 nifedipine... 92  
 nikki (28)... 136  
 NILANDRON... 54  
 nilutamide... 54  
 nimodipine... 92  
 NINLARO... 54  
 NIPENT... 54  
 nisoldipine... 92  
 nitazoxanide... 59  
 nitisinone... 124  
 NITRO-BID... 92  
 NITRO-DUR... 92  
 nitrofurantoin macrocrystal... 27  
 nitrofurantoin monohyd/m-cryst... 27  
 nitrofurantoin... 27  
 nitroglycerin in 5 % dextrose... 92  
 nitroglycerin... 92  
 NITROLINGUAL... 92  
 NITROSTAT... 92  
 NITYR... 124  
 NIVESTYM... 81  
 nizatidine... 121  
 NIZORAL... 43  
 NOCDURNA (MEN)... 129  
 NOCDURNA (WOMEN)... 129  
 nolix... 109  
 nora-be... 136  
 NORCO... 16  
 NORDITROPIN FLEXP... 129  
 norepinephrine bitartrate... 92  
 noreth-ethinyl estradiol-iron... 136  
 norethindrone (contraceptive)... 136  
 norethindrone ac-eth estradiol... 136  
 norethindrone acetate... 136  
 norethindrone-e.estradiol-iron... 136  
 NORGESIC FORTE... 181  
 norgestimate-ethinyl estradiol... 137  
 NORITATE... 27  
 norlyda... 137  
 NORMOSOL-M IN 5 % DEXTROSE... 116  
 NORMOSOL-R IN 5 % DEXTROSE... 116  
 NORMOSOL-R PH 7.4... 116  
 NORMOSOL-R... 116  
 NORPACE CR... 92  
 NORPACE... 92  
 NORPRAMIN... 38  
 NORTHERA... 92, 93  
 nortrel 0.5/35 (28)... 137  
 nortrel 1/35 (21)... 137  
 nortrel 1/35 (28)... 137  
 nortrel 7/7/7 (28)... 137  
 nortriptyline... 38  
 NORVASC... 93  
 NORVIR... 68  
 NOURIANZ... 60  
 NOVAREL... 129  
 NOVOFINE AUTOCOVER... 162  
 NOVOFINE PLUS... 162  
 NOVOFINE 32... 162  
 NOVOLIN N FLEXPEN... 76  
 NOVOLIN N NPH U-100 INSULIN... 76

NOVOLIN R FLEXPEN... 76	NUZYRA (7 DAY WITH LOAD DOSE)... 27	OGIVRI... 54
NOVOLIN R REGULAR U-100 INSULN... 76	NUZYRA (7 DAY)... 27	okebo... 27
NOVOLIN 70-30 FLEXPEN U-100... 76	NUZYRA... 27	olanzapine... 63, 64
NOVOLIN 70/30 U-100 INSULIN... 76	nyamyc... 43	olanzapine-fluoxetine... 38
NOVOLOG FLEXPEN U-100 INSULIN... 77	nylia 7/7/7 (28)... 137	olmesartan... 93
NOVOLOG MIX 70-30 U-100 INSULN... 77	NYMALIZE... 93	olmesartan-amlodipin-hcthiazyd... 93
NOVOLOG MIX 70-30FLEXPEN U-100... 77	nymyo... 137	olmesartan-hydrochlorothiazide... 93
NOVOLOG PENFILL U-100 INSULIN... 77	nystatin... 43	olopatadine... 172, 178
NOVOLOG U-100 INSULIN ASPART... 77	nystatin-triamcinolone... 43	OLUMIANT... 147
NOVOPEN ECHO... 162	nystop... 43	OLUX... 109
NOVOTWIST... 162	NYVEPRIA... 81	OLUX-E... 109
NOXAFIL... 43	<b>O</b>	OMECLAMOX-PAK... 121
NUBEQA... 54	O-CAL PRENATAL... 116	omega-3 acid ethyl esters... 93
NUCALA... 178	OB COMPLETE ONE... 116	OMEGAVEN... 116
NUCYNTA ER... 16	OB COMPLETE PETITE... 116	omeppi... 121
NUCYNTA... 16	OB COMPLETE PREMIER... 116	omeprazole... 121
NUEDEXTA... 100	obagi elastiderm... 109	omeprazole-sodium bicarbonate... 121
NULIBRY... 124	obagi nu-derm blender... 109	OMNARIS... 178
NULYTELY LEMON-LIME... 121	obagi nu-derm clear... 109	OMNIPOD DASH 5 PACK POD... 162
NULYTELY WITH FLAVOR PACKS... 121	OBREDON... 184	OMNIPOD INSULIN MANAGEMENT... 162
NUPLAZID... 63	OCALIVA... 121	OMNIPOD INSULIN REFILL... 162
NURTEC ODT... 162	ocella... 137	OMNITROPE... 129, 130
NUTRILIPID... 116	OCREVUS... 100	ONCASPAR... 54
NUTROPIN AQ NUSPIN... 129	OCTAGAM... 147	ondansetron hcl (pf)... 41
NUVARING... 137	octreotide acetate... 142	ondansetron hcl... 40, 41
NUVESSA... 27	OCUFLOX... 172	ondansetron... 40
NUVIGIL... 182	ODACTRA... 178	ONEXTON... 109
	ODEFSEY... 68	ONFI... 33
	ODOMZO... 54	ONGENTYS... 60
	OFEV... 178	ONGLYZA... 77
	ofloxacin... 27, 172, 174	
	ogestrel (28)... 137	

