

2026

Prescription Drug Guide

Humana Formulary

List of covered drugs or "Drug List"

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

Humana Gold Plus - Diabetes and Heart (HMO C-SNP)
Humana Community HMO Diabetes and Heart (HMO C-SNP)

Formulary 26409

This formulary was updated on 09/29/2025. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-457-4708, or for TTY users, 711, five days a week (April 1 – September 30) or seven days a week (October 1 – March 31) from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day, 7 days a week, by visiting **Humana.com**.

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

Humana®

Welcome to Humana!

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Humana. When it refers to “plan” or “our plan,” it means Humana.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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 formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Humana in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Humana will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.**

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Humana Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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 for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Humana Formulary?”

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

The enclosed formulary is current as of January 1, 2026. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

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.

How do I use the formulary?

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

Medical condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what medical condition your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 6 for more information on Utilization Management Requirements).

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 90. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your 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 six tiers.

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

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for the plan
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs
- **Tier 6 - Select Care Drugs:** Select generic and brand drugs used to treat certain chronic conditions

What are generic drugs?

Humana covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered” if you have a Medicare Advantage plan. If you have a Prescription Drug Plan (PDP), please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered”. The type of plan can be found at the top of your Evidence of Coverage.

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

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

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

You can also get more information about the restrictions applied to specific covered drugs by visiting **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Humana to make an exception to these restrictions, limits or for a list of other, similar drugs that may treat your health condition. See the section "**How do I request an exception to the Humana formulary?**" on page 7 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Humana Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Customer Care for a list of similar drugs that are covered by Humana. When you receive the list, show the list to your doctor and ask them to prescribe a similar drug that is covered by Humana.
- You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

What is a compounded drug?

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

How do I request an exception to the Humana Formulary?

You can ask Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask us to cover a drug even if it is not on our 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 ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Humana Group Medicare Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- **Tier exception:** You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber 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 our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take.

While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a Part D drug that is not on our formulary or if your ability to get your drug is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that 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 31 days of a drug) while you pursue a formulary exception.

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

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

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

Transition extension

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

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

CenterWell Pharmacy™

You may fill your medicines at any network pharmacy. CenterWell Pharmacy – Humana's mail-delivery pharmacy is one option. CenterWell Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP). You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after CenterWell Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit **CenterWellPharmacy.com**. You can also call CenterWell Pharmacy at **1-844-222-2151 (TTY: 711)** Monday – Friday, 8 a.m. to 11 p.m. (EST), and Saturday, 8 a.m. to 6:30 p.m. (EST).

Other pharmacies are available in our network.

For More Information

For more detailed information about your Humana prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about the Humana plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

