

2025

Prescription Drug Guide

NC State Health Plan Formulary

List of covered drugs or "Drug List"

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

42

Formulary 25800

This formulary was updated on 12/10/2024. For more recent information or other questions, please contact the NC State Health Plan Humana Customer Care Team with any questions at 1-888-700-2263 or for TTY users, 711, or visit your.humana.com/ncshp.

Humana[®]



Welcome to Humana Group Medicare Plan!

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana Group Medicare Plan.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2025. 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 the entire list of covered drugs or medications selected by Humana. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. Humana Group Medicare Plan worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana Group Medicare Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Group Medicare Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medications, 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: your.humana.com/ncshp.

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 on 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 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 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, 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 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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.

What if you are affected by a Drug List change?

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

The enclosed formulary is current as of January 1, 2025. To get updated information about the drugs covered by Humana please contact us. Our contact information appears on the front and back cover pages.

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 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 196. 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 each drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

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.”

Prescription drugs are grouped into one of four tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call NC State Health Plan Humana 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 Group Medicare Plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from Humana Group Medicare Plan before you fill your prescriptions. If you do not get approval, Humana Group Medicare Plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Humana Group Medicare Plan limits the amount of the drug that is covered. The Humana Group Medicare Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, the Humana Group Medicare Plan 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, the Humana Group Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Group Medicare Plan 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 Group Medicare Plan 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 **your.humana.com/ncshp**. 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 or 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 NC State Health Plan 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 Group Medicare Plan does not cover your drug, you have two options:

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

How do I request an exception to the Humana Formulary?

You can ask the Humana Group Medicare Plan 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 Group Medicare Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or 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 a tiering, or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

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 drug that is not on our formulary or if your ability to get your drugs 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 Group Medicare Plan will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana Group Medicare Plan will review requests for continuation of therapy on a case-by-case basis understanding when you are on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension

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

A Transition Policy is available on your.humana.com/ncshp, 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. 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 Group Medicare Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Humana Group Medicare 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 Group Medicare Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana Group Medicare Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 196.

Your plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 193.

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:

\$0 - Most vaccines and diabetic supplies covered 100% with no member cost.

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.

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 Group Medicare Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 6 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-caff-dihydrocod 320.5-30-16 mg CAPSULE DL	1	QL(300 per 30 days)
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION DL	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET DL	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET DL	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET DL	1	QL(180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE DL	4	PA,QL(120 per 30 days)
APADAZ 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET DL	3	
ARTHROTEC 50 50-200 MG-MCG TABLET, IR, DR, BIPHASIC MO	3	PA
ARTHROTEC 75 75-200 MG-MCG TABLET, IR, DR, BIPHASIC MO	3	PA
ascomp with codeine 30-50-325-40 mg CAPSULE DL	1	QL(360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM DL	3	ST,QL(60 per 30 days)
benzhydrocodone-acetaminophen 4.08-325 mg, 6.12-325 mg, 8.16-325 mg TABLET DL	3	
BUPRENEX 0.3 MG/ML SOLUTION DL	3	QL(240 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY DL	1	PA,QL(4 per 28 days)
buprenorphine hcl 0.3 mg/ml SYRINGE DL	1	QL(240 per 30 days)
butalbital compound w/codeine 30-50-325-40 mg CAPSULE DL	1	QL(360 per 30 days)
butorphanol 1 mg/ml SOLUTION DL	1	QL(960 per 30 days)
butorphanol 10 mg/ml SPRAY, NON-AEROSOL DL	1	QL(5 per 28 days)
butorphanol 2 mg/ml SOLUTION DL	1	QL(480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR PATCH, WEEKLY DL	3	PA,QL(4 per 28 days)
CALDOLOR 800 MG/200 ML (4 MG/ML) PIGGYBACK MO	3	
CALDOLOR 800 MG/8 ML (100 MG/ML) RECON SOLUTION MO	3	
CAMBIA 50 MG POWDER IN PACKET DL	4	ST,QL(9 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MO	3	PA,QL(60 per 30 days)
celecoxib 100 mg, 200 mg CAPSULE MO	1	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE MO	1	QL(60 per 30 days)
codeine sulfate 15 mg, 30 mg TABLET DL	1	QL(360 per 30 days)
codeine sulfate 60 mg TABLET DL	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
codeine-butalbital-asa-caff 30-50-325-40 mg CAPSULE DL	1	QL(360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, ER, BIPHASIC DL	3	ST,QL(30 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DEMEROL 50 MG/ML SOLUTION DL	3	QL(720 per 30 days)
DEMEROL (PF) 100 MG/ML SYRINGE DL	3	QL(360 per 30 days)
DEMEROL (PF) 25 MG/ML SYRINGE DL	3	QL(1440 per 30 days)
DEMEROL (PF) 50 MG/ML SYRINGE DL	3	QL(720 per 30 days)
DEMEROL (PF) 75 MG/ML SYRINGE DL	3	QL(480 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. MO	1	PA,QL(60 per 30 days)
diclofenac potassium 25 mg CAPSULE MO	3	ST,QL(120 per 30 days)
diclofenac potassium 25 mg TABLET DL	4	
diclofenac potassium 50 mg POWDER IN PACKET MO	3	ST,QL(9 per 30 days)
diclofenac potassium 50 mg TABLET MO	1	
diclofenac sodium 1 % GEL MO	1	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS MO	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. MO	1	
diclofenac sodium 20 mg/gram /actuation(2 %) SOLUTION IN METERED DOSE PUMP DL	4	PA,QL(224 per 28 days)
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC MO	1	
diclofenac sodium 75 mg TABLET, DR/EC MO	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC MO	1	
diflunisal 500 mg TABLET MO	1	
DILAUDID 1 MG/ML LIQUID DL	3	PA,QL(2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	3	PA,QL(360 per 30 days)
DILAUDID 8 MG TABLET DL	3	PA,QL(240 per 30 days)
dolobid 250 mg TABLET DL	4	ST
DUEXIS 800-26.6 MG TABLET DL	4	PA,QL(90 per 30 days)
DURAMORPH (PF) 0.5 MG/ML SOLUTION DL	3	BvsD,QL(7200 per 30 days)
DURAMORPH (PF) 1 MG/ML SOLUTION DL	3	BvsD,QL(3600 per 30 days)
ec-naproxen 500 mg TABLET, DR/EC MO	3	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE MO	1	