ONIVYDE... 54	oseltamivir... 68	oxycodone-aspirin... 16
ONMEL... 43	OSENI... 77	OXYCONTIN... 16
ONPATTRO... 124	OSMITROL 10 %... 93	oxymorphone... 16
ONTRUZANT... 54	OSMITROL 15 %... 93	oxytocin... 162
ONUREG... 54	OSMITROL 20 %... 93	OXYTROL... 126
ONZETRA XSAIL... 45	OSMITROL 5 %... 93	OZEMPIC... 77
OPANA... 16	OSMOLEX ER... 60	<b>P</b>
OPDIVO... 54	OSMOPREP... 121	PACERONE... 93
opium tincture... 121	OSPHENA... 137	paclitaxel... 54
OPSUMIT... 178	OTEZLA STARTER... 109	PADCEV... 54
ORACEA... 27	OTEZLA... 109	paliperidone... 64
ORALAIR... 178	OTOVEL... 174	PALYNZIQ... 124
oralone... 102	OTREXUP (PF)... 147	PAMELOR... 38
ORAPRED ODT... 128	OVIDE... 109	pamidronate... 152
ORAVIG... 43	OVIDREL... 130	PANCREAZE... 124
ORBACTIV... 27	oxacillin in dextrose(iso-osm)... 27	PANDEL... 109
ORENCIA CLICKJECT... 147	oxacillin... 27	PANRETIN... 54
ORENCIA... 147	oxaliplatin... 54	pantoprazole... 121
ORENITRAM... 178	oxandrolone... 137	PANZYGA... 147
ORFADIN... 124	oxaprozin... 16	paraplatin... 54
ORGOVYX... 142	OXAYDO... 16	paricalcitol... 152
ORIAHNN... 162	oxazepam... 72	PARLODEL... 60
ORILISSA... 142	OXBRYTA... 162	PARNATE... 38
ORKAMBI... 178	oxcarbazepine... 33	paroex oral rinse... 102
ORLADEYO... 147	OXERVATE... 172	paromomycin... 27
orphenadrine citrate... 181, 182	oxiconazole... 43	paroxetine hcl... 38
orphenadrine-asa-caffeine... 182	OXISTAT... 43	paroxetine mesylate(menop.sym)... 38
orphengestic forte... 182	OXLUMO... 162	PASER... 46
orsythia... 137	OXSORALEN ULTRA... 109	PATADAY... 172
ORTHO MICRONOR... 137	OXTELLAR XR... 33	PATANASE... 178
ORTHO TRI-CYCLEN (28)... 137	oxybutynin chloride... 126	PATANOL... 172
ORTHO-NOVUM 7/7/7 (28)... 137	oxycodone... 16	PAXIL CR... 38
ORTIKOS... 151	oxycodone-acetaminophen... 16	

PAXIL... 38	PEPAXTO... 54	PHYSIOLYTE... 163
PAZEO... 172	pepcid... 122	PHYSIOSOL IRRIGATION... 163
PEDIAPRED... 128	PERCOCET... 17	phytonadione (vitamin k1)... 185
PEDIARIX (PF)... 147	PERFOROMIST... 178	PICATO... 109
PEDVAX HIB (PF)... 147	PERIKABIVEN... 116	PIFELTRO... 68
peg 3350-electrolytes... 121	perindopril erbumine... 93	pilocarpine hcl... 102, 172
peg-electrolyte soln... 121	periogard... 102	pimecrolimus... 109
peg-prep... 121	PERJETA... 54	pimozide... 64
PEGANONE... 33	permethrin... 109	pimtrea (28)... 137
PEGASYS PROCLICK... 147	perphenazine... 64	pindolol... 93
PEGASYS... 147	perphenazine-amitriptyline... 38	pioglitazone... 77
PEGINTRON... 147	PERSERIS... 64	pioglitazone-glimepiride... 77
peg3350-sod sul-nacl-kcl-asb-c... 122	PERTZYE... 124	pioglitazone-metformin... 77
PEMAZYRE... 54	PEXEVA... 38	PIP PEN NEEDLE... 163
PEN NEEDLE... 162	pfizerpen-g... 28	piperacillin-tazobactam... 28
PEN NEEDLE, DIABETIC... 162	phenadoz... 41	PIQRAY... 54
penicillamine... 116	phendimetrazine tartrate... 162	pirmella... 137
penicillin g pot in dextrose... 27	phenelzine... 38	piroxicam... 17
penicillin g potassium... 28	PHENERGAN... 41	PITOCIN... 163
penicillin g procaine... 28	phenobarbital sodium... 33	PLAQUENIL... 59
penicillin g sodium... 28	phenobarbital... 33	PLASMA-LYTE A... 116
penicillin v potassium... 28	phenoxybenzamine... 93	PLASMA-LYTE 148... 116
PENLAC... 44	phentermine... 163	PLAVIX... 81
PENNSAID... 16, 17	phenylephrine hcl... 93	PLEGRIDY... 100
PENTACEL (PF)... 147	PHENYTEK... 33	PLENAMINE... 116
PENTAM... 59	phenytoin sodium extended... 33	PLENVU... 122
pentamidine... 59	phenytoin sodium... 33	PLIAGLIS... 19
PENTASA... 151	phenytoin... 33	pnv-dha... 116
pentazocine-naloxone... 17	PHESGO... 54	pnv-omega... 116
PENTIPS... 162	philith... 137	podofilox... 109
pentobarbital sodium... 33	PHOSLYRA... 116	POLIVY... 54
pentoxifylline... 93	PHOSPHOLINE IODIDE... 172	polocaine... 19
	phrenilin forte(with caffeine)... 163	polocaine-mpf... 19