How to read your formulary

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

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

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

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

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

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

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

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

The third column shows the Utilization Management Requirements for the drug. Humana may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. Some drugs may be eligible for up to a 100-day supply. 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 6 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION DL	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	3	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY DL	4	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE MO	2	
celecoxib 400 mg, 50 mg CAPSULE MO	2	
diclofenac potassium 50 mg TABLET MO	2	
diclofenac sodium 1.5 % DROPS MO	4	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. MO	2	
diclofenac sodium 25 mg TABLET, DR/EC MO	3	
diclofenac sodium 50 mg TABLET, DR/EC MO	2	
diclofenac sodium 75 mg TABLET, DR/EC MO	2	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	3	
etodolac 400 mg, 500 mg TABLET MO	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	4	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr PATCH. 72 HR. DL	4	QL(20 per 30 days)
flurbiprofen 100 mg TABLET MO	2	
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	4	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	4	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET DL	3	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	3	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	4	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET DL	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	2	
ibuprofen 400 mg TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ibuprofen 600 mg, 800 mg TABLET</i> MO	1	
<i>indomethacin 25 mg, 50 mg CAPSULE</i> MO	2	
<i>indomethacin 75 mg CAPSULE, ER</i> MO	2	
<i>ketorolac 10 mg TABLET</i> MO	2	QL(20 per 30 days)
<i>lurbipr 100 mg TABLET</i> MO	2	
<i>meloxicam 15 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>meloxicam 7.5 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>methadone 10 mg TABLET</i> DL	3	QL(240 per 30 days)
<i>methadone 10 mg/5 ml SOLUTION</i> DL	3	QL(1800 per 30 days)
<i>methadone 10 mg/ml CONCENTRATE</i> DL	3	QL(360 per 30 days)
<i>methadone 10 mg/ml SOLUTION</i> DL	3	QL(360 per 30 days)
<i>methadone 5 mg TABLET</i> DL	3	QL(480 per 30 days)
<i>methadone 5 mg/5 ml SOLUTION</i> DL	3	QL(3600 per 30 days)
<i>methadone intensol 10 mg/ml CONCENTRATE</i> DL	3	QL(360 per 30 days)
<i>morphine 10 mg/5 ml SOLUTION</i> DL	3	QL(2700 per 30 days)
<i>morphine 100 mg TABLET ER</i> DL	3	QL(180 per 30 days)
<i>morphine 15 mg, 30 mg TABLET</i> DL	3	QL(180 per 30 days)
<i>morphine 15 mg, 30 mg, 60 mg TABLET ER</i> DL	3	QL(120 per 30 days)
<i>morphine 20 mg/5 ml (4 mg/ml) SOLUTION</i> DL	3	QL(1350 per 30 days)
<i>morphine 200 mg TABLET ER</i> DL	3	QL(90 per 30 days)
<i>morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION</i> DL	3	QL(540 per 30 days)
<i>nabumetone 500 mg, 750 mg TABLET</i> MO	1	
<i>naproxen 250 mg, 375 mg TABLET</i> MO	1	
<i>naproxen 375 mg TABLET, DR/EC</i> MO	1	
<i>naproxen 500 mg TABLET</i> MO	1	
<i>naproxen sodium 275 mg, 550 mg TABLET</i> MO	4	
<i>oxycodone 10 mg, 5 mg TABLET</i> DL	3	QL(360 per 30 days)
<i>oxycodone 15 mg, 20 mg, 30 mg TABLET</i> DL	3	QL(360 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE</i> DL	4	QL(270 per 30 days)
<i>oxycodone 5 mg CAPSULE</i> DL	4	QL(360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION</i> DL	4	QL(5400 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET</i> DL	3	QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET</i> DL	3	QL(360 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE</i> MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulindac 150 mg, 200 mg TABLET MO	2	
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. DL	3	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE DL	3	ST,QL(30 per 30 days)
tramadol 50 mg TABLET DL	2	QL(240 per 30 days)
ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION MO	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	4	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY IN APPLICATOR MO	3	
lidocaine hcl 2 % SOLUTION MO	2	
lidocaine viscous 2 % SOLUTION MO	2	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION MO	2	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	4	
polocaine 1 % (10 mg/ml), 2 % SOLUTION MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC MO	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO	2	QL(120 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET MO	2	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET MO	3	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
naloxone 0.4 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	1	
naltrexone 50 mg TABLET MO	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	4	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	3	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET MO	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET MO	3	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR MO	3	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	4	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin 250 mg CAPSULE MO	1	
amoxicillin 500 mg CAPSULE MO	1	
amoxicillin 500 mg TABLET MO	1	
amoxicillin 875 mg TABLET MO	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 400-57 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	2	
amoxicillin-pot clavulanate 250-62.5 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	2	
ampicillin 500 mg CAPSULE MO	2	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	4	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	4	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	5	PA,QL(235.2 per 28 days)
azithromycin 1 gram PACKET MO	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
azithromycin 250 mg TABLET MO	2	
azithromycin 500 mg RECON SOLUTION MO	2	
azithromycin 500 mg, 600 mg TABLET MO	2	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	4	
bacitracin 50,000 unit RECON SOLUTION MO	2	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefaclor 250 mg, 500 mg CAPSULE MO	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefadroxil 500 mg CAPSULE MO	2	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	3	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	3	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK MO	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefdinir 300 mg CAPSULE MO	2	
cefepime 1 gram, 2 gram RECON SOLUTION MO	4	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	4	
cefixime 400 mg CAPSULE MO	4	
cefotetan 1 gram, 2 gram RECON SOLUTION MO	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
cefpodoxime 100 mg, 200 mg TABLET MO	3	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	3	
cefprozil 250 mg, 500 mg TABLET MO	3	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	3	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	3	
cefuroxime axetil 250 mg, 500 mg TABLET MO	3	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	2	
cephalexin 250 mg CAPSULE MO	2	
cephalexin 500 mg CAPSULE MO	2	
ciprofloxacin hcl 100 mg TABLET MO	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET MO	1	
ciprofloxacin hcl 500 mg TABLET MO	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
clarithromycin 250 mg, 500 mg TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clarithromycin 500 mg TABLET, ER 24 HR. MO	3	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE MO	2	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	4	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK MO	4	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION MO	4	
clindamycin phosphate 150 mg/ml SOLUTION MO	4	
clindamycin phosphate 2 % CREAM MO	4	
colistin (colistimethate na) 150 mg RECON SOLUTION MO	4	
daptomycin 350 mg RECON SOLUTION MO	4	
daptomycin 500 mg RECON SOLUTION DL	5	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK MO	4	
dicloxacillin 250 mg, 500 mg CAPSULE MO	2	
DIFICID 200 MG TABLET DL	5	
doxy-100 100 mg RECON SOLUTION MO	4	
doxycycline hyclate 100 mg CAPSULE MO	3	
doxycycline hyclate 100 mg TABLET MO	3	
doxycycline hyclate 20 mg TABLET MO	3	
doxycycline hyclate 50 mg CAPSULE MO	3	
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE MO	2	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	4	
ertapenem 1 gram RECON SOLUTION MO	4	
ERYTHROCIN 500 MG RECON SOLUTION MO	4	
erythromycin 250 mg CAPSULE, DR/EC MO	4	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC MO	4	
erythromycin 250 mg, 500 mg TABLET MO	4	
erythromycin lactobionate 500 mg RECON SOLUTION DL	5	
fidaxomicin 200 mg TABLET DL	5	
fosfomycin tromethamine 3 gram PACKET MO	4	
gentamicin 0.1 % CREAM MO	4	
gentamicin 0.1 % OINTMENT MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 40 mg/ml SOLUTION MO	2	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK MO	2	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION MO	2	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION MO	3	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	4	
levofloxacin 250 mg, 750 mg TABLET MO	2	
levofloxacin 500 mg TABLET MO	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	3	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	5	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	4	
meropenem 1 gram, 500 mg RECON SOLUTION MO	3	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	4	
methenamine hippurate 1 gram TABLET MO	3	
metronidazole 0.75 % CREAM MO	4	
metronidazole 0.75 % LOTION MO	4	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL MO	4	
metronidazole 1 % GEL WITH PUMP MO	4	
metronidazole 250 mg, 500 mg TABLET MO	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	2	
minocycline 100 mg, 50 mg, 75 mg CAPSULE MO	2	
mondoxyne nl 100 mg CAPSULE MO	2	
moxifloxacin 400 mg TABLET MO	3	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK MO	4	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK DL	5	
neomycin 500 mg TABLET MO	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE MO	4	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE MO	3	
ofloxacin 300 mg, 400 mg TABLET MO	4	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	4	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK MO	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION MO	4	
penicillin g sodium 5 million unit RECON SOLUTION MO	4	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION MO	2	
penicillin v potassium 250 mg, 500 mg TABLET MO	2	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	4	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	3	
PRIMSOL 50 MG/5 ML SOLUTION MO	4	
streptomycin 1 gram RECON SOLUTION DL	5	
sulfacetamide sodium 10 % OINTMENT MO	3	
sulfacetamide sodium (acne) 10 % SUSPENSION MO	4	QL(118 per 30 days)
sulfadiazine 500 mg TABLET MO	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	5	
tigecycline 50 mg RECON SOLUTION MO	4	
tinidazole 250 mg, 500 mg TABLET MO	3	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION DL	5	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION MO	2	
trimethoprim 100 mg TABLET MO	2	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION MO	4	
vancomycin 125 mg CAPSULE MO	4	QL(120 per 30 days)
vancomycin 250 mg CAPSULE MO	4	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	4	
ANTICONSULSANTS		
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION DL	5	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION DL	5	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET MO	3	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	4	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	4	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	4	
carbamazepine 200 mg TABLET MO	3	
clobazam 10 mg, 20 mg TABLET DL	4	PA
clobazam 2.5 mg/ml SUSPENSION DL	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE DL	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	4	
DILANTIN 30 MG CAPSULE MO	4	
divalproex 125 mg CAPSULE, DR SPRINKLE MO	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. MO	3	
EPIDIOLEX 100 MG/ML SOLUTION DL	5	PA
epitol 200 mg TABLET MO	3	
EPRONTIA 25 MG/ML SOLUTION MO	4	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET DL	5	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET DL	5	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE MO	3	
ethosuximide 250 mg/5 ml SOLUTION MO	4	
felbamate 400 mg, 600 mg TABLET MO	4	PA
felbamate 600 mg/5 ml SUSPENSION MO	4	PA
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	5	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FYCOMPA 0.5 MG/ML SUSPENSION DL	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	4	PA,QL(30 per 30 days)
<i>gabapentin</i> 100 mg, 300 mg, 400 mg CAPSULE MO	2	QL(270 per 30 days)
<i>gabapentin</i> 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION MO	4	QL(2250 per 30 days)
<i>gabapentin</i> 600 mg, 800 mg TABLET MO	2	QL(180 per 30 days)
<i>lacosamide</i> 10 mg/ml SOLUTION MO	4	QL(1395 per 30 days)
<i>lacosamide</i> 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	4	QL(60 per 30 days)
<i>lacosamide</i> 200 mg/20 ml SOLUTION DL	5	
<i>lamotrigine</i> 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
<i>lamotrigine</i> 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. MO	4	
<i>lamotrigine</i> 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	4	
<i>lamotrigine</i> 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	2	
<i>levetiracetam</i> 1,000 mg, 250 mg, 750 mg TABLET MO	2	
<i>levetiracetam</i> 100 mg/ml SOLUTION MO	2	
<i>levetiracetam</i> 250 mg TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
<i>levetiracetam</i> 500 mg TABLET MO	2	
<i>levetiracetam</i> 500 mg TABLET, ER 24 HR. MO	3	QL(180 per 30 days)
<i>levetiracetam</i> 500 mg/5 ml (5 ml) SOLUTION MO	4	QL(900 per 30 days)
<i>levetiracetam</i> 500 mg/5 ml SOLUTION MO	4	
<i>levetiracetam</i> 750 mg TABLET, ER 24 HR. MO	3	QL(120 per 30 days)
<i>levetiracetam</i> in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK MO	2	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	5	QL(10 per 30 days)
<i>methsuximide</i> 300 mg CAPSULE MO	4	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
<i>oxcarbazepine</i> 150 mg, 300 mg, 600 mg TABLET MO	3	
<i>oxcarbazepine</i> 300 mg/5 ml (60 mg/ml) SUSPENSION MO	4	
<i>perampanel</i> 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET DL	5	PA,QL(30 per 30 days)
<i>perampanel</i> 2 mg TABLET MO	4	PA,QL(30 per 30 days)
<i>phenobarbital</i> 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	3	QL(90 per 30 days)
<i>phenobarbital</i> 15 mg, 60 mg TABLET MO	3	QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	3	QL(300 per 30 days)
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION MO	2	
phenytoin 50 mg CHEWABLE TABLET MO	2	
phenytoin sodium 50 mg/ml SOLUTION MO	4	
phenytoin sodium 50 mg/ml SYRINGE MO	4	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE MO	2	
primidone 125 mg, 250 mg, 50 mg TABLET MO	2	
roweepra 500 mg TABLET MO	2	
roweepra xr 500 mg TABLET, ER 24 HR. MO	2	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. MO	2	QL(120 per 30 days)
rufinamide 200 mg TABLET MO	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	5	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	4	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	4	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET MO	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK MO	4	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	4	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO	4	
SYMPAZAN 10 MG, 20 MG FILM DL	5	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM DL	4	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	4	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET MO	2	
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE MO	3	
topiramate 25 mg/ml SOLUTION MO	4	PA,QL(480 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	3	
valproic acid 250 mg CAPSULE MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION MO	2	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vigabatrin 500 mg TABLET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET DL	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	5	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	5	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	5	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	4	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK DL	5	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION MO	4	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE MO	2	
ZTALMY 50 MG/ML SUSPENSION DL	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg, 5 mg TABLET MO	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	
donepezil 23 mg TABLET MO	3	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET MO	4	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	4	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION MO	4	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET MO	2	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. MO	4	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION MO	4	PA
memantine 5-10 mg TABLET, DOSE PACK MO	2	PA,QL(98 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	4	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	3	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	3	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	4	
amitriptyline 25 mg TABLET MO	4	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	3	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	4	ST,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl 100 mg TABLET, SR 12 HR. MO	3	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	3	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	3	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	3	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
citalopram 10 mg, 20 mg, 40 mg TABLET MO	1	
citalopram 10 mg/5 ml SOLUTION MO	3	
clomipramine 25 mg, 50 mg, 75 mg CAPSULE MO	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET MO	4	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET MO	1	
escitalopram oxalate 5 mg/5 ml SOLUTION MO	4	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE MO	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE MO	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION MO	3	
fluoxetine 40 mg CAPSULE MO	1	QL(60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET MO	2	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET MO	3	
MARPLAN 10 MG TABLET MO	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET MO	2	
mirtazapine 45 mg TABLET MO	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET MO	4	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	4	
nortriptyline 10 mg/5 ml SOLUTION MO	4	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET MO	2	
paroxetine hcl 10 mg/5 ml SUSPENSION MO	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. MO	4	QL(90 per 30 days)
phenelzine 15 mg TABLET MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
protriptyline 10 mg, 5 mg TABLET MO	4	
RALDESY 10 MG/ML SOLUTION DL	5	
sertraline 100 mg TABLET MO	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE MO	4	
sertraline 25 mg, 50 mg TABLET MO	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET MO	4	
trazodone 100 mg, 150 mg, 50 mg TABLET MO	1	
trazodone 300 mg TABLET MO	3	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE MO	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET MO	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. MO	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. MO	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. MO	2	QL(90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET MO	4	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	5	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK MO	4	BvsD
aprepitant 125 mg CAPSULE	5	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE MO	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE MO	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY MO	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE MO	4	BvsD,QL(120 per 30 days)
granisetron hcl 1 mg TABLET MO	3	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET MO	2	
meclizine 25 mg TABLET MO	2	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING MO	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION MO	4	
ondansetron hcl 4 mg TABLET MO	2	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION MO	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET MO	2	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	4	
prochlorperazine 25 mg SUPPOSITORY MO	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	4	
prochlorperazine maleate 10 mg, 5 mg TABLET MO	2	BvsD
promethazine 12.5 mg, 25 mg, 50 mg TABLET MO	4	
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	4	QL(10 per 30 days)
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	4	BvsD
amphotericin b 50 mg RECON SOLUTION MO	4	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION DL	5	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION MO	4	
ciclodan 8 % SOLUTION MO	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM MO	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL MO	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION MO	4	QL(60 per 30 days)
ciclopirox 8 % SOLUTION MO	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM MO	2	
clotrimazole 1 % SOLUTION MO	3	
clotrimazole 10 mg TROCHE MO	2	
clotrimazole-betamethasone 1-0.05 % CREAM MO	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION MO	4	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	5	PA
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION MO	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET MO	2	
fluconazole 150 mg TABLET MO	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK MO	3	
flucytosine 250 mg, 500 mg CAPSULE DL	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	4	
griseofulvin microsize 500 mg TABLET MO	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	4	
itraconazole 100 mg CAPSULE MO	4	QL(120 per 30 days)
ketoconazole 2 % CREAM MO	3	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO MO	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
klayesta 100,000 unit/gram POWDER MO	4	PA
micafungin 100 mg, 50 mg RECON SOLUTION MO	4	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK DL	5	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK DL	5	
miconazole-3 200 mg SUPPOSITORY MO	3	
nyamyc 100,000 unit/gram POWDER MO	4	
nystatin 100,000 unit/gram CREAM MO	2	
nystatin 100,000 unit/gram OINTMENT MO	2	
nystatin 100,000 unit/gram POWDER MO	4	
nystatin 100,000 unit/ml SUSPENSION MO	2	
nystatin 500,000 unit TABLET MO	3	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	4	
nystop 100,000 unit/gram POWDER MO	4	
posaconazole 100 mg TABLET, DR/EC DL	5	PA
posaconazole 300 mg/16.7 ml SOLUTION DL	5	PA
terbinafine hcl 250 mg TABLET MO	1	
terconazole 0.4 %, 0.8 % CREAM MO	2	
terconazole 80 mg SUPPOSITORY MO	4	
voriconazole 200 mg RECON SOLUTION MO	4	PA
voriconazole 200 mg, 50 mg TABLET MO	4	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(400 per 30 days)
voriconazole-hpbc 200 mg RECON SOLUTION MO	4	PA
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	1	
colchicine 0.6 mg TABLET MO	3	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	3	ST,QL(30 per 30 days)
probenecid 500 mg TABLET MO	3	
probenecid-colchicine 500-0.5 mg TABLET MO	3	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ergotamine-caffeine 1-100 mg TABLET MO	3	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	2	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
rizatriptan 10 mg, 5 mg TABLET MO	2	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING MO	3	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL MO	4	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET MO	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE MO	4	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR MO	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION MO	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE MO	4	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET MO	3	PA,QL(16 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET MO	3	
VYVGART 20 MG/ML SOLUTION DL	5	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE DL	5	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION DL	5	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
dapsone 100 mg, 25 mg TABLET MO	3	
ethambutol 100 mg, 400 mg TABLET MO	3	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 100 mg/ml SOLUTION MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	4	
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg TABLET MO	4	
rifabutin 150 mg CAPSULE MO	4	
rifampin 150 mg, 300 mg CAPSULE MO	3	
rifampin 600 mg RECON SOLUTION MO	4	
SIRTURO 100 MG, 20 MG TABLET DL	5	PA
TRECTOR 250 MG TABLET MO	4	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET DL	5	PA,QL(120 per 30 days)
abirtega 250 mg TABLET MO	4	PA,QL(120 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET DL	5	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALECENSA 150 MG CAPSULE DL	5	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	5	PA,QL(30 per 30 days)
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	5	PA
AUGTYRO 160 MG CAPSULE DL	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	5	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK DL	5	PA,QL(66 per 28 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> DL	5	PA
BALVERSA 3 MG TABLET DL	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	5	PA
<i>bexarotene 1 % GEL</i> DL	5	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	5	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> MO	2	QL(30 per 30 days)
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION MO	4	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> DL	5	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> MO	4	PA
BOSULIF 100 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	5	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET DL	5	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET DL,LA	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	5	PA,QL(112 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET DL	5	PA,QL(63 per 28 days)
cyclophosphamide 25 mg, 50 mg CAPSULE MO	4	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	3	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	5	PA
DANYELZA 4 MG/ML SOLUTION DL	5	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET DL	5	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION DL	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET DL	5	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET DL	5	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET DL	5	PA,QL(90 per 30 days)
DAURISMO 100 MG TABLET DL	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION DL	5	PA
EMCYT 140 MG CAPSULE DL	5	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	5	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	5	PA
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	5	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET DL	5	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET DL	5	PA,QL(90 per 30 days)
EULEXIN 125 MG CAPSULE DL	5	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET DL	5	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION DL	5	PA
exemestane 25 mg TABLET MO	4	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION MO	3	BvsD
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	5	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAZYVA 1,000 MG/40 ML SOLUTION DL	5	PA,QL(120 per 28 days)
<i>gefitinib</i> 250 mg TABLET DL	5	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	5	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE MO	4	PA
GLEOSTINE 100 MG CAPSULE DL	5	PA
GLEOSTINE 40 MG CAPSULE	5	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION DL	5	PA
GOMEKLI 1 MG, 2 MG CAPSULE DL	5	PA
HERNEXEOS 60 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>hydroxyurea</i> 500 mg CAPSULE MO	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	5	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	5	PA,QL(60 per 30 days)
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL(30 per 30 days)
<i>imatinib</i> 100 mg TABLET MO	4	PA,QL(90 per 30 days)
<i>imatinib</i> 400 mg TABLET DL	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET DL	5	PA
IMBRUVICA 420 MG TABLET DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION DL	5	PA
IMFINZI 50 MG/ML SOLUTION DL	5	PA
IMJUDO 20 MG/ML SOLUTION DL	5	PA
IMKELDI 80 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
INLEXZO 225 MG IMPLANT DL	5	PA
INLYTA 1 MG TABLET DL	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET DL	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ITOVEBI 3 MG TABLET DL	5	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	5	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET DL	5	PA,QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	5	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	5	PA
KEYTRUDA 25 MG/ML SOLUTION DL	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE DL	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE DL	5	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET DL	5	PA,QL(180 per 30 days)
<i>lapatinib</i> 250 mg TABLET DL	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>lenalidomide</i> 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE DL	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE DL	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL(60 per 30 days)
<i>letrozole</i> 2.5 mg TABLET MO	2	QL(30 per 30 days)
<i>leucovorin calcium</i> 10 mg, 15 mg, 25 mg, 5 mg TABLET MO	4	
<i>leucovorin calcium</i> 10 mg/ml SOLUTION MO	4	
<i>leucovorin calcium</i> 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION MO	4	
LEUKERAN 2 MG TABLET DL	5	
<i>levoleucovorin calcium</i> 10 mg/ml SOLUTION MO	4	PA
<i>levoleucovorin calcium</i> 50 mg RECON SOLUTION MO	4	PA
LIBTAYO 50 MG/ML SOLUTION DL	5	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET DL	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET DL	5	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION DL	5	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LORBRENA 100 MG TABLET DL	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	5	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	5	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	5	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	5	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	5	PA
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL(180 per 30 days)
melphalan 2 mg TABLET MO	4	BvsD
mercaptopurine 20 mg/ml SUSPENSION DL	5	
mercaptopurine 50 mg TABLET MO	3	
mesna 400 mg TABLET DL	5	
mitomycin 20 mg, 5 mg RECON SOLUTION MO	4	
mitomycin 40 mg RECON SOLUTION DL	5	
MODEYSO 125 MG CAPSULE DL	5	PA,QL(20 per 28 days)
MVASI 25 MG/ML SOLUTION DL	5	PA
NERLYNX 40 MG TABLET DL	5	PA,QL(180 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE DL	5	PA,QL(120 per 30 days)
nilotinib tartrate 150 mg, 200 mg, 50 mg CAPSULE DL	5	PA,QL(120 per 30 days)
nilutamide 150 mg TABLET DL	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	5	PA,QL(20 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(30 per 30 days)
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	5	PA,QL(16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION DL	5	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	5	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET DL	5	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	5	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL DL	5	PA
pazopanib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	5	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL(56 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	5	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	5	PA
PURIXAN 20 MG/ML SUSPENSION DL	5	
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET DL	5	PA
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	5	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE DL	5	PA
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUXIENCE 10 MG/ML SOLUTION DL	5	PA
RYBREVANT 50 MG/ML SOLUTION DL	5	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
SARCLISA 20 MG/ML SOLUTION DL	5	PA
SCEMBLIX 100 MG TABLET DL	5	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
<i>sorafenib 200 mg TABLET</i> DL	5	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE</i> DL	5	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	5	PA
TABLOID 40 MG TABLET MO	4	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET</i> MO	2	
TAZVERIK 200 MG TABLET DL	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA,QL(15 per 21 days)
TEPMETKO 225 MG TABLET DL	5	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION DL	5	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
THALOMID 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
THALOMID 50 MG CAPSULE DL	5	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLET DL	5	PA,QL(60 per 30 days)
<i>toremifene 60 mg TABLET</i> DL	5	QL(30 per 30 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	5	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRAZIMERA 150 MG, 420 MG RECON SOLUTION DL	5	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> DL	5	
TRUQAP 160 MG, 200 MG TABLET DL	5	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET DL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	5	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE DL,LA	5	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	5	PA
VALCHLOR 0.016 % GEL DL	5	PA,QL(60 per 28 days)
<i>valrubicin 40 mg/ml SOLUTION</i> DL	5	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	5	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET	5	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL(60 per 30 days)
VITRAKVI 100 MG CAPSULE DL	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	5	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION DL	5	PA
XALKORI 150 MG PELLET DL	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET DL	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET DL	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET DL	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	5	PA,QL(32 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XTANDI 40 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	5	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	5	PA
YONDELIS 1 MG RECON SOLUTION DL	5	PA
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL(240 per 30 days)
ZIRABEV 25 MG/ML SOLUTION DL	5	PA
ZOLINZA 100 MG CAPSULE DL	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL(150 per 30 days)
ZYNYZ 500 MG/20 ML SOLUTION DL	5	PA,QL(20 per 28 days)
ANTIPARASITICS		
albendazole 200 mg TABLET MO	4	
atovaquone 750 mg/5 ml SUSPENSION MO	4	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET MO	4	
chloroquine phosphate 250 mg, 500 mg TABLET MO	4	
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET MO	2	
hydroxychloroquine 200 mg TABLET MO	2	
IMPAVIDO 50 MG CAPSULE DL	5	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET MO	3	
LAMPIT 120 MG, 30 MG TABLET MO	4	
mefloquine 250 mg TABLET MO	2	
nitazoxanide 500 mg TABLET DL	5	
pentamidine 300 mg RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	BvsD
praziquantel 600 mg TABLET MO	4	
primaquine 26.3 mg (15 mg base) TABLET MO	3	
pyrimethamine 25 mg TABLET DL	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE MO	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	3	
amantadine hcl 50 mg/5 ml SOLUTION MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
apomorphine 10 mg/ml CARTRIDGE DL	5	PA,QL(84 per 28 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	2	
benztropine 1 mg/ml SOLUTION MO	4	
bromocriptine 2.5 mg TABLET MO	4	
carbidopa 25 mg TABLET MO	4	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg TABLET MO	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	3	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET MO	4	
entacapone 200 mg TABLET MO	3	QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	2	
rasagiline 0.5 mg, 1 mg TABLET MO	4	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	2	
selegiline hcl 5 mg CAPSULE MO	3	
selegiline hcl 5 mg TABLET MO	3	
trihexyphenidyl 0.4 mg/ml ELIXIR MO	3	
trihexyphenidyl 2 mg, 5 mg TABLET MO	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	5	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	5	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	5	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION MO	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET MO	4	PA,QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE DL	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET MO	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET MO	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE MO	4	
chlorpromazine 25 mg/ml SOLUTION MO	4	
clozapine 100 mg TABLET MO	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING MO	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING MO	4	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK MO	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	4	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	4	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET MO	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	4	
haloperidol lactate 2 mg/ml CONCENTRATE MO	2	
haloperidol lactate 5 mg/ml SOLUTION MO	2	
haloperidol lactate 5 mg/ml SYRINGE MO	2	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	5	QL(1 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE MO	4	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET MO	3	QL(30 per 30 days)
lurasidone 80 mg TABLET MO	3	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET MO	4	QL(240 per 30 days)
molindone 25 mg TABLET MO	4	QL(270 per 30 days)
molindone 5 mg TABLET MO	4	QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION MO	4	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO	4	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO	4	QL(60 per 30 days)
OPIPZA 10 MG FILM DL	5	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM DL	5	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM DL	5	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. MO	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO	4	
pimozide 1 mg, 2 mg TABLET MO	4	
quetiapine 100 mg TABLET MO	2	QL(90 per 30 days)
quetiapine 150 mg TABLET MO	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
quetiapine 200 mg TABLET MO	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET MO	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET MO	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	3	QL(120 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	5	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	5	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET MO	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING MO	4	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET MO	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING MO	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION MO	2	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON MO	4	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON DL	5	QL(2 per 28 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	5	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	4	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO	3	
VERSACLOZ 50 MG/ML SUSPENSION DL	5	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	3	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION DL	5	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET MO	2	
baclofen 20 mg TABLET MO	2	
baclofen 5 mg TABLET MO	2	QL(90 per 30 days)
tizanidine 2 mg TABLET MO	1	
tizanidine 4 mg TABLET MO	1	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	4	QL(960 per 30 days)
abacavir 300 mg TABLET MO	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	4	QL(30 per 30 days)
acyclovir 200 mg CAPSULE MO	2	
acyclovir 400 mg, 800 mg TABLET MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acyclovir sodium 50 mg/ml SOLUTION MO	4	BvsD
adefovir 10 mg TABLET MO	4	
APTIVUS 250 MG CAPSULE DL	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER DL	5	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION DL	5	
CIMDUO 300-300 MG TABLET DL	5	QL(30 per 30 days)
darunavir 600 mg TABLET MO	4	QL(60 per 30 days)
darunavir 800 mg TABLET DL	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	5	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET DL	5	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	4	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	5	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
efavirenz 200 mg CAPSULE MO	4	QL(120 per 30 days)
efavirenz 50 mg CAPSULE MO	4	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET MO	4	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET DL	5	QL(30 per 30 days)
emtricitabine-tenofov 200-25-300 mg TABLET DL	5	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE MO	4	QL(30 per 30 days)
emtricitabine-tenofov (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET MO	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	4	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET MO	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	5	PA,QL(28 per 28 days)
etravirine 100 mg TABLET DL	5	QL(120 per 30 days)
etravirine 200 mg TABLET DL	5	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EVOTAZ 300-150 MG TABLET DL	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET MO	3	QL(90 per 30 days)
fosamprenavir 700 mg TABLET DL	5	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	4	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	5	
lamivudine 10 mg/ml SOLUTION MO	3	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	3	QL(90 per 30 days)
lamivudine 150 mg TABLET MO	3	QL(60 per 30 days)
lamivudine 300 mg TABLET MO	3	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	4	QL(60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION MO	4	QL(1575 per 28 days)
LIVTENCITY 200 MG TABLET DL	5	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET MO	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	4	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	4	
maraviroc 150 mg TABLET DL	5	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	5	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	4	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE MO	4	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	2	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE MO	2	QL(112 per 365 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	QL(1440 per 365 days)