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
etodolac 400 mg, 500 mg TABLET MO	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. MO	1	
FELDENE 10 MG, 20 MG CAPSULE MO	3	
fenoprofen 400 mg CAPSULE MO	1	ST
fenoprofen 600 mg TABLET MO	1	ST
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. DL	1	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE DL	4	PA,QL(120 per 30 days)
fentanyl citrate 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg TABLET, EFFERVESCENT DL	4	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE DL	1	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET, EFFERVESCENT DL	4	PA,QL(120 per 30 days)
FLECTOR 1.3 % PATCH, 12 HR. MO	3	PA,QL(60 per 30 days)
flurbiprofen 100 mg TABLET MO	1	
hydrocodone bitartrate 10 mg, 15 mg, 20 mg, 30 mg, 40 mg CAPSULE, ER 12 HR. DL	1	ST,QL(90 per 30 days)
hydrocodone bitartrate 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg TABLET, ER 24 HR. DL	1	ST,QL(30 per 30 days)
hydrocodone bitartrate 50 mg CAPSULE, ER 12 HR. DL	1	ST,QL(120 per 30 days)
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL	1	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION DL	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET DL	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION DL	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET DL	1	QL(150 per 30 days)
HYDROMORPHONE 0.25 MG/0.5 ML SYRINGE DL	1	BvsD
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml SYRINGE DL	1	BvsD,QL(720 per 30 days)
hydromorphone 1 mg/ml LIQUID DL	1	QL(2400 per 30 days)
hydromorphone 1 mg/ml SOLUTION DL	1	BvsD,QL(720 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 12 mg TABLET, ER 24 HR. DL	1	ST,QL(180 per 30 days)
hydromorphone 16 mg TABLET, ER 24 HR. DL	1	ST,QL(120 per 30 days)
hydromorphone 2 mg, 4 mg TABLET DL	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION DL	1	BvsD,QL(360 per 30 days)
hydromorphone 2 mg/ml SYRINGE DL	1	BvsD,QL(360 per 30 days)
hydromorphone 32 mg TABLET, ER 24 HR. DL	1	ST,QL(60 per 30 days)
hydromorphone 4 mg/ml SYRINGE DL	1	BvsD,QL(180 per 30 days)
hydromorphone 8 mg TABLET DL	1	QL(240 per 30 days)
hydromorphone 8 mg TABLET, ER 24 HR. DL	1	ST,QL(240 per 30 days)
hydromorphone (pf) 0.2 mg/ml, 1 mg/ml, 2 mg/ml SYRINGE DL	1	BvsD
hydromorphone (pf) 1 mg/ml SOLUTION DL	1	BvsD,QL(720 per 30 days)
hydromorphone (pf) 10 mg/ml SOLUTION DL	1	BvsD,QL(144 per 30 days)
hydromorphone (pf) 4 mg/ml SOLUTION DL	1	BvsD,QL(180 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG TABLET, ER 24 HR. DL	3	ST,QL(30 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET MO	1	
ibuprofen 100 mg/5 ml SUSPENSION MO	1	
ibuprofen 400 mg TABLET MO	1	
ibuprofen 600 mg, 800 mg TABLET MO	1	
ibuprofen-famotidine 800-26.6 mg TABLET MO	1	PA,QL(90 per 30 days)
INDOCIN 25 MG/5 ML SUSPENSION DL	4	
INDOCIN 50 MG SUPPOSITORY MO	3	
indomethacin 25 mg, 50 mg CAPSULE MO	1	
indomethacin 25 mg/5 ml SUSPENSION DL	4	
indomethacin 50 mg SUPPOSITORY MO	1	
indomethacin 75 mg CAPSULE, ER MO	1	
indomethacin sodium 1 mg RECON SOLUTION MO	1	
INFUMORPH P/F 10 MG/ML SOLUTION DL	3	BvsD,QL(360 per 30 days)
INFUMORPH P/F 25 MG/ML SOLUTION DL	3	BvsD,QL(150 per 30 days)
ketoprofen 200 mg CAPSULE ER PELLETS 24 HR. MO	1	
ketoprofen 25 mg, 50 mg, 75 mg CAPSULE MO	1	ST
ketorolac 10 mg TABLET MO	1	QL(20 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml SOLUTION</i> MO	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml SYRINGE</i> MO	1	
<i>ketorolac 15.75 mg/spray SPRAY, NON-AEROSOL</i> DL	4	PA,QL(5 per 30 days)
<i>kiprofen 25 mg CAPSULE</i> MO	1	ST
<i>levorphanol tartrate 2 mg TABLET</i> DL	4	ST,QL(240 per 30 days)
<i>levorphanol tartrate 3 mg TABLET</i> DL	4	ST,QL(150 per 30 days)
LICART 1.3 % PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
LODINE 400 MG TABLET MO	3	PA
<i>lofena 25 mg TABLET</i> DL	4	
<i>lorTAB elixir 10-300 mg/15 ml SOLUTION</i> DL	1	QL(6000 per 30 days)
<i>meclofenamate 100 mg, 50 mg CAPSULE</i> MO	1	
<i>mefenamic acid 250 mg CAPSULE</i> MO	1	
<i>meloxicam 15 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>meloxicam 7.5 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>meloxicam submicronized 10 mg, 5 mg CAPSULE</i> MO	3	QL(30 per 30 days)
<i>meperidine 10 mg/ml CARTRIDGE</i> DL	1	QL(3600 per 30 days)
<i>meperidine 50 mg TABLET</i> DL	4	QL(480 per 30 days)
<i>meperidine 50 mg/5 ml SOLUTION</i> DL	1	QL(720 per 30 days)
<i>meperidine (pf) 100 mg/ml SOLUTION</i> DL	1	QL(360 per 30 days)
<i>meperidine (pf) 25 mg/ml SOLUTION</i> DL	1	QL(1440 per 30 days)
<i>meperidine (pf) 50 mg/ml SOLUTION</i> DL	1	QL(720 per 30 days)
<i>methadone 10 mg TABLET</i> DL	1	QL(240 per 30 days)
<i>methadone 10 mg/5 ml SOLUTION</i> DL	1	QL(1800 per 30 days)
<i>methadone 10 mg/ml CONCENTRATE</i> DL	1	QL(360 per 30 days)
<i>methadone 10 mg/ml SOLUTION</i> DL	1	QL(360 per 30 days)
<i>methadone 5 mg TABLET</i> DL	1	QL(480 per 30 days)
<i>methadone 5 mg/5 ml SOLUTION</i> DL	1	QL(3600 per 30 days)
<i>methadone intensol 10 mg/ml CONCENTRATE</i> DL	1	QL(360 per 30 days)
METHADOSE 10 MG/ML CONCENTRATE DL	3	QL(360 per 30 days)
<i>mitigo (pf) 10 mg/ml SOLUTION</i> DL	3	BvsD,QL(360 per 30 days)
<i>mitigo (pf) 25 mg/ml SOLUTION</i> DL	3	BvsD,QL(150 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg CAPSULE ER PELLETS</i> DL	1	ST,QL(60 per 30 days)
<i>morphine 10 mg/5 ml SOLUTION</i> DL	1	QL(2700 per 30 days)
<i>morphine 10 mg/ml SOLUTION</i> DL	1	BvsD,QL(360 per 30 days)
<i>morphine 10 mg/ml SYRINGE</i> DL	1	BvsD,QL(360 per 30 days)
<i>morphine 100 mg TABLET ER</i> DL	1	QL(180 per 30 days)
<i>morphine 120 mg, 60 mg, 75 mg, 90 mg CAPSULE ER MULTIPHASE 24 HR.</i> DL	1	ST,QL(60 per 30 days)
<i>morphine 15 mg, 30 mg TABLET</i> DL	1	QL(180 per 30 days)
<i>morphine 15 mg, 30 mg, 60 mg TABLET ER</i> DL	1	QL(120 per 30 days)
<i>morphine 2 mg/ml SOLUTION</i> DL	1	BvsD,QL(1800 per 30 days)
<i>morphine 2 mg/ml SYRINGE</i> DL	1	BvsD,QL(1800 per 30 days)
<i>morphine 2 mg/ml, 4 mg/ml, 5 mg/ml SYRINGE</i> DL	1	BvsD
<i>morphine 20 mg/5 ml (4 mg/ml) SOLUTION</i> DL	1	QL(1350 per 30 days)
<i>morphine 200 mg TABLET ER</i> DL	1	QL(90 per 30 days)
<i>morphine 30 mg, 45 mg CAPSULE ER MULTIPHASE 24 HR.</i> DL	1	ST,QL(30 per 30 days)
<i>morphine 4 mg/ml SOLUTION</i> DL	1	BvsD,QL(900 per 30 days)
<i>morphine 4 mg/ml SYRINGE</i> DL	1	BvsD,QL(900 per 30 days)
<i>morphine 5 mg/ml SOLUTION</i> DL	1	BvsD,QL(720 per 30 days)
<i>morphine 8 mg/ml SOLUTION</i> DL	1	BvsD,QL(450 per 30 days)
<i>morphine 8 mg/ml SYRINGE</i> DL	1	BvsD,QL(450 per 30 days)
<i>morphine (pf) 0.5 mg/ml SOLUTION</i> DL	1	BvsD,QL(7200 per 30 days)
<i>morphine (pf) 1 mg/ml SOLUTION</i> DL	1	BvsD,QL(3600 per 30 days)
<i>morphine (pf) 30 mg/30 ml (1 mg/ml) PATIENT CONTROL ANALGESIA SOLN</i> DL	1	BvsD,QL(3600 per 30 days)
<i>morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION</i> DL	1	QL(540 per 30 days)
<i>MS CONTIN 100 MG TABLET ER</i> DL	3	PA,QL(180 per 30 days)
<i>MS CONTIN 15 MG, 30 MG, 60 MG TABLET ER</i> DL	3	PA,QL(120 per 30 days)
<i>MS CONTIN 200 MG TABLET ER</i> DL	3	PA,QL(90 per 30 days)
<i>nabumetone 500 mg, 750 mg TABLET</i> MO	1	
<i>nalbuphine 10 mg/ml SOLUTION</i> DL	1	QL(240 per 30 days)
<i>nalbuphine 20 mg/ml SOLUTION</i> DL	1	QL(120 per 30 days)
<i>NALFON 600 MG TABLET</i> MO	1	ST
<i>nalocet 2.5-300 mg TABLET</i> DL	4	PA,QL(360 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAPRELAN CR 375 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(120 per 30 days)
NAPRELAN CR 500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(90 per 30 days)
NAPRELAN CR 750 MG TABLET, ER 24 HR., MULTIPHASE MO	3	QL(60 per 30 days)
NAPROSYN 125 MG/5 ML SUSPENSION DL	4	PA
<i>naproxen 125 mg/5 ml SUSPENSION MO</i>	1	
<i>naproxen 250 mg, 375 mg TABLET MO</i>	1	
<i>naproxen 375 mg, 500 mg TABLET, DR/EC MO</i>	1	
<i>naproxen 500 mg TABLET MO</i>	1	
<i>naproxen sodium 275 mg, 550 mg TABLET MO</i>	1	
<i>naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE MO</i>	1	ST,QL(120 per 30 days)
<i>naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE MO</i>	1	ST,QL(90 per 30 days)
<i>naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE MO</i>	1	ST,QL(60 per 30 days)
<i>naproxen-esomeprazole 375-20 mg, 500-20 mg TABLET, IR, DR, BIPHASIC DL</i>	4	PA,QL(60 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET DL	4	ST,QL(180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG TABLET, ER 12 HR. DL	4	ST,QL(60 per 30 days)
NUCYNTA ER 50 MG TABLET, ER 12 HR. DL	3	ST,QL(60 per 30 days)
OLINVYK 1 MG/ML SOLUTION DL	4	PA
OLINVYK 30 MG/30 ML (1 MG/ML) PATIENT CONTROL ANALGESIA SOLN DL	4	PA
<i>oxaprozin 600 mg TABLET MO</i>	1	
OXAYDO 5 MG, 7.5 MG TABLET, ORAL ONLY DL	4	PA,QL(360 per 30 days)
<i>oxycodone 10 mg, 15 mg, 5 mg TABLET DL</i>	1	QL(360 per 30 days)
<i>oxycodone 10 mg, 20 mg, 40 mg TABLET, ER 12 HR. DL</i>	3	ST,QL(90 per 30 days)
<i>oxycodone 20 mg, 30 mg TABLET DL</i>	1	QL(360 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE DL</i>	1	QL(270 per 30 days)
<i>oxycodone 5 mg CAPSULE DL</i>	1	QL(360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION DL</i>	1	QL(5400 per 30 days)
<i>oxycodone 80 mg TABLET, ER 12 HR. DL</i>	3	ST,QL(120 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET DL</i>	4	PA,QL(390 per 30 days)
<i>oxycodone-acetaminophen 10-300 mg/5 ml SOLUTION DL</i>	4	PA,QL(900 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET DL</i>	1	QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-300 mg TABLET DL</i>	1	PA,QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET DL</i>	1	QL(360 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION</i> DL	1	QL(1800 per 30 days)
<i>OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET, ER 12 HR.</i> DL	3	ST,QL(90 per 30 days)
<i>OXYCONTIN 80 MG TABLET, ER 12 HR.</i> DL	3	ST,QL(120 per 30 days)
<i>oxymorphone 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg TABLET, ER 12 HR.</i> DL	1	ST,QL(60 per 30 days)
<i>oxymorphone 10 mg, 5 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>oxymorphone 40 mg TABLET, ER 12 HR.</i> DL	4	ST,QL(60 per 30 days)
<i>PENNSAID 2 % SOLUTION IN PACKET</i> DL	4	PA
<i>PENNSAID 20 MG/GRAM /ACTUATION(2 %) SOLUTION IN METERED DOSE PUMP</i> DL	4	PA,QL(224 per 28 days)
<i>pentazocine-naloxone 50-0.5 mg TABLET</i> DL	1	QL(360 per 30 days)
<i>PERCOCET 10-325 MG, 5-325 MG, 7.5-325 MG TABLET</i> DL	4	PA,QL(360 per 30 days)
<i>PERCOCET 2.5-325 MG TABLET</i> DL	1	PA,QL(360 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE</i> MO	1	
<i>primlev 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	4	PA,QL(390 per 30 days)
<i>prolate 10-300 mg, 5-300 mg, 7.5-300 mg TABLET</i> DL	4	PA,QL(390 per 30 days)
<i>PROLATE 10-300 MG/5 ML SOLUTION</i> DL	4	PA,QL(900 per 30 days)
<i>QDOLO 5 MG/ML SOLUTION</i> DL	4	QL(2400 per 30 days)
<i>RELAFEN DS 1,000 MG TABLET</i> DL	4	ST,QL(60 per 30 days)
<i>ROXICODONE 15 MG TABLET</i> DL	3	PA,QL(360 per 30 days)
<i>ROXICODONE 30 MG TABLET</i> DL	4	PA,QL(360 per 30 days)
<i>ROXYBOND 10 MG, 5 MG TABLET, ORAL ONLY</i> DL	4	PA,QL(360 per 30 days)
<i>ROXYBOND 15 MG, 30 MG TABLET, ORAL ONLY</i> DL	4	PA,QL(180 per 30 days)
<i>SEGLENTIS 44-56 MG TABLET</i> DL	3	PA,QL(120 per 30 days)
<i>SPRIX 15.75 MG/SPRAY SPRAY, NON-AEROSOL</i> DL	4	PA,QL(5 per 30 days)
<i>sulindac 150 mg, 200 mg TABLET</i> MO	1	
<i>tolectin 600 600 mg TABLET</i> MO	1	
<i>tolmetin 400 mg CAPSULE</i> MO	1	
<i>tolmetin 600 mg TABLET</i> MO	1	
<i>tramadol 100 mg TABLET</i> DL	1	QL(120 per 30 days)
<i>tramadol 100 mg, 200 mg, 300 mg CAPSULE, ER, BIPHASIC</i> DL	1	ST,QL(30 per 30 days)
<i>tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.</i> DL	1	ST,QL(30 per 30 days)
<i>tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE</i> DL	1	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tramadol 25 mg TABLET DL	1	QL(180 per 30 days)
tramadol 5 mg/ml SOLUTION DL	4	QL(2400 per 30 days)
tramadol 50 mg TABLET DL	1	QL(240 per 30 days)
tramadol 75 mg TABLET DL	1	QL(150 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET DL	1	QL(240 per 30 days)
TREZIX 320.5-30-16 MG CAPSULE DL	1	QL(300 per 30 days)
VIMOVO 375-20 MG, 500-20 MG TABLET, IR, DR, BIPHASIC DL	4	PA,QL(60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	QL(30 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. DL	3	ST,QL(60 per 30 days)
ZIPSOR 25 MG CAPSULE DL	4	ST,QL(120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL(90 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	
bupivacaine liposome (pf) 1.3 % (13.3 mg/ml) SUSPENSION MO	1	
bupivacaine-dextrose-water(pf) 0.75 % (7.5 mg/ml) SOLUTION MO	1	
bupivacaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
bupivacaine-epinephrine (pf) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
CARBOCAINE WITH NEO-COBEFRIN 2 % -1:20,000 CARTRIDGE MO	1	
chloroprocaine (pf) 20 mg/ml (2 %), 30 mg/ml (3 %) SOLUTION MO	1	
CLOROTEKAL (PF) 10 MG/ML (1 %) SOLUTION MO	3	
dermacinrx lidocan 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
EXPAREL (PF) 1.3 % (13.3 MG/ML) SUSPENSION MO	3	
glydo 2 % JELLY IN APPLICATOR MO	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED MO	1	PA,QL(90 per 30 days)
lidocaine 5 % OINTMENT MO	1	PA
lidocaine (pf) 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %) SOLUTION MO	1	
lidocaine hcl 10 mg/ml (1 %), 2 %, 20 mg/ml (2 %), 4 %, 4 % (40 mg/ml), 5 mg/ml (0.5 %) SOLUTION MO	1	
lidocaine hcl 2 % JELLY 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 2 % JELLY IN APPLICATOR MO	1	
lidocaine viscous 2 % SOLUTION MO	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION MO	1	
lidocaine-epinephrine bit 2 %-1:100,000, 2 %-1:50,000 CARTRIDGE MO	1	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	1	
lidocan iii 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
lidocan iv 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
lidocan v 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
LIDODERM 5 % ADHESIVE PATCH, MEDICATED DL	4	PA,QL(90 per 30 days)
lignospan standard 2 %-1:100,000 CARTRIDGE MO	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION MO	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) SOLUTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	3	
marcaine-epinephrine 0.5 %-1:200,000 CARTRIDGE MO	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	3	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) SOLUTION MO	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) SOLUTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) SOLUTION MO	3	
PLIAGLIS 7-7 % CREAM MO	3	
polocaine 1 % (10 mg/ml), 2 % SOLUTION MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION MO	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO	1	
SENSORCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) SOLUTION MO	1	
sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 SOLUTION MO	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) SOLUTION 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION MO	1	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) SOLUTION MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 SOLUTION MO	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 SOLUTION MO	1	
vivacaine 0.5 %-1:200,000 CARTRIDGE MO	1	
ZTLIDO 1.8 % ADHESIVE PATCH, MEDICATED MO	3	PA,QL(90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC MO	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM MO	1	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM MO	1	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. MO	1	QL(90 per 30 days)
CHANTIX 1 MG TABLET MO	3	PA,QL(56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	PA,QL(56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42) TABLET, DOSE PACK MO	3	PA,QL(53 per 28 days)
disulfiram 250 mg, 500 mg TABLET MO	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(2 per 30 days)
lofexidine 0.18 mg TABLET DL	4	PA,QL(224 per 365 days)
LUCEMYRA 0.18 MG TABLET DL	4	PA,QL(224 per 365 days)
nalmefene 1 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml SOLUTION MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE MO	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	2	QL(2 per 30 days)
naltrexone 50 mg TABLET MO	1	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(2 per 30 days)
NICOTROL 10 MG CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL MO	3	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL MO	2	QL(2 per 30 days)
SUBOXONE 12-3 MG FILM MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUBOXONE 2-0.5 MG, 4-1 MG, 8-2 MG FILM MO	3	PA,QL(90 per 30 days)
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK MO	1	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET MO	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ZIMHI 5 MG/0.5 ML SYRINGE MO	3	PA,QL(1 per 30 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET MO	1	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET MO	1	QL(30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET MO	1	QL(60 per 30 days)
ANTIBACTERIALS		
acetic acid 2 % SOLUTION MO	1	
ACTICLATE 150 MG TABLET DL	4	ST,QL(30 per 30 days)
ACTICLATE 75 MG TABLET DL	4	ST,QL(60 per 30 days)
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	1	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin 250 mg CAPSULE MO	1	
amoxicillin 500 mg CAPSULE MO	1	
amoxicillin 500 mg TABLET MO	1	
amoxicillin 875 mg TABLET MO	1	
amoxicillin-pot clavulanate 1,000-62.5 mg TABLET, ER 12 HR. MO	1	
amoxicillin-pot clavulanate 200-28.5 mg, 400-57 mg CHEWABLE TABLET MO	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET MO	1	
amoxicillin-pot clavulanate 875-125 mg TABLET MO	1	
ampicillin 500 mg CAPSULE MO	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION MO	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION DL	4	PA,QL(235.2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUGMENTIN 125-31.25 MG/5 ML, 250-62.5 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	
AUGMENTIN 500-125 MG TABLET MO	3	PA
AUGMENTIN ES-600 600-42.9 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
AUGMENTIN XR 1,000-62.5 MG TABLET, ER 12 HR. MO	3	
AVELOX IN NACL (ISO-OSMOTIC) 400 MG/250 ML PIGGYBACK MO	3	PA
avidoxy 100 mg TABLET MO	1	ST
AVYCAZ 2.5 GRAM RECON SOLUTION DL	4	
AZACTAM 1 GRAM, 2 GRAM RECON SOLUTION MO	3	PA
azithromycin 1 gram PACKET MO	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
azithromycin 250 mg TABLET MO	1	
azithromycin 500 mg RECON SOLUTION MO	1	
azithromycin 500 mg, 600 mg TABLET MO	1	
aztreonam 1 gram, 2 gram RECON SOLUTION MO	1	
bacitracin 50,000 unit RECON SOLUTION MO	1	
BACTRIM 400-80 MG TABLET MO	3	
BACTRIM DS 800-160 MG TABLET MO	3	
BAXDELA 300 MG RECON SOLUTION DL	4	QL(28 per 14 days)
BAXDELA 450 MG TABLET DL	4	QL(28 per 14 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	PA
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE MO	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefaclor 250 mg, 500 mg CAPSULE MO	1	
cefaclor 500 mg TABLET, ER 12 HR. MO	1	
cefadroxil 1 gram TABLET MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefadroxil 500 mg CAPSULE MO	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION MO	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION MO	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK MO	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefdinir 300 mg CAPSULE MO	1	
cefepime 1 gram, 2 gram RECON SOLUTION MO	1	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK MO	3	
cefixime 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefixime 400 mg CAPSULE MO	1	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION MO	1	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefpodoxime 100 mg, 200 mg TABLET MO	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cefprozil 250 mg, 500 mg TABLET MO	1	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION MO	1	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION MO	1	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK MO	1	
cefuroxime axetil 250 mg, 500 mg TABLET MO	1	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION MO	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
cephalexin 250 mg, 500 mg TABLET MO	1	
cephalexin 250 mg, 750 mg CAPSULE MO	1	
cephalexin 500 mg CAPSULE MO	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION MO	1	
CIPRO 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CIPRO 250 MG/5 ML, 500 MG/5 ML SUSPENSION, MICROCAPSULE RECON MO	3	
<i>ciprofloxacin 250 mg/5 ml, 500 mg/5 ml SUSPENSION, MICROCAPSULE RECON</i> MO	1	
<i>ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET</i> MO	1	
<i>ciprofloxacin hcl 500 mg TABLET</i> MO	1	
<i>ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK</i> MO	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM RECON SOLUTION MO	3	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>clarithromycin 250 mg, 500 mg TABLET</i> MO	1	
<i>clarithromycin 500 mg TABLET, ER 24 HR.</i> MO	1	
CLEOCIN 100 MG SUPPOSITORY MO	3	
CLEOCIN 150 MG/ML SOLUTION MO	1	
CLEOCIN 2 % CREAM MO	3	PA
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML RECON SOLUTION MO	1	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE</i> MO	1	
<i>clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK</i> MO	1	
<i>clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK</i> MO	1	
<i>clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION</i> MO	1	
<i>clindamycin pediatric 75 mg/5 ml RECON SOLUTION</i> MO	1	
<i>clindamycin phosphate 150 mg/ml SOLUTION</i> MO	1	
<i>clindamycin phosphate 2 % CREAM</i> MO	1	
CLINDESSE 2 % CREAM, ER MO	3	
<i>colistin (colistimethate na) 150 mg RECON SOLUTION</i> MO	1	
COLY-MYCIN M PARENTERAL 150 MG RECON SOLUTION DL	4	
<i>coremino 135 mg, 45 mg, 90 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(30 per 30 days)
CUBICIN RF 500 MG RECON SOLUTION DL	4	
DALVANCE 500 MG SOLUTION DL	4	QL(4 per 28 days)
<i>daptomycin 350 mg RECON SOLUTION</i> MO	1	
<i>daptomycin 500 mg RECON SOLUTION</i> DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	3	
demeclocycline 150 mg TABLET MO	1	QL(240 per 30 days)
demeclocycline 300 mg TABLET MO	1	QL(120 per 30 days)
dicloxacillin 250 mg, 500 mg CAPSULE MO	1	
DIFICID 200 MG TABLET DL	4	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	
DORYX 200 MG TABLET, DR/EC MO	3	ST,QL(30 per 30 days)
DORYX 50 MG TABLET, DR/EC MO	3	ST,QL(60 per 30 days)
DORYX 80 MG TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
DORYX MPC 120 MG TABLET, DR/EC MO	3	ST,QL(60 per 30 days)
DORYX MPC 60 MG TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
doxy-100 100 mg RECON SOLUTION MO	1	
doxycycline hyclate 100 mg CAPSULE MO	1	
doxycycline hyclate 100 mg RECON SOLUTION MO	1	
doxycycline hyclate 100 mg TABLET MO	1	
doxycycline hyclate 100 mg TABLET, DR/EC MO	1	ST,QL(90 per 30 days)
doxycycline hyclate 150 mg TABLET MO	1	ST,QL(30 per 30 days)
doxycycline hyclate 150 mg, 50 mg, 75 mg TABLET, DR/EC MO	1	ST,QL(60 per 30 days)
doxycycline hyclate 20 mg TABLET MO	1	
doxycycline hyclate 200 mg TABLET, DR/EC MO	1	ST,QL(30 per 30 days)
doxycycline hyclate 50 mg CAPSULE MO	1	
doxycycline hyclate 50 mg TABLET MO	1	ST,QL(180 per 30 days)
doxycycline hyclate 75 mg TABLET MO	1	ST,QL(60 per 30 days)
doxycycline hyclate 80 mg TABLET, DR/EC DL	4	ST,QL(60 per 30 days)
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE MO	1	
doxycycline monohydrate 150 mg CAPSULE MO	1	QL(30 per 30 days)
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION MO	1	
doxycycline monohydrate 40 mg CAPSULE, IR/DR, BIPHASIC MO	1	ST,QL(30 per 30 days)
doxycycline monohydrate 75 mg CAPSULE MO	1	QL(60 per 30 days)
E.E.S. 400 400 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
E.E.S. GRANULES 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
EMROSI 40 MG CAPSULE, IR/ER, BIPHASIC DL	4	PA,QL(30 per 30 days)
<i>ertapenem 1 gram RECON SOLUTION</i> MO	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET, DR/EC MO	1	
ERYPED 200 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
ERYPED 400 400 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	
ERYTHROCIN 500 MG RECON SOLUTION MO	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	1	
<i>erythromycin 250 mg CAPSULE, DR/EC</i> MO	1	
<i>erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC</i> MO	1	
<i>erythromycin 250 mg, 500 mg TABLET</i> MO	1	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>erythromycin ethylsuccinate 400 mg TABLET</i> MO	1	
<i>erythromycin lactobionate 500 mg RECON SOLUTION</i> DL	4	
FETROJA 1 GRAM RECON SOLUTION DL	4	QL(84 per 14 days)
FIRVANQ 25 MG/ML, 50 MG/ML RECON SOLUTION MO	3	
FLAGYL 375 MG CAPSULE MO	3	QL(320 per 30 days)
<i>fosfomycin tromethamine 3 gram PACKET</i> MO	1	
FURADANTIN 25 MG/5 ML SUSPENSION MO	3	
<i>gentamicin 0.1 % CREAM</i> MO	1	
<i>gentamicin 0.1 % OINTMENT</i> MO	1	
<i>gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION</i> MO	1	
<i>gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK</i> MO	1	
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION</i> MO	1	
<i>gentamicin sulfate (pf) 100 mg/10 ml, 60 mg/6 ml SOLUTION</i> MO	1	
HIPREX 1 GRAM TABLET MO	3	PA
HUMATIN 250 MG CAPSULE DL	4	
<i>imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION</i> MO	1	
INVANZ 1 GRAM RECON SOLUTION MO	3	
KIMYRSA 1,200 MG RECON SOLUTION DL	4	QL(1 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
KLARON 10 % SUSPENSION MO	3	QL(118 per 30 days)
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION MO	1	
levofloxacin 250 mg, 750 mg TABLET MO	1	
levofloxacin 500 mg TABLET MO	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK MO	1	
LINCOCIN 300 MG/ML SOLUTION MO	3	
lincomycin 300 mg/ml SOLUTION MO	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION DL	4	QL(1800 per 30 days)
linezolid 600 mg TABLET MO	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK MO	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION MO	1	
MACROBID 100 MG CAPSULE MO	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	
meropenem 1 gram, 500 mg RECON SOLUTION MO	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK MO	1	
methenamine hippurate 1 gram TABLET MO	1	
METRO I.V. 500 MG/100 ML PIGGYBACK MO	3	
METROCREAM 0.75 % CREAM MO	3	PA
METROGEL 1 % GEL MO	3	ST
METROLOTION 0.75 % LOTION MO	3	PA
metronidazole 0.75 % CREAM MO	1	
metronidazole 0.75 % LOTION MO	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 %, 1.3 % (65 mg/5 gram) GEL MO	1	
metronidazole 1 % GEL WITH PUMP MO	1	
metronidazole 250 mg, 500 mg TABLET MO	1	
metronidazole 375 mg CAPSULE MO	1	QL(320 per 30 days)
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK MO	1	
MINOCIN 100 MG RECON SOLUTION DL	4	PA
minocycline 100 mg, 50 mg, 75 mg CAPSULE 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>minocycline 100 mg, 50 mg, 75 mg TABLET</i> MO	1	
<i>minocycline 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg TABLET, ER 24 HR.</i> MO	1	ST,QL(30 per 30 days)
<i>mondoxyne nl 100 mg CAPSULE</i> MO	1	
<i>mondoxyne nl 75 mg CAPSULE</i> MO	1	ST,QL(60 per 30 days)
MONODOX 100 MG, 50 MG CAPSULE MO	3	ST
MONODOX 75 MG CAPSULE MO	3	ST,QL(60 per 30 days)
MONUROL 3 GRAM PACKET MO	3	
<i>morgidox 50 mg CAPSULE</i> MO	1	ST
<i>moxifloxacin 400 mg TABLET</i> MO	1	
<i>moxifloxacin-sod.ace,sul-water 400 mg/250 ml PIGGYBACK</i> MO	1	
<i>moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK</i> MO	1	
<i>nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION</i> MO	1	
<i>nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK</i> DL	4	
<i>neomycin 500 mg TABLET</i> MO	1	
<i>nitrofurantoin 25 mg/5 ml, 50 mg/5 ml SUSPENSION</i> DL	4	
<i>nitrofurantoin macrocrystal 100 mg, 25 mg, 50 mg CAPSULE</i> MO	1	
<i>nitrofurantoin monohyd/m-cryst 100 mg CAPSULE</i> MO	1	
NORITATE 1 % CREAM DL	4	ST,QL(60 per 30 days)
NUZYRA 100 MG RECON SOLUTION DL	4	
NUZYRA 150 MG TABLET DL	4	QL(30 per 14 days)
<i>ofloxacin 300 mg, 400 mg TABLET</i> MO	1	
ORACEA 40 MG CAPSULE, IR/DR, BIPHASIC MO	3	ST,QL(30 per 30 days)
ORBACTIV 400 MG RECON SOLUTION DL	4	QL(3 per 28 days)
<i>oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION</i> MO	1	
<i>oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK</i> MO	3	
<i>paramomycin 250 mg CAPSULE</i> MO	1	
<i>penicillin g pot in dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK</i> MO	3	
<i>penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION</i> MO	1	
<i>penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE</i> MO	1	
<i>penicillin g sodium 5 million unit RECON SOLUTION</i> MO	1	
<i>penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION</i> 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin v potassium 250 mg, 500 mg TABLET MO	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION MO	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION MO	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION MO	1	
PRIMAXIN IV 500 MG RECON SOLUTION MO	3	
PRIMSOL 50 MG/5 ML SOLUTION MO	3	
RECARBRIO 1.25 GRAM RECON SOLUTION DL	4	
rosadan 0.75 % CREAM MO	1	ST
rosadan 0.75 % GEL MO	1	ST
SEYSARA 100 MG, 150 MG, 60 MG TABLET DL	4	ST,QL(30 per 30 days)
SIVEXTRO 200 MG RECON SOLUTION DL	4	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET DL	4	QL(6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
SOLOSEC 2 GRAM DR GRANULES IN PACKET MO	3	PA
streptomycin 1 gram RECON SOLUTION DL	4	
sulfacetamide sodium 10 % OINTMENT MO	1	
sulfacetamide sodium (acne) 10 % SUSPENSION MO	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION MO	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET MO	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION MO	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET MO	1	
TARGADOX 50 MG TABLET MO	1	ST,QL(180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram RECON SOLUTION MO	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION DL	4	
tetracycline 250 mg, 500 mg CAPSULE MO	1	
tetracycline 250 mg, 500 mg TABLET DL	4	
tigecycline 50 mg RECON SOLUTION DL	4	
tinidazole 250 mg, 500 mg TABLET MO	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION</i> DL	4	BvsD
<i>tobramycin sulfate 1.2 gram RECON SOLUTION</i> DL	4	
<i>tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION</i> MO	1	
<i>trimethoprim 100 mg TABLET</i> MO	1	
TYGACIL 50 MG RECON SOLUTION DL	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM RECON SOLUTION MO	3	
VABOMERE 2 GRAM RECON SOLUTION DL	4	QL(84 per 14 days)
VANOCIN 125 MG CAPSULE MO	3	PA,QL(120 per 30 days)
VANOCIN 250 MG CAPSULE DL	4	PA,QL(240 per 30 days)
<i>vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 25 mg/ml, 5 gram, 50 mg/ml, 500 mg, 750 mg RECON SOLUTION</i> MO	1	
<i>vancomycin 1.75 gram, 2 gram RECON SOLUTION</i> MO	3	
<i>vancomycin 125 mg CAPSULE</i> MO	1	QL(120 per 30 days)
<i>vancomycin 250 mg CAPSULE</i> MO	1	QL(240 per 30 days)
<i>vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK</i> MO	3	
<i>vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK</i> MO	3	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK MO	3	
<i>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</i> MO	3	
VANDAZOLE 0.75 % (37.5MG/5 GRAM) GEL MO	3	
VIBATIV 750 MG RECON SOLUTION DL	4	
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN (CALCIUM) 50 MG/5 ML SYRUP MO	3	ST
XACIATO 2 % GEL MO	3	
XERAHA 100 MG, 50 MG RECON SOLUTION MO	3	
ZEMDRI 50 MG/ML SOLUTION DL	4	
ZERBAXA 1.5 GRAM RECON SOLUTION DL	4	
ZITHROMAX 1 GRAM PACKET 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML SUSPENSION FOR RECONSTITUTION MO	3	
ZITHROMAX 250 MG, 500 MG TABLET MO	3	
ZITHROMAX 500 MG RECON SOLUTION MO	3	
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZOSYN IN DEXTROSE (ISO-OSM) 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML PIGGYBACK MO	3	
ZYVOX 100 MG/5 ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML PIGGYBACK MO	3	
ZYVOX 600 MG TABLET DL	4	PA,QL(60 per 30 days)
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET	4	PA,QL(60 per 30 days)
BANZEL 200 MG TABLET DL	4	PA,QL(480 per 30 days)
BANZEL 40 MG/ML SUSPENSION DL	4	PA,QL(2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL(240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION	4	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION	4	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET MO	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. MO	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. MO	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION MO	1	
carbamazepine 200 mg TABLET MO	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML SOLUTION MO	3	
clobazam 10 mg, 20 mg TABLET DL	1	PA
clobazam 2.5 mg/ml SUSPENSION DL	1	PA
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DR/EC MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, ER 24 HR. 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEPAKOTE SPRINKLES 125 MG CAPSULE, DR SPRINKLE MO	3	
DIACOMIT 250 MG, 500 MG CAPSULE DL	4	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
DIASTAT 2.5 MG KIT DL	3	PA
DIASTAT ACUDIAL 12.5-15-17.5-20 MG, 5-7.5-10 MG KIT DL	3	PA
<i>diazepam</i> 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT DL	1	
DILANTIN 30 MG CAPSULE MO	1	
DILANTIN EXTENDED 100 MG CAPSULE MO	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	1	
DILANTIN-125 125 MG/5 ML SUSPENSION MO	3	
<i>divalproex</i> 125 mg CAPSULE, DR SPRINKLE MO	1	
<i>divalproex</i> 125 mg, 250 mg, 500 mg TABLET, DR/EC MO	1	
<i>divalproex</i> 250 mg, 500 mg TABLET, ER 24 HR. MO	1	
EPIDIOLEX 100 MG/ML SOLUTION DL	4	PA
<i>epitol</i> 200 mg TABLET MO	1	
EPRONTIA 25 MG/ML SOLUTION MO	3	PA,QL(480 per 30 days)
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE ER MULTIPHASE 12 HR. MO	3	PA
<i>ethosuximide</i> 250 mg CAPSULE MO	1	
<i>ethosuximide</i> 250 mg/5 ml SOLUTION MO	1	
<i>felbamate</i> 400 mg, 600 mg TABLET MO	1	
<i>felbamate</i> 600 mg/5 ml SUSPENSION MO	1	
FELBATOL 400 MG, 600 MG TABLET DL	4	PA
FELBATOL 600 MG/5 ML SUSPENSION DL	4	PA
FINTEPLA 2.2 MG/ML SOLUTION DL,LA	4	PA,QL(360 per 30 days)
<i>fosphenytoin</i> 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION MO	1	
FYCOMPA 0.5 MG/ML SUSPENSION	4	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET	4	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>gabapentin</i> 100 mg, 300 mg, 400 mg CAPSULE MO	1	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	1	QL(2250 per 30 days)
<i>gabapentin</i> 600 mg, 800 mg TABLET MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GABITRIL 12 MG, 16 MG, 2 MG, 4 MG TABLET DL	4	PA
KEPPRA 1,000 MG, 500 MG, 750 MG TABLET	4	PA
KEPPRA 100 MG/ML, 500 MG/5 ML SOLUTION	4	PA
KEPPRA 250 MG TABLET MO	3	PA
KEPPRA XR 500 MG TABLET, ER 24 HR.	4	PA,QL(180 per 30 days)
KEPPRA XR 750 MG TABLET, ER 24 HR.	4	PA,QL(120 per 30 days)
<i>lacosamide</i> 10 mg/ml SOLUTION MO	1	QL(1395 per 30 days)
<i>lacosamide</i> 100 mg, 150 mg, 200 mg, 50 mg TABLET MO	1	QL(60 per 30 days)
<i>lacosamide</i> 200 mg/20 ml SOLUTION DL	4	
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET	4	
LAMICTAL 25 MG, 5 MG TABLET, CHEWABLE DISPERSIBLE	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG TABLET, DISINTEGRATING	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, DISINTEGRATING,DOSE PK	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42) -100 MG (14) TABLET, DISINTEGRATING,DOSE PK	4	
LAMICTAL ODT STARTER (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7) TABLET, DISINTEGRATING,DOSE PK	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLET, DOSE PACK MO	3	
LAMICTAL STARTER (GREEN) KIT 25 MG (84) -100 MG (14) TABLET, DOSE PACK MO	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42) -100 MG (7) TABLET, DOSE PACK MO	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET, ER 24 HR.	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21) -50 MG (7) TABLET, ER, DOSE PACK MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100MG (14)-200 MG (7) TABLET, ER, DOSE PACK MO	3	
LAMICTAL XR STARTER (ORANGE) 25MG (14)-50 MG (14)-100MG (7) TABLET, ER, DOSE PACK MO	3	
<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	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING MO	1	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK MO	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE MO	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET MO	1	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION MO	1	
levetiracetam 500 mg TABLET MO	1	
levetiracetam 500 mg TABLET, ER 24 HR. MO	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION MO	1	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK MO	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM DL	4	QL(10 per 30 days)
methsuximide 300 mg CAPSULE MO	1	
MOTPOLY XR 100 MG, 150 MG, 200 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET DL	4	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	3	QL(10 per 30 days)
NEMBUTAL SODIUM 50 MG/ML SOLUTION MO	1	
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE MO	3	PA,QL(270 per 30 days)