polycin... 172	PRADAXA... 82	prenatal-u... 117
polymyxin b sulf-trimethoprim... 172	PRALUENT PEN... 93	PRENATE ELITE... 117
polymyxin b sulfate... 28	pramipexole... 60, 61	preplus... 117
POLYTRIM... 172	prasugrel... 82	PREPOPIK... 122
POMALYST... 54	PRAVACHOL... 93	PRESTALIA... 93
PONVORY 14-DAY STARTER PACK... 100	pravastatin... 93	PRETOMANID... 47
PONVORY... 100	praziquantel... 59	PREVACID SOLUTAB... 122
portia 28... 137	prazosin... 93	PREVACID... 122
PORTRAZZA... 55	PRECOSE... 77	prevalite... 93
posaconazole... 44	PRED FORTE... 172	PREVENT DROPSAFE PEN NEEDLE... 163
POTABA... 163, 185	PRED MILD... 172	previfem... 137
potassium acetate... 116	PRED-G S.O.P.... 172	PREVYMIS... 68
potassium chlorid-d5-0.45%nacl... 116	PRED-G... 172	PREZCOBIX... 68
potassium chloride in lr-d5... 116	prednicarbate... 110	PREZISTA... 68, 69
potassium chloride in water... 116	prednisolone acetate... 172	PRIALT... 163
potassium chloride in 0.9%nacl... 116	prednisolone sodium phosphate... 128, 172	PRIFTIN... 47
potassium chloride in 5 % dex... 116	prednisolone... 128	PRILOSEC... 122
potassium chloride... 116	prednisone intensol... 128	primaquine... 59
potassium chloride-d5-0.2%nacl... 117	prednisone... 128	PRIMAXIN IV... 28
potassium chloride-d5-0.3%nacl... 117	PREFEST... 137	primidone... 33
potassium chloride-d5-0.9%nacl... 117	pregabalin... 100, 101	primlev... 17
potassium chloride-0.45 % nacl... 116	PREGNYL... 130	PRIMSOL... 28
potassium citrate... 117	PREMARIN... 137	PRINIVIL... 93
POTELIGEO... 55	PREMASOL 10 %... 117	PRISTIQ... 38
pr natal 400 ec... 117	PREMASOL 6 %... 117	PRIVIGEN... 147
pr natal 400... 117	PREMPHASE... 137	PRO COMFORT ALCOHOL PADS... 163
pr natal 430 ec... 117	PREMPRO... 137	PRO COMFORT INSULIN SYRINGE... 163
pr natal 430... 117	PRENATA... 117	PRO COMFORT PEN NEEDLE... 163
	PRENATABS FA... 117	PROAIR DIGIHALER... 178
	prenatal plus (calcium carb)... 117	PROAIR HFA... 178
	prenatal plus dha... 117	PROAIR RESPICLICK... 178
	prenatal vitamin plus low iron... 117	

probenecid... 44  
 probenecid-colchicine... 44  
 procainamide... 93  
 PROCALAMINE 3%... 117  
 PROCARDIA XL... 94  
 PROCARDIA... 93  
 procentra... 101  
 prochlorperazine edisylate... 41  
 prochlorperazine maleate... 41  
 prochlorperazine... 41  
 PROCROT... 82  
 procto-med hc... 110  
 procto-pak... 110  
 PROCTOFOAM HC... 151  
 proctosol hc... 110  
 proctozone-hc... 110  
 PROCYSBI... 124  
 PRODIGY INSULIN SYRINGE... 163  
 progesterone micronized... 137  
 progesterone... 137  
 PROGLYCEM... 77  
 PROGRAF... 147, 148, 187  
 PROLASTIN-C... 124  
 prolate... 17  
 PROLENSA... 172  
 PROLEUKIN... 55  
 PROLIA... 152  
 PROMACTA... 82  
 promethazine vc... 163  
 promethazine vc-codeine... 184  
 promethazine... 41  
 promethazine-codeine... 184  
 promethazine-dm... 184  
 promethazine-phenyleph-codeine... 184  
 promethazine-phenylephrine... 163  
 promethegan... 41  
 PROMETRIUM... 137  
 propafenone... 94  
 propantheline... 122  
 proparacaine... 172  
 PROPECIA... 163  
 propranolol... 94  
 propranolol-hydrochlorothiazid... 94  
 propylthiouracil... 142  
 PROQUAD (PF)... 148  
 PROSCAR... 126  
 PROSOL 20 %... 117  
 protamine... 163  
 PROTONIX... 122  
 PROTOPIC... 110  
 protriptyline... 38  
 PROVENTIL HFA... 178  
 PROVERA... 137  
 PROVIGIL... 182  
 PROZAC... 39  
 PRUDOXIN... 110  
 psorcon... 110  
 PULMICORT FLEXHALER... 179  
 PULMICORT... 179  
 PULMOZYME... 179  
 PURE COMFORT ALCOHOL PADS... 163  
 PURE COMFORT PEN NEEDLE... 163  
 PURIXAN... 55  
 PYLERA... 122  
 pyrazinamide... 47  
 pyridostigmine bromide... 46  
 pyridoxine (vitamin b6)... 185  
 pyrimethamine... 59

**Q**

QBRELIS... 94  
 QBREXZA... 110  
 QELBREE... 101  
 QINLOCK... 55  
 QMIIZ ODT... 17  
 QNASL... 179  
 QSYMIA... 163  
 QTERN... 77  
 QUADRACEL (PF)... 148  
 QUALAQUIN... 59  
 QUARTETTE... 138  
 QUDEXY XR... 34  
 QUESTRAN LIGHT... 94  
 QUESTRAN... 94  
 quetiapine... 64  
 QUILLICHEW ER... 101  
 QUILLIVANT XR... 101  
 quinapril... 94  
 quinapril-hydrochlorothiazide... 94  
 quinidine gluconate... 94  
 quinidine sulfate... 94  
 quinine sulfate... 59  
 QUTENZA... 163  
 QUZYTIR... 179  
 QVAR REDHALER... 179