oseltamivir 75 mg CAPSULE MO	3	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK MO	3	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK MO	3	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	3	QL(60 per 10 days)
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET DL	5	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
REYATAZ 50 MG POWDER IN PACKET MO	4	
ribavirin 200 mg CAPSULE MO	3	
ribavirin 200 mg TABLET MO	3	
rimantadine 100 mg TABLET MO	4	
ritonavir 100 mg TABLET MO	3	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL(240 per 30 days)
SELZENTRY 75 MG TABLET DL	5	QL(120 per 30 days)
stavudine 15 mg, 20 mg CAPSULE MO	3	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE MO	3	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYM TUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET MO	3	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	4	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	5	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	5	
TYBOST 150 MG TABLET MO	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET MO	3	
valganciclovir 450 mg TABLET MO	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION DL	5	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET DL	5	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	5	PA,QL(28 per 28 days)
zidovudine 10 mg/ml SYRUP MO	3	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	4	QL(180 per 30 days)
zidovudine 300 mg TABLET MO	3	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	4	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	3	QL(120 per 30 days)
alprazolam 2 mg TABLET DL	3	QL(150 per 30 days)
buspirone 10 mg, 5 mg TABLET MO	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	4	
clonazepam 0.5 mg, 1 mg TABLET DL	3	
clonazepam 2 mg TABLET DL	3	
clonazepam dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	4	
diazepam 10 mg TABLET DL	3	QL(120 per 30 days)
diazepam 2 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg TABLET DL	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE DL	4	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	3	
doxepin 10 mg/ml CONCENTRATE MO	4	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	3	
hydroxyzine hcl 25 mg TABLET MO	3	
lorazepam 0.5 mg, 1 mg TABLET DL	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE DL	3	QL(150 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE MO	1	
lithium carbonate 300 mg TABLET MO	1	
lithium carbonate 300 mg, 450 mg TABLET ER MO	2	
lithium citrate 8 meq/5 ml SOLUTION MO	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	6	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	6	
dapagliflozin propanediol 10 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
diazoxide 50 mg/ml SUSPENSION DL	5	
FARXIGA 10 MG, 5 MG TABLET MO	3	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
glimepiride 1 mg TABLET MO	6	
glimepiride 2 mg, 4 mg TABLET MO	6	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	6	
glipizide 10 mg, 5 mg TABLET MO	6	
glipizide 2.5 mg TABLET MO	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	6	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	3	QL(30 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI,DL	5	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE CI,MO	3	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION CI,MO	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JANUMET 50-1,000 MG, 50-500 MG TABLET MO	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET MO	3	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET MO	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
metformin 1,000 mg, 500 mg TABLET MO	6	
metformin 500 mg TABLET, ER 24 HR. MO	6	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. MO	6	QL(60 per 30 days)
metformin 850 mg TABLET MO	6	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET MO	6	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	3	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	3	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION CI,MO	3	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION CI,MO	3	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR MO	3	PA,QL(3 per 28 days)
pioglitazone 15 mg, 45 mg TABLET MO	6	QL(30 per 30 days)
pioglitazone 30 mg TABLET MO	6	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET MO	6	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
repaglinide 0.5 mg, 1 mg, 2 mg TABLET MO	6	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	3	PA,QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	3	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	3	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	3	
TRADJENTA 5 MG TABLET MO	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(60 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	6	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	6	
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE MO	3	
cilostazol 100 mg, 50 mg TABLET MO	2	
clopidogrel 300 mg TABLET MO	4	
clopidogrel 75 mg TABLET MO	6	QL(30 per 30 days)
ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION MO	3	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	3	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE MO	3	ST,QL(74 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	4	
enoxaparin 300 mg/3 ml SOLUTION MO	4	
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	3	
heparin (porcine) 5,000 unit/ml SYRINGE MO	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	3	
igantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET MO	1	
NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE DL	5	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION DL	5	PA
prasugrel hcl 10 mg, 5 mg TABLET MO	4	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET DL	5	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET DL	5	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET DL	5	PA,QL(60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION DL	5	PA,QL(14 per 30 days)
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET MO	3	QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET MO	3	QL(60 per 30 days)
tranexamic acid 650 mg TABLET MO	3	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	5	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	5	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET MO	1	
warfarin 5 mg TABLET MO	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	3	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE DL	5	PA
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE MO	6	
acetazolamide 125 mg, 250 mg TABLET MO	4	
acetazolamide 500 mg CAPSULE, ER MO	4	
aliskiren 150 mg, 300 mg TABLET MO	4	QL(30 per 30 days)
amiloride 5 mg TABLET MO	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET MO	2	
amiodarone 100 mg, 400 mg TABLET MO	4	
amiodarone 200 mg TABLET MO	2	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET MO	6	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET MO	4	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE MO	6	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE MO	6	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET MO	6	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	6	QL(30 per 30 days)
atenolol 100 mg TABLET MO	1	
atenolol 25 mg, 50 mg TABLET MO	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	6	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	6	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET MO	6	
bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET MO	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
bumetanide 0.25 mg/ml SOLUTION MO	2	
bumetanide 0.5 mg, 2 mg TABLET MO	2	
bumetanide 1 mg TABLET MO	2	
candesartan 16 mg, 4 mg, 8 mg TABLET MO	6	QL(60 per 30 days)
candesartan 32 mg TABLET MO	6	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET MO	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	6	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	6	
cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR. MO	2	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET MO	6	
chlorthalidone 25 mg TABLET MO	1	
chlorthalidone 50 mg TABLET MO	1	
cholestyramine (with sugar) 4 gram POWDER MO	3	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	3	
cholestyramine light 4 gram POWDER MO	3	
cholestyramine light 4 gram POWDER IN PACKET MO	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	4	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET MO	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET MO	1	
colestipol 1 gram TABLET MO	3	
colestipol 5 gram GRANULES MO	4	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	2	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	2	
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	2	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. MO	2	
diltiazem hcl 360 mg CAPSULE, ER 24 HR. MO	2	QL(30 per 30 days)
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	4	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET MO	6	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET MO	6	
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET MO	3	QL(240 per 30 days)
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	6	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	6	
fenofibrate 160 mg TABLET MO	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET MO	2	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fenofibrate micronized 130 mg, 43 mg CAPSULE MO	4	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE MO	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE MO	3	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET MO	3	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET MO	3	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET MO	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET MO	3	
fluvastatin 20 mg, 40 mg CAPSULE MO	4	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. MO	4	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET MO	6	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO	2	
furosemide 20 mg, 40 mg TABLET MO	1	
furosemide 80 mg TABLET MO	1	
gemfibrozil 600 mg TABLET MO	1	QL(60 per 30 days)
guanfacine 1 mg, 2 mg TABLET MO	2	
hydralazine 10 mg, 100 mg TABLET MO	2	
hydralazine 25 mg, 50 mg TABLET MO	2	
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	
hydrochlorothiazide 50 mg TABLET MO	1	
indapamide 1.25 mg, 2.5 mg TABLET MO	1	
irbesartan 150 mg, 300 mg, 75 mg TABLET MO	6	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET MO	6	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	6	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET MO	3	
isosorbide mononitrate 10 mg, 20 mg TABLET MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
isosorbide-hydralazine 20-37.5 mg TABLET MO	3	QL(180 per 30 days)
ivabradine 5 mg, 7.5 mg TABLET MO	4	PA,QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	3	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET MO	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET MO	6	
lisinopril 30 mg TABLET MO	6	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET MO	6	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET MO	6	
losartan 100 mg, 25 mg, 50 mg TABLET MO	6	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET MO	6	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET MO	6	
methyldopa 250 mg, 500 mg TABLET MO	2	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	3	
metolazone 10 mg, 2.5 mg, 5 mg TABLET MO	3	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. MO	6	
metoprolol succinate 200 mg TABLET, ER 24 HR. MO	6	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET MO	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET MO	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	3	
metyrosine 250 mg CAPSULE DL	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	3	
minoxidil 10 mg, 2.5 mg TABLET MO	2	
moexipril 15 mg, 7.5 mg TABLET MO	6	
MULTAQ 400 MG TABLET MO	3	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	3	
nebivolol 10 mg TABLET MO	3	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
nebivolol 20 mg TABLET MO	3	QL(60 per 30 days)
NEXLETOL 180 MG TABLET MO	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET MO	3	PA,QL(30 per 30 days)
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. MO	4	
niacin 500 mg TABLET MO	4	
niacor 500 mg TABLET MO	4	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER MO	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. MO	3	
nimodipine 30 mg CAPSULE MO	4	
nimodipine 60 mg/20 ml SOLUTION DL	5	QL(2838 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. MO	2	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET MO	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET MO	3	
olmesartan 20 mg, 40 mg TABLET MO	6	QL(30 per 30 days)
olmesartan 5 mg TABLET MO	6	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET MO	6	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET MO	6	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE MO	3	QL(120 per 30 days)
PACERONE 100 MG, 400 MG TABLET MO	4	
pacerone 200 mg TABLET MO	2	
pentoxifylline 400 mg TABLET ER MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET MO	6	
pravastatin 10 mg, 80 mg TABLET MO	6	
pravastatin 20 mg, 40 mg TABLET MO	6	
prazosin 1 mg, 2 mg, 5 mg CAPSULE MO	2	
prevalite 4 gram POWDER MO	3	
prevalite 4 gram POWDER IN PACKET MO	4	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	3	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. MO	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	3	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	6	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
quinidine sulfate 200 mg, 300 mg TABLET MO	4	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE MO	6	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	6	
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET MO	3	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET MO	6	
simvastatin 5 mg, 80 mg TABLET MO	6	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET MO	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET MO	2	
spironolactone 100 mg TABLET MO	1	
spironolactone 25 mg, 50 mg TABLET MO	1	
taztia xt 120 mg, 180 mg, 240 mg, 300 mg, 360 mg CAPSULE, ER 24 HR. MO	2	
telmisartan 20 mg, 40 mg TABLET MO	6	QL(30 per 30 days)
telmisartan 80 mg TABLET MO	6	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO	6	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO	6	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO	6	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	1	
tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	2	
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	4	
torse mide 10 mg, 100 mg, 5 mg TABLET MO	2	
torse mide 20 mg TABLET MO	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET MO	6	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	4	
triamterene 100 mg, 50 mg CAPSULE MO	4	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET MO	1	
valsartan 160 mg, 320 mg TABLET MO	6	QL(60 per 30 days)
valsartan 40 mg, 80 mg TABLET MO	6	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	6	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. MO	3	
verapamil 120 mg, 180 mg, 240 mg TABLET ER MO	2	
verapamil 120 mg, 40 mg, 80 mg TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET MO	3	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO	3	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO	3	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	5	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	5	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK DL	5	PA,QL(42 per 28 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET MO	3	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET MO	4	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET MO	4	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET MO	4	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET MO	4	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	4	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	3	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	3	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	3	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	3	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	4	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	4	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	2	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE MO	3	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glatiramer 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE DL	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE DL	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO	2	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER MO	3	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	3	QL(90 per 30 days)
NUJEXTA 20-10 MG CAPSULE DL	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION MO	3	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE MO	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE MO	3	QL(60 per 30 days)
riluzole 50 mg TABLET MO	4	
teriflunomide 14 mg, 7 mg TABLET MO	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET MO	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET MO	4	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	4	
triamcinolone acetonide 0.1 % PASTE MO	3	
DERMATOLOGICAL AGENTS		
acutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE MO	4	PA
adapalene 0.3 % GEL MO	3	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	3	QL(45 per 30 days)
ammonium lactate 12 % CREAM MO	2	
ammonium lactate 12 % LOTION MO	2	
amnestem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
azelaic acid 15 % GEL MO	4	ST,QL(50 per 30 days)
betamethasone dipropionate 0.05 % CREAM MO	4	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION MO	4	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT MO	4	QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
betamethasone valerate 0.1 % CREAM MO	3	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION MO	4	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT MO	3	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM MO	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL MO	4	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION MO	4	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT MO	4	QL(100 per 30 days)
calcipotriene 0.005 % CREAM MO	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION MO	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
clindamycin phosphate 1 % GEL MO	4	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION MO	4	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB MO	2	
clindamycin-benzoyl peroxide 1-5 % GEL MO	4	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL MO	4	QL(45 per 30 days)
clobetasol 0.05 % CREAM MO	3	QL(120 per 30 days)
clobetasol 0.05 % FOAM MO	4	QL(100 per 28 days)
clobetasol 0.05 % GEL MO	4	QL(120 per 28 days)
clobetasol 0.05 % OINTMENT MO	3	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO MO	4	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION MO	3	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	4	QL(120 per 30 days)
diclofenac sodium 3 % GEL MO	3	PA
erythromycin with ethanol 2 % SOLUTION MO	3	QL(120 per 30 days)
fluocinolone 0.01 % OIL MO	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION MO	4	QL(180 per 30 days)
fluocinolone 0.025 % CREAM MO	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT MO	4	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL MO	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM MO	4	QL(120 per 30 days)
fluocinonide 0.05 % GEL MO	4	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT MO	4	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION MO	4	QL(120 per 30 days)
fluorouracil 2 % SOLUTION MO	3	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluorouracil 5 % CREAM MO	4	
fluorouracil 5 % SOLUTION MO	3	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT MO	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR MO	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM MO	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT MO	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET MO	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION MO	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT MO	4	QL(180 per 30 days)
imiquimod 5 % CREAM IN PACKET MO	3	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
lindane 1 % SHAMPOO MO	4	QL(60 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	4	QL(240 per 30 days)
malathion 0.5 % LOTION MO	4	
mometasone 0.1 % CREAM MO	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT MO	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION MO	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT MO	2	
permethrin 5 % CREAM MO	3	
pimecrolimus 1 % CREAM MO	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION MO	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	4	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	4	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	2	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM MO	2	
SSD 1 % CREAM MO	2	
tacrolimus 0.03 %, 0.1 % OINTMENT MO	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM MO	3	QL(120 per 30 days)
tretinoin 0.01 % GEL MO	3	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL MO	4	PA,QL(45 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	4	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	4	
ZORYVE 0.15 % CREAM MO	4	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP MO	2	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
calcium chloride 100 mg/ml (10 %) SOLUTION MO	4	
calcium chloride 100 mg/ml (10 %) SYRINGE MO	4	
calcium gluconate 100 mg/ml (10%) SOLUTION MO	2	
carglumic acid 200 mg TABLET, DISPERSIBLE DL	5	PA
CHEMET 100 MG CAPSULE DL	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	4	BvsD
CLINOLIPID 20 % EMULSION MO	4	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO	2	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	2	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	2	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION MO	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	2	
deferasirox 180 mg, 360 mg TABLET MO	4	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
deferasirox 90 mg TABLET MO	3	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION MO	2	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION MO	2	
dextrose 25 % in water (d25w) SYRINGE MO	2	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION MO	2	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION MO	2	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	2	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION MO	2	
dextrose 50 % in water (d50w) SYRINGE MO	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	2	
electrolyte-148 PARENTERAL SOLUTION MO	4	
electrolyte-48 in d5w PARENTERAL SOLUTION MO	2	
electrolyte-a PARENTERAL SOLUTION MO	4	
GLYCOPHOS 1 MMOL/ML SOLUTION MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	4	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	4	
ISOLYTE-S PARENTERAL SOLUTION MO	4	
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	5	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	4	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION MO	3	
klor-con 10 10 meq TABLET ER MO	2	
KLOR-CON 10 10 MEQ TABLET ER MO	2	
KLOR-CON 8 8 MEQ TABLET ER MO	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
lactated ringers PARENTERAL SOLUTION MO	2	
levocarnitine 330 mg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocarnitine (with sugar) 100 mg/ml SOLUTION MO	4	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET MO	2	
magnesium sulfate 500 mg/ml (50 %) SOLUTION MO	2	
magnesium sulfate 500 mg/ml (50 %) SYRINGE MO	2	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK MO	2	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK MO	2	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION MO	2	
neo-vital rx 27 mg iron- 1 mg TABLET MO	2	
NEONATAL COMPLETE 29-1 MG TABLET MO	2	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	2	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	2	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	4	
NUTRILIPID 20 % EMULSION MO	4	BvsD
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	4	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	4	
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION MO	4	
PLASMA-LYTE A PARENTERAL SOLUTION MO	4	
PLENAMINE 15 % PARENTERAL SOLUTION MO	4	BvsD
potassium acetate 2 meq/ml SOLUTION MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride 10 meq CAPSULE, ER MO	2	
potassium chloride 10 meq, 20 meq TABLET ER MO	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS MO	2	
potassium chloride 15 meq, 8 meq TABLET ER MO	2	
potassium chloride 2 meq/ml SOLUTION MO	2	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID MO	4	
potassium chloride 8 meq CAPSULE, ER MO	2	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK MO	2	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION MO	2	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION MO	2	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	3	
pr natal 400 29-1-400 mg COMBO PACK MO	2	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP MO	2	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK MO	2	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP MO	2	
PREMASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET MO	2	
PRENATABS FA 29-1 MG TABLET MO	4	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET MO	2	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET MO	2	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	2	
PROSOL 20 % PARENTERAL SOLUTION MO	4	BvsD
ringer's PARENTERAL SOLUTION MO	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET MO	2	
SMOFLIPID 20 % EMULSION MO	4	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE MO	4	
sodium chloride 2.5 meq/ml SOLUTION MO	2	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION MO	2	
sodium chloride 0.9 % PARENTERAL SOLUTION MO	2	
sodium chloride 0.9 % PIGGYBACK MO	2	
sodium chloride 0.9 % SOLUTION MO	2	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION MO	2	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION MO	2	
sodium phosphate 3 mmol/ml SOLUTION MO	4	
sodium polystyrene sulfonate 15 gram POWDER MO	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	3	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	4	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
trientine 250 mg CAPSULE DL	5	QL(240 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trientine 500 mg CAPSULE DL	5	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET MO	2	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	4	BvsD
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO	2	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO	4	
westab plus 27 mg iron- 1 mg TABLET MO	2	
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET MO	4	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO	2	
cimetidine hcl 300 mg/5 ml SOLUTION MO	3	
constulose 10 gram/15 ml SOLUTION MO	2	
dicyclomine 10 mg CAPSULE MO	4	
dicyclomine 10 mg/5 ml SOLUTION MO	4	
dicyclomine 20 mg TABLET MO	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	4	
enulose 10 gram/15 ml SOLUTION MO	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION MO	2	
famotidine 20 mg, 40 mg TABLET MO	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	4	
famotidine (pf) 20 mg/2 ml SOLUTION MO	2	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION MO	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
gavilyte-n 420 gram RECON SOLUTION MO	1	
generlac 10 gram/15 ml SOLUTION MO	2	
glutamine (sickle cell) 5 gram POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
glycopyrrolate 0.2 mg/ml SOLUTION MO	4	
glycopyrrolate 1 mg, 2 mg TABLET MO	3	
lactulose 10 gram/15 ml SOLUTION MO	2	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC MO	2	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE MO	2	
lubiprostone 24 mcg, 8 mcg CAPSULE MO	3	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>misoprostol</i> 100 mcg, 200 mcg TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	QL(30 per 30 days)
<i>nizatidine</i> 150 mg, 300 mg CAPSULE MO	2	
<i>omeprazole</i> 10 mg CAPSULE, DR/EC MO	1	
<i>omeprazole</i> 20 mg, 40 mg CAPSULE, DR/EC MO	1	
<i>pantoprazole</i> 20 mg, 40 mg TABLET, DR/EC MO	1	QL(60 per 30 days)
<i>pantoprazole</i> 40 mg RECON SOLUTION MO	3	
<i>pantoprazole</i> in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK MO	4	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	4	
<i>peg 3350-electrolytes</i> 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
<i>peg-electrolyte soln</i> 420 gram RECON SOLUTION MO	1	
<i>rabeprazole</i> 20 mg TABLET, DR/EC MO	3	QL(60 per 30 days)
<i>sodium,potassium,mag sulfates</i> 17.5-3.13-1.6 gram RECON SOLUTION MO	1	
<i>sucralfate</i> 1 gram TABLET MO	2	
<i>sucralfate</i> 100 mg/ml SUSPENSION MO	4	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	4	
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	3	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	4	
<i>ursodiol</i> 250 mg TABLET MO	3	
<i>ursodiol</i> 300 mg CAPSULE MO	3	
<i>ursodiol</i> 500 mg TABLET MO	4	
VOWST CAPSULE DL	5	PA
XERMELO 250 MG TABLET DL	5	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET MO	4	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i> 1 gram/scoop POWDER DL	5	
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC MO	3	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
ELELYSO 200 UNIT RECON SOLUTION DL	5	PA
<i>nitisinone</i> 10 mg, 2 mg, 20 mg, 5 mg CAPSULE DL	5	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	5	PA
sapropterin 100 mg POWDER IN PACKET DL	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	5	
sodium phenylbutyrate 500 mg TABLET DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION DL	5	PA
WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION DL	5	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	5	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC MO	4	
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. MO	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	3	
dutasteride 0.5 mg CAPSULE MO	3	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	3	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
finasteride 5 mg TABLET MO	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	3	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET MO	3	
oxybutynin chloride 5 mg/5 ml SYRUP MO	3	
silodosin 4 mg, 8 mg CAPSULE MO	3	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET MO	4	QL(30 per 30 days)
tadalafil 5 mg TABLET MO	4	PA
tamsulosin 0.4 mg CAPSULE MO	2	
tolterodine 1 mg, 2 mg TABLET MO	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	3	QL(30 per 30 days)
trospium 20 mg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
betamethasone acet,sod phos 6 mg/ml SUSPENSION MO	3	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET MO	2	
dexamethasone 0.5 mg/5 ml ELIXIR MO	2	
dexamethasone 0.5 mg/5 ml SOLUTION MO	2	
dexamethasone intensol 1 mg/ml DROPS MO	3	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION MO	2	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE MO	2	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION MO	2	
dexamethasone sodium phosphate 4 mg/ml SYRINGE MO	2	
fludrocortisone 0.1 mg TABLET MO	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK MO	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	2	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION MO	4	
prednisolone 15 mg/5 ml SOLUTION MO	2	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION MO	2	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION MO	4	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	3	
prednisone 1 mg, 2.5 mg, 50 mg TABLET MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK MO	2	
prednisone 5 mg/5 ml SOLUTION MO	4	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	4	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	4	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT MO	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	2	
triamcinolone acetonide 0.1 % CREAM MO	2	
triderm 0.1 %, 0.5 % CREAM MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	4	PA
desmopressin 0.1 mg TABLET MO	3	
desmopressin 0.2 mg TABLET MO	4	
INCRELEX 10 MG/ML SOLUTION DL	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET MO	2	
abigale lo 0.5-0.1 mg TABLET MO	2	
afirmelle 0.1-20 mg-mcg TABLET MO	2	
altavera (28) 0.15-0.03 mg TABLET MO	2	
alyacen 1/35 (28) 1-35 mg-mcg TABLET MO	2	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET MO	4	
apri 0.15-0.03 mg TABLET MO	2	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	2	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET MO	2	
aubra eq 0.1-20 mg-mcg TABLET MO	2	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	3	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
aviane 0.1-20 mg-mcg TABLET MO	2	
ayuna 0.15-0.03 mg TABLET MO	2	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
balziva (28) 0.4-35 mg-mcg TABLET MO	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
briellyn 0.4-35 mg-mcg TABLET MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
camila 0.35 mg TABLET MO	2	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
chateal eq (28) 0.15-0.03 mg TABLET MO	2	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	4	QL(8 per 28 days)
cryselle (28) 0.3-30 mg-mcg TABLET MO	2	
cyred 0.15-0.03 mg TABLET MO	2	
cyred eq 0.15-0.03 mg TABLET MO	2	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	2	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	2	
DEPO-ESTRADIOL 5 MG/ML OIL MO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	3	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
dolishale 90-20 mcg (28) TABLET MO	4	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	2	
DUAVEE 0.45-20 MG TABLET MO	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET MO	2	
eluryng 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
emzahh 0.35 mg TABLET MO	2	
ENDOMETRIN 100 MG INSERT MO	4	
enilloring 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
enskyce 0.15-0.03 mg TABLET MO	2	
errin 0.35 mg TABLET MO	2	
estarylla 0.25-0.035 mg TABLET MO	2	
estradiol 0.01 % (0.1 mg/gram) CREAM MO	3	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	3	QL(4 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET MO	1	
estradiol 10 mcg TABLET MO	4	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	2	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	2	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET MO	2	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	4	
gallifrey 5 mg TABLET MO	3	
hailey 1.5-30 mg-mcg TABLET MO	2	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
haloette 0.12-0.015 mg/24 hr RING MO	3	QL(1 per 28 days)
heather 0.35 mg TABLET MO	2	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
incassia 0.35 mg TABLET MO	2	
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET MO	2	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	2	
jencycla 0.35 mg TABLET MO	2	
juleber 0.15-0.03 mg TABLET MO	2	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	3	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
kalliga 0.15-0.03 mg TABLET MO	2	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	2	
kurvelo (28) 0.15-0.03 mg TABLET MO	2	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	3	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	2	
lessina 0.1-20 mg-mcg TABLET MO	2	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET MO	2	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
levonorgestrel-ethinyl estrad 90-20 mcg (28) TABLET MO	4	
levora-28 0.15-0.03 mg TABLET MO	2	
lo-zumandimine (28) 3-0.02 mg TABLET MO	2	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	2	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	3	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	2	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	2	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	2	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	2	
luizza 1-20 mg-mcg TABLET MO	3	
luizza 1.5-30 mg-mcg TABLET MO	2	
lutra (28) 0.1-20 mg-mcg TABLET MO	2	
lyleq 0.35 mg TABLET MO	2	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	2	
marlissa (28) 0.15-0.03 mg TABLET MO	2	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
medroxyprogesterone 150 mg/ml SUSPENSION MO	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET MO	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION MO	3	
megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION MO	4	
meleya 0.35 mg TABLET MO	2	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	3	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	2	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
mili 0.25-0.035 mg TABLET MO	2	
mimvey 1-0.5 mg TABLET MO	2	
mono-lynyah 0.25-0.035 mg TABLET MO	2	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	2	
NEXPLANON 68 MG IMPLANT MO	3	
nikki (28) 3-0.02 mg TABLET MO	2	
NORA-BE 0.35 MG TABLET MO	2	
nora-be 0.35 mg TABLET MO	2	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO	3	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
norethindrone (contraceptive) 0.35 mg TABLET MO	2	
norethindrone ac-eth estradiol 1-20 mg-mcg TABLET MO	3	
norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET MO	2	
norethindrone acetate 5 mg TABLET MO	3	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	2	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET MO	2	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	2	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	2	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	2	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	2	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	2	
nymyo 0.25-35 mg-mcg TABLET MO	2	
ocella 3-0.03 mg TABLET MO	2	
orquidea 0.35 mg TABLET MO	2	
philith 0.4-35 mg-mcg TABLET MO	4	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
portia 28 0.15-0.03 mg TABLET MO	2	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM CREAM MO	3	
progesterone 50 mg/ml OIL MO	3	
progesterone micronized 100 mg, 200 mg CAPSULE MO	3	
raloxifene 60 mg TABLET MO	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET MO	2	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
sharobel 0.35 mg TABLET MO	2	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	2	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET MO	2	
sronyx 0.1-20 mg-mcg TABLET MO	2	
syeda 3-0.03 mg TABLET MO	2	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	2	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	2	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO	3	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO	3	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	3	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	3	PA
testosterone enanthate 200 mg/ml OIL MO	3	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	2	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET MO	2	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET MO	2	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	2	
tulana 0.35 mg TABLET MO	2	
turqoz (28) 0.3-30 mg-mcg TABLET MO	2	
valtya 1-50 mg-mcg TABLET MO	2	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	2	
vestura (28) 3-0.02 mg TABLET MO	2	
vienva 0.1-20 mg-mcg TABLET MO	2	
violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	2	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	4	
vylibra 0.25-0.035 mg TABLET MO	2	
wera (28) 0.5-35 mg-mcg TABLET MO	2	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	2	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	3	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	3	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	2	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	2	
zumandimine (28) 3-0.03 mg TABLET MO	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	3	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET MO	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
liomny 25 mcg, 5 mcg, 50 mcg TABLET MO	3	
liothyronine 10 mcg/ml SOLUTION MO	3	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET MO	3	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET MO	3	
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	4	PA
FIRMAGON 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	4	PA
lanreotide 120 mg/0.5 ml SYRINGE DL	5	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE DL	5	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE DL	5	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT MO	4	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT	5	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION MO	4	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION MO	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	4	PA
octreotide acetate 50 mcg/ml SOLUTION MO	3	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON DL	5	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	5	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET MO	2	
propylthiouracil 50 mg TABLET MO	3	
IMMUNOLOGICAL AGENTS		
ABRYVO (PF) 120 MCG/0.5 ML RECON SOLUTION AV,DL	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION AV,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE AV,DL	1	
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBIM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
ADALIMUMAB-ADBIM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBIM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBIM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBIM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION DL	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
azathioprine 50 mg TABLET MO	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION AV,DL	1	
BENLYSTA 120 MG RECON SOLUTION DL	5	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	5	PA,QL(8 per 28 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BENLYSTA 200 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE DL	5	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION AV,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE AV,DL	1	
COSENTYX 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE MO	4	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO	4	BvsD
cyclosporine modified 100 mg/ml SOLUTION MO	4	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DENGVAIXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	5	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION AV,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE AV,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. MO	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET MO	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET DL	5	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET DL	5	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	5	PA