NEURONTIN 250 MG/5 ML SOLUTION MO	3	PA,QL(2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET	4	PA,QL(180 per 30 days)
ONFI 10 MG, 20 MG TABLET DL	4	PA
ONFI 2.5 MG/ML SUSPENSION DL	4	PA
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET MO	1	
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET, ER 24 HR. DL	4	ST
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION MO	1	
OXTELLAR XR 150 MG, 300 MG TABLET, ER 24 HR. MO	3	ST
OXTELLAR XR 600 MG TABLET, ER 24 HR.	4	ST
pentobarbital sodium 50 mg/ml SOLUTION MO	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET MO	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR MO	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET MO	1	QL(300 per 30 days)
phenobarbital sodium 130 mg/ml, 65 mg/ml SOLUTION DL	4	
PHENYTEK 200 MG, 300 MG CAPSULE MO	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION MO	1	
phenytoin 50 mg CHEWABLE TABLET MO	1	
phenytoin sodium 50 mg/ml SOLUTION MO	1	
phenytoin sodium 50 mg/ml SYRINGE MO	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE MO	1	
primidone 125 mg, 250 mg, 50 mg TABLET MO	1	
QUDEXY XR 100 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE ER SPRINKLE 24 HR. DL	4	PA,QL(60 per 30 days)
QUDEXY XR 25 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(90 per 30 days)
roweepra 1,000 mg, 500 mg, 750 mg TABLET MO	1	
roweepra xr 500 mg TABLET, ER 24 HR. MO	1	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
rufinamide 200 mg TABLET MO	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION MO	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET MO	1	PA,QL(240 per 30 days)
SABRIL 500 MG POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
SABRIL 500 MG TABLET DL	4	PA,QL(180 per 30 days)
SEZABY 100 MG RECON SOLUTION DL	4	
SPRITAM 1,000 MG TABLET FOR SUSPENSION MO	3	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION MO	3	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION MO	3	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION MO	3	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	1	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK MO	1	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK MO	1	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM DL	4	PA,QL(60 per 30 days)
TEGRETOL 100 MG/5 ML SUSPENSION 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET, ER 12 HR. MO	3	
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET MO	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET	4	QL(120 per 30 days)
TOPAMAX 15 MG, 25 MG CAPSULE, SPRINKLE	4	
TOPAMAX 25 MG TABLET MO	3	QL(90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg TABLET MO	1	QL(120 per 30 days)
topiramate 100 mg, 50 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
topiramate 100 mg, 50 mg CAPSULE, ER 24 HR. MO	1	PA,QL(30 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE MO	1	
topiramate 150 mg, 200 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(60 per 30 days)
topiramate 200 mg CAPSULE, ER 24 HR. MO	1	PA,QL(60 per 30 days)
topiramate 25 mg CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(90 per 30 days)
topiramate 25 mg CAPSULE, ER 24 HR. MO	1	PA,QL(90 per 30 days)
topiramate 25 mg TABLET MO	1	QL(90 per 30 days)
TRILEPTAL 150 MG TABLET MO	3	PA
TRILEPTAL 300 MG, 600 MG TABLET	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) SUSPENSION	4	PA
TROKENDI XR 100 MG CAPSULE, ER 24 HR.	4	PA,QL(30 per 30 days)
TROKENDI XR 200 MG CAPSULE, ER 24 HR.	4	PA,QL(60 per 30 days)
TROKENDI XR 25 MG CAPSULE, ER 24 HR. MO	3	PA,QL(90 per 30 days)
TROKENDI XR 50 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	1	
valproic acid 250 mg CAPSULE MO	1	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION MO	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET DL	4	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET DL	4	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION DL	4	PA,QL(600 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>vigpoder</i> 500 mg POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
VIMPAT 10 MG/ML SOLUTION DL	4	PA,QL(1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG TABLET DL	4	PA,QL(60 per 30 days)
VIMPAT 200 MG/20 ML SOLUTION DL	4	PA
VIMPAT 50 MG TABLET MO	3	PA,QL(60 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	4	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET DL	4	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK MO	3	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	4	PA,QL(28 per 28 days)
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML SOLUTION MO	1	
ZONEGRAN 100 MG, 25 MG CAPSULE	4	PA
ZONISADE 100 MG/5 ML SUSPENSION MO	3	PA,QL(900 per 30 days)
<i>zonisamide</i> 100 mg, 25 mg, 50 mg CAPSULE MO	1	
ZTALMY 50 MG/ML SUSPENSION DL	4	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
ADLARITY 10 MG/24 HOUR, 5 MG/24 HOUR PATCH, WEEKLY MO	3	ST,QL(4 per 28 days)
ARICEPT 10 MG TABLET MO	3	PA,QL(60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>donepezil</i> 10 mg TABLET MO	1	QL(60 per 30 days)
<i>donepezil</i> 10 mg, 5 mg TABLET, DISINTEGRATING MO	1	QL(30 per 30 days)
<i>donepezil</i> 23 mg TABLET MO	1	QL(30 per 30 days)
<i>donepezil</i> 5 mg TABLET MO	1	QL(30 per 30 days)
<i>ergoloid</i> 1 mg TABLET MO	1	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
<i>galantamine</i> 12 mg, 4 mg, 8 mg TABLET MO	1	QL(60 per 30 days)
<i>galantamine</i> 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. MO	1	QL(30 per 30 days)
<i>galantamine</i> 4 mg/ml SOLUTION MO	1	QL(200 per 30 days)
<i>memantine</i> 10 mg, 5 mg TABLET MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. MO	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION MO	1	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK MO	1	PA,QL(98 per 30 days)
NAMENDA 10 MG TABLET MO	3	PA,QL(60 per 30 days)
NAMENDA TITRATION PAK 5-10 MG TABLET, DOSE PACK MO	3	PA,QL(98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(30 per 30 days)
NAMENDA XR 7-14-21-28 MG CAPSULE ER SPRINKLE 24 HR. MO	3	PA,QL(28 per 28 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. MO	2	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. MO	2	QL(28 per 28 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE ER PELLETS 24 HR. MO	3	PA,QL(30 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. MO	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE MO	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE MO	1	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET MO	1	
amitriptyline 25 mg TABLET MO	1	
amitriptyline-chlordiazepoxide 12.5-5 mg, 25-10 mg TABLET DL	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET MO	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE DL	4	
APLENZIN 174 MG, 348 MG, 522 MG TABLET, ER 24 HR.	4	ST,QL(30 per 30 days)
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC MO	3	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. MO	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET MO	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. MO	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. MO	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. MO	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
bupropion hcl 450 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
CELEXA 20 MG TABLET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>citalopram 10 mg, 40 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>citalopram 10 mg/5 ml SOLUTION</i> MO	1	
<i>citalopram 20 mg TABLET</i> MO	1	QL(60 per 30 days)
CITALOPRAM 30 MG CAPSULE MO	3	QL(30 per 30 days)
<i>clomipramine 25 mg, 50 mg, 75 mg CAPSULE</i> MO	1	
<i>desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET</i> MO	1	
<i>desvenlafaxine 100 mg, 50 mg TABLET, ER 24 HR.</i> MO	3	ST,QL(30 per 30 days)
<i>desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
EFFEXOR XR 150 MG CAPSULE, ER 24 HR. MO	3	PA,QL(60 per 30 days)
EFFEXOR XR 37.5 MG, 75 MG CAPSULE, ER 24 HR. MO	3	PA,QL(90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR.	4	PA,QL(30 per 30 days)
<i>escitalopram oxalate 10 mg TABLET</i> MO	1	QL(45 per 30 days)
<i>escitalopram oxalate 20 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml SOLUTION</i> MO	1	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. MO	3	PA,QL(28 per 28 days)
<i>fluoxetine 10 mg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>fluoxetine 10 mg TABLET</i> MO	1	QL(240 per 30 days)
<i>fluoxetine 20 mg CAPSULE</i> MO	1	QL(120 per 30 days)
<i>fluoxetine 20 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION</i> MO	1	
<i>fluoxetine 40 mg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>fluoxetine 60 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>fluoxetine 90 mg CAPSULE, DR/EC</i> MO	1	QL(4 per 28 days)
<i>fluvoxamine 100 mg, 150 mg CAPSULE, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>fluvoxamine 100 mg, 25 mg, 50 mg TABLET</i> MO	1	QL(90 per 30 days)
FORFIVO XL 450 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
<i>imipramine hcl 10 mg, 25 mg, 50 mg TABLET</i> MO	1	
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE</i> MO	1	
LEXAPRO 10 MG TABLET MO	3	PA,QL(45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
MARPLAN 10 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING</i> MO	1	QL(30 per 30 days)
<i>mirtazapine 15 mg, 30 mg, 7.5 mg TABLET</i> MO	1	
<i>mirtazapine 45 mg TABLET</i> MO	1	
NARDIL 15 MG TABLET MO	3	
<i>nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET</i> MO	1	
NORPRAMIN 10 MG, 25 MG TABLET MO	3	
<i>nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE</i> MO	1	
<i>nortriptyline 10 mg/5 ml SOLUTION</i> MO	1	
<i>olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg CAPSULE</i> MO	1	QL(30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE DL	4	
PARNATE 10 MG TABLET DL	4	
<i>paroxetine hcl 10 mg, 20 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>paroxetine hcl 10 mg/5 ml SUSPENSION</i> MO	1	
<i>paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>paroxetine hcl 25 mg TABLET, ER 24 HR.</i> MO	1	QL(90 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>paroxetine mesylate(menop.sym) 7.5 mg CAPSULE</i> MO	1	QL(30 per 30 days)
PAXIL 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION MO	3	PA
PAXIL 30 MG, 40 MG TABLET MO	3	QL(60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
PAXIL CR 25 MG TABLET, ER 24 HR. MO	3	QL(90 per 30 days)
<i>perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET</i> MO	1	
PEXEVA 10 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
PEXEVA 30 MG TABLET MO	3	QL(60 per 30 days)
<i>phenelzine 15 mg TABLET</i> MO	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
<i>protriptyline 10 mg, 5 mg TABLET</i> MO	1	
PROZAC 10 MG, 40 MG CAPSULE	4	PA,QL(60 per 30 days)
PROZAC 20 MG CAPSULE	4	PA,QL(120 per 30 days)
REMERON 15 MG, 30 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMERON SOLTAB 15 MG, 30 MG, 45 MG TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
<i>sertraline 100 mg TABLET</i> MO	1	QL(60 per 30 days)
SERTRALINE 150 MG, 200 MG CAPSULE MO	3	QL(30 per 30 days)
<i>sertraline 20 mg/ml CONCENTRATE</i> MO	1	
<i>sertraline 25 mg, 50 mg TABLET</i> MO	1	QL(90 per 30 days)
SYMBYAX 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE MO	3	PA,QL(30 per 30 days)
<i>tranylcypromine 10 mg TABLET</i> MO	1	
<i>trazodone 100 mg, 150 mg, 50 mg TABLET</i> MO	1	
<i>trazodone 300 mg TABLET</i> MO	1	
<i>trimipramine 100 mg, 25 mg, 50 mg CAPSULE</i> MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL(30 per 30 days)
<i>venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET</i> MO	1	
<i>venlafaxine 150 mg CAPSULE, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>venlafaxine 150 mg, 225 mg, 37.5 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>venlafaxine 37.5 mg CAPSULE, ER 24 HR.</i> MO	1	QL(90 per 30 days)
<i>venlafaxine 75 mg CAPSULE, ER 24 HR.</i> MO	1	QL(90 per 30 days)
<i>venlafaxine 75 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
VENLAFAXINE BESYLATE 112.5 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
VIIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK MO	3	PA,QL(30 per 30 days)
VIIIBRYD 10 MG, 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>vilazodone 10 mg, 20 mg, 40 mg TABLET</i> MO	1	PA,QL(30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, SR 12 HR. MO	3	PA,QL(120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, SR 12 HR. MO	3	PA,QL(90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, SR 12 HR. MO	3	PA,QL(60 per 30 days)
WELLBUTRIN XL 150 MG TABLET, ER 24 HR.	4	PA,QL(90 per 30 days)
WELLBUTRIN XL 300 MG TABLET, ER 24 HR.	4	PA,QL(60 per 30 days)
ZOLOFT 100 MG TABLET MO	3	PA,QL(60 per 30 days)
ZOLOFT 20 MG/ML CONCENTRATE MO	3	PA
ZOLOFT 25 MG, 50 MG TABLET MO	3	PA,QL(90 per 30 days)
ZULRESSO 5 MG/ML SOLUTION DL	4	PA,QL(100 per 365 days)
ZURZUVAE 20 MG, 25 MG CAPSULE DL	4	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE DL	4	PA,QL(14 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG /20 ML SOLUTION DL	4	PA,QL(80 per 28 days)
AKYNZEO (FOSNETUPITANT) 235-0.25 MG RECON SOLUTION DL	4	PA,QL(4 per 28 days)
AKYNZEO (NETUPITANT) 300-0.5 MG CAPSULE MO	3	PA
ANTIVERT 25 MG CHEWABLE TABLET MO	3	
ANTIVERT 50 MG TABLET MO	3	
ANZEMET 50 MG TABLET MO	3	BvsD,QL(4 per 28 days)
APONVIE 32 MG/4.4 ML (7.2 MG/ML) EMULSION MO	3	
<i>aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK</i> MO	1	BvsD
<i>aprepitant 125 mg, 40 mg CAPSULE</i> MO	1	BvsD,QL(2 per 28 days)
<i>aprepitant 80 mg CAPSULE</i> MO	1	BvsD,QL(4 per 28 days)
BONJESTA 20-20 MG TABLET, IR, DR, BIPHASIC MO	3	QL(60 per 30 days)
CINVANTI 130 MG/18 ML (7.2 MG/ML) EMULSION MO	3	PA,QL(36 per 28 days)
COMPAZINE 10 MG, 5 MG TABLET MO	3	BvsD
COMPAZINE 25 MG SUPPOSITORY MO	1	
<i>compro 25 mg SUPPOSITORY</i> MO	1	
DICLEGIS 10-10 MG TABLET, DR/EC MO	3	QL(120 per 30 days)
<i>dimenhydrinate 50 mg/ml SOLUTION</i> MO	1	
<i>doxylamine-pyridoxine (vit b6) 10-10 mg TABLET, DR/EC</i> MO	1	QL(120 per 30 days)
<i>dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE</i> MO	1	BvsD,QL(120 per 30 days)
EMEND 125 MG (1)- 80 MG (2) CAPSULE, DOSE PACK MO	3	BvsD
EMEND 125 MG (25 MG/ ML FINAL CONC.) SUSPENSION FOR RECONSTITUTION MO	3	BvsD,QL(3 per 28 days)
EMEND 80 MG CAPSULE MO	3	BvsD,QL(4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG RECON SOLUTION MO	3	PA
FOCINVEZ 150 MG/50 ML (3 MG/ML) SOLUTION MO	3	PA
<i>fosaprepitant 150 mg RECON SOLUTION</i> MO	1	PA
GIMOTI 15 MG/SPRAY SPRAY WITH PUMP DL	4	PA,QL(9.8 per 28 days)
<i>granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION</i> MO	1	
<i>granisetron hcl 1 mg TABLET</i> MO	1	BvsD,QL(28 per 28 days)
<i>granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION</i> MO	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	BvsD,QL(120 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meclizine 12.5 mg TABLET MO	1	
meclizine 25 mg TABLET MO	1	
meclizine 50 mg TABLET MO	3	
metoclopramide hcl 10 mg, 5 mg TABLET MO	1	
metoclopramide hcl 5 mg/5 ml, 5 mg/ml SOLUTION MO	1	
metoclopramide hcl 5 mg/ml SYRINGE MO	1	
ondansetron 16 mg TABLET, DISINTEGRATING DL	4	BvsD
ondansetron 4 mg TABLET, DISINTEGRATING MO	1	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING MO	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION MO	1	
ondansetron hcl 4 mg TABLET MO	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION MO	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET MO	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION MO	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE MO	1	
PHENERGAN 25 MG/ML, 50 MG/ML SOLUTION MO	1	
prochlorperazine 25 mg SUPPOSITORY MO	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION MO	1	
prochlorperazine maleate 10 mg, 5 mg TABLET MO	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	1	
promethazine 12.5 mg, 50 mg TABLET MO	1	
promethazine 25 mg TABLET MO	1	
promethazine 25 mg/ml, 50 mg/ml SOLUTION MO	1	
promethazine 6.25 mg/5 ml SYRUP MO	1	
promethegan 12.5 mg, 25 mg, 50 mg SUPPOSITORY MO	1	
REGLAN 10 MG, 5 MG TABLET MO	3	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY DL	4	PA,QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY MO	1	QL(10 per 30 days)
TIGAN 100 MG/ML SOLUTION MO	3	
TRANSDERM-SCOP 1 MG OVER 3 DAYS PATCH, 3 DAY MO	3	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE MO	1	BvsD
VARUBI 90 MG TABLET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION MO	3	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION DL	4	BvsD
<i>amphotericin b 50 mg RECON SOLUTION</i> MO	1	BvsD
<i>amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION</i> DL	4	BvsD
ANCOBON 250 MG, 500 MG CAPSULE MO	3	
CANCIDAS 50 MG, 70 MG RECON SOLUTION DL	4	PA
<i>caspofungin 50 mg, 70 mg RECON SOLUTION</i> MO	1	
<i>ciclodan 8 % SOLUTION</i> MO	1	QL(13.2 per 30 days)
<i>ciclopirox 0.77 % CREAM</i> MO	1	QL(90 per 30 days)
<i>ciclopirox 0.77 % GEL</i> MO	1	QL(100 per 30 days)
<i>ciclopirox 0.77 % SUSPENSION</i> MO	1	QL(60 per 30 days)
<i>ciclopirox 1 % SHAMPOO</i> MO	1	QL(120 per 30 days)
<i>ciclopirox 8 % SOLUTION</i> MO	1	QL(13.2 per 30 days)
<i>clotrimazole 1 % CREAM</i> MO	1	
<i>clotrimazole 1 % SOLUTION</i> MO	1	
<i>clotrimazole 10 mg TROCHE</i> MO	1	
<i>clotrimazole-betamethasone 1-0.05 % CREAM</i> MO	1	QL(180 per 30 days)
<i>clotrimazole-betamethasone 1-0.05 % LOTION</i> MO	1	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE DL	4	PA
CRESEMBA 372 MG RECON SOLUTION DL	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	3	PA
<i>econazole 1 % CREAM</i> MO	1	PA,QL(85 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG RECON SOLUTION DL	4	
ERTACZO 2 % CREAM DL	4	QL(60 per 30 days)
EXTINA 2 % FOAM MO	3	QL(100 per 30 days)
<i>fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION</i> MO	1	
<i>fluconazole 100 mg, 200 mg, 50 mg TABLET</i> MO	1	
<i>fluconazole 150 mg TABLET</i> MO	1	
<i>fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK</i> 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flucytosine 250 mg, 500 mg CAPSULE DL	4	
griseofulvin microsize 125 mg/5 ml SUSPENSION MO	1	
griseofulvin microsize 500 mg TABLET MO	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	1	
gynazole-1 2 % CREAM MO	1	
itraconazole 10 mg/ml SOLUTION DL	4	
itraconazole 100 mg CAPSULE MO	1	QL(120 per 30 days)
JUBLIA 10 % SOLUTION W/APPLICATOR DL	4	PA,QL(4 per 28 days)
KERYDIN 5 % SOLUTION W/APPLICATOR MO	3	PA,QL(10 per 30 days)
ketoconazole 2 % CREAM MO	1	QL(60 per 30 days)
ketoconazole 2 % FOAM MO	1	QL(100 per 30 days)
ketoconazole 2 % SHAMPOO MO	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	1	PA
ketodan 2 % FOAM MO	1	QL(100 per 30 days)
klayesta 100,000 unit/gram POWDER MO	1	PA
LOPROX 1 % SHAMPOO MO	3	PA,QL(120 per 30 days)
LOPROX (AS OLAMINE) 0.77 % CREAM MO	3	PA,QL(90 per 30 days)
LOPROX (AS OLAMINE) 0.77 % SUSPENSION MO	3	PA,QL(60 per 30 days)
luliconazole 1 % CREAM MO	1	ST,QL(60 per 28 days)
LUZU 1 % CREAM MO	3	ST,QL(60 per 28 days)
MENTAX 1 % CREAM MO	3	QL(30 per 30 days)
micafungin 100 mg, 50 mg RECON SOLUTION MO	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK DL	4	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK DL	4	
miconazole nitrate-zinc ox-pet 0.25-15-81.35 % OINTMENT MO	1	
miconazole-3 200 mg SUPPOSITORY MO	1	
MYCAMINE 100 MG, 50 MG RECON SOLUTION DL	4	
naftifine 1 % CREAM MO	1	ST,QL(90 per 30 days)
naftifine 2 % CREAM MO	1	ST,QL(120 per 30 days)
naftifine 2 % GEL MO	1	ST,QL(120 per 30 days)
NAFTIN 1 % GEL MO	3	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAFTIN 2 % GEL MO	3	ST,QL(120 per 30 days)
NOXAFIL 100 MG TABLET, DR/EC DL	4	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION DL	4	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON DL	4	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION DL	4	PA
<i>nyamyc 100,000 unit/gram POWDER</i> MO	1	PA
<i>nystatin 100,000 unit/gram CREAM</i> MO	1	
<i>nystatin 100,000 unit/gram OINTMENT</i> MO	1	
<i>nystatin 100,000 unit/gram POWDER</i> MO	1	PA
<i>nystatin 100,000 unit/ml SUSPENSION</i> MO	1	
<i>nystatin 500,000 unit TABLET</i> MO	1	
<i>nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM</i> MO	1	
<i>nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT</i> MO	1	
<i>nystop 100,000 unit/gram POWDER</i> MO	1	PA
<i>oxiconazole 1 % CREAM</i> MO	1	PA,QL(60 per 30 days)
OXISTAT 1 % CREAM MO	3	QL(60 per 30 days)
OXISTAT 1 % LOTION MO	3	PA
<i>posaconazole 100 mg TABLET, DR/EC</i> DL	4	PA
<i>posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION</i> DL	4	PA,QL(840 per 28 days)
<i>posaconazole 300 mg/16.7 ml SOLUTION</i> DL	4	PA
REZZAYO 200 MG RECON SOLUTION DL	4	PA
SPORANOX 10 MG/ML SOLUTION DL	4	
SPORANOX 100 MG CAPSULE MO	3	PA,QL(120 per 30 days)
<i>tavaborole 5 % SOLUTION W/APPLICATOR</i> MO	1	PA,QL(10 per 30 days)
<i>terbinafine hcl 250 mg TABLET</i> MO	1	
<i>terconazole 0.4 %, 0.8 % CREAM</i> MO	1	
<i>terconazole 80 mg SUPPOSITORY</i> MO	1	
TOLSURA 65 MG CAPSULE, SOLID DISPERSION DL	4	PA,QL(120 per 30 days)
VFEND 200 MG, 50 MG TABLET MO	3	PA,QL(120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(400 per 30 days)
VFEND IV 200 MG RECON SOLUTION MO	3	PA
VIVJOA 150 MG CAPSULE MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
voriconazole 200 mg RECON SOLUTION MO	1	PA
voriconazole 200 mg, 50 mg TABLET MO	1	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(400 per 30 days)
VUSION 0.25-15-81.35 % OINTMENT MO	3	
XOLEGEL 2 % GEL MO	3	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	1	
allopurinol 200 mg TABLET MO	3	
allopurinol sodium 500 mg RECON SOLUTION MO	1	
ALOPRIM 500 MG RECON SOLUTION MO	3	
colchicine 0.6 mg CAPSULE MO	1	PA
colchicine 0.6 mg TABLET MO	1	QL(120 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	PA,QL(120 per 30 days)
DUZALLO 200-200 MG, 200-300 MG TABLET MO	3	PA,QL(30 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	1	ST,QL(30 per 30 days)
GLOPERBA 0.6 MG/5 ML SOLUTION MO	3	PA,QL(300 per 30 days)
MITIGARE 0.6 MG CAPSULE MO	3	PA
probenecid 500 mg TABLET MO	1	
probenecid-colchicine 500-0.5 mg TABLET MO	1	
ULORIC 40 MG, 80 MG TABLET MO	3	ST,QL(30 per 30 days)
ZYLOPRIM 100 MG TABLET MO	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
AJOVY AUTOINJECTOR 225 MG/1.5 ML AUTO-INJECTOR MO	3	PA,QL(1.5 per 28 days)
AJOVY SYRINGE 225 MG/1.5 ML SYRINGE MO	3	PA,QL(1.5 per 28 days)
almotriptan malate 12.5 mg, 6.25 mg TABLET MO	1	ST,QL(9 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION DL	4	PA
eletriptan 20 mg, 40 mg TABLET MO	1	ST,QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	3	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	3	PA,QL(2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	3	PA,QL(3 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	QL(20 per 28 days)
<i>ergotamine-caffeine 1-100 mg</i> TABLET MO	1	QL(40 per 30 days)
FROVA 2.5 MG TABLET DL	4	ST,QL(12 per 30 days)
<i>frovatriptan 2.5 mg</i> TABLET MO	1	ST,QL(12 per 30 days)
IMITREX 100 MG TABLET DL	4	PA,QL(9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	PA,QL(12 per 30 days)
IMITREX 25 MG, 50 MG TABLET MO	3	PA,QL(9 per 30 days)
IMITREX 6 MG/0.5 ML SOLUTION DL	4	PA,QL(6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML PEN INJECTOR MO	3	PA,QL(6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML CARTRIDGE DL	4	PA,QL(6 per 30 days)
MAXALT 10 MG TABLET MO	3	PA,QL(12 per 30 days)
MAXALT-MLT 10 MG TABLET, DISINTEGRATING MO	3	PA,QL(12 per 30 days)
<i>migergot 2-100 mg</i> SUPPOSITORY DL	4	QL(20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	4	QL(8 per 30 days)
<i>naratriptan 1 mg, 2.5 mg</i> TABLET MO	1	QL(9 per 30 days)
NURTEC ODT 75 MG TABLET, DISINTEGRATING	4	PA,QL(18 per 30 days)
ONZETRA XSAIL 11 MG AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(16 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	3	PA,QL(30 per 30 days)
RELPAX 20 MG, 40 MG TABLET DL	4	ST,QL(9 per 30 days)
REYVOW 100 MG TABLET MO	3	PA,QL(8 per 30 days)
REYVOW 50 MG TABLET MO	3	PA,QL(4 per 30 days)
<i>rizatriptan 10 mg, 5 mg</i> TABLET MO	1	QL(12 per 30 days)
<i>rizatriptan 10 mg, 5 mg</i> TABLET, DISINTEGRATING MO	1	QL(12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation</i> SPRAY, NON-AEROSOL MO	1	QL(12 per 30 days)
<i>sumatriptan succinate 100 mg, 25 mg, 50 mg</i> TABLET MO	1	QL(9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml</i> CARTRIDGE MO	3	QL(6 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml</i> PEN INJECTOR MO	1	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml</i> SOLUTION MO	1	QL(6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml</i> SYRINGE MO	1	QL(6 per 30 days)
<i>sumatriptan-naproxen 85-500 mg</i> TABLET MO	1	ST,QL(18 per 30 days)
TOSYMRA 10 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	ST,QL(12 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TREXIMET 85-500 MG TABLET DL	4	ST,QL(18 per 30 days)
TRUDHESA 0.725 MG/PUMP ACT. (4 MG/ML) SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
UBRELVY 100 MG, 50 MG TABLET MO	2	PA,QL(16 per 30 days)
VYEPTI 100 MG/ML SOLUTION MO	3	PA,QL(3 per 90 days)
ZAVZPRET 10 MG/ACTUATION SPRAY, NON-AEROSOL DL	4	PA,QL(8 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML PEN INJECTOR DL	4	ST,QL(6 per 30 days)
zolmitriptan 2.5 mg TABLET MO	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg TABLET, DISINTEGRATING MO	1	ST,QL(9 per 30 days)
zolmitriptan 2.5 mg, 5 mg SPRAY, NON-AEROSOL MO	1	ST,QL(12 per 30 days)
zolmitriptan 5 mg TABLET MO	1	ST,QL(6 per 30 days)
zolmitriptan 5 mg TABLET, DISINTEGRATING MO	1	ST,QL(6 per 30 days)
ZOMIG 2.5 MG TABLET MO	3	ST,QL(9 per 30 days)
zomig 2.5 mg TABLET MO	3	ST,QL(9 per 30 days)
ZOMIG 2.5 MG, 5 MG SPRAY, NON-AEROSOL MO	3	ST,QL(12 per 30 days)
zomig 5 mg TABLET MO	3	ST,QL(6 per 30 days)
ZOMIG 5 MG TABLET MO	3	ST,QL(6 per 30 days)
ANTIMYASTHENIC AGENTS		
MESTINON 60 MG TABLET	4	PA
MESTINON 60 MG/5 ML SYRUP	4	
MESTINON TIMESPAN 180 MG TABLET ER	4	PA
pyridostigmine bromide 180 mg TABLET ER MO	1	
pyridostigmine bromide 30 mg, 60 mg TABLET MO	1	
pyridostigmine bromide 60 mg/5 ml SYRUP MO	1	
REGONOL 5 MG/ML SOLUTION MO	3	
VYVGART 20 MG/ML SOLUTION DL	4	PA
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION DL	4	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE DL	4	
dapsone 100 mg, 25 mg TABLET MO	1	
ethambutol 100 mg, 400 mg TABLET MO	1	
isoniazid 100 mg, 300 mg TABLET MO	1	
isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PRETOMANID 200 MG TABLET MO	3	PA,QL(30 per 30 days)
PRIFTIN 150 MG TABLET MO	3	
<i>pyrazinamide 500 mg TABLET</i> MO	1	
<i>rifabutin 150 mg CAPSULE</i> MO	1	
RIFADIN 600 MG RECON SOLUTION MO	3	
<i>rifampin 150 mg, 300 mg CAPSULE</i> MO	1	
<i>rifampin 600 mg RECON SOLUTION</i> MO	1	
SIRTURO 100 MG, 20 MG TABLET DL	4	PA
TRECTOR 250 MG TABLET MO	3	
ANTINEOPLASTICS		
<i>abiraterone 250 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION DL	4	PA
ADCETRIS 50 MG RECON SOLUTION DL	4	PA
ADRIAMYCIN 50 MG RECON SOLUTION MO	1	BvsD
<i>adrucil 2.5 gram/50 ml SOLUTION</i> MO	1	BvsD
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL(30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR SUSPENSION DL	4	PA
AKEEGA 100-500 MG, 50-500 MG TABLET DL	4	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE DL	4	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION DL	4	PA
ALIQOPA 60 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET DL	4	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET DL	4	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK DL	4	PA,QL(30 per 30 days)
ALYMSYS 25 MG/ML SOLUTION DL	4	PA
<i>anastrozole 1 mg TABLET</i> MO	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION DL	4	PA
ARIMIDEX 1 MG TABLET DL	4	PA,QL(30 per 30 days)
AROMASIN 25 MG TABLET DL	4	PA,QL(60 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARRANON 250 MG/50 ML SOLUTION DL	4	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> DL	4	PA
ASPARLAS 750 UNIT/ML SOLUTION DL	4	PA
AUGTYRO 160 MG CAPSULE DL	4	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE DL	4	PA,QL(240 per 30 days)
AVASTIN 25 MG/ML SOLUTION DL	4	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> DL	4	PA
BALVERSA 3 MG TABLET DL	4	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET DL	4	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET DL	4	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION DL	4	PA
BELEODAQ 500 MG RECON SOLUTION DL	4	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> DL	4	PA
<i>bendamustine 25 mg/ml SOLUTION</i> DL	4	PA
BENDEKA 25 MG/ML SOLUTION DL	4	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION DL	4	PA
<i>bexarotene 1 % GEL</i> DL	4	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> DL	4	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> MO	1	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION MO	3	
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> MO	1	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION DL	4	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> DL	4	PA
BOSULIF 100 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET DL	4	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	4	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE DL	4	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION</i> MO	1	
BUSULFEX 60 MG/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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	4	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET DL	4	PA,QL(60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML SOLUTION DL	4	
CAPRELSA 100 MG TABLET DL,LA	4	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION MO	1	
carmustine 100 mg RECON SOLUTION MO	1	
CASODEX 50 MG TABLET DL	4	QL(30 per 30 days)
cisplatin 1 mg/ml SOLUTION MO	1	
cladribine 10 mg/10 ml SOLUTION DL	4	BvsD
clofarabine 1 mg/ml SOLUTION DL	4	
CLOLAR 1 MG/ML SOLUTION DL	4	
COLUMVI 1 MG/ML SOLUTION DL	4	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE DL	4	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE DL	4	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE DL	4	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	4	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION DL	4	
COTELLIC 20 MG TABLET DL	4	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION MO	1	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION MO	1	BvsD
cyclophosphamide 200 mg/ml SOLUTION MO	1	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE MO	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET MO	1	BvsD
cyclophosphamide 500 mg/ml SOLUTION	4	BvsD
CYRAMZA 10 MG/ML SOLUTION DL	4	PA
cytarabine 20 mg/ml SOLUTION MO	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION MO	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION MO	1	
DACOGEN 50 MG RECON SOLUTION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dactinomycin 0.5 mg RECON SOLUTION</i> DL	4	
DANYELZA 4 MG/ML SOLUTION DL	4	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION DL	4	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION DL	4	PA
<i>dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
<i>dasatinib 140 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>dasatinib 20 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
<i>daunorubicin 5 mg/ml SOLUTION</i> MO	1	
DAURISMO 100 MG TABLET DL	4	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>decitabine 50 mg RECON SOLUTION</i> DL	4	PA
<i>dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION</i> MO	1	
DOCEFREZ 20 MG RECON SOLUTION MO	3	
DOCEFREZ 80 MG RECON SOLUTION DL	4	
<i>docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION</i> MO	1	
DOCIVYX 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML) SOLUTION DL	4	
DOXIL 2 MG/ML SUSPENSION DL	4	PA
<i>doxorubicin 10 mg, 50 mg RECON SOLUTION</i> MO	1	BvsD
<i>doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION</i> MO	1	BvsD
<i>doxorubicin, peg-liposomal 2 mg/ml SUSPENSION</i> DL	4	PA
ELITEK 1.5 MG, 7.5 MG RECON SOLUTION DL	4	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML SOLUTION DL	4	
ELREXFIO 40 MG/ML SOLUTION DL	4	PA
ELZONRIS 1,000 MCG/ML SOLUTION DL	4	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE DL	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION DL	4	PA
ENHERTU 100 MG RECON SOLUTION DL	4	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION</i> MO	1	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION DL	4	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION</i> DL	4	
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET DL	4	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>erlotinib 100 mg, 150 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION MO	3	
<i>etoposide 20 mg/ml SOLUTION</i> MO	1	
EULEXIN 125 MG CAPSULE DL	4	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION</i> DL	4	PA
EVOMELA 50 MG RECON SOLUTION DL	4	
<i>exemestane 25 mg TABLET</i> MO	1	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE DL	4	PA,QL(120 per 30 days)
FARESTON 60 MG TABLET DL	4	QL(30 per 30 days)
FASLODEX 250 MG/5 ML SYRINGE DL	4	PA,QL(30 per 30 days)
FEMARA 2.5 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>floxuridine 0.5 gram RECON SOLUTION</i> MO	1	BvsD
<i>fludarabine 50 mg RECON SOLUTION</i> MO	1	
<i>fludarabine 50 mg/2 ml SOLUTION</i> DL	4	
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION</i> MO	1	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION DL	4	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE DL	4	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE DL	4	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE DL	4	PA,QL(21 per 28 days)
<i>fulvestrant 250 mg/5 ml SYRINGE</i> MO	1	PA,QL(30 per 30 days)
FUSILEV 50 MG RECON SOLUTION DL	4	PA
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION DL	4	PA
GAVRETO 100 MG CAPSULE DL,LA	4	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION DL	4	PA,QL(120 per 28 days)
<i>gefitinib 250 mg TABLET</i> DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION</i> MO	1	
<i>gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION</i> MO	1	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
GLEEVEC 100 MG TABLET DL	4	PA,QL(90 per 30 days)
GLEEVEC 400 MG TABLET DL	4	PA,QL(60 per 30 days)
GLEOSTINE 10 MG CAPSULE MO	3	PA
GLEOSTINE 100 MG CAPSULE DL	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION DL	4	
HERCEPTIN 150 MG RECON SOLUTION DL	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SOLUTION DL	4	PA,QL(5 per 21 days)
HERZUMA 150 MG, 420 MG RECON SOLUTION DL	4	PA
HYCANTIN 4 MG RECON SOLUTION DL	4	
HYDREA 500 MG CAPSULE MO	3	
<i>hydroxyurea 500 mg CAPSULE</i> MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	4	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET DL	4	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET DL	4	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET DL	4	PA,QL(60 per 30 days)
IDAMYCIN PFS 1 MG/ML SOLUTION DL	4	
<i>idarubicin 1 mg/ml SOLUTION</i> DL	4	
IDHIFA 100 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
IFEX 1 GRAM, 3 GRAM RECON SOLUTION MO	3	
<i>ifosfamide 1 gram, 3 gram RECON SOLUTION</i> MO	1	
<i>ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION</i> MO	1	
<i>imatinib 100 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
<i>imatinib 400 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET DL	4	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET DL	4	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	4	PA,QL(28 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMBRUVICA 70 MG/ML SUSPENSION DL	4	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION DL	4	PA
IMFINZI 50 MG/ML SOLUTION DL	4	PA
IMJUDO 20 MG/ML SOLUTION DL	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION DL	4	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION DL	4	PA,QL(8 per 28 days)
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) PIGGYBACK DL	4	
INLYTA 1 MG TABLET DL	4	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET DL	4	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET DL	4	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET DL	4	PA
<i>irinotecan</i> 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION MO	1	
ISTODAX 10 MG/2 ML RECON SOLUTION DL	4	PA
ITOVEBI 3 MG TABLET DL	4	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET DL	4	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET DL	4	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET DL	4	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	4	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	4	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	4	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	4	PA
KEYTRUDA 25 MG/ML SOLUTION DL	4	PA
KHAPZORY 175 MG, 300 MG RECON SOLUTION DL	4	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(21 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