**R**

RABAVERT (PF)... 148  
 rabeprazole... 122

RADICAVA... 101	relexxii... 101	RETROVIR... 69
RAGWITEK... 179	RELION NEEDLES... 163	REVATIO... 179
raloxifene... 138	RELION PEN NEEDLES... 163	REVCOSI... 124
ramelteon... 182	RELISTOR... 122	REVLIMID... 55
ramipril... 94	RELPAK... 45	revonto... 65
RANEXA... 94	RELTONE... 122	REXULTI... 64
ranolazine... 94	REMERON SOLTAB... 39	REYATAZ... 69
RAPAFLO... 126	REMERON... 39	REYVOW... 45
RAPAMUNE... 148, 187	REMICADE... 148	RHOFADE... 110
rasagiline... 61	REMODULIN... 179	RHOPHYLAC... 148
RASUVO (PF)... 148	RENACIDIN... 163	RHOPRESSA... 172
RAVICTI... 124	RENAGEL... 117	RIABNI... 55
RAYALDEE... 152	RENFLEXIS... 148	RIASTAP... 82
RAYOS... 128	RENOVA... 110	RIBASPHERE RIBAPAK... 69
RAZADYNE ER... 36	REVELA... 117	ribasphere... 69
RAZADYNE... 36	REOPRO... 82	ribavirin... 69, 163
REBIF (WITH ALBUMIN)... 101	repaglinide... 77	RIDAURA... 148
REBIF REBIDOSE... 101	repaglinide-metformin... 77	rifabutin... 47
REBIF TITRATION PACK... 101	REPATHA PUSHTRONEX... 94	RIFADIN... 47
REBLOZYL... 82	REPATHA SURECLICK... 94	RIFAMATE... 47
RECARBRIO... 28	REPATHA SYRINGE... 94	rifampin... 47
RECLAST... 152	REQUIP XL... 61	RIFATER... 47
reclipsen (28)... 138	RESCRIPTOR... 69	RILUTEK... 101
RECOMBIVAX HB (PF)... 148	RESECTISOL... 94	riluzole... 101
RECTIV... 163	RESPA-AR... 184	rimantadine... 69
REDITREX (PF)... 148	RESTASIS MULTIDOSE... 172	RIMSO-50... 164
refissa... 110	RESTASIS... 172	ringer's... 117, 164
REGLAN... 41	RESTORIL... 183	RINVOQ... 148
REGONOL... 46	RETACRIT... 82	RIOMET ER... 77
REGRANEX... 110	RETEVMO... 55	RIOMET... 77
RELAFEN DS... 17	RETIN-A MICRO PUMP... 110	risedronate... 153
RELAFEN... 17	RETIN-A MICRO... 110	RISPERDAL CONSTA... 64
RELENZA DISKHALER... 69	RETIN-A... 110	RISPERDAL... 64

risperidone... 64	RUZURGI... 101	se-natal 19 chewable... 117
RITALIN LA... 101	RYBELSUS... 77	SEASONIQUE... 138
RITALIN... 101	RYBREVANT... 55	SECONAL SODIUM... 34
ritonavir... 69	RYCLORA... 179	SECUADO... 64
RITUXAN HYCELA... 55	RYDAPT... 55	SECURESAFE PEN NEEDLE... 164
RITUXAN... 55	RYLAZE... 55	SEEBRI NEOHALER... 179
rivastigmine tartrate... 36	RYTARY... 61	SEGLUROMET... 77
rivastigmine... 36	RYTHMOL SR... 94	SELECT-OB (FOLIC ACID)... 117
rivelsa... 138	RYVENT... 179	SELECT-OB + DHA... 117
rizatriptan... 45	<b>S</b>	SELECT-OB... 117
ROBAXIN... 182	SABRIL... 34	selegiline hcl... 61
ROBAXIN-750... 182	SAFESNAP INSULIN SYRINGE... 164	selenium sulfide... 110
ROCALTROL... 153	SAFETY PEN NEEDLE... 164	SELZENTRY... 69
ROCKLATAN... 172	SAFYRAL... 138	SEMGLEE PEN U-100 INSULIN... 77
romidepsin... 55	SAIZEN SAIZENPREP... 130	SEMGLEE U-100 INSULIN... 77
ropinirole... 61	SAIZEN... 130	SEMPREX-D... 164
ropivacaine (pf)... 19	sajzir... 149	SENSIPAR... 153
rosadan... 28	SALAGEN (PILOCARPINE)... 102	SENSORCAINE... 19
rosuvastatin... 94	SAMSCA... 117	sensorcaine-epinephrine... 19
ROSZET... 94	SANCUSO... 41	sensorcaine-mpf spinal... 19
ROTARIX... 148	SANDIMMUNE... 149, 187	SENSORCAINE-MPF... 19
ROTATEQ VACCINE... 148	SANDOSTATIN LAR DEPOT... 142	sensorcaine-mpf/epinephrine... 19
ROWASA... 151	SANDOSTATIN... 142	SEREVENT DISKUS... 179
roweepra xr... 34	SANTYL... 110	SEROPHENE... 138
roweepra... 34	SAPHNELO... 149	SEROQUEL XR... 64, 65
ROXICODONE... 17	SAPHRIS... 64	SEROQUEL... 64
ROZEREM... 183	sapropterin... 124	SEROSTIM... 130
ROZLYTREK... 55	SARAFEM... 39	sertraline... 39
RUBRACA... 55	SARCLISA... 55	setlakin... 138
RUCONEST... 148	SAVAYSA... 82	sevelamer carbonate... 117
rufinamide... 34	SAVELLA... 101	sevelamer hcl... 117
RUKOBIA... 69	SAXENDA... 164	SEYSARA... 28
RUXIENCE... 55	scopolamine base... 41	SFROWASA... 151

sharobel... 138  
 SHINGRIX (PF)... 149  
 SIGNIFOR LAR... 142  
 SIGNIFOR... 142  
 SIKLOS... 164  
 sildenafil (pulm.hypertension)... 179  
 sildenafil... 164, 184  
 SILENOR... 183  
 SILIQ... 149  
 silodosin... 126  
 SILVADENE... 110  
 silver sulfadiazine... 110  
 SIMBRINZA... 172  
 simliya (28)... 138  
 simpesse... 138  
 SIMPONI ARIA... 149  
 SIMPONI... 149  
 SIMULECT... 149  
 simvastatin... 94  
 SINEMET CR... 61  
 SINEMET... 61  
 SINGULAIR... 179  
 sirolimus... 149, 187  
 SIRTURO... 47  
 SITAVIG... 69  
 SIVEXTRO... 28  
 SKELAXIN... 182  
 SKLICE... 59  
 SKYRIZI... 149  
 SLYND... 138  
 SMOFLIPID... 117  
 sodium acetate... 118  
 sodium benzoate-sod phenylacet... 164  
 sodium bicarbonate... 118  
 sodium chloride 0.45 %... 118  
 sodium chloride 0.9 %... 118  
 sodium chloride 3 %... 118  
 sodium chloride 5 %... 118  
 sodium chloride... 118, 164  
 SODIUM EDECRIN... 94  
 sodium lactate... 118  
 sodium phenylbutyrate... 124, 125  
 sodium phosphate... 118  
 sodium polystyrene (sorb free)... 118  
 sodium polystyrene sulfonate... 118  
 SOLARAZE... 110  
 solifenacin... 126  
 SOLIQUA 100/33... 77  
 SOLODYN... 28  
 SOLOSEC... 28  
 SOLTAMOX... 55  
 SOLU-CORTEF ACT-O-VIAL (PF)... 128  
 SOLU-CORTEF... 128  
 SOLU-MEDROL (PF)... 128  
 SOLU-MEDROL... 128  
 SOMA... 182  
 SOMATULINE DEPOT... 142  
 SOMAVERT... 142  
 SOOLANTRA... 110  
 sorbitol-mannitol... 164  
 SORIATANE... 110  
 SORILUX... 110  
 sorine... 94  
 sotalol af... 94  
 sotalol... 94  
 SOTYLIZE... 95  
 SOVALDI... 69  
 spinosad... 110  
 SPIRIVA RESPIMAT... 179  
 SPIRIVA WITH HANDIHALER... 179  
 spironolacton-hydrochlorothiaz... 95  
 spironolactone... 95  
 SPORANOX PULSEPAK... 44  
 SPORANOX... 44  
 sprintec (28)... 138  
 SPRITAM... 34  
 SPRIX... 17  
 SPRYCEL... 55  
 SPS (WITH SORBITOL)... 118  
 sronyx... 138  
 SSD... 110  
 STALEVO 100... 61  
 STALEVO 125... 61  
 STALEVO 150... 61  
 STALEVO 200... 61  
 STALEVO 50... 61  
 STALEVO 75... 61  
 STARLIX... 77  
 stavudine... 69  
 STAXYN... 164  
 STEGLATRO... 77  
 STEGLUJAN... 78  
 STELARA... 149  
 STENDRA... 164  
 STIMATE... 130