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION AV,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE AV,DL	1	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE AV,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT DL	5	PA,QL(6 per 28 days)
icatibant 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION AV,DL	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION AV,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE AV,DL	1	
JYLAMVO 2 MG/ML SOLUTION MO	4	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION AV,DL	1	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	1	
leflunomide 10 mg, 20 mg TABLET MO	3	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION AV,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION AV,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT AV,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION AV,DL	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methotrexate sodium 2.5 mg TABLET MO	2	BvsD
methotrexate sodium 25 mg/ml SOLUTION MO	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION MO	2	
methotrexate sodium (pf) 25 mg/ml SOLUTION MO	1	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE AV,DL	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	3	BvsD
mycophenolate mofetil 500 mg TABLET MO	3	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	4	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	4	BvsD
OTULFI 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT AV,DL	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT AV,DL	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT DL	1	
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION AV,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE AV,DL	1	BvsD
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. DL	5	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	5	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sajazir</i> 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION MO	4	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET MO	4	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION MO	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	5	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE MO	4	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION AV,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE AV,DL	1	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE AV,DL	1	
TREMFYA 100 MG/ML SYRINGE	5	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	5	PA,QL(4 per 28 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN 200 MG/2 ML PEN INJECTOR DL	5	PA,QL(4 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE AV,DL	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE AV,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	5	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION AV,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE AV,DL	1	
USTEKINUMAB 45 MG/0.5 ML SOLUTION DL	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE DL	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION DL	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE DL	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION AV,DL	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VAQTA (PF) 50 UNIT/ML SYRINGE AV,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION AV,MO	1	
VIMKUNYA 40 MCG/0.8 ML SYRINGE AV,DL	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC AV,MO	1	
XATMEP 2.5 MG/ML SOLUTION MO	4	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	5	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION MO	3	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE MO	3	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE DL	5	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION AV,DL	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE MO	4	
budesonide 3 mg CAPSULE, DR/EC MO	3	
budesonide 9 mg TABLET, DR/ER DL	5	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA MO	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR. MO	4	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY MO	4	QL(30 per 30 days)
mesalamine 4 gram/60 ml ENEMA MO	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET MO	2	
sulfasalazine 500 mg TABLET, DR/EC MO	2	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
alendronate 35 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg TABLET MO	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION MO	4	QL(300 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	3	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE MO	2	
calcitriol 1 mcg/ml SOLUTION MO	4	
cinacalcet 30 mg, 60 mg TABLET MO	4	QL(60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cinacalcet 90 mg TABLET MO	4	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE MO	4	
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR DL	5	PA,QL(2.24 per 28 days)
ibandronate 150 mg TABLET MO	2	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION MO	4	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE MO	4	PA,QL(3 per 90 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE MO	4	
PROLIA 60 MG/ML SYRINGE MO	4	QL(1 per 180 days)
risedronate 150 mg TABLET MO	3	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET MO	3	QL(30 per 30 days)
risedronate 35 mg TABLET MO	3	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC MO	4	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	5	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	4	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION MO	4	
zoledronic acid 4 mg/5 ml SOLUTION MO	4	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK MO	4	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	5	PA
ALCOHOL PADS PADS, MEDICATED MO	1	
ALCOHOL PREP PADS PADS, MEDICATED MO	1	
ALCOHOL SWABS PADS, MEDICATED MO	1	
ALCOHOL WIPES PADS, MEDICATED MO	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE PDS,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE PDS,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE PDS,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
BORDERED GAUZE 2 X 2 " BANDAGE MO	1	
<i>butalbital-acetaminophen-caff</i> 50-325-40 mg TABLET MO	2	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED MO	1	
CEQUR SIMPLICITY 2 UNIT DEVICE MO	3	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS MO	3	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE DL	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK DL	4	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED MO	1	
CURITY GAUZE 2 X 2 " BANDAGE MO	1	
DERMACEA 2 X 2 " BANDAGE MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET INSULIN SYR(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 1/4", 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", 0.5ML 30 GAUGE X 15/64" SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE PDS,MO	1	
DROPLET INSULIN SYRINGE 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 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" SYRINGE PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE PDS,MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE PDS,MO	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED MO	1	
GAUZE BANDAGE 2 X 2 " BANDAGE MO	1	
GAUZE PAD 2 X 2 " BANDAGE MO	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,MO	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	
IV PREP WIPES PADS, MEDICATED MO	1	
<i>mifepristone 300 mg</i> TABLET DL	5	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD MO	3	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,MO	1	
nitroglycerin 0.4 % (w/w) OINTMENT MO	4	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE MO	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE MO	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE MO	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE MO	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE MO	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE MO	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE MO	3	
OMNIPOD GO PODS CARTRIDGE MO	3	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE MO	3	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE MO	3	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE PDS,MO	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)
sodium chloride 0.9 % SOLUTION MO	2	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED MO	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED MO	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,MO	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 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 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,MO	1	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE PDS,MO	1	
WEBCOL PADS, MEDICATED MO	1	
XDEMVI 0.25 % DROPS MO	4	PA,QL(10 per 42 days)
OPHTHALMIC AGENTS		
atropine 1 % DROPS MO	3	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	3	
azelastine 0.05 % DROPS MO	3	
bacitracin 500 unit/gram OINTMENT MO	4	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
betaxolol 0.5 % DROPS MO	3	
brimonidine 0.2 % DROPS MO	1	
carteolol 1 % DROPS MO	1	
ciprofloxacin hcl 0.3 % DROPS MO	2	
COMBIGAN 0.2-0.5 % DROPS MO	3	
cromolyn 4 % DROPS MO	1	
cyclosporine 0.05 % DROPPERETTE MO	3	QL(60 per 30 days)
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS MO	2	
diclofenac sodium 0.1 % DROPS MO	2	
dorzolamide 2 % DROPS MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS MO	2	
erythromycin 5 mg/gram (0.5 %) OINTMENT MO	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	3	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION MO	3	
flurbiprofen sodium 0.03 % DROPS MO	2	
gatifloxacin 0.5 % DROPS MO	4	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS MO	2	
ILEVRO 0.3 % DROPS, SUSPENSION MO	3	QL(3 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS MO	3	QL(10 per 30 days)
latanoprost 0.005 % DROPS MO	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS MO	1	
LOTEMAX SM 0.38 % DROPS, GEL MO	4	
LUMIGAN 0.01 % DROPS MO	3	QL(2.5 per 25 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methazolamide 25 mg, 50 mg TABLET MO	4	
moxifloxacin 0.5 % DROPS MO	3	
NATACYN 5 % DROPS, SUSPENSION MO	4	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	3	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	3	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	4	
ofloxacin 0.3 % DROPS MO	2	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	3	
polycin 500-10,000 unit/gram OINTMENT MO	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	1	
prednisolone acetate 1 % DROPS, SUSPENSION MO	3	
prednisolone sodium phosphate 1 % DROPS MO	3	
RHOPRESSA 0.02 % DROPS MO	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	3	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	4	
sulfacetamide sodium 10 % DROPS MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	2	
timolol maleate 0.25 % DROPS MO	1	
timolol maleate 0.5 % DROPS MO	1	
tobramycin 0.3 % DROPS MO	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	3	
travoprost 0.004 % DROPS MO	3	QL(2.5 per 25 days)
trifluridine 1 % DROPS MO	4	
VYZULTA 0.024 % DROPS MO	4	QL(2.5 per 25 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS MO	3	
hydrocortisone-acetic acid 1-2 % DROPS MO	4	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION MO	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION MO	3	
ofloxacin 0.3 % DROPS MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION MO	4	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	5	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(12 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET MO	4	
albuterol sulfate 2 mg/5 ml SYRUP MO	2	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION MO	2	BvsD
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. MO	4	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
alyq 20 mg TABLET MO	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET DL	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION MO	2	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION MO	4	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	4	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	3	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	4	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION MO	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	4	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	3	BvsD
desloratadine 5 mg TABLET MO	3	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION MO	4	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR MO	3	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	5	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	3	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	2	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE MO	3	
ipratropium bromide 0.02 % SOLUTION MO	2	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL MO	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL MO	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION MO	2	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	4	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET MO	2	QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	4	QL(34 per 30 days)
montelukast 10 mg TABLET MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	4	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET MO	1	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	5	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	5	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET DL	5	PA,QL(30 per 30 days)
pirfenidone 267 mg CAPSULE DL	5	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET DL	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET DL	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
roflumilast 250 mcg TABLET MO	3	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	3	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	3	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET MO	4	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	5	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	5	PA,QL(200 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT DL	5	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET MO	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine 10 mg, 5 mg TABLET MO	4	
methocarbamol 500 mg, 750 mg TABLET MO	2	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET MO	4	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET MO	3	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml SOLUTION DL	5	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE DL	5	PA,QL(30 per 30 days)
temazepam 15 mg CAPSULE DL	3	QL(30 per 30 days)
temazepam 30 mg CAPSULE DL	3	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE MO	3	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE MO	4	QL(30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 6.