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

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LORBRENA 25 MG TABLET DL	4	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET DL	4	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET DL	4	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET DL	4	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION DL	4	PA
LYNPARZA 100 MG, 150 MG TABLET DL	4	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET DL	4	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET DL	4	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION DL	4	PA
MATULANE 50 MG CAPSULE DL	4	
MEKINIST 0.05 MG/ML RECON SOLUTION DL	4	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET DL	4	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET DL	4	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET DL	4	PA,QL(180 per 30 days)
<i>melfalan 2 mg TABLET MO</i>	1	BvsD
<i>melfalan hcl 50 mg RECON SOLUTION MO</i>	1	
<i>mercaptopurine 50 mg TABLET MO</i>	1	
<i>mesna 100 mg/ml SOLUTION MO</i>	1	
MESNEX 100 MG/ML SOLUTION DL	4	
MESNEX 400 MG TABLET DL	4	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION DL</i>	4	
<i>mitoxantrone 2 mg/ml CONCENTRATE MO</i>	1	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION DL	4	
MVASI 25 MG/ML SOLUTION DL	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	4	PA
<i>nelarabine 250 mg/50 ml SOLUTION DL</i>	4	
NERLYNX 40 MG TABLET DL	4	PA,QL(180 per 30 days)
NEXAVAR 200 MG TABLET DL	4	PA,QL(120 per 30 days)
NILANDRON 150 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>nilutamide 150 mg TABLET DL</i>	4	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(3 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NIPENT 10 MG RECON SOLUTION DL	4	
NUBEQA 300 MG TABLET DL	4	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	4	PA,QL(30 per 30 days)
OGIVRI 150 MG, 420 MG RECON SOLUTION DL	4	PA
OGSIVEO 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	4	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	4	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	4	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	4	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	4	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	4	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	4	PA
ONTRUZANT 150 MG, 420 MG RECON SOLUTION DL	4	PA
ONUREG 200 MG, 300 MG TABLET DL	4	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	4	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	4	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	4	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	4	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET DL	4	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET DL	4	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	4	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	1	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	1	
paclitaxel 6 mg/ml CONCENTRATE MO	1	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	4	PA
PADCEV 20 MG RECON SOLUTION DL	4	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	4	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	4	PA
paraplatin 10 mg/ml SOLUTION MO	1	
pazopanib 200 mg TABLET DL	4	PA,QL(120 per 30 days)
PEDMARK 12.5 GRAM/100ML (125 MG/ML) SOLUTION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	4	PA,QL(28 per 28 days)
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION</i> DL	4	PA
<i>pemetrexed 25 mg/ml SOLUTION</i> DL	4	PA,QL(120 per 21 days)
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> DL	4	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> DL	4	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	4	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	4	PA
PHESGO 1,200 MG-600MG- 30000 UNIT/15ML SOLUTION DL	4	PA,QL(15 per 21 days)
PHESGO 600 MG-600 MG- 20000 UNIT/10ML SOLUTION DL	4	PA,QL(10 per 21 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	4	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	4	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION DL	4	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	4	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	4	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	4	PA
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> DL	4	PA
PURIXAN 20 MG/ML SUSPENSION DL	4	
QINLOCK 50 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	4	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	4	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	4	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG TABLET DL	4	PA
REZLIDHIA 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	4	PA
RITUXAN 10 MG/ML CONCENTRATE DL	4	PA
RITUXAN HYCELA 1400 MG/11.7 ML (120 MG/ML) SOLUTION DL	4	PA,QL(46.8 per 28 days)
RITUXAN HYCELA 1600 MG/13.4 ML (120 MG/ML) SOLUTION DL	4	PA,QL(13.4 per 28 days)
<i>romidepsin 10 mg/2 ml RECON SOLUTION</i> DL	4	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROZLYTREK 100 MG CAPSULE DL	4	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	4	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION DL	4	PA
RYBREVANT 50 MG/ML SOLUTION DL	4	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	4	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	4	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	4	PA
SARCLISA 20 MG/ML SOLUTION DL	4	PA
SCEMBLIX 100 MG TABLET DL	4	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET DL	4	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	4	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	4	
<i>sorafenib 200 mg TABLET DL</i>	4	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL</i>	4	PA,QL(28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	4	PA
TABRECTA 150 MG, 200 MG TABLET DL	4	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	4	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	4	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	4	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE DL	4	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	4	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET MO</i>	1	
TARCEVA 100 MG, 150 MG TABLET DL	4	PA,QL(30 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TARCEVA 25 MG TABLET DL	4	PA,QL(90 per 30 days)
TARGRETIN 1 % GEL DL	4	PA,QL(240 per 30 days)
TARGRETIN 75 MG CAPSULE DL	4	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET DL	4	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	4	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	4	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	4	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	4	PA
TEMODAR 100 MG RECON SOLUTION DL	4	PA,QL(27 per 30 days)
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION</i> DL	4	PA,QL(8 per 28 days)
TEPADINA 100 MG, 15 MG RECON SOLUTION DL	4	
TEPMETKO 225 MG TABLET DL	4	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION DL	4	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION</i> DL	4	
<i>thiotepa 15 mg RECON SOLUTION</i> MO	1	
TIBSOVO 250 MG TABLET DL	4	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION DL	4	PA,QL(5 per 21 days)
<i>toposar 20 mg/ml SOLUTION</i> MO	1	
<i>topotecan 4 mg RECON SOLUTION</i> MO	1	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION</i> MO	1	
<i>toremifene 60 mg TABLET</i>	4	QL(30 per 30 days)
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST) RECON SOLUTION DL	4	PA,QL(8 per 28 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION DL	4	PA
TRAZIMERA 420 MG RECON SOLUTION DL	4	PA
TREANDA 100 MG, 25 MG RECON SOLUTION DL	4	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> DL	4	
TRISENOX 2 MG/ML SOLUTION DL	4	PA
TRODELVY 180 MG RECON SOLUTION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRUQAP 160 MG, 200 MG TABLET DL	4	PA,QL(64 per 28 days)
TRUXIMA 10 MG/ML SOLUTION DL	4	PA
TUKYSA 150 MG TABLET DL	4	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET DL	4	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE DL,LA	4	PA,QL(120 per 30 days)
TYKERB 250 MG TABLET DL	4	PA,QL(180 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION DL	4	PA
VALCHLOR 0.016 % GEL DL	4	PA,QL(60 per 28 days)
<i>valrubicin 40 mg/ml SOLUTION</i> DL	4	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION DL	4	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET DL	4	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION DL	4	PA
VEGZELMA 25 MG/ML SOLUTION DL	4	PA
VELCADE 3.5 MG RECON SOLUTION DL	4	PA
VENCLEXTA 10 MG TABLET MO	2	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET DL	4	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET MO	2	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK DL	4	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
VIDAZA 100 MG RECON SOLUTION DL	4	PA
<i>vinblastine 1 mg/ml SOLUTION</i> MO	1	BvsD
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION</i> MO	1	BvsD
<i>vincristine 1 mg/ml, 2 mg/2 ml SOLUTION</i> MO	1	BvsD
<i>vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION</i> MO	1	
VITRAKVI 100 MG CAPSULE DL	4	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION DL	4	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	4	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	4	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET DL	4	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	4	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET DL	4	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYLOY 100 MG RECON SOLUTION DL	4	PA
VYXEOS 44-100 MG RECON SOLUTION DL	4	PA
XALKORI 150 MG PELLETT DL	4	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT DL	4	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	4	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT DL	4	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	4	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	4	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET DL	4	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET DL	4	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET DL	4	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE DL	4	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET DL	4	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET DL	4	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	4	PA
YONDELIS 1 MG RECON SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL(120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	4	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	3	
ZEJULA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET DL	4	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION DL	4	PA
ZIRABEV 25 MG/ML SOLUTION DL	4	PA
ZOLINZA 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET DL	4	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION DL	4	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	4	PA,QL(20 per 28 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL(120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL(60 per 30 days)