STIOLTO RESPIMAT... 179	SUPRAX... 28	SYNAREL... 142
STIVARGA... 55	SUPREP BOWEL PREP KIT... 122	SYNDROS... 41
STRATTERA... 101	SURE COMFORT ALCOHOL PREP PADS... 164	SYNERA... 20
STRENSIQ... 125	SURE COMFORT INS. SYR. U-100... 164	SYNERCID... 28
streptomycin... 28	SURE COMFORT INSULIN SYRINGE... 164	SYNJARDY XR... 78
STRIANT... 138	SURE COMFORT PEN NEEDLE... 164	SYNJARDY... 78
STRIBILD... 69	SURE COMFORT SAFETY PEN NEEDLE... 164	SYNRIBO... 55
STRIVERDI RESPIMAT... 179	SURE-FINE PEN NEEDLES... 164	SYNTHROID... 140
STROMEKTOL... 59	SURE-JECT INSULIN SYRINGE... 165	SYPRINE... 118
SUBOXONE... 20	SURE-PREP ALCOHOL PREP PADS... 165	<b>T</b>
SUBSYS... 17	SUSTIVA... 69	TABLOID... 55
subvenite starter (blue) kit... 34	SUTAB... 122	TABRECTA... 55
subvenite starter (green) kit... 34	SUTENT... 55	TACLONEX... 110
subvenite starter (orange) kit... 34	syeda... 138	tacrolimus... 110, 149, 187
subvenite... 34	SYLATRON... 149	tadalafil (pulm. hypertension)... 180
SUCRAID... 125	SYLVANT... 149	tadalafil... 126, 165
sucralfate... 122	SYMBICORT... 179	TAFINLAR... 55
SULAR... 95	SYMBYAX... 39	TAGRISSO... 56
sulfacetamide sodium (acne)... 28	SYMDEKO... 179	TAKHZYRO... 149
sulfacetamide sodium... 28, 173	SYMFI LO... 69	TALICIA... 122
sulfacetamide-prednisolone... 173	SYMFI... 69	TALTZ AUTOINJECTOR (2 PACK)... 149
sulfadiazine... 28	SYMJEPI... 180	TALTZ AUTOINJECTOR (3 PACK)... 149
sulfamethoxazole-trimethoprim... 28	SYMLINPEN 120... 78	TALTZ AUTOINJECTOR... 149
SULFAMYLON... 110	SYMLINPEN 60... 78	TALTZ SYRINGE... 149
sulfasalazine... 151	SYMPAZAN... 34	TALWIN... 17
SULFATRIM... 28	SYMPROIC... 122	TALZENNA... 56
sulindac... 17	SYMTUZA... 69	TAMIFLU... 70
sumatriptan succinate... 45, 46	SYNAGIS... 165	tamoxifen... 56
sumatriptan... 45	SYNALAR... 110	tamsulosin... 126
sumatriptan-naproxen... 46		TAPAZOLE... 142
sunitinib... 55		taperdex... 128
SUNOSI... 183		

TARCEVA... 56	telmisartan-hydrochlorothiazid... 95	THEO-24... 180
TARGADOX... 28	temazepam... 183	theophylline in dextrose 5 %... 180
TARGETIN... 56	TEMIXYS... 70	theophylline... 180
tarina fe 1-20 eq (28)... 138	TEMODAR... 56	thiamine hcl (vitamin b1)... 185
tarina fe 1/20 (28)... 138	TEMOVATE... 111	THINPRO INSULIN SYRINGE... 165
tarina 24 fe... 138	temsirolimus... 56	THIOLA EC... 126
TARKA... 95	tencon... 165	THIOLA... 126
TASIGNA... 56	teniposide... 56	thioridazine... 65
TASMAR... 61	TENIVAC (PF)... 149	thiotepa... 56
tavaborole... 44	tenofovir disoproxil fumarate... 70	thiothixene... 65
TAVALISSE... 82	TENORETIC 100... 95	THYMOGLOBULIN... 187
taysofy... 138	TENORETIC 50... 95	THYQUIDITY... 140
TAYTULLA... 138	TENORMIN... 95	THYROLAR-1... 140
tazarotene... 110, 111	TEPEZZA... 165	THYROLAR-1/2... 140
tazicef... 29	TEPMETKO... 56	THYROLAR-1/4... 140
TAZORAC... 111	terazosin... 95	THYROLAR-2... 140
taztia xt... 95	terbinafine hcl... 44	THYROLAR-3... 140
TAZVERIK... 56	terbutaline... 180	tiadylt er... 95
TDVAX... 149	terconazole... 44	tiagabine... 34
TECENTRIQ... 56	TERUMO INSULIN SYRINGE... 165	TIAZAC... 95
TECFIDERA... 101	TESSALON PERLES... 184	TIBSOVO... 56
TECHLITE INSULIN SYRINGE... 165	TESTIM... 138	TIGAN... 41
TECHLITE INSULN SYR(HALF UNIT)... 165	testosterone cypionate... 138	tigecycline... 29
TECHLITE PEN NEEDLE... 165	testosterone enanthate... 138	TIGLUTIK... 101
TEFLARO... 29	testosterone... 138	TIKOSYN... 95
TEGRETOL XR... 34	TESTRED... 138	tilia fe... 138
TEGRETOL... 34	TETANUS,DIPHThERIA TOX PED(PF)... 149	timolol maleate (pf)... 173
TEGSEDI... 125	tetrabenazine... 101	timolol maleate... 95, 173
TEKTURNA HCT... 95	tetracycline... 29	TIMOPTIC OCUDOSE (PF)... 173
TEKTURNA... 95	TEXACORT... 111	TIMOPTIC... 173
telmisartan... 95	THALOMID... 56	TIMOPTIC-XE... 173
telmisartan-amlodipine... 95	THAM... 118	tinidazole... 29
		tiopronin... 126