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

Index

A

abacavir-lamivudine... 40	adefovir... 41	AMINOSYN II 10 %... 59
abacavir... 40	ADEMPAS... 87	amiodarone... 49
ABELCET... 25	ADSTILADRIN... 81	amitriptyline... 22
abigale lo... 67	ADVAIR HFA... 87	amlodipine-atorvastatin... 49
abigale... 67	afirmelle... 67	amlodipine-benazepril... 49
ABILIFY ASIMTUFII... 37	AIRSUPRA... 87	amlodipine-olmesartan... 49
ABILIFY MAINTENA... 37	AKEEGA... 27	amlodipine-valsartan... 49
abiraterone... 27	albendazole... 36	amlodipine... 49
abirtega... 27	albuterol sulfate... 87	ammonium lactate... 56
ABRYSVO (PF)... 75	ALCOHOL PADS... 81	amnestem... 56
acamprosate... 13	ALCOHOL PREP PADS... 81	amoxapine... 22
acarbose... 45	ALCOHOL SWABS... 81	amoxicillin-pot clavulanate... 14
accutane... 56	ALCOHOL WIPES... 81	amoxicillin... 14
acebutolol... 49	ALECENSA... 28	amphotericin b liposome... 25
acetaminophen-codeine... 11	alendronate... 80	amphotericin b... 25
acetazolamide... 49	alfuzosin... 65	ampicillin sodium... 14
acetic acid... 14	aliskiren... 49	ampicillin-sulbactam... 14
acetylcysteine... 87	allopurinol... 26	ampicillin... 14
acitretin... 56	alosetron... 63	anagrelide... 47
ACTHIB (PF)... 75	alprazolam... 44	anastrozole... 28
ACTIMMUNE... 75	altavera (28)... 67	ANKTIVA... 28
acyclovir sodium... 41	ALUNBRIG... 28	apomorphine... 37
acyclovir... 40	alyacen 1/35 (28)... 67	aprepitant... 24
ADACEL(TDAP	alyacen 7/7/7 (28)... 67	apri... 67
ADOLESN/ADULT)(PF)... 75	alyq... 87	APTIVUS... 41
ADALIMUMAB-ADAZ... 75	amantadine hcl... 36	aranelle (28)... 67
ADALIMUMAB-ADB(M)(CF) PEN	ambrisentan... 87	ARCALYST... 75
CROHNS... 75	amethia... 67	AREXVY (PF)... 75
ADALIMUMAB-ADB(M)(CF) PEN	amethyst (28)... 67	arformoterol... 87
PS-UV... 75	amikacin... 14	ARIKAYCE... 14
ADALIMUMAB-ADB(M)... 75	amiloride-hydrochlorothiazide... 49	aripiprazole... 37
adapalene... 56	amiloride... 49	ARISTADA INITIO... 37
	aminophylline... 87	ARISTADA... 37

ARMOUR THYROID... 73	ayuna... 67	BD NANO 2ND GEN PEN NEEDLE... 82
ARNUITY ELLIPTA... 87	AYVAKIT... 28	BD SAFETYGLIDE INSULIN SYRINGE... 82
asenapine maleate... 37	azacitidine... 28	BD SAFETYGLIDE SYRINGE... 82
ashlyna... 67	azathioprine... 75	BD ULTRA-FINE MICRO PEN NEEDLE... 82
atazanavir... 41	azelaic acid... 56	BD ULTRA-FINE MINI PEN NEEDLE... 82
atenolol-chlorthalidone... 49	azelastine... 85, 87	BD ULTRA-FINE NANO PEN NEEDLE... 82
atenolol... 49	azithromycin... 14	BD ULTRA-FINE ORIG PEN NEEDLE... 82
atomoxetine... 55	aztreonam... 14	BD ULTRA-FINE SHORT PEN NEEDLE... 82
atorvastatin... 49	azurette (28)... 67	BD VEO INSULIN SYR (HALF UNIT)... 82
atovaquone-proguanil... 36	B	BD VEO INSULIN SYRINGE UF... 82
atovaquone... 36	bacitracin-polymyxin b... 85	BELSOMRA... 89
ATROPINE SULFATE (PF)... 85	bacitracin... 14, 85	benazepril-hydrochlorothiazide... 49
atropine... 85	baclofen... 40	benazepril... 49
ATROVENT HFA... 87	bal-care dha... 59	BENLYSTA... 75, 76
aubra eq... 67	balsalazide... 80	benztropine... 37
aubra... 67	BALVERSA... 28	BESREMI... 76
AUGTYRO... 28	balziva (28)... 67	BETADINE OPHTHALMIC PREP... 85
aurovela 1.5/30 (21)... 67	BAND-AID GAUZE PADS... 81	betaine... 64
aurovela 1/20 (21)... 67	BAQSIMI... 45	betamethasone acet,sod phos... 66
aurovela 24 fe... 67	BARACLUDE... 41	betamethasone dipropionate... 56
aurovela fe 1-20 (28)... 67	BAVENCIO... 28	betamethasone valerate... 57
aurovela fe 1.5/30 (28)... 67	BCG VACCINE, LIVE (PF)... 75	betamethasone, augmented... 57
AUSTEDO XR TITRATION KT(WK1-4)... 55	BD ALCOHOL SWABS... 81	betaxolol... 85
AUSTEDO XR... 55	BD AUTOSHIELD DUO PEN NEEDLE... 81	bexarotene... 28
AUSTEDO... 55	BD ECLIPSE LUER-LOK... 81	BEXSERO... 76
AUTOJECT 2 INJECTION DEVICE... 81	BD INSULIN SYRINGE (HALF UNIT)... 82	bicalutamide... 28
AUTOPEN 1 TO 21 UNITS... 81	BD INSULIN SYRINGE MICRO-FINE... 82	
AUTOPEN 2 TO 42 UNITS... 81	BD INSULIN SYRINGE U-500... 82	
AUTOSHIELD DUO PEN NEEDLE... 81	BD INSULIN SYRINGE ULTRA-FINE... 82	
AUVELITY... 22	BD INSULIN SYRINGE... 82	
AUVI-Q... 87	BD LO-DOSE MICRO-FINE IV... 82	
aviane... 67		
AVMAPKI-FAKZYNJA... 28		