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIPARASITICS		
<i>albendazole 200 mg TABLET</i> MO	1	
<i>atovaquone 750 mg/5 ml SUSPENSION</i> MO	1	
<i>atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET</i> MO	1	
BILTRICIDE 600 MG TABLET DL	4	PA
<i>chloroquine phosphate 250 mg, 500 mg TABLET</i> MO	1	
COARTEM 20-120 MG TABLET MO	3	QL(24 per 30 days)
DARAPRIM 25 MG TABLET DL	4	PA,QL(90 per 30 days)
EGATEN 250 MG TABLET MO	3	
<i>emverm 100 mg CHEWABLE TABLET</i> DL	4	
<i>hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET</i> MO	1	
<i>hydroxychloroquine 200 mg TABLET</i> MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL(84 per 28 days)
<i>ivermectin 3 mg TABLET</i> MO	1	
KRINTAFEL 150 MG TABLET MO	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET MO	3	
MALARONE 250-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5-25 MG TABLET MO	3	PA
<i>mefloquine 250 mg TABLET</i> MO	1	
MEPRON 750 MG/5 ML SUSPENSION DL	4	
NEBUPENT 300 MG RECON SOLUTION MO	3	BvsD
<i>nitazoxanide 500 mg TABLET</i> DL	4	
PENTAM 300 MG RECON SOLUTION MO	3	
<i>pentamidine 300 mg RECON SOLUTION</i> MO	1	BvsD
<i>pentamidine 300 mg RECON SOLUTION</i> MO	1	
PLAQUENIL 200 MG TABLET MO	3	PA
<i>praziquantel 600 mg TABLET</i> MO	1	
<i>primaquine 26.3 mg (15 mg base) TABLET</i> MO	1	
<i>pyrimethamine 25 mg TABLET</i> DL	4	QL(90 per 30 days)
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL(42 per 7 days)
<i>quinine sulfate 324 mg CAPSULE</i> MO	1	PA,QL(42 per 7 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOVUNA 200 MG, 300 MG TABLET MO	3	
STROMECTOL 3 MG TABLET MO	3	PA
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE MO	1	
amantadine hcl 100 mg TABLET MO	1	
amantadine hcl 50 mg/5 ml SOLUTION MO	1	
APOKYN 10 MG/ML CARTRIDGE DL	4	PA,QL(84 per 28 days)
apomorphine 10 mg/ml CARTRIDGE DL	4	PA,QL(84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET MO	1	
benztropine 1 mg/ml SOLUTION MO	1	
bromocriptine 2.5 mg TABLET MO	1	
bromocriptine 5 mg CAPSULE MO	1	QL(600 per 30 days)
carbidopa 25 mg TABLET MO	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING MO	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg TABLET MO	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER MO	1	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET MO	1	
COMTAN 200 MG TABLET MO	3	PA,QL(300 per 30 days)
CREXONT 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG CAPSULE, IR/ER, BIPHASIC MO	3	ST,QL(180 per 30 days)
DHIVY 25-100 MG TABLET MO	3	
DUOPA 4.63-20 MG/ML INTESTINAL PUMP SUSPENSION DL	4	PA,QL(2800 per 28 days)
entacapone 200 mg TABLET MO	1	QL(300 per 30 days)
GOCOVRI 137 MG CAPSULE, ER 24 HR.	4	PA,QL(60 per 30 days)
GOCOVRI 68.5 MG CAPSULE, ER 24 HR.	4	PA,QL(30 per 30 days)
INBRIJA 42 MG CAPSULE DL	4	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(300 per 30 days)
LODOSYN 25 MG TABLET DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR PATCH, 24 HR. MO	3	ST,QL(30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET DL	4	PA,QL(30 per 30 days)
ONGENTYS 25 MG, 50 MG CAPSULE MO	3	PA,QL(30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	PA,QL(30 per 30 days)
OSMOLEX ER 322 MG/DAY(129 MG X1-193MG X1) TABLET, IR/ER 24 HR., BIPHASIC MO	3	PA,QL(60 per 30 days)
PARLODEL 2.5 MG TABLET MO	3	PA
PARLODEL 5 MG CAPSULE MO	3	PA,QL(600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET MO	1	
pramipexole 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg TABLET, ER 24 HR. MO	1	ST,QL(30 per 30 days)
rasagiline 0.5 mg, 1 mg TABLET MO	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET MO	1	
ropinirole 12 mg, 2 mg, 4 mg, 6 mg, 8 mg TABLET, ER 24 HR. MO	1	ST,QL(90 per 30 days)
RYTARY 23.75-95 MG, 48.75-195 MG CAPSULE, ER MO	3	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER MO	3	ST,QL(270 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER MO	3	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE MO	1	
selegiline hcl 5 mg TABLET MO	1	
SINEMET 10-100 MG, 25-100 MG TABLET MO	3	PA
STALEVO 100 25-100-200 MG TABLET DL	4	PA
STALEVO 125 31.25-125-200 MG TABLET DL	4	PA
STALEVO 150 37.5-150-200 MG TABLET DL	4	PA
STALEVO 200 50-200-200 MG TABLET DL	4	PA
STALEVO 50 12.5-50-200 MG TABLET DL	4	PA
STALEVO 75 18.75-75-200 MG TABLET DL	4	PA
TASMAR 100 MG TABLET DL	4	PA
tolcapone 100 mg TABLET DL	4	PA
trihexyphenidyl 0.4 mg/ml ELIXIR MO	1	
trihexyphenidyl 2 mg, 5 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYALEV 12-240 MG/ML SOLUTION DL	4	PA
XADAGO 100 MG, 50 MG TABLET	4	PA,QL(30 per 30 days)
ZELAPAR 1.25 MG TABLET, DISINTEGRATING DL	4	
ANTIPSYCHOTICS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET MO	3	PA
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT 10 MG TABLET WITH SENSOR AND STRIP DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE MAINTENANCE KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND STRIP DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 10 MG TABLET W/SENSOR AND STRIP, POD DL	4	PA,QL(30 per 30 days)
ABILIFY MYCITE STARTER KIT 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET W/SENSOR AND STRIP, POD DL	4	PA,QL(30 per 30 days)
<i>aripiprazole 1 mg/ml SOLUTION</i> MO	1	QL(750 per 30 days)
<i>aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING</i> MO	1	QL(60 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET</i> MO	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	4	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE	4	QL(2.4 per 42 days)
<i>asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET</i> MO	1	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG CAPSULE DL	4	PA,QL(30 per 30 days)
CAPLYTA 42 MG CAPSULE	4	PA,QL(30 per 30 days)
<i>chlorpromazine 10 mg, 25 mg TABLET</i> MO	1	BvsD
<i>chlorpromazine 100 mg, 200 mg, 50 mg TABLET</i> MO	1	
<i>chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE</i> MO	1	
<i>chlorpromazine 25 mg/ml SOLUTION</i> MO	1	
<i>clozapine 100 mg TABLET</i> MO	1	QL(270 per 30 days)
<i>clozapine 100 mg TABLET, DISINTEGRATING</i> MO	1	PA,QL(270 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 12.5 mg TABLET, DISINTEGRATING MO	1	PA
clozapine 150 mg TABLET, DISINTEGRATING MO	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET MO	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING MO	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET MO	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING MO	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET MO	1	
CLOZARIL 100 MG TABLET DL	4	QL(270 per 30 days)
CLOZARIL 200 MG TABLET DL	4	QL(135 per 30 days)
CLOZARIL 25 MG TABLET DL	4	QL(1080 per 30 days)
CLOZARIL 50 MG TABLET DL	4	
droperidol 2.5 mg/ml SOLUTION MO	1	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK MO	3	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION MO	1	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET MO	1	
fluphenazine hcl 2.5 mg/5 ml ELIXIR MO	1	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	1	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE DL	4	PA
GEODON 20 MG/ML (FINAL CONC.) RECON SOLUTION MO	3	PA
HALDOL DECANOATE 100 MG/ML, 50 MG/ML SOLUTION MO	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET MO	1	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION MO	1	
haloperidol lactate 2 mg/ml CONCENTRATE MO	1	
haloperidol lactate 5 mg/ml SOLUTION MO	1	
haloperidol lactate 5 mg/ml SYRINGE MO	1	
INVEGA 1.5 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
INVEGA 3 MG, 9 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
INVEGA 6 MG TABLET, ER 24 HR. DL	4	PA,QL(60 per 30 days)
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	4	QL(5 per 180 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE DL	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE DL	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE MO	3	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	4	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	4	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	4	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET	4	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET	4	PA,QL(60 per 30 days)
<i>loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE MO</i>	1	
<i>lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>lurasidone 80 mg TABLET MO</i>	1	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>molindone 10 mg TABLET MO</i>	1	PA,QL(240 per 30 days)
<i>molindone 25 mg TABLET MO</i>	1	PA,QL(270 per 30 days)
<i>molindone 5 mg TABLET MO</i>	1	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET DL	4	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE DL	4	PA,QL(30 per 30 days)
<i>olanzapine 10 mg RECON SOLUTION MO</i>	1	
<i>olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET MO</i>	1	
<i>olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING MO</i>	1	QL(30 per 30 days)
<i>olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING MO</i>	1	QL(60 per 30 days)
<i>paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. MO</i>	1	QL(30 per 30 days)
<i>paliperidone 6 mg TABLET, ER 24 HR. MO</i>	1	QL(60 per 30 days)
<i>perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET MO</i>	1	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE DL	4	QL(1 per 28 days)
<i>pimozide 1 mg, 2 mg TABLET MO</i>	1	
<i>quetiapine 100 mg TABLET MO</i>	1	QL(90 per 30 days)
<i>quetiapine 150 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>quetiapine 150 mg TABLET, ER 24 HR. MO</i>	1	QL(90 per 30 days)
<i>quetiapine 200 mg TABLET MO</i>	1	QL(120 per 30 days)