TIROSINT... 140  
 TIROSINT-SOL... 141  
 TIVICAY PD... 70  
 TIVICAY... 70  
 TIVORBEX... 17  
 tizanidine... 65  
 TOBI PODHALER... 180  
 TOBI... 29  
 TOBRADEX ST... 173  
 TOBRADEX... 173  
 tobramycin in 0.225 % nacl... 29  
 tobramycin sulfate... 29  
 tobramycin with nebulizer... 29  
 tobramycin... 29, 173  
 tobramycin-dexamethasone... 173  
 TOBEX... 173  
 TOFRANIL... 39  
 TOLAK... 111  
 tolcapone... 61  
 tolmetin... 17  
 TOLSURA... 44  
 tolterodine... 126  
 tolvaptan... 118  
 TOPAMAX... 34  
 TOPCARE CLICKFINE... 165  
 TOPCARE ULTRA COMFORT... 166  
 TOPICORT... 111  
 topiramate... 34  
 toposar... 56  
 topotecan... 56  
 TOPROL XL... 95  
 toremifene... 56  
 TORISEL... 56  
 torsemide... 95  
 TOSYMRA... 46  
 TOTECT... 56  
 TOUJEO MAX U-300 SOLOSTAR... 78  
 TOUJEO SOLOSTAR U-300 INSULIN... 78  
 tovet emollient... 111  
 TOVIAZ... 126  
 TPN ELECTROLYTES... 118  
 TRACLEER... 180  
 TRADJENTA... 78  
 tramadol... 17  
 tramadol-acetaminophen... 17  
 trandolapril... 95  
 trandolapril-verapamil... 95  
 tranexamic acid... 82  
 TRANSDERM-SCOP... 41  
 TRANXENE T-TAB... 72  
 tranylcypromine... 39  
 TRAVASOL 10 %... 118  
 TRAVATAN Z... 173  
 travoprost... 173  
 TRAZIMERA... 56  
 trazodone... 39  
 TREANDA... 56  
 TRECATOR... 47  
 TRELEGY ELLIPTA... 180  
 TRELSTAR... 142  
 TREMFYA... 149, 150  
 treprostinil sodium... 180  
 TRESIBA FLEXTOUCH U-100... 78  
 TRESIBA FLEXTOUCH U-200... 78  
 TRESIBA U-100 INSULIN... 78  
 TRETIN-X... 111  
 tretinoin (antineoplastic)... 56  
 tretinoin (emollient)... 111  
 tretinoin microspheres... 111  
 tretinoin... 111  
 TREXALL... 150  
 TREXIMET... 46  
 TREZIX... 17  
 tri femynor... 138  
 tri-estarylla... 138  
 tri-legest fe... 139  
 tri-linyah... 139  
 tri-lo-estarylla... 139  
 tri-lo-marzia... 139  
 tri-lo-mili... 139  
 tri-lo-sprintec... 139  
 TRI-LUMA... 111  
 tri-mili... 139  
 tri-nymyo... 139  
 tri-previfem (28)... 139  
 tri-sprintec (28)... 139  
 tri-vylibra lo... 139  
 tri-vylibra... 139  
 triamcinolone acetonide... 102, 128  
 triamterene... 95  
 triamterene-hydrochlorothiazid... 95  
 trianex... 128  
 triazolam... 183  
 TRIBENZOR... 96  
 TRICARE... 118  
 TRICOR... 96  
 triderm... 128



trientine... 118	TRUE COMFORT INSULIN SYRINGE... 166	TYSABRI... 101
trifluoperazine... 65	TRUE COMFORT PEN NEEDLE... 166	TYVASO INSTITUTIONAL START KIT... 180
trifluridine... 173	TRUE COMFORT PRO ALCOHOL PADS... 166	TYVASO REFILL KIT... 180
TRIGLIDE... 96	TRUE COMFORT PRO INS SYRINGE... 166	TYVASO STARTER KIT... 180
trihexyphenidyl... 61	TRUEPLUS INSULIN... 166	TYVASO... 180
TRIJARDY XR... 78	TRUEPLUS PEN NEEDLE... 166	<b>U</b>
TRIKAFTA... 180	TRULANCE... 122	UBRELVY... 166
triklo... 96	TRULICITY... 78	UCERIS... 151
TRILEPTAL... 34, 35	TRUMENBA... 150	UDENYCA... 82
TRILIPIX... 96	TRUSELTIQ... 56, 57	UKONIQ... 57
trilyte with flavor packets... 122	TRUSOPT... 173	ULORIC... 44
trimethobenzamide... 41	TRUVADA... 70	ULTICARE INSULIN SYRINGE... 166
trimethoprim... 29	TRUXIMA... 57	ULTICARE INSULN SYR(HALF UNIT)... 166
trimipramine... 39	TUDORZA PRESSAIR... 180	ULTICARE PEN NEEDLE... 167
trinatal rx 1... 118	TUKYSA... 57	ULTICARE SAFETY PEN NEEDLE... 167
TRINTELLIX... 39	tulana... 139	ULTICARE... 166
TRIOSTAT... 141	TURALIO... 57	ULTIGUARD SAFEPACK-INSULIN SYR... 167
TRIPTODUR... 142	TUSSICAPS... 184	ULTIGUARD SAFEPACK-PEN NEEDLE... 167
TRISENOX... 56	TUXARIN ER... 184	ULTILET ALCOHOL SWAB... 167
TRISTART DHA... 118	TUZISTRA XR... 184	ULTILET INSULIN SYRINGE... 167
tritocin... 129	TWINRIX (PF)... 150	ULTILET PEN NEEDLE... 167
TRIUMEQ... 70	TWYNSTA... 96	ULTRA CMFT INS SYR (HALF UNIT)... 167
triveen-duo dha... 118	TYBLUME... 139	ULTRA COMFORT INSULIN SYRINGE... 167
trivora (28)... 139	TYBOST... 70	ULTRA FLO INSUL SYR(HALF UNIT)... 167
TRIZIVIR... 70	tydemy... 139	ULTRA FLO INSULIN SYRINGE... 167
TRODELVY... 56	TYGACIL... 29	ULTRA FLO PEN NEEDLE... 167
TROGARZO... 70	TYKERB... 57	ULTRA THIN PEN NEEDLE... 167
TROKENDI XR... 35	TYLENOL-CODEINE #3... 17	
TROPHAMINE 10 %... 118	TYLENOL-CODEINE #4... 17	
TROPHAMINE 6%... 118	TYMLOS... 153	
tropium... 126	TYPHIM VI... 150	
TRUE COMFORT ALCOHOL PADS... 166		