BICILLIN C-R... 14	CABOMETYX... 28	cefdinir... 15
BICILLIN L-A... 14	calcipotriene... 57	cefepime in dextrose 5 %... 15
BIKTARVY... 41	calcitonin (salmon)... 80	cefepime in dextrose,iso-osm... 15
bisoprolol fumarate... 49	calcitriol... 80	cefepime... 15
bisoprolol-hydrochlorothiazide... 49	calcium chloride... 59	cefixime... 15
blisovi 24 fe... 67	calcium gluconate... 59	cefotetan... 15
blisovi fe 1.5/30 (28)... 67	CALQUENCE (ACALABRUTINIB MAL)... 28	cefoxitin in dextrose, iso-osm... 15
blisovi fe 1/20 (28)... 67	camila... 68	cefoxitin... 15
BOOSTRIX TDAP... 76	camrese lo... 68	cefpodoxime... 15
BORDERED GAUZE... 82	camrese... 68	cefprozil... 15
BORTEZOMIB... 28	candesartan-hydrochlorothiazid... 49	ceftazidime... 15
BOSULIF... 28	candesartan... 49	ceftriaxone in dextrose,iso-os... 15
BRAFTOVI... 28	CAPLYTA... 38	ceftriaxone... 15
BREO ELLIPTA... 87	CAPRELSA... 28	cefuroxime axetil... 15
BREZTRI AEROSPHERE... 87	captopril-hydrochlorothiazide... 50	cefuroxime sodium... 15
briellyn... 67	captopril... 49	celecoxib... 11
brimonidine... 85	carbamazepine... 19	cephalexin... 15
BRIVIACT... 19	carbidopa-levodopa-entacapone... 37	CEQUR SIMPLICITY INSERTER... 82
bromocriptine... 37	carbidopa-levodopa... 37	CEQUR SIMPLICITY... 82
BRUKINSA... 28	carbidopa... 37	cetirizine... 87
budesonide... 80, 87	CARETOUCH ALCOHOL PREP PAD... 82	chateal eq (28)... 68
bumetanide... 49	carglumic acid... 59	CHEMET... 59
bupivacaine (pf)... 13	carteolol... 85	chlorhexidine gluconate... 56
bupivacaine hcl... 13	cartia xt... 50	chloroquine phosphate... 36
buprenorphine hcl... 13	carvedilol... 50	chlorpromazine... 38
buprenorphine-naloxone... 13	caspofungin... 25	chlorthalidone... 50
buprenorphine... 11	CAYSTON... 87	cholestyramine (with sugar)... 50
bupropion hcl (smoking deter)... 13	cefaclor... 15	cholestyramine light... 50
bupropion hcl... 23	cefadroxil... 15	CHORIONIC GONADOTROPIN, HUMAN... 67
buspirone... 44	cefazolin in dextrose (iso-os)... 15	ciclodan... 25
butalbital-acetaminophen-caff... 82	cefazolin... 15	ciclopirox... 25
C		cidofovir... 41
c-nate dha... 59		cilostazol... 47
CABENUVA... 41		CIMDUO... 41
cabergoline... 74		

cimetidine hcl... 63	CLINIMIX E 5%/D15W SULFIT FREE... 59	COPIKTRA... 29
cimetidine... 63	CLINIMIX E 5%/D20W SULFIT FREE... 59	COSENTYX (2 SYRINGES)... 76
cinacalcet... 80, 81	CLINIMIX E 8%-D10W SULFITEFREE... 59	COSENTYX PEN (2 PENS)... 76
ciprofloxacin hcl... 15, 85	CLINIMIX E 8%-D14W SULFITEFREE... 59	COSENTYX PEN... 76
ciprofloxacin in 5 % dextrose... 15	CLINISOL SF 15 %... 59	COSENTYX UNOREADY PEN... 76
citalopram... 23	CLINOLIPID... 59	COSENTYX... 76
claravis... 57	clobazam... 19	COTELLIC... 29
clarithromycin... 15, 16	clobetasol-emollient... 57	CREON... 64
clindamycin hcl... 16	clobetasol... 57	CRESEMBA... 25
clindamycin in 0.9 % sod chlor... 16	clomipramine... 23	cromolyn... 85, 87
clindamycin in 5 % dextrose... 16	clonazepam... 44	cryselle (28)... 68
clindamycin palmitate hcl... 16	clonidine hcl... 50	CURITY ALCOHOL SWABS... 82
clindamycin pediatric... 16	clonidine... 50	CURITY GAUZE... 82
clindamycin phosphate... 16, 57	clopidogrel... 47	cyclobenzaprine... 89
clindamycin-benzoyl peroxide... 57	clorazepate dipotassium... 44	cyclophosphamide... 29
CLINIMIX 4.25%/D10W SULF FREE... 59	clotrimazole-betamethasone... 25	cyclosporine modified... 76
CLINIMIX 4.25%/D5W SULFIT FREE... 59	clotrimazole... 25	cyclosporine... 76, 85
CLINIMIX 5%-D20W(SULFITE-FREE)... 59	clozapine... 38	CYRAMZA... 29
CLINIMIX 5%/D15W SULFITE FREE... 59	COARTEM... 36	cyred eq... 68
CLINIMIX 6%-D5W (SULFITE-FREE)... 59	COBENFY STARTER PACK... 82	cyred... 68
CLINIMIX 8%-D10W(SULFITE-FREE)... 59	COBENFY... 82	CYSTAGON... 64
CLINIMIX 8%-D14W(SULFITE-FREE)... 59	colchicine... 26	CYSTARAN... 85
CLINIMIX E 2.75%/D5W SULF FREE... 59	colestipol... 50	D
CLINIMIX E 4.25%/D10W SUL FREE... 59	colistin (colistimethate na)... 16	d10 %-0.45 % sodium chloride... 59
CLINIMIX E 4.25%/D5W SULF FREE... 59	COMBIGAN... 85	d2.5 %-0.45 % sodium chloride... 59
	COMBIPATCH... 68	d5 % and 0.9 % sodium chloride... 59
	COMBIVENT RESPIMAT... 87	d5 %-0.45 % sodium chloride... 59
	COMETRIQ... 28, 29	danazol... 68
	complete natal dha... 59	DANYELZA... 29
	compro... 24	DANZITEN... 29
	constulose... 63	dapagliflozin propanediol... 45
		dapsone... 27
		DAPTACEL (DTAP PEDIATRIC) (PF)... 76

daptomycin in 0.9 % sod chlor... 16	dextrose 10 % in water (d10w)... 60	dorzolamide... 85
daptomycin... 16	dextrose 25 % in water (d25w)... 60	dotti... 68
darunavir... 41	dextrose 5 % in water (d5w)... 60	DOVATO... 41
DARZALEX FASPRO... 29	dextrose 5 %-lactated ringers... 60	doxazosin... 50
DARZALEX... 29	dextrose 5%-0.2 % sod chloride... 60	doxepin... 45
dasatinib... 29	dextrose 5%-0.3 % sod.chloride... 60	doxercalciferol... 81
dasetta 1/35 (28)... 68	dextrose 50 % in water (d50w)... 60	doxy-100... 16
dasetta 7/7/7 (28)... 68	dextrose 70 % in water (d70w)... 60	doxycycline hyclate... 16
DAURISMO... 29	DIACOMIT... 19	doxycycline monohydrate... 16
daysee... 68	diazepam intensol... 44	DRIZALMA SPRINKLE... 55
deblitane... 68	diazepam... 19, 44	dronabinol... 24
decitabine... 29	diazoxide... 45	DROPLET INSULIN SYR(HALF UNIT)... 83
deferasirox... 59, 60	diclofenac potassium... 11	DROPLET INSULIN SYRINGE... 83
DELSTRIGO... 41	diclofenac sodium... 11, 57, 85	DROPLET MICRON PEN NEEDLE... 83
DENG VAXIA (PF)... 76	dicloxacillin... 16	DROPLET PEN NEEDLE... 83
DEPO-ESTRADIOL... 68	dicyclomine... 63	DROPSAFE ALCOHOL PREP PADS... 83
DEPO-SUBQ PROVERA 104... 68	didanosine... 41	DROPSAFE PEN NEEDLE... 83
DERMACEA... 82	DIFICID... 16	drospirenone-ethinyl estradiol... 68
DESCOVY... 41	digitek... 50	DROXIA... 83
desipramine... 23	digoxin... 50	DUAVEE... 68
desloratadine... 87	dihydroergotamine... 26	duloxetine... 55
desmopressin... 67	DILANTIN... 19	DUPIXENT PEN... 76
desog-e.estradiol/e.estradiol... 68	dilt-xr... 50	DUPIXENT SYRINGE... 76
desvenlafaxine succinate... 23	diltiazem hcl... 50	dutasteride-tamsulosin... 65
dexamethasone intensol... 66	dimethyl fumarate... 55	dutasteride... 65
dexamethasone sodium phos (pf)... 66	diphenhydramine hcl... 87	E
dexamethasone sodium phosphate... 66, 85	diphenoxylate-atropine... 63	EASY COMFORT ALCOHOL PAD... 83
dexamethasone... 66	disulfiram... 13	EASY TOUCH ALCOHOL PREP PADS... 83
dexmethylphenidate... 55	divalproex... 19	EDURANT PED... 41
dextroamphetamine sulfate... 55	dofetilide... 50	EDURANT... 41
dextroamphetamine-amphetamine... 55	dolishale... 68	efavirenz-emtricitabin-tenofov... 41
dextrose 10 % and 0.2 % nacl... 60	donepezil... 22	
	dorzolamide-timolol... 85	

efavirenz-lamivu-tenofov disop... 41	ENGERIX-B (PF)... 76	ESTRING... 69
efavirenz... 41	ENGERIX-B PEDIATRIC (PF)... 76	eszopiclone... 89
electrolyte-148... 60	enilloring... 68	ethambutol... 27
electrolyte-48 in d5w... 60	enoxaparin... 48	ethosuximide... 19
electrolyte-a... 60	enpresse... 68	ethynodiol diac-eth estradiol... 69
ELELYSO... 64	enskyce... 68	etodolac... 11
ELIGARD (3 MONTH)... 74	entacapone... 37	etonogestrel-ethinyl estradiol... 69
ELIGARD (4 MONTH)... 74	entecavir... 41	etravirine... 41
ELIGARD (6 MONTH)... 74	ENTRESTO SPRINKLE... 50	EULEXIN... 29
ELIGARD... 74	enulose... 63	everolimus (antineoplastic)... 29
elinest... 68	ENVARBUS XR... 76	everolimus (immunosuppressive)... 76
ELIQUIS DVT-PE TREAT 30D START... 47	EPCLUSA... 41	EVOTAZ... 42
ELIQUIS SPRINKLE... 47	EPIDIOLEX... 19	exemestane... 29
ELIQUIS... 47	epinephrine... 88	EXKIVITY... 29
ELMIRON... 65	epitol... 19	EYSUVIS... 85
eluryng... 68	EPRONTIA... 19	ezetimibe-simvastatin... 50
EMCYT... 29	ERBITUX... 29	ezetimibe... 50
EMGALITY PEN... 26	ergotamine-caffeine... 27	F
EMGALITY SYRINGE... 26	ERIVEDGE... 29	falmina (28)... 69
EMPLICITI... 29	ERLEADA... 29	famciclovir... 42
EMSAM... 23	erlotinib... 29	famotidine (pf)... 63
emtricitra-rilpivirine-tenof df... 41	errin... 68	famotidine... 63
emtricitabine-tenofovir (tdf)... 41	ertapenem... 16	FANAPT TITRATION PACK A... 38
emtricitabine... 41	ERYTHROCIN... 16	FANAPT TITRATION PACK B... 38
EMTRIVA... 41	erythromycin lactobionate... 16	FANAPT TITRATION PACK C... 38
emzahn... 68	erythromycin with ethanol... 57	FANAPT... 38
enalapril maleate... 50	erythromycin... 16, 85	FARXIGA... 45
enalapril-hydrochlorothiazide... 50	escitalopram oxalate... 23	FASENRA PEN... 88
ENBREL MINI... 76	eslicarbazepine... 19	febuxostat... 26
ENBREL SURECLICK... 76	esomeprazole magnesium... 63	feirza... 69
ENBREL... 76	estarylla... 68	felbamate... 19
endocet... 11	estradiol valerate... 69	felodipine... 50
ENDOMETRIN... 68	estradiol-norethindrone acet... 69	FEMLYV... 69
	estradiol... 68, 69	fenofibrate micronized... 51

fenofibrate nanocrystallized... 51	fluticasone propionate... 58, 88	GENVOYA... 42
fenofibrate... 50	fluvastatin... 51	GILOTTRIF... 30
fenofibric acid... 51	fluvoxamine... 23	glatiramer... 55, 56
fentanyl... 11	FORTEO... 81	glatopa... 56
fesoterodine... 65	fosamprenavir... 42	GLEOSTINE... 30
FETZIMA... 23	fosfomycin tromethamine... 16	glimepiride... 45
FIASP FLEXTOUCH U-100 INSULIN... 45	fosinopril-hydrochlorothiazide... 51	glipizide-metformin... 45
FIASP PENFILL U-100 INSULIN... 45	fosinopril... 51	glipizide... 45
FIASP U-100 INSULIN... 45	fosphenytoin... 19	glutamine (sickle cell)... 63
fidaxomicin... 16	FOTIVDA... 29	GLYCOPHOS... 60
finasteride... 65	FRUZAQLA... 29	glycopyrrolate... 63
fingolimod... 55	furosemide... 51	GLYXAMBI... 45
FINTEPLA... 19	FUZEON... 42	GOMEKLI... 30
FIRMAGON KIT W DILUENT	FYCOMPA... 20	granisetron hcl... 24
SYRINGE... 74	G	griseofulvin microsize... 25
FIRMAGON... 74	gabapentin... 20	griseofulvin ultramicrosize... 25
flecainide... 51	galantamine... 22	guanfacine... 51, 56
fluconazole in nacl (iso-osm)... 25	gallifrey... 69	H
fluconazole... 25	GAMUNEX-C... 76, 77	HAEGARDA... 77
flucytosine... 25	GARDASIL 9 (PF)... 77	hailey 24 fe... 69
fludrocortisone... 66	gatifloxacin... 85	hailey fe 1.5/30 (28)... 69
flunisolide... 88	GAUZE BANDAGE... 83	hailey fe 1/20 (28)... 69
fluocinolone acetonide oil... 86	GAUZE PAD... 83	hailey... 69
fluocinolone and shower cap... 57	gavilyte-c... 63	haloette... 69
fluocinolone... 57	gavilyte-g... 63	haloperidol decanoate... 38
fluocinonide... 57	gavilyte-n... 63	haloperidol lactate... 38
fluorometholone... 85	GAVRETO... 29	haloperidol... 38
fluorouracil... 29, 57, 58	GAZYVA... 30	HAVRIX (PF)... 77
fluoxetine... 23	gefitinib... 30	heather... 69
fluphenazine decanoate... 38	gemfibrozil... 51	heparin (porcine)... 48
fluphenazine hcl... 38	GEMTESA... 65	heparin, porcine (pf)... 48
flurbiprofen sodium... 85	generlac... 63	HEPLISAV-B (PF)... 77
flurbiprofen... 11	gentamicin in nacl (iso-osm)... 17	HERNEXEOS... 30
fluticasone propion-salmeterol... 88	gentamicin sulfate (ped) (pf)... 17	HIBERIX (PF)... 77
	gentamicin... 16, 17, 85	HUMIRA PEN... 77

HUMIRA(CF) PEDI CROHNS STARTER... 77	imatinib... 30	IPOL... 77
HUMIRA(CF) PEN CROHNS-UC-HS... 77	IMBRUVICA... 30	ipratropium bromide... 88
HUMIRA(CF) PEN PEDIATRIC UC... 77	IMFINZI... 30	ipratropium-albuterol... 88
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 77	imipenem-cilastatin... 17	irbesartan-hydrochlorothiazide... 51
HUMIRA(CF) PEN... 77	imipramine hcl... 23	irbesartan... 51
HUMIRA(CF)... 77	imiquimod... 58	ISENTRESS HD... 42
HUMULIN R U-500 (CONC)	IMJUDO... 30	ISENTRESS... 42
KWIKPEN... 45	IMKELDI... 30	isibloom... 69
hydralazine... 51	IMOVAX RABIES VACCINE (PF)... 77	ISOLYTE S PH 7.4... 60
hydrochlorothiazide... 51	IMPAVIDO... 36	ISOLYTE-P IN 5 % DEXTROSE... 60
hydrocodone-acetaminophen... 11	incassia... 69	ISOLYTE-S... 60
hydrocodone-ibuprofen... 11	INCONTROL ALCOHOL PADS... 83	isoniazid... 27
hydrocortisone butyrate... 58	INCRELEX... 67	isosorbide dinitrate... 51
hydrocortisone-acetic acid... 86	indapamide... 51	isosorbide mononitrate... 51
hydrocortisone... 58, 80	indomethacin... 12	isosorbide-hydralazine... 51
hydromorphone... 11	INFANRIX (DTAP) (PF)... 77	isotretinoin... 58
hydroxychloroquine... 36	INLEXZO... 30	ITOVEBI... 30
hydroxyurea... 30	INLYTA... 30	itraconazole... 25
hydroxyzine hcl... 45	INQOVI... 30	IV PREP WIPES... 83
hydroxyzine pamoate... 88	INREBIC... 30	ivabradine... 51
I	INSULIN ASPART U-100... 45	ivermectin... 36
ibandronate... 81	INSULIN LISPRO... 45	IWILFIN... 30
IBRANCE... 30	INSULIN SYRINGE MICROFINE... 83	IXIARO (PF)... 77
IBTROZI... 30	INSULIN SYRINGE-NEEDLE U-100... 83	J
ibu... 11	INSULIN SYRINGE... 83	jaimiess... 69
ibuprofen... 11, 12	INSULIN U-500 SYRINGE-NEEDLE... 83	JAKAFI... 31
icatibant... 77	INTELENCE... 42	jantoven... 48
iclevia... 69	INTRALIPID... 60	JANUMET XR... 46
ICLUSIG... 30	introvale... 69	JANUMET... 46
IDHIFA... 30	INVEGA HAFYERA... 38	JANUVIA... 46
ILEVRO... 85	INVEGA SUSTENNA... 38, 39	JARDIANCE... 46
	INVEGA TRINZA... 39	jasmiel (28)... 69
	IONOSOL-MB IN D5W... 60	JAYPIRCA... 31
		JEMPERLI... 31
		jencycla... 69