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine 200 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET MO	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET MO	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	4	PA,QL(30 per 30 days)
RISPERDAL 0.5 MG TABLET MO	3	QL(120 per 30 days)
RISPERDAL 1 MG, 2 MG TABLET MO	3	QL(60 per 30 days)
RISPERDAL 1 MG/ML SOLUTION DL	4	
RISPERDAL 3 MG, 4 MG TABLET DL	4	QL(60 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON MO	3	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON DL	4	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET MO	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING MO	1	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	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION MO	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	4	PA,QL(60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. DL	4	PA,QL(30 per 30 days)
SEROQUEL 100 MG TABLET MO	3	QL(90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET MO	3	QL(120 per 30 days)
SEROQUEL 300 MG, 400 MG TABLET MO	3	QL(60 per 30 days)
SEROQUEL XR 150 MG TABLET, ER 24 HR. MO	3	PA,QL(90 per 30 days)
SEROQUEL XR 200 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
SEROQUEL XR 50 MG TABLET, ER 24 HR. MO	3	PA,QL(120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG (1)-300 MG(11) TABLET, ER 24 HR., DOSE PACK MO	3	PA,QL(15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET MO	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET MO	1	
UZEDY 100 MG/0.28 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.28 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UZEDY 125 MG/0.35 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.35 per 28 days)
UZEDY 150 MG/0.42 ML SUSPENSION, ER, SYRINGE	4	QL(0.42 per 56 days)
UZEDY 200 MG/0.56 ML SUSPENSION, ER, SYRINGE	4	QL(0.56 per 56 days)
UZEDY 250 MG/0.7 ML SUSPENSION, ER, SYRINGE	4	QL(0.7 per 56 days)
UZEDY 50 MG/0.14 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.14 per 28 days)
UZEDY 75 MG/0.21 ML SUSPENSION, ER, SYRINGE DL	4	QL(0.21 per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION DL	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK MO	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE MO	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION MO	1	
ZYPREXA 10 MG RECON SOLUTION MO	3	
ZYPREXA 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG TABLET	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION MO	3	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION	4	QL(1 per 28 days)
ZYPREXA ZYDIS 10 MG TABLET, DISINTEGRATING	4	QL(30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG TABLET, DISINTEGRATING	4	QL(60 per 30 days)
ZYPREXA ZYDIS 5 MG TABLET, DISINTEGRATING MO	3	QL(30 per 30 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET MO	1	
baclofen 10 mg/5 ml (2 mg/ml), 5 mg/5 ml SOLUTION DL	4	
baclofen 15 mg, 20 mg TABLET MO	1	
baclofen 25 mg/5 ml (5 mg/ml) SUSPENSION DL	4	QL(480 per 30 days)
baclofen 5 mg TABLET MO	1	QL(90 per 30 days)
DANTRIUM 20 MG RECON SOLUTION MO	3	
DANTRIUM 25 MG CAPSULE MO	3	
dantrolene 100 mg, 25 mg, 50 mg CAPSULE MO	1	
dantrolene 20 mg RECON SOLUTION MO	1	
FLEQSUVY 25 MG/5 ML (5 MG/ML) SUSPENSION DL	4	QL(480 per 30 days)
LYVISPAH 10 MG, 20 MG GRANULES IN PACKET MO	3	ST,QL(120 per 30 days)
LYVISPAH 5 MG GRANULES IN PACKET MO	3	ST,QL(270 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OZOBAX 5 MG/5 ML SOLUTION DL	4	
OZOBAX DS 10 MG/5 ML (2 MG/ML) SOLUTION DL	4	
revonto 20 mg RECON SOLUTION MO	1	
tizanidine 2 mg, 4 mg TABLET MO	1	
tizanidine 2 mg, 4 mg, 6 mg CAPSULE MO	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	ST
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION MO	1	QL(960 per 30 days)
abacavir 300 mg TABLET MO	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET MO	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE MO	1	
acyclovir 200 mg/5 ml SUSPENSION MO	1	
acyclovir 400 mg, 800 mg TABLET MO	1	
acyclovir 5 % CREAM MO	3	PA,QL(5 per 30 days)
acyclovir 5 % OINTMENT MO	1	PA,QL(30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION MO	1	BvsD
adefovir 10 mg TABLET MO	1	
APTIVUS 250 MG CAPSULE DL	4	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE MO	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE MO	1	QL(30 per 30 days)
ATRIPLA 600-200-300 MG TABLET DL	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION DL	4	QL(630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL(30 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET DL	4	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	4	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION DL	4	
CIMDUO 300-300 MG TABLET DL	4	QL(30 per 30 days)
COMBIVIR 150-300 MG TABLET DL	4	QL(60 per 30 days)
COMPLERA 200-25-300 MG TABLET DL	4	QL(30 per 30 days)
darunavir 600 mg TABLET DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
darunavir 800 mg TABLET DL	4	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET DL	4	QL(30 per 30 days)
DENAVIR 1 % CREAM MO	3	PA
DESCOVY 120-15 MG, 200-25 MG TABLET DL	4	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC MO	1	QL(30 per 30 days)
DOVATO 50-300 MG TABLET DL	4	QL(30 per 30 days)
EDURANT 25 MG TABLET DL	4	QL(30 per 30 days)
efavirenz 200 mg CAPSULE MO	1	QL(120 per 30 days)
efavirenz 50 mg CAPSULE MO	1	QL(480 per 30 days)
efavirenz 600 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET MO	1	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET DL	4	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE MO	1	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET MO	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION MO	3	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	3	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET MO	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET DL	4	PA,QL(28 per 28 days)
EPIVIR 10 MG/ML SOLUTION MO	3	QL(900 per 30 days)
EPIVIR 150 MG TABLET MO	3	QL(60 per 30 days)
EPIVIR 300 MG TABLET MO	3	QL(30 per 30 days)
EPIVIR HBV 100 MG TABLET MO	3	QL(90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION MO	3	
EPZICOM 600-300 MG TABLET DL	4	QL(30 per 30 days)
etravirine 100 mg TABLET DL	4	QL(120 per 30 days)
etravirine 200 mg TABLET DL	4	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET DL	4	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET MO	1	QL(90 per 30 days)
FLUMADINE 100 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fosamprenavir 700 mg TABLET</i> DL	4	QL(120 per 30 days)
<i>foscarnet 24 mg/ml SOLUTION</i> MO	1	BvsD
FUZEON 90 MG RECON SOLUTION DL	4	QL(60 per 30 days)
<i>ganciclovir sodium 50 mg/ml SOLUTION</i> MO	1	BvsD
<i>ganciclovir sodium 500 mg RECON SOLUTION</i> MO	1	BvsD
GENVOYA 150-150-200-10 MG TABLET DL	4	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
HARVONI 45-200 MG, 90-400 MG TABLET DL	4	PA,QL(28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG TABLET DL	4	QL(120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	2	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	4	QL(30 per 30 days)
KALETRA 100-25 MG TABLET MO	3	QL(300 per 30 days)
KALETRA 200-50 MG TABLET MO	3	QL(150 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION DL	4	
<i>lamivudine 10 mg/ml SOLUTION</i> MO	1	QL(900 per 30 days)
<i>lamivudine 100 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>lamivudine 150 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>lamivudine 300 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>lamivudine-zidovudine 150-300 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400 mg TABLET</i> DL	4	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION MO	3	QL(1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL(120 per 30 days)
LIVTENCITY 200 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>lopinavir-ritonavir 100-25 mg TABLET</i> MO	1	QL(300 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lopinavir-ritonavir 200-50 mg TABLET MO	1	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	1	
maraviroc 150 mg TABLET DL	4	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	4	QL(120 per 30 days)
MAVYRET 100-40 MG TABLET DL	4	PA,QL(84 per 28 days)
MAVYRET 50-20 MG PELLETS IN PACKET DL	4	PA,QL(150 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	1	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	1	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	1	QL(1200 per 30 days)
NORVIR 100 MG CAPSULE MO	3	QL(360 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	3	QL(360 per 30 days)
NORVIR 100 MG TABLET MO	3	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	3	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	4	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	1	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	1	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	1	QL(1440 per 365 days)
PAXLOVID 150-100 MG TABLET, DOSE PACK MO	2	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK MO	2	QL(60 per 10 days)
penciclovir 1 % CREAM MO	1	PA
PIFELTRO 100 MG TABLET DL	4	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	4	PA,QL(28 per 28 days)
PREVYMIS 240 MG/12 ML SOLUTION DL	4	PA,QL(336 per 28 days)
PREVYMIS 480 MG TABLET DL	4	PA
PREVYMIS 480 MG/24 ML SOLUTION DL	4	PA,QL(672 per 28 days)
PREZCOBIX 800-150 MG-MG TABLET DL	4	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	4	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	4	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	4	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	3	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	3	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	3	
RETROVIR 10 MG/ML SYRUP MO	3	QL(1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	3	QL(180 per 30 days)
REYATAZ 200 MG CAPSULE DL	4	QL(60 per 30 days)
REYATAZ 300 MG CAPSULE DL	4	QL(30 per 30 days)
REYATAZ 50 MG POWDER IN PACKET MO	3	
<i>ribavirin 200 mg CAPSULE</i> MO	1	
<i>ribavirin 200 mg TABLET</i> MO	1	
<i>rimantadine 100 mg TABLET</i> MO	1	
<i>ritonavir 100 mg TABLET</i> MO	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	4	QL(60 per 30 days)
SELZENTRY 150 MG TABLET DL	4	QL(240 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	4	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	3	QL(240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	4	QL(120 per 30 days)
SOVALDI 150 MG PELLETS IN PACKET DL	4	PA,QL(28 per 28 days)
SOVALDI 200 MG PELLETS IN PACKET DL	4	PA,QL(56 per 28 days)
SOVALDI 200 MG, 400 MG TABLET DL	4	PA,QL(28 per 28 days)
<i>stavudine 15 mg, 20 mg CAPSULE</i> MO	1	QL(120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE</i> MO	1	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	4	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	4	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	4	QL(9 per 365 days)
SUSTIVA 200 MG CAPSULE DL	4	QL(120 per 30 days)
SUSTIVA 50 MG CAPSULE DL	4	QL(480 per 30 days)
SYMFI 600-300-300 MG TABLET DL	4	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	4	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	4	QL(30 per 30 days)
TAMIFLU 30 MG CAPSULE MO	3	PA,QL(224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	3	PA,QL(112 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION FOR RECONSTITUTION MO	3	PA,QL(1440 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> MO	1	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	3	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	4	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	4	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	4	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION MO	3	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	4	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION DL	4	
TRUVADA 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG TABLET DL	4	QL(30 per 30 days)
TYBOST 150 MG TABLET MO	2	QL(30 per 30 days)
<i>valacyclovir 1 gram, 500 mg TABLET</i> MO	1	
VALCYTE 450 MG TABLET DL	4	PA,QL(120 per 30 days)
VALCYTE 50 MG/ML RECON SOLUTION DL	4	PA,QL(1056 per 30 days)
<i>valganciclovir 450 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION</i> DL	4	QL(1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MO	3	PA
VEMLIDY 25 MG TABLET DL	4	QL(30 per 30 days)
VIRACEPT 250 MG TABLET DL	4	QL(300 per 30 days)
VIRACEPT 625 MG TABLET DL	4	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	4	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER DL	4	QL(240 per 30 days)
VOCABRIA 30 MG TABLET DL	4	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET DL	4	PA,QL(28 per 28 days)
XERESE 5-1 % CREAM DL	4	QL(5 per 30 days)
XOFLUZA 20 MG, 40 MG, 80 MG TABLET MO	3	
ZEPATIER 50-100 MG TABLET DL	4	PA,QL(28 per 28 days)
ZIAGEN 20 MG/ML SOLUTION MO	3	QL(960 per 30 days)
ZIAGEN 300 MG TABLET MO	3	QL(60 per 30 days)
<i>zidovudine 10 mg/ml SYRUP</i> MO	1	QL(1680 per 28 days)
<i>zidovudine 100 mg CAPSULE</i> MO	1	QL(180 per 30 days)
<i>zidovudine 300 mg TABLET</i> MO	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL MO	3	QL(5 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOVIRAX 200 MG/5 ML SUSPENSION MO	3	PA
ZOVIRAX 5 % CREAM MO	3	PA,QL(5 per 30 days)
ZOVIRAX 5 % OINTMENT MO	3	PA,QL(30 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET DL	1	QL(120 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
alprazolam 0.5 mg, 1 mg, 2 mg, 3 mg TABLET, ER 24 HR. DL	1	QL(60 per 30 days)
alprazolam 2 mg TABLET DL	1	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL(90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL(150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML SOLUTION DL	3	PA
bupirone 10 mg, 5 mg TABLET MO	1	
bupirone 15 mg, 30 mg, 7.5 mg TABLET MO	1	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE DL	1	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING DL	1	
clonazepam 0.5 mg, 1 mg TABLET DL	1	
clonazepam 2 mg TABLET DL	1	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET DL	1	
diazepam 10 mg TABLET DL	1	QL(120 per 30 days)
diazepam 2 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg TABLET DL	1	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION DL	1	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)
diazepam 5 mg/ml SOLUTION DL	1	
diazepam 5 mg/ml SYRINGE DL	1	
diazepam intensol 5 mg/ml CONCENTRATE DL	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE MO	1	
doxepin 10 mg/ml CONCENTRATE MO	1	
hydroxyzine hcl 10 mg, 50 mg TABLET MO	1	
hydroxyzine hcl 10 mg/5 ml, 25 mg/ml, 50 mg/ml SOLUTION 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxyzine hcl 25 mg TABLET MO	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET DL	3	PA
lorazepam 0.5 mg, 1 mg TABLET DL	1	QL(90 per 30 days)
lorazepam 2 mg TABLET DL	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE DL	1	QL(150 per 30 days)
lorazepam 2 mg/ml SYRINGE DL	1	
lorazepam 2 mg/ml, 4 mg/ml SOLUTION DL	1	
lorazepam intensol 2 mg/ml CONCENTRATE DL	1	QL(150 per 30 days)
LOREEV XR 1 MG CAPSULE, ER 24 HR. DL	4	PA,QL(210 per 30 days)
LOREEV XR 1.5 MG, 2 MG CAPSULE, ER 24 HR. DL	4	PA,QL(150 per 30 days)
LOREEV XR 3 MG CAPSULE, ER 24 HR. DL	4	PA,QL(90 per 30 days)
meprobamate 200 mg, 400 mg TABLET MO	1	
oxazepam 10 mg, 15 mg, 30 mg CAPSULE DL	1	
TRANXENE T-TAB 7.5 MG TABLET DL	3	PA
VALIUM 5 MG TABLET DL	3	PA,QL(90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET DL	3	PA,QL(120 per 30 days)
XANAX 2 MG TABLET DL	3	PA,QL(150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET, ER 24 HR. DL	3	PA,QL(60 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	1	
lithium citrate 8 meq/5 ml SOLUTION MO	1	
LITHOBID 300 MG TABLET ER MO	3	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET MO	1	
ACTOPLUS MET 15-850 MG TABLET MO	3	PA,QL(90 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	3	PA,QL(30 per 30 days)
ADLYXIN 10 MCG/0.2 ML - 20 MCG/0.2 ML, 20 MCG/0.2 ML PEN INJECTOR MO	3	PA,QL(6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	3	ST
AFREZZA 12 UNIT CARTRIDGE WITH INHALER CI	4	PA,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AFREZZA 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90) CARTRIDGE WITH INHALER CI	4	PA,QL(180 per 30 days)
AFREZZA 4 UNIT, 8 UNIT CARTRIDGE WITH INHALER CI,MO	3	PA,QL(90 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET MO	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	ST
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL MO	3	ST
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
BASAGLAR TEMPO PEN(U-100)INSLN 100 UNIT/ML (3 ML) INSULIN PEN, SENSOR CI,MO	3	PA
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR MO	3	PA,QL(3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML PEN INJECTOR MO	3	PA,QL(2.4 per 30 days)
CYCLOSET 0.8 MG TABLET MO	3	ST,QL(180 per 30 days)
<i>diazoxide 50 mg/ml SUSPENSION</i> DL	4	
DUETACT 30-2 MG, 30-4 MG TABLET MO	3	QL(30 per 30 days)
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	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE CI,MO	2	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
<i>glimepiride 1 mg, 3 mg TABLET</i> MO	1	
<i>glimepiride 2 mg, 4 mg TABLET</i> MO	1	
<i>glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.</i> MO	1	
<i>glipizide 10 mg, 5 mg TABLET</i> MO	1	
<i>glipizide 2.5 mg TABLET</i> MO	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> MO	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION MO	3	ST
GLUCAGON (HCL) EMERGENCY KIT 1 MG RECON SOLUTION MO	3	ST
GLUCAGON EMERGENCY KIT (HUMAN) 1 MG RECON SOLUTION MO	3	ST
<i>glucagon emergency kit (human) 1 mg RECON SOLUTION</i> MO	3	ST
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET, ER 24 HR. MO	3	
GLUMETZA 1,000 MG TABLET, GAST. RETENTION 24 HR. DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUMETZA 500 MG TABLET, GAST. RETENTION 24 HR. DL	4	ST,QL(120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET MO	1	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET MO	1	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET MO	1	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET MO	3	
GLYXAMBI 10-5 MG, 25-5 MG TABLET MO	2	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION MO	3	ST
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	ST
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR MO	3	ST
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	ST
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE MO	3	ST
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	2	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION CI,MO	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN CI,MO	2	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN CI,MO	2	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION CI,MO	2	
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	2	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	2	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	2	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION CI,MO	2	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION CI	4	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN CI	4	
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) INSULIN PEN CI,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INSULIN ASP PRT-INSULIN ASPART 100 UNIT/ML (70-30) SOLUTION CI,MO	2	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE CI,MO	2	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION CI,MO	2	
INSULIN DEGLUDEC 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION CI,MO	3	PA
INSULIN GLARGINE 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN GLARGINE 100 UNIT/ML SOLUTION CI,MO	3	PA
INSULIN GLARGINE U-300 CONC 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION CI,MO	3	PA
INSULIN LISPRO 100 UNIT/ML INSULIN PEN CI,MO	2	
INSULIN LISPRO 100 UNIT/ML INSULIN PEN, HALF-UNIT CI,MO	2	
INSULIN LISPRO 100 UNIT/ML SOLUTION CI,MO	2	
INSULIN LISPRO PROTAMIN-LISPRO 100 UNIT/ML (75-25) INSULIN PEN CI,MO	2	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET MO	2	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	2	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET MO	2	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	2	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	2	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	2	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	2	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET MO	2	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET MO	2	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
KAZANO 12.5-1,000 MG, 12.5-500 MG TABLET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	3	PA
<i>liraglutide 0.6 mg/0.1 ml (18 mg/3 ml) PEN INJECTOR</i> MO	3	PA,QL(9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN CI,MO	2	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR CI,MO	3	ST
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
<i>metformin 1,000 mg TABLET, ER 24 HR.</i> MO	3	ST,QL(60 per 30 days)
<i>metformin 1,000 mg TABLET, GAST. RETENTION 24 HR.</i>	4	ST,QL(60 per 30 days)
<i>metformin 1,000 mg, 500 mg TABLET</i> MO	1	
<i>metformin 500 mg TABLET, ER 24 HR.</i> MO	3	ST,QL(150 per 30 days)
<i>metformin 500 mg TABLET, ER 24 HR.</i> MO	1	QL(120 per 30 days)
<i>metformin 500 mg TABLET, GAST. RETENTION 24 HR.</i>	4	ST,QL(120 per 30 days)
<i>metformin 500 mg/5 ml SOLUTION</i> MO	1	QL(750 per 30 days)
<i>metformin 625 mg TABLET</i> DL	4	ST,QL(120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>metformin 850 mg TABLET</i> MO	1	
<i>migliitol 100 mg, 25 mg, 50 mg TABLET</i> MO	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
<i>nateglinide 120 mg, 60 mg TABLET</i> MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	3	PA,QL(30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION CI,MO	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION CI,MO	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN CI,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION CI,MO	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN CI,MO	2	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE CI,MO	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION CI,MO	2	
OSENI 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG TABLET MO	3	PA,QL(30 per 30 days)
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	2	PA,QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR MO	2	PA,QL(1.5 per 28 days)
pioglitazone 15 mg, 45 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone-glimepiride 30-2 mg, 30-4 mg TABLET MO	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET MO	1	QL(90 per 30 days)
PRECOSE 100 MG, 25 MG, 50 MG TABLET MO	3	
PROGLYCEM 50 MG/ML SUSPENSION DL	4	PA
QTERN 10-5 MG, 5-5 MG TABLET MO	3	PA,QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET MO	1	
REZVOGLAR KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
RIOMET 500 MG/5 ML SOLUTION MO	3	QL(750 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET MO	2	PA,QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
saxagliptin-metformin 2.5-1,000 mg TABLET, ER 24 HR., MULTIPHASE MO	1	QL(60 per 30 days)
saxagliptin-metformin 5-1,000 mg, 5-500 mg TABLET, ER 24 HR., MULTIPHASE MO	1	QL(30 per 30 days)
SEGLUROMET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG TABLET MO	3	PA,QL(60 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) 100 UNIT/ML SOLUTION CI,MO	3	PA
sitagliptin 100 mg, 25 mg, 50 mg TABLET MO	3	PA,QL(30 per 30 days)
sitagliptin-metformin 50-1,000 mg, 50-500 mg TABLET MO	3	PA,QL(60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	2	QL(15 per 24 days)
STEGLATRO 15 MG, 5 MG TABLET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STEGLUJAN 15-100 MG, 5-100 MG TABLET MO	3	PA,QL(30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR	4	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR	4	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET MO	2	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	2	
TRADJENTA 5 MG TABLET MO	2	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,MO	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC MO	2	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	2	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR MO	2	PA,QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR MO	3	PA,QL(9 per 30 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)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) INSULIN PEN CI,MO	3	PA,QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR MO	2	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE MO	2	
ZITUVIMET 50-1,000 MG, 50-500 MG TABLET MO	3	PA,QL(60 per 30 days)
ZITUVIMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(30 per 30 days)
ZITUVIMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE MO	3	PA,QL(60 per 30 days)
ZITUVIO 100 MG, 25 MG, 50 MG TABLET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BLOOD PRODUCTS AND MODIFIERS		
ADZYNMA 1,500 (+/-) UNIT, 500 (+/-) UNIT KIT DL	4	PA
AGGRASTAT CONCENTRATE 250 MCG/ML CONCENTRATE MO	3	
AGGRASTAT IN SODIUM CHLORIDE 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) SOLUTION MO	3	
AGRYLIN 0.5 MG CAPSULE MO	3	PA
ALVAIZ 18 MG, 9 MG TABLET DL	4	PA,QL(30 per 30 days)
ALVAIZ 36 MG, 54 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>aminocaproic acid 1,000 mg TABLET DL</i>	4	
<i>aminocaproic acid 250 mg/ml, 250 mg/ml (25 %) SOLUTION MO</i>	1	
<i>aminocaproic acid 500 mg TABLET MO</i>	1	
<i>anagrelide 0.5 mg, 1 mg CAPSULE MO</i>	1	
ARANESP (IN POLYSORBATE) 10 MCG/0.4 ML, 40 MCG/0.4 ML SYRINGE MO	3	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/0.5 ML SYRINGE DL	4	PA,QL(2 per 30 days)
ARANESP (IN POLYSORBATE) 100 MCG/ML, 200 MCG/ML, 60 MCG/ML SOLUTION DL	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 150 MCG/0.3 ML SYRINGE DL	4	PA,QL(1.2 per 30 days)
ARANESP (IN POLYSORBATE) 200 MCG/0.4 ML SYRINGE DL	4	PA,QL(1.6 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/0.42 ML SYRINGE MO	3	PA,QL(1.68 per 30 days)
ARANESP (IN POLYSORBATE) 25 MCG/ML, 40 MCG/ML SOLUTION MO	3	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 300 MCG/0.6 ML SYRINGE DL	4	PA,QL(2.4 per 30 days)
ARANESP (IN POLYSORBATE) 500 MCG/ML SYRINGE DL	4	PA,QL(4 per 30 days)
ARANESP (IN POLYSORBATE) 60 MCG/0.3 ML SYRINGE MO	3	PA,QL(1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE DL	4	PA,QL(24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE DL	4	PA,QL(12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE DL	4	PA,QL(18 per 30 days)
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. MO</i>	1	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET MO	2	QL(60 per 30 days)
CABLIVI 11 MG KIT DL	4	PA,QL(30 per 30 days)
<i>cilostazol 100 mg, 50 mg TABLET MO</i>	1	
<i>clopidogrel 300 mg TABLET MO</i>	1	

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clopidogrel 75 mg TABLET MO	1	QL(30 per 30 days)
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) SOLUTION DL	4	PA
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE MO	1	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET MO	1	
DOPTELET (10 TAB PACK) 20 MG TABLET DL	4	PA,QL(60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET DL	4	PA,QL(60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET DL	4	PA,QL(60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	2	QL(60 per 30 days)
ELIQUIS 5 MG TABLET MO	2	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK MO	2	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE MO	1	
enoxaparin 300 mg/3 ml SOLUTION MO	1	
EPOGEN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	3	PA,QL(14 per 30 days)
EPOGEN 20,000 UNIT/2 ML SOLUTION MO	3	PA,QL(28 per 30 days)
eptifibatide 0.75 mg/ml, 2 mg/ml SOLUTION MO	1	
fondaparinux 10 mg/0.8 ml SYRINGE DL	4	QL(24 per 30 days)
fondaparinux 2.5 mg/0.5 ml SYRINGE DL	4	QL(15 per 30 days)
fondaparinux 5 mg/0.4 ml SYRINGE DL	4	QL(12 per 30 days)
fondaparinux 7.5 mg/0.6 ml SYRINGE DL	4	QL(18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SYRINGE DL	4	QL(30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SYRINGE DL	4	QL(15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SYRINGE DL	4	QL(18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SYRINGE DL	4	QL(21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SYRINGE DL	4	QL(6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/ML SOLUTION DL	4	QL(120 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SOLUTION DL	4	QL(22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SYRINGE DL	4	QL(9 per 30 days)
FULPHILA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
FYLNETRA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GRANIX 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 28 days)
GRANIX 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 28 days)
GRANIX 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION MO	1	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE MO	1	
heparin (porcine) 5,000 unit/ml SYRINGE MO	1	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION MO	1	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE MO	1	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET MO	1	
KENGREAL 50 MG RECON SOLUTION DL	4	
LEUKINE 250 MCG RECON SOLUTION DL	4	PA
LOVENOX 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 DL	4	PA
LOVENOX 300 MG/3 ML SOLUTION DL	4	PA
LYSTEDA 650 MG TABLET MO	3	QL(30 per 5 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION DL	4	PA,QL(9.6 per 30 days)
MULPLETA 3 MG TABLET DL	4	PA
NEULASTA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	4	PA,QL(1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
NEUPOGEN 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 per 30 days)
NYPOZI 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
NYPOZI 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
NYVEPRIA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PLAVIX 75 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>plerixafor</i> 24 mg/1.2 ml (20 mg/ml) SOLUTION DL	4	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	3	QL(60 per 30 days)
PRADAXA 110 MG, 30 MG, 40 MG, 50 MG PELLETS IN PACKET DL	4	PA,QL(120 per 30 days)
PRADAXA 150 MG, 20 MG PELLETS IN PACKET DL	4	PA,QL(60 per 30 days)
<i>prasugrel</i> 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION MO	3	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION MO	3	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION DL	4	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET DL,LA	4	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET DL,LA	4	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET DL,LA	4	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET DL,LA	4	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET DL,LA	4	PA,QL(60 per 30 days)
REBLOZYL 25 MG, 75 MG RECON SOLUTION DL	4	PA
RELEUKO 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
RELEUKO 300 MCG/ML SOLUTION DL	4	PA,QL(14 per 30 days)
RELEUKO 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
RELEUKO 480 MCG/1.6 ML SOLUTION DL	4	PA,QL(22.4 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	3	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION DL	4	PA,QL(14 per 30 days)
RIASTAP 1 GRAM (900MG-1,300MG) RECON SOLUTION MO	3	
ROLVEDON 13.2 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MO	3	PA,QL(30 per 30 days)
STIMUFEND 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
TAVALISSE 100 MG, 150 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>tirofiban</i> -0.9% sodium chloride 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml) SOLUTION MO	1	
<i>tranexamic acid</i> 1,000 mg/10 ml (100 mg/ml) SOLUTION MO	1	PA
<i>tranexamic acid</i> 650 mg TABLET MO	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR DL	4	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR DL	4	PA,QL(1.2 per 28 days)
<i>warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg</i> TABLET MO	1	
<i>warfarin 5 mg</i> TABLET MO	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION MO	2	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET MO	2	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	2	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK MO	2	QL(51 per 30 days)
XOLREMDI 100 MG CAPSULE DL	4	PA,QL(120 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE DL	4	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE DL	4	PA,QL(11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
CARDIOVASCULAR AGENTS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	
ACCURETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	3	
<i>acebutolol 200 mg, 400 mg</i> CAPSULE MO	1	
<i>acetazolamide 125 mg, 250 mg</i> TABLET MO	1	
<i>acetazolamide 500 mg</i> CAPSULE, ER MO	1	
<i>acetazolamide sodium 500 mg</i> RECON SOLUTION MO	1	
<i>adenosine 3 mg/ml</i> SOLUTION MO	1	
<i>adenosine 3 mg/ml</i> SYRINGE MO	1	
ADRENALIN 4 MG/250 ML (16 MCG/ML) SOLUTION MO	3	
ALDACTAZIDE 25-25 MG TABLET MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	3	
<i>aliskiren 150 mg, 300 mg</i> TABLET MO	1	QL(30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET, ER 24 HR. DL	4	ST,QL(30 per 30 days)
<i>amiloride 5 mg</i> TABLET MO	1	
<i>amiloride-hydrochlorothiazide 5-50 mg</i> TABLET MO	1	
<i>amiodarone 100 mg, 400 mg</i> TABLET MO	1	
<i>amiodarone 150 mg/3 ml</i> SYRINGE 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amiodarone 200 mg TABLET MO	1	
amiodarone 50 mg/ml SOLUTION MO	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET MO	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE MO	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE MO	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET MO	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg TABLET MO	1	QL(30 per 30 days)
ASPRUZYO SPRINKLE 1,000 MG, 500 MG ER GRANULES, PACKET MO	3	QL(60 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET MO	3	PA,QL(60 per 30 days)
ATACAND 32 MG TABLET MO	3	PA,QL(30 per 30 days)
ATACAND HCT 16-12.5 MG, 32-12.5 MG, 32-25 MG TABLET MO	3	PA,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	
ATORVALIQ 20 MG/5 ML (4 MG/ML) SUSPENSION MO	3	ST,QL(600 per 30 days)
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	1	
AVALIDE 150-12.5 MG TABLET MO	3	PA,QL(60 per 30 days)
AVALIDE 300-12.5 MG TABLET MO	3	PA,QL(30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MO	3	PA,QL(30 per 30 days)
AZOR 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG TABLET MO	3	PA,QL(30 per 30 days)
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET MO	1	
BENICAR 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
BENICAR 5 MG TABLET MO	3	PA,QL(60 per 30 days)
BENICAR HCT 20-12.5 MG, 40-12.5 MG, 40-25 MG TABLET MO	3	PA,QL(30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET DL	4	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET DL	4	PA
betaxolol 10 mg, 20 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIDIL 20-37.5 MG TABLET MO	3	PA,QL(180 per 30 days)
BIORPHEN 0.1 MG/ML SOLUTION MO	3	
<i>bisoprolol fumarate</i> 10 mg, 5 mg TABLET MO	1	
<i>bisoprolol-hydrochlorothiazide</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET MO	1	
<i>bretylium tosylate</i> 50 mg/ml SOLUTION MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) SOLUTION MO	3	
BREVIBLOC IN NAACL (ISO-OSM) 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) PARENTERAL SOLUTION MO	3	
<i>bumetanide</i> 0.25 mg/ml SOLUTION MO	1	
<i>bumetanide</i> 0.5 mg, 2 mg TABLET MO	1	
<i>bumetanide</i> 1 mg TABLET MO	1	
BYSTOLIC 10 MG TABLET MO	3	PA,QL(120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
BYSTOLIC 20 MG TABLET MO	3	PA,QL(60 per 30 days)
CADUET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG TABLET MO	3	PA,QL(30 per 30 days)
CALAN SR 120 MG, 240 MG TABLET ER MO	3	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
<i>candesartan</i> 16 mg, 4 mg, 8 mg TABLET MO	1	QL(60 per 30 days)
<i>candesartan</i> 32 mg TABLET MO	1	QL(30 per 30 days)
<i>candesartan-hydrochlorothiazid</i> 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET MO	1	QL(30 per 30 days)
<i>captopril</i> 100 mg, 12.5 mg, 25 mg, 50 mg TABLET MO	1	
<i>captopril-hydrochlorothiazide</i> 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET MO	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. DL	4	PA,QL(60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE, ER 24 HR. DL	4	PA,QL(30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	
CARDURA XL 4 MG, 8 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
CAROSPIR 25 MG/5 ML SUSPENSION MO	3	PA,QL(450 per 30 days)
<i>cartia xt</i> 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cartia xt 300 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET MO	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. MO	1	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION MO	1	
chlorthalidone 25 mg TABLET MO	1	
chlorthalidone 50 mg TABLET MO	1	
cholestyramine (with sugar) 4 gram POWDER MO	1	
cholestyramine (with sugar) 4 gram POWDER IN PACKET MO	1	
cholestyramine light 4 gram POWDER MO	1	
cholestyramine light 4 gram POWDER IN PACKET MO	1	
cholestyramine-aspartame 4 gram POWDER IN PACKET MO	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML EMULSION MO	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET MO	1	
clonidine hcl 0.17 mg TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
clonidine hcl 0.2 mg, 0.3 mg TABLET MO	1	
colesevelam 3.75 gram POWDER IN PACKET MO	1	QL(30 per 30 days)
colesevelam 625 mg TABLET MO	1	QL(180 per 30 days)
COLESTID 1 GRAM TABLET MO	3	
COLESTID 5 GRAM GRANULES MO	3	QL(1000 per 30 days)
COLESTID 5 GRAM PACKET MO	3	
COLESTID FLAVORED 5 GRAM GRANULES MO	3	QL(1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM PACKET MO	3	
colestipol 1 gram TABLET MO	1	
colestipol 5 gram GRANULES MO	1	QL(1000 per 30 days)
colestipol 5 gram PACKET MO	1	
CORGARD 20 MG, 40 MG, 80 MG TABLET MO	3	PA
CORLANOR 5 MG, 7.5 MG TABLET MO	3	PA,QL(60 per 30 days)
CORLANOR 5 MG/5 ML SOLUTION MO	3	PA,QL(560 per 28 days)
CORLOPAM 10 MG/ML SOLUTION MO	3	
CORVERT 0.1 MG/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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COZAAR 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	PA
DEMSER 250 MG CAPSULE DL	4	
DIBENZYLIN 10 MG CAPSULE DL	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET MO	1	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg) TABLET MO	1	QL(30 per 30 days)
digoxin 250 mcg/ml (0.25 mg/ml), 50 mcg/ml (0.05 mg/ml) SOLUTION MO	1	
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION MO	1	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET MO	1	
diltiazem hcl 120 mg, 300 mg, 360 mg, 420 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. MO	1	
diltiazem hcl 180 mg, 240 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION MO	1	
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET MO	3	PA,QL(60 per 30 days)
DIOVAN HCT 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG TABLET MO	3	PA,QL(30 per 30 days)
disopyramide phosphate 100 mg, 150 mg CAPSULE MO	1	
DIURIL 250 MG/5 ML SUSPENSION MO	3	
dobutamine 250 mg/20 ml (12.5 mg/ml) SOLUTION MO	1	BvsD
dobutamine in d5w 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml) PARENTERAL SOLUTION MO	1	BvsD
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE MO	1	
dopamine 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml) SOLUTION MO	1	BvsD
dopamine in 5 % dextrose 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) SOLUTION MO	1	BvsD