ULTRA-THIN II (SHORT) INS SYR... 168	<b>V</b>	VANISHPOINT SYRINGE... 168
ULTRA-THIN II (SHORT) PEN NDL... 168	V-GO 20... 168	VANOS... 111
ULTRA-THIN II INS PEN NEEDLES... 168	V-GO 30... 168	VAPRISOL IN 5 % DEXTROSE... 118
ULTRA-THIN II INSULIN SYRINGE... 168	V-GO 40... 168	VAQTA (PF)... 150
ULTRACARE INSULIN SYRINGE... 168	VABOMERE... 29	vardenafil... 168, 187
ULTRACARE PEN NEEDLE... 168	VAGIFEM... 139	VARIVAX (PF)... 150
ULTRACET... 17	valacyclovir... 70	VARIZIG... 150
ULTRAM... 18	VALCHLOR... 57	VARUBI... 41
ULTRAVATE... 111	VALCYTE... 70	VASCEPA... 96
UNASYN... 29	valganciclovir... 70	VASERETIC... 96
UNIFINE PEN NEEDLE... 168	VALIUM... 72	VASOTEC... 96
UNIFINE PENTIPS MAXFLOW... 168	valproate sodium... 35	VAZCULEP... 96
UNIFINE PENTIPS PLUS MAXFLOW... 168	valproic acid (as sodium salt)... 35	vecamyl... 96
UNIFINE PENTIPS PLUS... 168	valproic acid... 35	VECTIBIX... 57
UNIFINE PENTIPS... 168	valrubicin... 57	VECTICAL... 111
UNIFINE SAFECONTROL... 168	valsartan... 96	VELCADE... 57
UNITHROID... 141	valsartan-hydrochlorothiazide... 96	VELETRI... 180
UNITUXIN... 57	VALSTAR... 57	velivet triphasic regimen (28)... 139
UPLIZNA... 150	VALTOCO... 35	VELPHORO... 118
UPTRAVI... 180	VALTRESX... 70	VELTASSA... 118
URECHOLINE... 126	vanadom... 182	VELTIN... 111
UROCIT-K 10... 118	vanatol lq... 168	VEMLIDY... 70
UROCIT-K 15... 118	vanatol s... 168	VENCLEXTA STARTING PACK... 57
UROCIT-K 5... 118	VANCOGIN... 29	VENCLEXTA... 57
UROXATRAL... 126	vancomycin in dextrose 5 %... 29	venlafaxine... 39
URSO FORTE... 122	vancomycin in 0.9 % sodium chl... 29	VENTAVIS... 181
URSO 250... 122	vancomycin... 29	VENTOLIN HFA... 181
ursodiol... 122	vancomycin-water inject (peg)... 29	verapamil... 96
UTIBRON NEOHALER... 180	VANDAZOLE... 29	VERDESO... 111
UVADEX... 111	VANIQA... 111	VEREGEN... 111
	VANISHPOINT INSULIN SYRINGE... 168	VERELAN PM... 96
		VERELAN... 96
		VERIFINE PEN NEEDLE... 169

VERIPRED 20... 129	viorele (28)... 139	VOLTAREN-XR... 18
VERQUVO... 96	VIRACEPT... 70	voriconazole... 44
VERSACLOZ... 65	VIRAMUNE XR... 70	VOSEVI... 70
VERZENIO... 57	VIRAMUNE... 70	VOTRIENT... 57
VESICARE LS... 126	VIRAZOLE... 169	VP-PNV-DHA... 119
VESICARE... 126	VIREAD... 70	VPRIV... 125
vestura (28)... 139	virt-c dha... 118	VRAYLAR... 65
VFEND IV... 44	virt-nate dha... 118	vtol lq... 169
VFEND... 44	virt-pn dha... 118	VUMERITY... 102
VIAGRA... 169, 184	virt-pn plus... 119	VUSION... 44
VIBATIV... 29	VISTARIL... 181	VYEPTI... 46
VIBERZI... 123	VISTOGARD... 57	vyfemla (28)... 139
VIBRAMYCIN... 29	VITAFOL FE PLUS... 119	vylibra... 139
vicodin hp... 18	VITAFOL GUMMIES... 119	VYNDAMAX... 125
vicodin... 18	VITAFOL NANO... 119	VYNDAQEL... 125
VICTOZA 2-PAK... 78	VITAFOL ULTRA... 119	VYTORIN 10-10... 96
VICTOZA 3-PAK... 78	VITAFOL-OB... 119	VYTORIN 10-20... 96
VIDAZA... 57	VITAFOL-OB+DHA... 119	VYTORIN 10-40... 96
VIDEX EC... 70	VITAFOL-ONE... 119	VYTORIN 10-80... 96
VIDEX 2 GRAM PEDIATRIC... 70	VITAMED MD ONE RX... 119	VYVANSE... 102
VIEKIRA PAK... 70	vitamin d2... 169, 185	VYXEOS... 57
vienva... 139	vitamin k... 185	VYZULTA... 173
vigabatrin... 35	vitamin k1... 186	<b>W</b>
vigadrone... 35	VITRAKVI... 57	WAKIX... 183
VIGAMOX... 173	vivacaine... 20	warfarin... 82
VIIBRYD... 39	VIVELLE-DOT... 139	water for irrigation, sterile... 169
VIMOVO... 18	VIVITROL... 20	WEBCOL... 169
VIMPAT... 35	VIVLODEX... 18	WEGOVY... 169
vinblastine... 57	VIZIMPRO... 57	WELCHOL... 96
vincasar pfs... 57	VOCABRIA... 70	WELIREG... 57
vincristine... 57	VOGELXO... 139	WELLBUTRIN SR... 39
vinorelbine... 57	volnea (28)... 139	WELLBUTRIN XL... 39
VIOKACE... 125	VOLTAREN... 18	wera (28)... 139