JENTADUETO XR... 46	KLOXXADO... 13	leuprolide acetate (3 month)... 74
JENTADUETO... 46	KOSELUGO... 31	leuprolide... 74
juleber... 69	KRAZATI... 31	levalbuterol tartrate... 88
JULUCA... 42	kurvelo (28)... 70	levetiracetam in nacl (iso-os)... 20
junel 1.5/30 (21)... 69	L	levetiracetam... 20
junel 1/20 (21)... 69	l norgest/e.estradiol-e.estrad... 70	LEVO-T... 73
junel fe 1.5/30 (28)... 69	labetalol... 51	levobunolol... 85
junel fe 1/20 (28)... 69	lacosamide... 20	levocarnitine (with sugar)... 61
junel fe 24... 69	lactated ringers... 60	levocarnitine... 60
JYLAMVO... 77	lactulose... 63	levocetirizine... 88
JYNARQUE... 60	lamivudine-zidovudine... 42	levofloxacin in d5w... 17
JYNNEOS (PF)... 77	lamivudine... 42	levofloxacin... 17
K	lamotrigine... 20	levoleucovorin calcium... 31
KABIVEN... 60	LAMPIT... 36	levonest (28)... 70
KALETRA... 42	lanreotide... 74	levonorg-eth estrad triphasic... 70
kalliga... 69	lansoprazole... 63	levonorgestrel-ethinyl estrad... 70
KANJINTI... 31	LANTUS SOLOSTAR U-100	levora-28... 70
kariva (28)... 69	INSULIN... 46	levothyroxine... 73, 74
kelnor 1/35 (28)... 69	LANTUS U-100 INSULIN... 46	LEVOXYL... 74
kelnor 1/50 (28)... 70	lapatinib... 31	LEXIVA... 42
KERENDIA... 51	larin 1.5/30 (21)... 70	LIBERVANT... 20
KESIMPTA PEN... 56	larin 1/20 (21)... 70	LIBTAYO... 31
ketoconazole... 25	larin 24 fe... 70	lidocaine hcl... 13
ketorolac... 12, 85	larin fe 1.5/30 (28)... 70	lidocaine viscous... 13
KEYTRUDA... 31	larin fe 1/20 (28)... 70	lidocaine-epinephrine... 13
KINRIX (PF)... 77	latanoprost... 85	lidocaine-prilocaine... 13
kionex (with sorbitol)... 60	LAZCLUZE... 31	lidocaine... 13
KISQALI FEMARA CO-PACK... 31	leena 28... 70	lindane... 58
KISQALI... 31	leflunomide... 77	linezolid in dextrose 5%... 17
klayesta... 26	lenalidomide... 31	linezolid-0.9% sodium chloride... 17
klor-con 10... 60	LENVIMA... 31	linezolid... 17
KLOR-CON 8... 60	lessina... 70	LINZESS... 63
klor-con m10... 60	letrozole... 31	liomny... 74
KLOR-CON M15... 60	leucovorin calcium... 31	liothyronine... 74
klor-con m20... 60	LEUKERAN... 31	

lisinopril-hydrochlorothiazide... 52	lutra (28)... 70	mercaptapurine... 32
lisinopril... 52	LUTRATE DEPOT (3 MONTH)... 74	meropenem-0.9% sodium chloride... 17
lithium carbonate... 45	LYBALVI... 39	meropenem... 17
lithium citrate... 45	lyleq... 70	mesalamine... 80
LIVTENCITY... 42	lyllana... 70	mesna... 32
lo-zumandimine (28)... 70	LYNPARZA... 32	metformin... 46
LOCOID LIPOCREAM... 58	LYSODREN... 32	methadone intensol... 12
LOESTRIN 1.5/30 (21)... 70	LYTGOBI... 32	methadone... 12
LOESTRIN 1/20 (21)... 70	lyza... 70	methazolamide... 86
LOESTRIN FE 1.5/30 (28-DAY)... 70	M	methenamine hippurate... 17
LOESTRIN FE 1/20 (28-DAY)... 70	M-M-R II (PF)... 77	methimazole... 75
lojaimiess... 70	m-natal plus... 61	methocarbamol... 89
LOKELMA... 61	magnesium sulfate in d5w... 61	methotrexate sodium (pf)... 78
LONSURF... 31	magnesium sulfate in water... 61	methotrexate sodium... 78
loperamide... 63	magnesium sulfate... 61	methsuximide... 20
lopinavir-ritonavir... 42	malathion... 58	methyldopa-hydrochlorothiazide... 52
LOQTORZI... 31	maraviroc... 42	methyldopa... 52
lorazepam intensol... 45	MARGENZA... 32	methylphenidate hcl... 56
lorazepam... 45	marlissa (28)... 70	methylprednisolone acetate... 66
LORBRENA... 32	MARPLAN... 23	methylprednisolone sodium succ... 66
loryna (28)... 70	MATULANE... 32	methylprednisolone... 66
losartan-hydrochlorothiazide... 52	meclizine... 24	metoclopramide hcl... 24
losartan... 52	medroxyprogesterone... 70, 71	metolazone... 52
LOTEMAX SM... 85	mefloquine... 36	metoprolol succinate... 52
lovastatin... 52	megestrol... 71	metoprolol ta-hydrochlorothiaz... 52
low-ogestrel (28)... 70	MEKINIST... 32	metoprolol tartrate... 52
loxapine succinate... 39	MEKTOVI... 32	metronidazole in nacl (iso-os)... 17
lubiprostone... 63	meleya... 71	metronidazole... 17
luizza... 70	meloxicam... 12	metyrosine... 52
LUMAKRAS... 32	melphalan... 32	MICAFUNGIN IN 0.9 % SODIUM CHL... 26
LUMIGAN... 85	memantine... 22	
LUPRON DEPOT (3 MONTH)... 74	MENACTRA (PF)... 77	
LUPRON DEPOT... 74	MENEST... 71	
lurasidone... 39	MENQUADFI (PF)... 77	
lurbipr... 12	MENVEO A-C-Y-W-135-DIP (PF)... 77	

micafungin... 26	mycophenolate mofetil... 78	NERLYNX... 32
miconazole-3... 26	mycophenolate sodium... 78	nevirapine... 42
microgestin 1.5/30 (21)... 71	MYRBETRIQ... 65	NEXLETOL... 52
microgestin 1/20 (21)... 71	N	NEXLIZET... 52
microgestin fe 1.5/30 (28)... 71	nabumetone... 12	NEXPLANON... 71
microgestin fe 1/20 (28)... 71	nadolol... 52	niacin... 52
midodrine... 52	nafcillin in dextrose iso-osm... 17	niacor... 52
mifepristone... 83	nafcillin... 17	NICOTROL NS... 13
mili... 71	naloxone... 13	nifedipine... 52
mimvey... 71	naltrexone... 13	nikki (28)... 71
minocycline... 17	NANO 2ND GEN PEN NEEDLE... 83	nilotinib hcl... 32
minoxidil... 52	NANO PEN NEEDLE... 84	nilotinib tartrate... 32
MIRENA... 83	naproxen sodium... 12	nilutamide... 32
mirtazapine... 23	naproxen... 12	nimodipine... 52
misoprostol... 64	naratriptan... 27	NINLARO... 32
mitomycin... 32	NATACYN... 86	nitazoxanide... 36
modafinil... 89	NATAZIA... 71	nitisinone... 64
MODEYSO... 32	nateglinide... 46	nitrofurantoin macrocrystal... 17
moexipril... 52	NAYZILAM... 20	nitrofurantoin monohyd/m-cryst... 17
molindone... 39	nebivolol... 52	nitroglycerin... 53, 84
mometasone... 58, 88	necon 0.5/35 (28)... 71	NIVESTYM... 48
mondoxylene nl... 17	nefazodone... 23	nizatidine... 64
mono-lynyah... 71	neo-vital rx... 61	NORA-BE... 71
montelukast... 88	neomycin-bacitracin-poly-hc... 86	norelgestromin-ethin.estradiol... 71
morphine concentrate... 12	neomycin-bacitracin-polymyxin... 86	noreth-ethinyl estradiol-iron... 71
morphine... 12	neomycin-polymyxin b-dexameth... 86	norethindrone (contraceptive)... 71
MOUNJARO... 46	neomycin-polymyxin-gramicidin... 86	norethindrone ac-eth estradiol... 71
MOVANTIK... 64	neomycin-polymyxin-hc... 86	norethindrone acetate... 71
moxifloxacin-sod.chloride(iso)... 17	neomycin... 17	norethindrone-e.estradiol-iron... 71
moxifloxacin... 17, 86	NEONATAL COMPLETE... 61	norgestimate-ethinyl estradiol... 71
MRESVIA (PF)... 78	NEONATAL PLUS VITAMIN... 61	NORMOSOL-M IN 5 % DEXTROSE... 61
MULTAQ... 52	NEONATAL-DHA... 61	nortrel 0.5/35 (28)... 71
mupirocin... 58		nortrel 1/35 (21)... 71
MVASI... 32		
mycophenolate mofetil (hcl)... 78		

nortrel 1/35 (28)... 71
 nortrel 7/7/7 (28)... 71
 nortriptyline... 23
 NORVIR... 42
 NOVOLIN 70-30 FLEXPEN U-100...
 46
 NOVOLIN 70/30 U-100 INSULIN...
 46
 NOVOLIN N FLEXPEN... 46
 NOVOLIN N NPH U-100 INSULIN...
 46
 NOVOLIN R FLEXPEN... 46
 NOVOLIN R REGULAR U100
 INSULIN... 46
 NOVOLOG FLEXPEN U-100
 INSULIN... 46
 NOVOLOG MIX 70-30 U-100
 INSULN... 46
 NOVOLOG MIX 70-30FLEXPEN
 U-100... 46
 NOVOLOG PENFILL U-100
 INSULIN... 46
 NOVOLOG U-100 INSULIN ASPART...
 46
 NOVOPEN ECHO... 84
 np thyroid... 74
 NUBEQA... 32
 NUCALA... 88
 NUEDEXTA... 56
 NUPLAZID... 39
 NUTRILIPID... 61
 nyamyc... 26
 nylia 1/35 (28)... 72
 nylia 7/7/7 (28)... 72
 nymyo... 72
 nystatin-triamcinolone... 26

nystatin... 26
 nystop... 26
O
 ocella... 72
 octreotide acetate... 74
 octreotide,microspheres... 74
 ODEFSEY... 42
 ODOMZO... 32
 OFEV... 88
 ofloxacin... 17, 86
 OGSIVEO... 32
 OJEMDA... 32, 33
 OJJAARA... 33
 olanzapine... 39
 olmesartan-amlodipin-hcthiazyd...
 53
 olmesartan-hydrochlorothiazide...
 53
 olmesartan... 53
 omega-3 acid ethyl esters... 53
 omeprazole... 64
 OMNIPOD 5 (G6/LIBRE 2 PLUS)... 84
 OMNIPOD 5 G6-G7 INTRO
 KT(GEN5)... 84
 OMNIPOD 5 G6-G7 PODS (GEN 5)...
 84
 OMNIPOD 5
 INTRO(G6/LIBRE2PLUS)... 84
 OMNIPOD CLASSIC PODS (GEN 3)...
 84
 OMNIPOD DASH INTRO KIT (GEN
 4)... 84
 OMNIPOD DASH PODS (GEN 4)... 84
 OMNIPOD GO PODS 10 UNITS/DAY...
 84

OMNIPOD GO PODS 15 UNITS/DAY...
 84
 OMNIPOD GO PODS 20 UNITS/DAY...
 84
 OMNIPOD GO PODS 25 UNITS/DAY...
 84
 OMNIPOD GO PODS 30 UNITS/DAY...
 84
 OMNIPOD GO PODS 40 UNITS/DAY...
 84
 OMNIPOD GO PODS... 84
 OMNITROPE... 67
 ondansetron hcl (pf)... 24, 25
 ondansetron hcl... 24
 ondansetron... 24
 ONUREG... 33
 OPDIVO QVANTIG... 33
 OPDIVO... 33
 OPDUALAG... 33
 OPIPZA... 39
 OPSUMIT... 88
 OPVEE... 13
 ORGOVYX... 33
 orquidea... 72
 ORSERDU... 33
 oseltamivir... 42, 43
 OTULFI... 78
 oxacillin in dextrose(iso-osm)... 18
 oxacillin... 17
 oxcarbazepine... 20
 oxybutynin chloride... 65
 oxycodone-acetaminophen... 12
 oxycodone... 12
 OZEMPIC... 46

P

PACERONE... 53	phenobarbital... 20, 21	potassium chloride in lr-d5... 62
paliperidone... 39	phenytoin sodium extended... 21	potassium chloride in water... 62
PANRETIN... 33	phenytoin sodium... 21	potassium chloride-0.45 % nacl... 62
pantoprazole in 0.9% sod chlor... 64	phenytoin... 21	potassium chloride-d5-0.2%nacl... 62
pantoprazole... 64	philith... 72	potassium chloride-d5-0.9%nacl... 62
paricalcitol... 81	PIFELTRO... 43	potassium chloride... 61
paroxetine hcl... 23	pilocarpine hcl... 56, 86	potassium citrate... 62
PAXLOVID... 43	pimecrolimus... 58	POTELIGEO... 33
pazopanib... 33	pimozide... 39	pr natal 400 ec... 62
PEDIARIX (PF)... 78	pimtrea (28)... 72	pr natal 400... 62
PEDVAX HIB (PF)... 78	pioglitazone-metformin... 46	pr natal 430 ec... 62
peg 3350-electrolytes... 64	pioglitazone... 46	pr natal 430... 62
peg-electrolyte soln... 64	piperacillin-tazobactam... 18	pramipexole... 37
PEGASYS... 78	PIQRAY... 33	prasugrel hcl... 48
PEMAZYRE... 33	pirfenidone... 88	pravastatin... 53
PEN NEEDLE, DIABETIC... 84	piroxicam... 12	praziquantel... 36
PENBRAYA (PF)... 78	PLASMA-LYTE 148 PH 7.4... 61	prazosin... 53
penicillamine... 61	PLASMA-LYTE 148... 61	prednisolone acetate... 86
penicillin g pot in dextrose... 18	PLASMA-LYTE A... 61	prednisolone sodium phosphate... 66, 86
penicillin g potassium... 18	PLENAMINE... 61	prednisolone... 66
penicillin g sodium... 18	podofilox... 58	prednisone intensol... 66
penicillin v potassium... 18	polocaine-mpf... 13	prednisone... 66
PENMENVY MEN A-B-C-W-Y (PF)... 78	polocaine... 13	pregabalin... 56
PENTACEL (PF)... 78	polycin... 86	PREMARIN... 72
pentamidine... 36	polymyxin b sulf-trimethoprim... 86	PREMASOL 10 %... 62
pentoxifylline... 53	polymyxin b sulfate... 18	PRENATA... 62
perampanel... 20	POMALYST... 33	PRENATABS FA... 62
PERIKABIVEN... 61	portia 28... 72	prenatal plus (calcium carb)... 62
perindopril erbumine... 53	PORTRAZZA... 33	prenatal plus vitamin-mineral... 62
periogard... 56	posaconazole... 26	PRENATE ELITE... 62
PERJETA... 33	potassium acetate... 61	prevalite... 53
permethrin... 58	potassium chlorid-d5-0.45%nacl... 61	
perphenazine... 39	potassium chloride in 0.9%nacl... 61	
phenelzine... 23	potassium chloride in 5 % dex... 61	