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET MO	1	
droxidopa 100 mg, 200 mg CAPSULE MO	1	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE MO	1	PA,QL(180 per 30 days)
DYRENIUM 100 MG, 50 MG CAPSULE MO	3	
EDARBI 40 MG, 80 MG TABLET MO	3	ST,QL(30 per 30 days)
EDARBYCLOR 40-12.5 MG, 40-25 MG TABLET MO	3	ST,QL(30 per 30 days)
EDECIN 25 MG TABLET DL	4	QL(480 per 30 days)
enalapril maleate 1 mg/ml SOLUTION MO	1	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET MO	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET MO	1	
enalaprilat 1.25 mg/ml SOLUTION MO	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET MO	2	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT MO	2	QL(240 per 30 days)
EPANED 1 MG/ML SOLUTION DL	4	
eplerenone 25 mg, 50 mg TABLET MO	1	PA
eprosartan 600 mg TABLET MO	1	QL(60 per 30 days)
esmolol 100 mg/10 ml (10 mg/ml) SOLUTION MO	1	
esmolol in nacl (iso-osm) 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml) PARENTERAL SOLUTION MO	1	
ethacrynate sodium 50 mg RECON SOLUTION MO	1	
ethacrynic acid 25 mg TABLET MO	1	QL(480 per 30 days)
EVKEEZA 150 MG/ML SOLUTION DL	4	PA
EXFORGE 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG TABLET MO	3	PA,QL(30 per 30 days)
EXFORGE HCT 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG TABLET MO	3	PA,QL(30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE, SPRINKLE MO	3	ST,QL(30 per 30 days)
ezetimibe 10 mg TABLET MO	1	QL(30 per 30 days)
ezetimibe-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	ST,QL(30 per 30 days)
ezetimibe-rosuvastatin 10-5 mg TABLET MO	3	ST,QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET MO	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
fenofibrate 120 mg TABLET MO	1	QL(30 per 30 days)
fenofibrate 150 mg CAPSULE MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fenofibrate 160 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>fenofibrate 40 mg, 54 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>fenofibrate 50 mg CAPSULE MO</i>	1	QL(60 per 30 days)
<i>fenofibrate micronized 130 mg, 43 mg CAPSULE MO</i>	1	ST,QL(30 per 30 days)
<i>fenofibrate micronized 134 mg, 200 mg CAPSULE MO</i>	1	QL(30 per 30 days)
<i>fenofibrate micronized 67 mg CAPSULE MO</i>	1	QL(60 per 30 days)
<i>fenofibrate micronized 90 mg CAPSULE MO</i>	3	QL(30 per 30 days)
<i>fenofibrate nanocrystallized 145 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>fenofibrate nanocrystallized 48 mg TABLET MO</i>	1	QL(60 per 30 days)
<i>fenofibric acid 105 mg, 35 mg TABLET MO</i>	2	QL(30 per 30 days)
<i>fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC MO</i>	1	QL(30 per 30 days)
FENOGLIDE 120 MG TABLET MO	3	QL(30 per 30 days)
FENOGLIDE 40 MG TABLET MO	3	QL(60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET MO	3	QL(30 per 30 days)
<i>flecainide 100 mg, 150 mg, 50 mg TABLET MO</i>	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) SUSPENSION MO	3	ST,QL(150 per 30 days)
<i>fluvastatin 20 mg, 40 mg CAPSULE MO</i>	1	ST,QL(60 per 30 days)
<i>fluvastatin 80 mg TABLET, ER 24 HR. MO</i>	1	ST,QL(30 per 30 days)
<i>fosinopril 10 mg, 20 mg, 40 mg TABLET MO</i>	1	
<i>fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET MO</i>	1	
FUROSCIX 80 MG/10 ML KIT MO	3	PA
<i>furosemide 10 mg/ml SYRINGE MO</i>	1	
<i>furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION MO</i>	1	
<i>furosemide 20 mg, 40 mg TABLET MO</i>	1	
<i>furosemide 80 mg TABLET MO</i>	1	
<i>gemfibrozil 600 mg TABLET MO</i>	1	QL(60 per 30 days)
GONITRO 400 MCG POWDER IN PACKET MO	3	
<i>guanfacine 1 mg, 2 mg TABLET MO</i>	1	
HEMANGEOL 4.28 MG/ML SOLUTION MO	3	
<i>hydralazine 10 mg, 100 mg TABLET MO</i>	1	
<i>hydralazine 20 mg/ml SOLUTION MO</i>	1	
<i>hydralazine 25 mg, 50 mg TABLET MO</i>	1	