westab plus... 119	XIIDRA... 173	ZANAFLEX... 65
westgel dha... 119	XIMINO... 30	ZANOSAR... 58
WINRHO SDF... 150	XOFLUZA... 71	zarah... 140
wixela inhub... 181	XOLAIR... 150	ZARONTIN... 35
wymzya fe... 139	XOLEGEL... 44	ZARXIO... 82
<b>X</b>	XOPENEX CONCENTRATE... 181	zatean-pn dha... 119
XADAGO... 61	XOPENEX HFA... 181	zatean-pn plus... 119
XALATAN... 173	XOPENEX... 181	ZAVESCA... 125
XALKORI... 57	XOSPATA... 57	ZCORT... 129
XANAX XR... 72	XPOVIO... 57, 58	ZEBUTAL... 169
XANAX... 72	XTAMPZA ER... 18	ZEGERID... 123
XARELTO DVT-PE TREAT 30D START... 82	XTANDI... 58	ZEJULA... 58
XARELTO... 82	xulane... 139	ZELAPAR... 61
XATMEP... 150	XULTOPHY 100/3.6... 78	ZELBORAF... 58
XCOPRI MAINTENANCE PACK... 35	XURIDEN... 125	ZELNORM... 123
XCOPRI TITRATION PACK... 35	XYOSTED... 139	ZEMAIRA... 125
XCOPRI... 35	XYREM... 183	ZEMBRACE SYMTOUCH... 46
XELJANZ XR... 150	XYWAV... 183	ZEMDRI... 30
XELJANZ... 150	<b>Y</b>	ZEMPLAR... 153
XELPROS... 173	YASMIN (28)... 139	zenatane... 111
XEMBIFY... 150	YAZ (28)... 140	ZENPEP... 125
XENAZINE... 102	YERVOY... 58	zenzedi... 102
XENICAL... 169	YF-VAX (PF)... 150	ZEPATIER... 71
XENLETA... 29, 30	YONDELIS... 58	ZEPOSIA STARTER KIT... 102
XEPI... 111	YONSA... 58	ZEPOSIA STARTER PACK... 102
XERAVA... 30	YOSPRALA... 82	ZEPOSIA... 102
XERESE... 70	YUPELRI... 181	ZEPZELCA... 58
XERMELO... 123	yuvafem... 140	ZERBAXA... 30
XGEVA... 153	<b>Z</b>	ZERVIATE... 173
XHANCE... 181	zafemy... 140	ZESTORETIC... 97
XIFAXAN... 123	zafirlukast... 181	ZESTRIL... 97
XIGDUO XR... 78	zaleplon... 183	ZETIA... 97
	ZALTRAP... 58	ZETONNA... 181

ZIAC... 97	ZOLPIMIST... 183	ZYPREXA ZYDIS... 65
ZIAGEN... 71	ZOMACTON... 130	ZYPREXA... 65
ZIANA... 111	ZOMIG ZMT... 46	ZYTIGA... 58
zidovudine... 71	ZOMIG... 46	ZYVOX... 30
ZIEXTENZO... 82	ZONALON... 111	1ST TIER UNIFINE PENTIPS PLUS... 153
zileuton... 181	ZONEGRAN... 35	1ST TIER UNIFINE PENTIPS... 153
ZILRETTA... 129	zonisamide... 35	
ZILXI... 111	ZONTIVITY... 82	
ZINECARD (AS HCL)... 58	ZORBTIVE... 130	
zingiber... 169, 186	ZORTRESS... 150, 187	
ZINPLAVA... 123	ZORVOLEX... 18	
ZIOPTAN (PF)... 173	ZOSTAVAX (PF)... 150	
ziprasidone hcl... 65	ZOSYN IN DEXTROSE (ISO-OSM)... 30	
ziprasidone mesylate... 65	ZOSYN... 30	
ZIPSOR... 18	zovia 1-35 (28)... 140	
ZIRABEV... 58	zovia 1/35e (28)... 140	
ZIRGAN... 71	ZOVIRAX... 71	
ZITHROMAX TRI-PAK... 30	ZTLIDO... 20	
ZITHROMAX Z-PAK... 30	ZUBSOLV... 20, 21	
ZITHROMAX... 30	ZULRESSO... 39	
ZOCOR... 97	zumandimine (28)... 140	
ZOFRAN... 41	ZUPLENZ... 41	
ZOHYDRO ER... 18	ZYCLARA... 112	
ZOKINVY... 125	ZYDELIG... 58	
ZOLADEX... 142	ZYFLO... 181	
zoledronic ac-mannitol-0.9nacl... 153	ZYKADIA... 58	
zoledronic acid... 153	ZYLET... 173	
zoledronic acid-mannitol-water... 153	ZYLOPRIM... 44	
ZOLINZA... 58	ZYMAXID... 173	
zolmitriptan... 46	ZYNLONTA... 58	
ZOLOFT... 39	ZYNRELEF... 169	
zolpidem... 183	ZYPITAMAG... 97	
	ZYPREXA RELPREVV... 65	

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك





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