PREVYMIS... 43
 PREZCOBIX... 43
 PREZISTA... 43
 PRIFTIN... 27
 primaquine... 36
 primidone... 21
 PRIMSOL... 18
 PRIORIX (PF)... 78
 PRO COMFORT ALCOHOL PADS... 84
 probenecid-colchicine... 26
 probenecid... 26
 prochlorperazine edisylate... 25
 prochlorperazine maleate... 25
 prochlorperazine... 25
 procto-med hc... 58
 proctosol hc... 58
 proctozone-hc... 58
 progesterone micronized... 72
 progesterone... 72
 PROGRAF... 78
 PROLIA... 81
 PROMACTA... 48
 promethazine... 25
 propafenone... 53
 propranolol-hydrochlorothiazid... 53
 propranolol... 53
 propylthiouracil... 75
 PROQUAD (PF)... 78
 PROSOL 20 %... 62
 protriptyline... 24
 PULMOZYME... 88
 PURE COMFORT ALCOHOL PADS... 84
 PURIXAN... 33
 pyrazinamide... 27
 pyridostigmine bromide... 27

pyrimethamine... 36
Q
 QINLOCK... 33
 QUADRACEL (PF)... 78
 quetiapine... 39
 quinapril-hydrochlorothiazide... 53
 quinapril... 53
 quinidine sulfate... 53
 quinine sulfate... 36
 QULIPTA... 27

R
 RABAVERT (PF)... 78
 rabeprazole... 64
 RALDESY... 24
 raloxifene... 72
 ramipril... 53
 ranolazine... 53
 rasagiline... 37
 reclusen (28)... 72
 RECOMBIVAX HB (PF)... 78
 RELENZA DISKHALER... 43
 repaglinide... 47
 REPATHA PUSHTRONEX... 53
 REPATHA SURECLICK... 53
 REPATHA SYRINGE... 53
 RETACRIT... 48
 RETEVMO... 33
 RETROVIR... 43
 REVCovi... 65
 REVUFORJ... 33
 REXULTI... 40
 REYATAZ... 43
 REZDIFFRA... 84
 REZLIDHIA... 33
 RHOPRESSA... 86

RIABNI... 33
 ribavirin... 43
 rifabutin... 27
 rifampin... 27
 riluzole... 56
 rimantadine... 43
 ringer's... 62
 RINVOQ LQ... 78
 RINVOQ... 78
 risedronate... 81
 RISPERDAL CONSTA... 40
 risperidone microspheres... 40
 risperidone... 40
 ritonavir... 43
 rivaroxaban... 48
 rivastigmine tartrate... 22
 rivastigmine... 22
 rizatriptan... 27
 ROCKLATAN... 86
 roflumilast... 88
 ROMVIMZA... 33
 ropinirole... 37
 ropivacaine (pf)... 13
 rosuvastatin... 53
 ROTARIX... 78
 ROTATEQ VACCINE... 78
 roweepra xr... 21
 roweepra... 21
 ROZLYTREK... 33
 RUBRACA... 33
 rufinamide... 21
 RUKOBIA... 43
 RUXIENCE... 34
 RYBELSUS... 47

RYBREVANT... 34	sodium chloride 0.9 %... 62	streptomycin... 18
RYDAPT... 34	sodium chloride 3 % hypertonic... 62	STRIBILD... 43
S	sodium chloride 5 % hypertonic... 62	STRIVERDI RESPIMAT... 88
sacubitril-valsartan... 53	sodium chloride... 62, 84	subvenite starter (blue) kit... 21
sajazir... 79	sodium oxybate... 89	subvenite starter (green) kit... 21
SANDIMMUNE... 79	sodium phenylbutyrate... 65	subvenite starter (orange) kit... 21
SANDOSTATIN LAR DEPOT... 75	sodium phosphate... 62	subvenite... 21
SANTYL... 58	sodium polystyrene sulfonate... 62	sucralfate... 64
sapropterin... 65	sodium,potassium,mag sulfates... 64	SUFLAVE... 64
SARCLISA... 34	solifenacin... 65	sulfacetamide sodium (acne)... 18
SCEMBLIX... 34	SOLQUA 100/33... 47	sulfacetamide sodium... 18, 86
scopolamine base... 25	SOLTAMOX... 34	sulfacetamide-prednisolone... 86
se-natal 19 chewable... 62	SOLU-MEDROL (PF)... 66	sulfadiazine... 18
SECUADO... 40	SOLU-MEDROL... 66	sulfamethoxazole-trimethoprim... 18
selegiline hcl... 37	SOMAVERT... 75	sulfasalazine... 80
selenium sulfide... 58	sorafenib... 34	sulindac... 13
SELZENTRY... 43	sotalol af... 54	sumatriptan succinate... 27
sertraline... 24	sotalol... 54	sumatriptan... 27
setlakin... 72	SPIRIVA RESPIMAT... 88	sunitinib malate... 34
sharobel... 72	SPIRIVA WITH HANDIHALER... 88	SUNLENCA... 43
SHINGRIX (PF)... 79	spironolacton-hydrochlorothiaz... 54	SURE COMFORT ALCOHOL PREP PADS... 84
SIGNIFOR... 75	spironolactone... 54	SURE-PREP ALCOHOL PREP PADS... 84
sildenafil (pulm.hypertension)... 88	sprintec (28)... 72	SUTAB... 64
silodosin... 65	SPRITAM... 21	syeda... 72
silver sulfadiazine... 58	SPS (WITH SORBITOL)... 62	SYMBICORT... 89
SIMBRINZA... 86	sronyx... 72	SYMPAZAN... 21
simliya (28)... 72	SSD... 58	SYMITUZA... 43
simpesse... 72	stavudine... 43	SYNJARDY XR... 47
simvastatin... 53	STELARA... 79	SYNJARDY... 47
sirolimus... 79	STIOLTO RESPIMAT... 88	SYNRIBO... 34
SIRTURO... 27	STIVARGA... 34	SYNTHROID... 74
SKYRIZI... 79	STRENSIQ... 65	T
SMOFLIPID... 62		
sodium bicarbonate... 62		
sodium chloride 0.45 %... 62		

TABLOID... 34	testosterone... 72	trandolapril... 54
TABRECTA... 34	tetrabenazine... 56	tranexamic acid... 48
tacrolimus... 58, 79	TEVIMBRA... 34	tranylcypromine... 24
tadalafil (pulm. hypertension)... 89	THALOMID... 34	TRAVASOL 10 %... 62
tadalafil... 65	theophylline... 89	travoprost... 86
TAFINLAR... 34	thioridazine... 40	TRAZIMERA... 35
TAGRISSO... 34	thiothixene... 40	trazodone... 24
TALICIA... 64	tiadylt er... 54	TRECTOR... 27
TALZENNA... 34	tiagabine... 21	TRELEGY ELLIPTA... 89
tamoxifen... 34	TIBSOVO... 34	TRELSTAR... 75
tamsulosin... 65	ticagrelor... 48	TREMFYA PEN INDUCTION PK-CROHN... 79
tarina 24 fe... 72	TICOVAC... 79	TREMFYA PEN... 79
tarina fe 1-20 eq (28)... 72	tigecycline... 18	TREMFYA... 79
tarina fe 1/20 (28)... 72	tilia fe... 72	TRESIBA FLEXTOUCH U-100... 47
tasimelteon... 89	timolol maleate... 54, 86	TRESIBA FLEXTOUCH U-200... 47
tazarotene... 58	tinidazole... 18	TRESIBA U-100 INSULIN... 47
taztia xt... 54	TIVICAY PD... 43	tretinoin (antineoplastic)... 35
TAZVERIK... 34	TIVICAY... 43	tretinoin... 58, 59
TDVAX... 79	tizanidine... 40	tri-estarylla... 72
TECENTRIQ HYBREZA... 34	tobramycin in 0.225 % nacl... 18	tri-legest fe... 72
TECENTRIQ... 34	tobramycin sulfate... 18	tri-linyah... 72
TEFLARO... 18	tobramycin-dexamethasone... 86	tri-lo-estarylla... 72
telmisartan-amlodipine... 54	tobramycin... 86	tri-lo-marzia... 73
telmisartan-hydrochlorothiazid... 54	tolterodine... 65	tri-lo-mili... 73
telmisartan... 54	topiramate... 21	tri-lo-sprintec... 73
temazepam... 89	toremifene... 34	tri-mili... 73
TENIVAC (PF)... 79	torpenz... 34	tri-nymyo... 73
tenofovir disoproxil fumarate... 43	torsemide... 54	tri-sprintec (28)... 73
TEPMETKO... 34	TOUJEO MAX U-300 SOLOSTAR... 47	tri-vylibra lo... 73
terazosin... 54	TOUJEO SOLOSTAR U-300 INSULIN... 47	tri-vylibra... 73
terbinafine hcl... 26	TPN ELECTROLYTES... 62	triamcinolone acetone... 56, 66
terconazole... 26	TRADJENTA... 47	triamterene-hydrochlorothiazid... 54
teriflunomide... 56	tramadol... 13	triamterene... 54
testosterone cypionate... 72	trandolapril-verapamil... 54	
testosterone enanthate... 72		

triderm... 66	UBRELVY... 27	varenicline tartrate... 13
trientine... 62, 63	UDENYCA AUTOINJECTOR... 48	VARIVAX (PF)... 80
trifluoperazine... 40	UDENYCA ONBODY... 48	VASCEPA... 54
trifluridine... 86	UDENYCA... 48	VAXCHORA VACCINE... 80
trihexyphenidyl... 37	ULTILET ALCOHOL SWAB... 84	VECTIBIX... 35
TRIJARDY XR... 47	ULTRA-FINE INS SYR (HALF UNIT)... 84	velivet triphasic regimen (28)... 73
TRIKAFTA... 89	ULTRA-FINE INSULIN SYRINGE... 84	VEMLIDY... 44
trimethoprim... 18	ULTRA-FINE PEN NEEDLE... 85	VENCLEXTA STARTING PACK... 35
trimipramine... 24	UNITHROID... 74	VENCLEXTA... 35
trinatal rx 1... 63	UNITUXIN... 35	venlafaxine... 24
TRINTELLIX... 24	UPTRAVI... 89	VENTOLIN HFA... 89
TRIUMEQ PD... 44	ursodiol... 64	verapamil... 54
TRIUMEQ... 44	USTEKINUMAB... 79	VERQUVO... 55
trivora (28)... 73	V	VERSACLOZ... 40
TRIZIVIR... 44	valacyclovir... 44	VERZENIO... 35
TROGARZO... 44	VALCHLOR... 35	vestura (28)... 73
TROPHAMINE 10 %... 63	valganciclovir... 44	vienva... 73
trospium... 65	valproate sodium... 21	vigabatrin... 21, 22
TRUE COMFORT ALCOHOL PADS... 84	valproic acid (as sodium salt)... 21	vigadrone... 22
TRUE COMFORT PRO ALCOHOL PADS... 84	valproic acid... 21	VIGAFYDE... 22
TRULICITY... 47	valrubicin... 35	vigpoder... 22
TRUMENBA... 79	valsartan-hydrochlorothiazide... 54	vilazodone... 24
TRUQAP... 35	valsartan... 54	VIMKUNYA... 80
TUKYSA... 35	VALTOCO... 21	viorele (28)... 73
tulana... 73	valtya... 73	VIRACEPT... 44
TURALIO... 35	vancomycin in 0.9 % sodium chl... 18	VIREAD... 44
turqoz (28)... 73	vancomycin in dextrose 5 %... 18, 19	VITRAKVI... 35
TWINRIX (PF)... 79	vancomycin-diluent combo no.1... 19	VIVITROL... 13
TYBOST... 44	vancomycin... 18	VIVOTIF... 80
TYENNE AUTOINJECTOR... 79	VANFLYTA... 35	VIZIMPRO... 35
TYENNE... 79	VAQTA (PF)... 79, 80	VOCABRIA... 44
TYMLOS... 81		volnea (28)... 73
TYPHIM VI... 79		VONJO... 35
U		VORANIGO... 35

voriconazole-hpbc... 26

voriconazole... 26

VOSEVI... 44

VOWST... 64

VRAYLAR... 40

vyfemla (28)... 73

vylibra... 73

VYLOY... 35

VYVGART HYTRULO... 27

VYVGART... 27

VYZULTA... 86

W

warfarin... 48

WEBCOL... 85

WELIREG... 65

wera (28)... 73

wesnata dha complete... 63

wesnate dha... 63

westab plus... 63

WINREVAIR... 89

wixela inhub... 89

wymzya fe... 73

X

XALKORI... 35

xarah fe... 73

XARELTO DVT-PE TREAT 30D
START... 49

XARELTO... 48

XATMEP... 80

XCOPRI MAINTENANCE PACK... 22

XCOPRI TITRATION PACK... 22

XCOPRI... 22

XDEMVI... 85

xelria fe... 73

XERMELO... 64

XGEVA... 81

XIFAXAN... 64

XIGDUO XR... 47

XOLAIR... 80

XOSPATA... 35

XPOVIO... 35

XTANDI... 36

xulane... 73

Y

YERVOY... 36

YESINTEK... 80

YF-VAX (PF)... 80

YONDELIS... 36

Z

zafemy... 73

zafirlukast... 89

zaleplon... 89

zarah... 73

ZARXIO... 49

ZEGALOGUE AUTOINJECTOR... 47

ZEGALOGUE SYRINGE... 47

ZEJULA... 36

ZELBORAF... 36

ZEMAIRA... 65

zenatane... 59

ZENPEP... 65

zidovudine... 44

ziprasidone hcl... 40

ziprasidone mesylate... 40

ZIRABEV... 36

ZIRGAN... 44

zoledronic ac-mannitol-0.9nacl...
81

zoledronic acid-mannitol-water...
81

zoledronic acid... 81

ZOLINZA... 36

zolpidem... 89

ZONISADE... 22

zonisamide... 22

ZORYVE... 59

zovia 1-35 (28)... 73

ZTALMY... 22

ZUBSOLV... 14

zumandimine (28)... 73

ZURNAI... 14

ZURZUVAE... 24

ZYDELIG... 36

ZYKADIA... 36

ZYNYZ... 36

ZYPITAMAG... 55

ZYPREXA RELPREVV... 40

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available.
Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ।
ফোন করুন **877-320-1235 (TTY: 711)** নথরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。
请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。
請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે.
877-320-1235 (TTY: 711) પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים.
נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं।
877-320-1235 (TTY: 711) पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at <https://www.humana.com/legal/multi-language-support>.

GHHNOA2025HUM_0425

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាន់មុខផ្សេងៗសម្រាប់អ្នកប្រើប្រាស់។ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. 877-320-1235 (TTY: 711)번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນ ໃຫ້ໃຊ້ພໍ. ໂທ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjì' bee adahodooníígíí diné bich'í' anídahazt'í'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' hodúlnih 877-320-1235 (TTY: 711).

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer 877-320-1235 (TTY: 711).

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue 877-320-1235 (TTY: 711).

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру 877-320-1235 (TTY: 711).

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al 877-320-1235 (TTY: 711).

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa 877-320-1235 (TTY: 711).

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 877-320-1235 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ 877-320-1235 (TTY: 711)

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi 877-320-1235 (TTY: 711).

አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፅ ቅጽ ያላቸው አገልግሎቶችን ይገኛሉ። በ 877-320-1235 (TTY: 711) ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdò-fàńà-nyo, kè nyo-boŭn-po-kà bé bé nyuεε se wídí péè-péè dò ko. 877-320-1235 (TTY: 711) dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ 877-320-1235 (TTY: 711).

Òyìnbó [Yoruba]: Àwọn isẹ àtilẹhin ìrànlowọ èdè, àti ọ̀nà kíkà mírán wà lárọwọ́tọ́. Pe 877-320-1235 (TTY: 711).

नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।

[illegible]

This formulary was updated on 09/29/2025. For more recent information or other questions, please contact the Humana Customer Care Team with any questions at 1-800-457-4708 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.



20260027PDG2640926C_v6

H0028-039, 060; H1036-234, 317; H4461-042, 066, 067, 068; H5619-046, 055, 145; H6622-017, 071

Humana[®]