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrochlorothiazide 12.5 mg CAPSULE MO	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET MO	1	
hydrochlorothiazide 50 mg TABLET MO	1	
HYZAAR 100-12.5 MG, 100-25 MG, 50-12.5 MG TABLET MO	3	PA,QL(60 per 30 days)
ibutilide fumarate 0.1 mg/ml SOLUTION MO	1	
IMMPHENTIV 0.1 MG/ML SOLUTION MO	3	
indapamide 1.25 mg, 2.5 mg TABLET MO	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE, ER 24 HR. DL	4	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE, ER 24 HR.	4	
INPEFA 200 MG, 400 MG TABLET MO	3	PA,QL(30 per 30 days)
INSPRA 25 MG, 50 MG TABLET MO	3	PA
irbesartan 150 mg, 300 mg, 75 mg TABLET MO	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET MO	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET MO	1	QL(30 per 30 days)
ISORDIL 40 MG TABLET DL	4	
ISORDIL TITRADOSE 5 MG TABLET DL	4	PA
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 40 mg, 5 mg TABLET MO	1	
isosorbide mononitrate 10 mg, 20 mg TABLET MO	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. MO	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. MO	1	
isosorbide-hydralazine 20-37.5 mg TABLET MO	1	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE MO	1	
ISUPREL 0.2 MG/ML SOLUTION MO	3	
ivabradine 5 mg, 7.5 mg TABLET MO	1	PA,QL(60 per 30 days)
JUXTAPID 10 MG, 30 MG, 5 MG CAPSULE DL	4	PA,QL(28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	4	PA,QL(84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE ER SPRINKLE 24 HR. MO	3	ST,QL(30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE ER SPRINKLE 24 HR. MO	3	ST,QL(60 per 30 days)
KATERZIA 1 MG/ML SUSPENSION MO	3	ST,QL(300 per 30 days)
KERENDIA 10 MG, 20 MG TABLET MO	2	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>labetalol 5 mg/ml SOLUTION</i> MO	1	
LABELALOL IN DEXTROSE,ISO-OSM 1 MG/ML SOLUTION MO	1	
LABELALOL IN NAACL (ISO-OSMOT) 1 MG/ ML SOLUTION MO	1	
LANOXIN 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET MO	3	QL(30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML), 500 MCG/2 ML (0.5 MG/2 ML) SOLUTION MO	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) SOLUTION MO	3	
LASIX 20 MG, 40 MG, 80 MG TABLET MO	3	
LEQVIO 284 MG/1.5 ML SYRINGE	4	PA,QL(4.5 per 365 days)
LESCOL XL 80 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
LEVOPHED (BITARTRATE) 1 MG/ML SOLUTION MO	3	
<i>lidocaine (pf) 20 mg/ml (2 %) SOLUTION</i> MO	1	
<i>lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION</i> MO	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	3	PA
LIPOFEN 150 MG CAPSULE MO	3	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL(60 per 30 days)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET</i> MO	1	
<i>lisinopril 30 mg TABLET</i> MO	1	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET</i> MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL(30 per 30 days)
LODOCO 0.5 MG TABLET MO	3	PA,QL(30 per 30 days)
LOPID 600 MG TABLET MO	3	PA,QL(60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET MO	3	
<i>losartan 100 mg, 25 mg, 50 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET</i> MO	1	QL(60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET MO	3	
LOTENSIN HCT 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	3	
LOTREL 10-20 MG, 5-10 MG, 5-20 MG CAPSULE MO	3	PA,QL(60 per 30 days)
LOTREL 10-40 MG CAPSULE MO	3	PA,QL(30 per 30 days)
<i>lovastatin 10 mg, 20 mg, 40 mg TABLET</i> MO	1	
LOVAZA 1 GRAM CAPSULE MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mannitol 10 % 10 % PARENTERAL SOLUTION</i> MO	1	
<i>mannitol 20 % 20 % PARENTERAL SOLUTION</i> MO	1	
<i>mannitol 25 % 25 % SOLUTION</i> MO	1	
<i>mannitol 5 % 5 % PARENTERAL SOLUTION</i> MO	1	
<i>matzim la 180 mg, 240 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>matzim la 300 mg, 360 mg, 420 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
MAXZIDE 75-50 MG TABLET MO	3	PA
MAXZIDE-25MG 37.5-25 MG TABLET MO	3	PA
<i>methyldopa 250 mg, 500 mg TABLET</i> MO	1	
<i>methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET</i> MO	1	
<i>methyldopate 250 mg/5 ml SOLUTION</i> MO	1	
<i>metolazone 10 mg, 2.5 mg, 5 mg TABLET</i> MO	1	
<i>metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.</i> MO	1	
<i>metoprolol succinate 200 mg TABLET, ER 24 HR.</i> MO	1	
<i>metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET</i> MO	1	
<i>metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET</i> MO	1	
<i>metoprolol tartrate 37.5 mg, 75 mg TABLET</i> MO	1	
<i>metoprolol tartrate 5 mg/5 ml SOLUTION</i> MO	1	
<i>metyrosine 250 mg CAPSULE</i> DL	4	
<i>mexiletine 150 mg, 200 mg, 250 mg CAPSULE</i> MO	1	
MICARDIS 20 MG, 40 MG TABLET MO	3	PA,QL(30 per 30 days)
MICARDIS 80 MG TABLET MO	3	PA,QL(60 per 30 days)
MICARDIS HCT 40-12.5 MG, 80-25 MG TABLET MO	3	PA,QL(30 per 30 days)
MICARDIS HCT 80-12.5 MG TABLET MO	3	PA,QL(60 per 30 days)
<i>midodrine 10 mg, 2.5 mg, 5 mg TABLET</i> MO	1	
<i>milrinone 1 mg/ml SOLUTION</i> MO	1	BvsD
<i>milrinone in 5 % dextrose 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml) PIGGYBACK</i> MO	1	BvsD
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	3	
<i>minoxidil 10 mg, 2.5 mg TABLET</i> MO	1	
<i>moexipril 15 mg, 7.5 mg TABLET</i> MO	1	
MULTAQ 400 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nadolol 20 mg, 40 mg, 80 mg TABLET</i> MO	1	
<i>nebivolol 10 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>nebivolol 2.5 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>nebivolol 20 mg TABLET</i> MO	1	QL(60 per 30 days)
NEXICLON XR 0.17 MG TABLET, ER 24 HR. DL	4	PA,QL(90 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)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION MO	3	
<i>niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR.</i> MO	1	
<i>niacin 500 mg TABLET</i> MO	1	
<i>niacor 500 mg TABLET</i> MO	1	
<i>nicardipine 20 mg, 30 mg CAPSULE</i> MO	1	
<i>nicardipine 25 mg/10 ml SOLUTION</i> MO	1	
<i>nifedipine 10 mg, 20 mg CAPSULE</i> MO	1	
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET ER</i> MO	1	QL(60 per 30 days)
<i>nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
<i>nimodipine 30 mg CAPSULE</i> MO	1	
<i>nimodipine 60 mg/20 ml SOLUTION</i> DL	1	QL(2838 per 28 days)
<i>nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR.</i> MO	1	QL(30 per 30 days)
<i>nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR.</i> MO	1	QL(60 per 30 days)
NITRO-BID 2 % OINTMENT MO	1	
NITRO-DUR 0.1 MG/HR, 0.4 MG/HR PATCH, 24 HR. MO	3	
NITRO-DUR 0.2 MG/HR, 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR PATCH, 24 HR.	4	
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR.</i> MO	1	
<i>nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET</i> MO	1	
<i>nitroglycerin 0.4 mg SUBLINGUAL TABLET</i> MO	1	
<i>nitroglycerin 400 mcg/spray SPRAY, NON-AEROSOL</i> MO	1	
<i>nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION</i> MO	1	
<i>nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION</i> MO	1	
NITROLINGUAL 400 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>norepinephrine bitartrate 1 mg/ml SOLUTION</i> MO	1	
NORLIQVA 1 MG/ML SOLUTION DL	4	ST,QL(300 per 30 days)
NORPACE 100 MG, 150 MG CAPSULE MO	3	
NORPACE CR 100 MG, 150 MG CAPSULE, ER MO	3	
NORTHERA 100 MG, 200 MG CAPSULE DL	4	PA,QL(90 per 30 days)
NORTHERA 300 MG CAPSULE DL	4	PA,QL(180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA
NYMALIZE 30 MG/5 ML SYRINGE DL	4	QL(630 per 28 days)
NYMALIZE 60 MG/10 ML SOLUTION DL	4	QL(1260 per 28 days)
NYMALIZE 60 MG/10 ML SYRINGE DL	4	QL(1260 per 28 days)
<i>olmesartan 20 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>olmesartan 40 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>olmesartan 5 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>olmesartan-amlodipin-hctiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>omega-3 acid ethyl esters 1 gram CAPSULE</i> MO	1	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION MO	3	
OSMITROL 15 % 15 % PARENTERAL SOLUTION MO	3	
OSMITROL 20 % 20 % PARENTERAL SOLUTION MO	3	
OSMITROL 5 % 5 % PARENTERAL SOLUTION MO	3	
PACERONE 100 MG, 400 MG TABLET MO	1	
<i>pacerone 200 mg TABLET</i> MO	1	
<i>pentoxifylline 400 mg TABLET ER</i> MO	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg TABLET</i> MO	1	
<i>phenoxybenzamine 10 mg CAPSULE</i> DL	4	
<i>phenylephrine hcl 10 mg/ml SOLUTION</i> MO	1	
<i>pindolol 10 mg, 5 mg TABLET</i> MO	1	
<i>pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET</i> MO	1	ST,QL(30 per 30 days)
PRALUENT PEN 150 MG/ML, 75 MG/ML PEN INJECTOR MO	3	PA,QL(2 per 28 days)
<i>pravastatin 10 mg, 80 mg TABLET</i> MO	1	
<i>pravastatin 20 mg, 40 mg TABLET</i> 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prazosin 1 mg, 2 mg, 5 mg CAPSULE MO	1	
prevalite 4 gram POWDER MO	1	
prevalite 4 gram POWDER IN PACKET MO	1	
procainamide 100 mg/ml, 500 mg/ml SOLUTION MO	1	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
propafenone 150 mg, 225 mg, 300 mg TABLET MO	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. MO	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) SOLUTION MO	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. MO	1	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	1	
QBRELIS 1 MG/ML SOLUTION DL	4	QL(1200 per 30 days)
QUESTRAN 4 GRAM POWDER MO	1	
QUESTRAN 4 GRAM POWDER IN PACKET MO	1	
QUESTRAN LIGHT 4 GRAM POWDER MO	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	1	
quinidine gluconate 324 mg TABLET ER MO	1	
quinidine sulfate 200 mg, 300 mg TABLET MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	
RANEXA 1,000 MG, 500 MG TABLET, ER 12 HR. MO	3	PA,QL(120 per 30 days)
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	2	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	2	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	2	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	1	
RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE, ER 12 HR. MO	3	PA
simvastatin 10 mg, 20 mg, 40 mg TABLET MO	1	
simvastatin 5 mg, 80 mg TABLET MO	1	
SOAANZ 20 MG, 40 MG, 60 MG TABLET MO	3	ST
SODIUM EDECRIN 50 MG RECON 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	1	
sotalol af 120 mg, 160 mg, 80 mg TABLET MO	1	
SOTYLIZE 5 MG/ML SOLUTION MO	3	
spironolacton-hydrochlorothiaz 25-25 mg TABLET MO	1	
spironolactone 100 mg TABLET MO	1	
spironolactone 25 mg, 50 mg TABLET MO	1	
spironolactone 25 mg/5 ml SUSPENSION MO	3	PA,QL(450 per 30 days)
SULAR 17 MG, 34 MG, 8.5 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET MO	3	PA,QL(30 per 30 days)
TEKTURNA HCT 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG TABLET MO	3	ST,QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET MO	1	QL(30 per 30 days)
telmisartan 80 mg TABLET MO	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO	1	QL(60 per 30 days)
TENORETIC 100 100-25 MG TABLET MO	3	
TENORETIC 50 50-25 MG TABLET MO	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET MO	3	PA
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	1	
THALITONE 15 MG TABLET MO	3	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE, ER 24 HR. MO	3	QL(60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE, ER 24 HR. MO	3	QL(30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE MO	3	PA
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET, ER 24 HR. MO	3	
torse mide 10 mg, 100 mg, 5 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>torsemide</i> 20 mg TABLET MO	1	
<i>trandolapril</i> 1 mg, 2 mg, 4 mg TABLET MO	1	
<i>trandolapril-verapamil</i> 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	1	
<i>triamterene</i> 100 mg, 50 mg CAPSULE MO	1	
<i>triamterene-hydrochlorothiazid</i> 37.5-25 mg CAPSULE MO	1	
<i>triamterene-hydrochlorothiazid</i> 37.5-25 mg TABLET MO	1	
<i>triamterene-hydrochlorothiazid</i> 75-50 mg TABLET MO	1	
TRIBENZOR 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	3	PA,QL(30 per 30 days)
TRICOR 145 MG TABLET MO	3	PA,QL(30 per 30 days)
TRICOR 48 MG TABLET MO	3	PA,QL(60 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE, DR/EC MO	3	PA,QL(30 per 30 days)
TRYVIO 12.5 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>valsartan</i> 160 mg TABLET MO	1	QL(60 per 30 days)
<i>valsartan</i> 320 mg, 40 mg, 80 mg TABLET MO	1	QL(60 per 30 days)
<i>valsartan</i> 4 mg/ml SOLUTION DL	4	ST,QL(2400 per 30 days)
VALSARTAN 4 MG/ML SOLUTION DL	4	ST,QL(2400 per 30 days)
<i>valsartan-hydrochlorothiazide</i> 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	2	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	2	QL(120 per 30 days)
VASERETIC 10-25 MG TABLET MO	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET DL	4	PA
<i>vecamyl</i> 2.5 mg TABLET DL	4	QL(300 per 30 days)
<i>verapamil</i> 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. MO	1	
<i>verapamil</i> 120 mg, 180 mg, 240 mg TABLET ER MO	1	
<i>verapamil</i> 120 mg, 40 mg, 80 mg TABLET MO	1	
<i>verapamil</i> 2.5 mg/ml SOLUTION MO	1	
<i>verapamil</i> 2.5 mg/ml SYRINGE MO	1	
VERELAN PM 100 MG, 200 MG, 300 MG CAPSULE ER PELLETS 24 HR. MO	3	PA
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET MO	2	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10-10 10-10 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-20 10-20 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-40 10-40 MG TABLET MO	3	PA,QL(30 per 30 days)
VYTORIN 10-80 10-80 MG TABLET MO	3	PA,QL(30 per 30 days)
WELCHOL 3.75 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
WELCHOL 625 MG TABLET MO	3	QL(180 per 30 days)
ZESTORETIC 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET MO	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	3	PA
ZETIA 10 MG TABLET MO	3	PA,QL(30 per 30 days)
ZIAC 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG TABLET MO	3	PA
ZOCOR 10 MG, 20 MG, 40 MG TABLET MO	3	PA
ZYPITAMAG 2 MG, 4 MG TABLET MO	2	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MO	1	PA,QL(90 per 30 days)
ADDERALL 30 MG TABLET MO	1	PA,QL(60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE, ER 24 HR. MO	3	PA,QL(60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG TABLET, DISINTEGRATING ER BIPH MO	3	QL(30 per 30 days)
<i>amphetamine sulfate 10 mg, 5 mg TABLET MO</i>	1	QL(90 per 30 days)
AMPYRA 10 MG TABLET, ER 12 HR. DL	4	PA,QL(60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER SPRINKLE, BIPHASIC MO	3	QL(30 per 30 days)
<i>atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE MO</i>	1	QL(60 per 30 days)
<i>atomoxetine 100 mg, 60 mg, 80 mg CAPSULE MO</i>	1	QL(30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL	4	PA,QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET DL	4	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. DL	4	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. DL	4	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK DL	4	PA,QL(28 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK DL	4	PA,QL(42 per 28 days)
AVONEX 30 MCG/0.5 ML PEN INJECTOR KIT DL	4	PA,QL(1 per 28 days)
AVONEX 30 MCG/0.5 ML SYRINGE KIT DL	4	PA,QL(1 per 28 days)
AZSTARYS 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG CAPSULE MO	3	QL(30 per 30 days)
BAFIERTAM 95 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
BETASERON 0.3 MG KIT DL	4	PA,QL(15 per 30 days)
BRIUMVI 25 MG/ML SOLUTION	4	PA
<i>clonidine hcl 0.1 mg TABLET, ER 12 HR.</i> MO	1	QL(120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
CONCERTA 36 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
COPAXONE 20 MG/ML SYRINGE DL	4	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE DL	4	PA,QL(12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG TABLET, DISINTEGRATING ER BIPH MO	3	QL(30 per 30 days)
COTEMPLA XR-ODT 25.9 MG TABLET, DISINTEGRATING ER BIPH MO	3	QL(60 per 30 days)
CYMBALTA 20 MG CAPSULE, DR/EC MO	3	PA,QL(120 per 30 days)
CYMBALTA 30 MG CAPSULE, DR/EC MO	3	PA,QL(90 per 30 days)
CYMBALTA 60 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
<i>dalfampridine 10 mg TABLET, ER 12 HR.</i> MO	1	PA,QL(60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR PATCH, 24 HR. MO	3	QL(30 per 30 days)
DESOXYN 5 MG TABLET DL	4	PA,QL(150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE, ER DL	4	PA,QL(180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE, ER DL	4	PA,QL(120 per 30 days)
<i>dexmethylphenidate 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg CAPSULE, ER, BIPHASIC</i> MO	1	QL(30 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>dextroamphetamine sulfate 10 mg CAPSULE, ER</i> MO	1	QL(180 per 30 days)
<i>dextroamphetamine sulfate 10 mg TABLET</i> MO	1	QL(180 per 30 days)
<i>dextroamphetamine sulfate 15 mg CAPSULE, ER</i> MO	1	QL(120 per 30 days)
<i>dextroamphetamine sulfate 15 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET</i> MO	1	QL(90 per 30 days)
<i>dextroamphetamine sulfate 30 mg TABLET</i> MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextroamphetamine sulfate 5 mg CAPSULE, ER MO	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET MO	1	QL(150 per 30 days)
dextroamphetamine sulfate 5 mg/5 ml SOLUTION MO	1	QL(1800 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET MO	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE ER TRIPHASIC 24 HR. MO	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. MO	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET MO	1	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC MO	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC MO	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE MO	3	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC MO	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC MO	1	QL(90 per 30 days)
duloxetine 40 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
DYANAVAL XR 10 MG, 15 MG, 20 MG, 5 MG TABLET, IR/ER 24 HR., BIPHASIC MO	3	QL(30 per 30 days)
DYANAVAL XR 2.5 MG/ML SUSPENSION, IR/ER BIPHASIC MO	3	QL(240 per 30 days)
edaravone 30 mg/100 ml, 60 mg/100 ml SOLUTION DL	4	PA
EVEKEO 10 MG, 5 MG TABLET MO	1	QL(90 per 30 days)
EVEKEO ODT 10 MG, 5 MG TABLET, DISINTEGRATING MO	3	QL(90 per 30 days)
EVEKEO ODT 15 MG, 20 MG TABLET, DISINTEGRATING MO	3	QL(60 per 30 days)
EXSERVAN 50 MG FILM DL	4	PA,QL(60 per 30 days)
EXTAVIA 0.3 MG KIT DL	4	PA,QL(15 per 30 days)
EXTAVIA 0.3 MG RECON SOLUTION DL	4	PA,QL(15 per 30 days)
fingolimod 0.5 mg CAPSULE MO	1	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET DL	4	PA,QL(240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE, ER, BIPHASIC MO	3	QL(30 per 30 days)
<i>gabapentin 300 mg TABLET, ER 24 HR. MO</i>	1	ST,QL(30 per 30 days)
<i>gabapentin 600 mg TABLET, ER 24 HR. MO</i>	1	ST,QL(90 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
<i>glatiramer 20 mg/ml SYRINGE DL</i>	4	PA,QL(30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE DL</i>	4	PA,QL(12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE DL</i>	4	PA,QL(30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE DL</i>	4	PA,QL(12 per 28 days)
GRALISE 300 MG TABLET, ER 24 HR. MO	3	ST,QL(30 per 30 days)
GRALISE 450 MG, 600 MG TABLET, ER 24 HR. MO	3	ST,QL(90 per 30 days)
GRALISE 750 MG, 900 MG TABLET, ER 24 HR. MO	3	ST,QL(60 per 30 days)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. MO</i>	1	QL(30 per 30 days)
HORIZANT 300 MG, 600 MG TABLET ER MO	3	PA,QL(60 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	4	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	4	PA,QL(28 per 28 days)
INGREZZA SPRINKLE 40 MG, 60 MG, 80 MG CAPSULE, SPRINKLE DL	4	PA,QL(30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
JORNAY PM 100 MG, 20 MG, 40 MG, 60 MG, 80 MG CAPSULE, DR, ER SPRINKLE MO	3	QL(30 per 30 days)
KAPVAY 0.1 MG TABLET, ER 12 HR. MO	3	QL(120 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(1.2 per 28 days)
LEMTRADA 12 MG/1.2 ML SOLUTION DL	4	PA,QL(6 per 365 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CHEWABLE TABLET MO</i>	1	PA,QL(30 per 30 days)
<i>lisdexamfetamine 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg CAPSULE MO</i>	1	PA,QL(30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	3	PA,QL(90 per 30 days)
LYRICA 20 MG/ML SOLUTION MO	3	PA,QL(900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	3	PA,QL(60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
LYRICA CR 330 MG TABLET, ER 24 HR. MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAVENCLAD (10 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (4 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (5 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (6 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (7 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (8 TABLET PACK) 10 MG TABLET DL	4	PA
MAVENCLAD (9 TABLET PACK) 10 MG TABLET DL	4	PA
MAYZENT 0.25 MG TABLET DL	4	PA,QL(120 per 30 days)
MAYZENT 1 MG, 2 MG TABLET DL	4	PA,QL(30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) 0.25 MG (7 TABS) TABLET, DOSE PACK DL	4	PA,QL(7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) 0.25 MG (12 TABS) TABLET, DOSE PACK DL	4	PA,QL(12 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE, ER, BIPHASIC MO	3	QL(30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE, ER, BIPHASIC MO	3	QL(60 per 30 days)
metadate er 20 mg TABLET ER MO	1	QL(90 per 30 days)
methamphetamine 5 mg TABLET DL	4	QL(150 per 30 days)
METHYLIN 10 MG/5 ML SOLUTION MO	3	PA,QL(900 per 30 days)
METHYLIN 5 MG/5 ML SOLUTION MO	3	PA,QL(1800 per 30 days)
methylphenidate 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr PATCH, 24 HR. MO	1	QL(30 per 30 days)
methylphenidate hcl 10 mg CHEWABLE TABLET MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg TABLET ER MO	1	QL(180 per 30 days)
methylphenidate hcl 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER SPRINKLE, BIPHASIC MO	3	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 40 mg, 50 mg, 60 mg CAPSULE, ER, BIPHASIC MO	1	QL(30 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	1	QL(90 per 30 days)
methylphenidate hcl 10 mg/5 ml SOLUTION MO	1	QL(900 per 30 days)
methylphenidate hcl 18 mg, 27 mg, 54 mg, 72 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
methylphenidate hcl 2.5 mg, 5 mg CHEWABLE TABLET MO	1	QL(150 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	1	QL(90 per 30 days)
methylphenidate hcl 20 mg, 30 mg CAPSULE, ER, BIPHASIC MO	1	QL(60 per 30 days)
methylphenidate hcl 36 mg TABLET, ER 24 HR. MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methylphenidate hcl 45 mg, 63 mg TABLET, ER 24 HR.</i> MO	3	QL(30 per 30 days)
<i>methylphenidate hcl 5 mg/5 ml SOLUTION</i> MO	1	QL(1800 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ER TRIPHASIC 24 HR. MO	3	QL(30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE	4	PA,QL(60 per 30 days)
OCREVUS 30 MG/ML SOLUTION	4	PA,QL(40 per 365 days)
OCREVUS ZUNOVO 920 MG-23,000 UNIT/23 ML SOLUTION	4	PA,QL(46 per 365 days)
ONYDA XR 0.1 MG/ML SUSPENSION, ER 24 HR. DL	4	QL(120 per 30 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML - 94 MCG/0.5 ML PEN INJECTOR DL	4	PA,QL(1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML - 94 MCG/0.5 ML SYRINGE DL	4	PA,QL(1 per 28 days)
PONVORY 20 MG TABLET DL	4	PA,QL(30 per 30 days)
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3) TABLET, DOSE PACK DL	4	PA,QL(14 per 30 days)
<i>pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE</i> MO	1	QL(90 per 30 days)
<i>pregabalin 165 mg, 82.5 mg TABLET, ER 24 HR.</i> MO	1	PA,QL(30 per 30 days)
<i>pregabalin 20 mg/ml SOLUTION</i> MO	1	QL(900 per 30 days)
<i>pregabalin 200 mg, 25 mg CAPSULE</i> MO	1	QL(90 per 30 days)
<i>pregabalin 225 mg, 300 mg CAPSULE</i> MO	1	QL(60 per 30 days)
<i>pregabalin 330 mg TABLET, ER 24 HR.</i> MO	1	PA,QL(60 per 30 days)
<i>procentra 5 mg/5 ml SOLUTION</i> DL	4	QL(1800 per 30 days)
QALSODY 100 MG/15 ML (6.7 MG/ML) SOLUTION DL	4	PA
QELBREE 100 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
QELBREE 150 MG, 200 MG CAPSULE, ER 24 HR. MO	3	PA,QL(60 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, IR/ER BIPHASE MO	3	QL(30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, IR/ER BIPHASE MO	3	QL(60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) SUSPENSION, ER, RECON MO	3	QL(360 per 30 days)
RADICAVA 30 MG/100 ML SOLUTION DL	4	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION DL	4	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION DL	4	PA,QL(70 per 28 days)
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML PEN INJECTOR DL	4	PA,QL(6 per 28 days)
REBIF REBIDOSE 8.8MCG/0.2ML-22 MCG/0.5ML (6) PEN INJECTOR DL	4	PA,QL(4.2 per 28 days)
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6) SYRINGE DL	4	PA,QL(4.2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELEXXII 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG TABLET, ER 24 HR. MO	3	QL(30 per 30 days)
RELEXXII 36 MG TABLET, ER 24 HR. MO	3	QL(60 per 30 days)
RILUTEK 50 MG TABLET DL	4	
<i>riluzole</i> 50 mg TABLET MO	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET MO	3	PA,QL(90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE, ER, BIPHASIC MO	3	PA,QL(30 per 30 days)
RITALIN LA 30 MG CAPSULE, ER, BIPHASIC MO	3	PA,QL(60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET MO	3	PA,QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK MO	3	PA,QL(55 per 28 days)
SKYCLARYS 50 MG CAPSULE DL	4	PA,QL(90 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	3	PA,QL(60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	3	PA,QL(30 per 30 days)
TASCENSO ODT 0.25 MG, 0.5 MG TABLET, DISINTEGRATING DL	4	PA,QL(30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE, DR/EC DL	4	PA,QL(60 per 30 days)
TECFIDERA 120 MG CAPSULE, DR/EC DL	4	PA,QL(14 per 30 days)
TEGLUTIK 50 MG/10 ML SUSPENSION DL	4	PA,QL(600 per 30 days)
<i>teriflunomide</i> 14 mg, 7 mg TABLET MO	1	PA,QL(30 per 30 days)
<i>tetrabenazine</i> 12.5 mg TABLET MO	1	PA,QL(240 per 30 days)
<i>tetrabenazine</i> 25 mg TABLET MO	1	PA,QL(120 per 30 days)
TIGLUTIK 50 MG/10 ML SUSPENSION DL	4	PA,QL(600 per 30 days)
TYSABRI 300 MG/15 ML SOLUTION DL	4	PA,QL(15 per 28 days)
VEOZAH 45 MG TABLET MO	3	PA,QL(30 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	3	PA,QL(30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	3	PA,QL(30 per 30 days)
XELSTRYM 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR PATCH, 24 HR. MO	3	QL(30 per 30 days)
XENAZINE 12.5 MG TABLET DL	4	PA,QL(240 per 30 days)
XENAZINE 25 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>zenzedi</i> 10 mg TABLET MO	1	QL(180 per 30 days)
ZENZEDI 15 MG TABLET MO	1	QL(120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZENZEDI 30 MG TABLET MO	1	QL(60 per 30 days)
zenzedi 5 mg TABLET MO	1	QL(150 per 30 days)
ZEPOSIA 0.92 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21) CAPSULE, DOSE PACK DL	4	PA,QL(28 per 28 days)
ZEPOSIA STARTER KIT (37-DAY) 0.23 MG-0.46 MG -0.92 MG (30) CAPSULE, DOSE PACK	4	PA,QL(37 per 37 days)
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3) CAPSULE, DOSE PACK DL	4	PA,QL(7 per 7 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	1	
chlorhexidine gluconate 0.12 % MOUTHWASH MO	1	
EVOXAC 30 MG CAPSULE MO	3	PA
KEPIVANCE 5.16 MG, 6.25 MG RECON SOLUTION DL	4	
kourzeq 0.1 % PASTE MO	1	
oralone 0.1 % PASTE MO	1	
periogard 0.12 % MOUTHWASH MO	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
triamcinolone acetonide 0.1 % PASTE MO	1	
DERMATOLOGICAL AGENTS		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE DL	4	ST
ABSORICA LD 16 MG, 24 MG, 32 MG, 8 MG CAPSULE DL	4	ST
ACANYA 1.2-2.5 % GEL WITH PUMP MO	3	QL(50 per 30 days)
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE MO	1	PA
ACZONE 5 % GEL MO	3	QL(90 per 30 days)
ACZONE 7.5 % GEL WITH PUMP MO	3	QL(90 per 30 days)
adapalene 0.1 % CREAM MO	1	QL(45 per 30 days)
adapalene 0.1 % SOLUTION DL	4	QL(60 per 30 days)
adapalene 0.1 % SWAB MO	1	QL(30 per 30 days)
adapalene 0.3 % GEL MO	1	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP MO	1	QL(45 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>adapalene-benzoyl peroxide 0.1-2.5 % GEL WITH PUMP</i> MO	1	QL(45 per 30 days)
<i>adapalene-benzoyl peroxide 0.3-2.5 % GEL WITH PUMP</i> MO	1	QL(60 per 30 days)
ADBRY 150 MG/ML SYRINGE DL	4	PA,QL(6 per 28 days)
ADBRY 300 MG/2 ML AUTO-INJECTOR DL	4	PA,QL(6 per 28 days)
AKLIEF 0.005 % CREAM MO	3	PA,QL(90 per 30 days)
ALA-CORT 1 % CREAM MO	1	QL(240 per 30 days)
ALA-SCALP 2 % LOTION MO	1	QL(236.8 per 30 days)
<i>alclometasone 0.05 % CREAM</i> MO	1	QL(240 per 30 days)
<i>alclometasone 0.05 % OINTMENT</i> MO	1	QL(240 per 30 days)
ALTABAX 1 % OINTMENT MO	3	
ALTRENO 0.05 % LOTION MO	3	PA,QL(90 per 30 days)
<i>amcinonide 0.1 % CREAM</i> MO	1	QL(120 per 30 days)
<i>amcinonide 0.1 % OINTMENT</i> DL	4	ST,QL(120 per 30 days)
<i>ammonium lactate 12 % CREAM</i> MO	1	
<i>ammonium lactate 12 % LOTION</i> MO	1	
<i>amnestem 10 mg, 20 mg, 40 mg CAPSULE</i> MO	1	
<i>anusol-hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> MO	1	QL(60 per 30 days)
<i>apexicon e 0.05 % CREAM</i> MO	1	QL(60 per 30 days)
ARAZLO 0.045 % LOTION MO	3	PA
ATRALIN 0.05 % GEL MO	3	PA,QL(45 per 30 days)
AVITA 0.025 % CREAM MO	3	PA,QL(45 per 30 days)
AVITA 0.025 % GEL MO	3	PA,QL(45 per 30 days)
<i>azelaic acid 15 % GEL</i> MO	1	ST,QL(50 per 30 days)
AZELEX 20 % CREAM MO	3	QL(50 per 30 days)
BENZAMYCIN 3-5 % GEL MO	3	QL(46.6 per 30 days)
<i>beser 0.05 % LOTION</i> MO	1	QL(240 per 30 days)
<i>betamethasone dipropionate 0.05 % CREAM</i> MO	1	QL(90 per 30 days)
<i>betamethasone dipropionate 0.05 % LOTION</i> MO	1	QL(120 per 30 days)
<i>betamethasone dipropionate 0.05 % OINTMENT</i> MO	1	QL(90 per 30 days)
<i>betamethasone valerate 0.1 % CREAM</i> MO	1	QL(180 per 30 days)
<i>betamethasone valerate 0.1 % LOTION</i> MO	1	QL(120 per 30 days)
<i>betamethasone valerate 0.1 % OINTMENT</i> MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>betamethasone valerate 0.12 % FOAM</i> MO	1	QL(200 per 30 days)
<i>betamethasone, augmented 0.05 % CREAM</i> MO	1	QL(100 per 30 days)
<i>betamethasone, augmented 0.05 % GEL</i> MO	1	QL(100 per 30 days)
<i>betamethasone, augmented 0.05 % LOTION</i> MO	1	QL(120 per 30 days)
<i>betamethasone, augmented 0.05 % OINTMENT</i> MO	1	QL(100 per 30 days)
<i>brimonidine 0.33 % GEL WITH PUMP</i> MO	1	ST,QL(30 per 30 days)
BRYHALI 0.01 % LOTION MO	3	ST,QL(200 per 30 days)
CABTREO 0.15-3.1-1.2 % GEL MO	3	QL(50 per 30 days)
<i>calcipotriene 0.005 % CREAM</i> MO	1	PA,QL(120 per 30 days)
<i>calcipotriene 0.005 % FOAM</i> MO	1	ST,QL(120 per 28 days)
<i>calcipotriene 0.005 % OINTMENT</i> MO	1	QL(240 per 30 days)
<i>calcipotriene 0.005 % SOLUTION</i> MO	1	QL(60 per 30 days)
<i>calcipotriene-betamethasone 0.005-0.064 % OINTMENT</i> MO	1	PA,QL(60 per 30 days)
<i>calcipotriene-betamethasone 0.005-0.064 % SUSPENSION</i> MO	1	PA,QL(420 per 30 days)
<i>calcitriol 3 mcg/gram OINTMENT</i> MO	1	ST,QL(800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	QL(840 per 30 days)
CARAC 0.5 % CREAM DL	4	PA,QL(60 per 30 days)
CENTANY 2 % OINTMENT MO	3	
<i>claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> MO	1	
CLEOCIN T 1 % LOTION MO	3	QL(60 per 30 days)
<i>clindacin 1 % FOAM</i> MO	1	QL(100 per 30 days)
<i>clindacin etz 1 % SWAB</i> MO	1	
<i>clindacin p 1 % SWAB</i> MO	1	
CLINDAGEL 1 % GEL, ONCE DAILY DL	4	PA,QL(75 per 30 days)
<i>clindamycin phosphate 1 % FOAM</i> MO	1	QL(100 per 30 days)
<i>clindamycin phosphate 1 % GEL</i> MO	1	QL(60 per 30 days)
<i>clindamycin phosphate 1 % GEL, ONCE DAILY</i> MO	1	PA,QL(75 per 30 days)
<i>clindamycin phosphate 1 % LOTION</i> MO	1	QL(60 per 30 days)
<i>clindamycin phosphate 1 % SOLUTION</i> MO	1	QL(60 per 30 days)
<i>clindamycin phosphate 1 % SWAB</i> MO	1	
<i>clindamycin-benzoyl peroxide 1-5 % GEL</i> MO	1	QL(50 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin-benzoyl peroxide 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 % GEL WITH PUMP MO	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL MO	1	QL(45 per 30 days)
clindamycin-tretinoin 1.2-0.025 % GEL MO	1	QL(60 per 30 days)
clobetasol 0.05 % CREAM MO	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM MO	1	QL(100 per 28 days)
clobetasol 0.05 % GEL MO	1	QL(120 per 28 days)
clobetasol 0.05 % LOTION MO	1	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT MO	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO MO	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION MO	1	QL(100 per 30 days)
clobetasol 0.05 % SPRAY, NON-AEROSOL MO	1	QL(240 per 30 days)
clobetasol-emollient 0.05 % CREAM MO	1	QL(120 per 30 days)
clobetasol-emollient 0.05 % FOAM MO	1	QL(100 per 30 days)
CLOBEX 0.05 % LOTION MO	3	ST,QL(240 per 28 days)
CLOBEX 0.05 % SHAMPOO MO	3	ST,QL(240 per 30 days)
CLOBEX 0.05 % SPRAY, NON-AEROSOL MO	3	ST,QL(240 per 30 days)
clocortolone pivalate 0.1 % CREAM MO	1	QL(180 per 30 days)
clodan 0.05 % SHAMPOO MO	1	QL(240 per 30 days)
CONDYLOX 0.5 % GEL MO	3	
CORDRAN 0.025 % CREAM MO	3	ST,QL(240 per 30 days)
CORDRAN 0.05 % CREAM DL	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % LOTION DL	4	ST,QL(240 per 30 days)
CORDRAN 0.05 % OINTMENT MO	3	ST,QL(240 per 30 days)
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 TAPE MO	3	QL(2 per 30 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
crotan 10 % LOTION DL	4	PA,QL(454 per 30 days)
dapsone 5 % GEL MO	1	QL(90 per 30 days)
dapsone 7.5 % GEL WITH PUMP MO	1	QL(90 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
DERMA-SMOOTHIE/FS SCALP OIL 0.01 % OIL MO	3	QL(118.28 per 30 days)
desonide 0.05 % CREAM MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>desonide</i> 0.05 % GEL MO	1	QL(240 per 30 days)
<i>desonide</i> 0.05 % LOTION MO	1	QL(240 per 30 days)
<i>desonide</i> 0.05 % OINTMENT MO	1	QL(240 per 30 days)
DESOWEN 0.05 % CREAM MO	3	QL(240 per 30 days)
<i>desoximetasone</i> 0.05 % CREAM MO	1	QL(240 per 30 days)
<i>desoximetasone</i> 0.05 % GEL MO	1	QL(240 per 30 days)
<i>desoximetasone</i> 0.05 % OINTMENT MO	1	QL(240 per 30 days)
<i>desoximetasone</i> 0.25 % CREAM MO	1	QL(120 per 30 days)
<i>desoximetasone</i> 0.25 % OINTMENT MO	1	QL(120 per 30 days)
<i>desoximetasone</i> 0.25 % SPRAY, NON-AEROSOL MO	1	QL(100 per 30 days)
<i>desrx</i> 0.05 % GEL MO	1	QL(240 per 30 days)
<i>diclofenac sodium</i> 3 % GEL MO	1	PA
DIFFERIN 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
DIFFERIN 0.1 % LOTION MO	3	QL(59 per 30 days)
DIFFERIN 0.3 % GEL WITH PUMP MO	3	QL(45 per 30 days)
<i>diflorasone</i> 0.05 % CREAM DL	4	QL(120 per 30 days)
<i>diflorasone</i> 0.05 % OINTMENT MO	3	QL(120 per 30 days)
DIPROLENE (AUGMENTED) 0.05 % OINTMENT MO	3	QL(100 per 30 days)
DOVONEX 0.005 % CREAM MO	3	PA,QL(120 per 30 days)
<i>doxepin</i> 5 % CREAM DL	4	PA,QL(45 per 30 days)
DUOBRII 0.01-0.045 % LOTION MO	3	PA,QL(200 per 28 days)
EBGLYSS PEN 250 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
EBGLYSS SYRINGE 250 MG/2 ML SYRINGE DL	4	PA,QL(8 per 28 days)
EFUDEX 5 % CREAM MO	3	PA
ELIDEL 1 % CREAM MO	3	PA,QL(100 per 30 days)
ELIMITE 5 % CREAM MO	3	
ENSTILAR 0.005-0.064 % FOAM MO	3	QL(120 per 30 days)
EPIDUO 0.1-2.5 % GEL WITH PUMP MO	3	QL(45 per 30 days)
EPIDUO FORTE 0.3-2.5 % GEL WITH PUMP MO	3	QL(60 per 30 days)
EPIFOAM 1-1 % FOAM MO	1	
EPSOLAY 5 % CREAM MO	3	ST,QL(30 per 30 days)
<i>ery pads</i> 2 % SWAB MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERYGEL 2 % GEL MO	1	QL(60 per 30 days)
<i>erythromycin with ethanol 2 % GEL</i> MO	1	QL(60 per 30 days)
<i>erythromycin with ethanol 2 % SOLUTION</i> MO	1	QL(120 per 30 days)
<i>erythromycin-benzoyl peroxide 3-5 % GEL</i> MO	1	QL(46.6 per 30 days)
EUCRISA 2 % OINTMENT MO	3	PA,QL(100 per 30 days)
EURAX 10 % CREAM MO	3	PA
EURAX 10 % LOTION MO	3	PA,QL(454 per 30 days)
EVOCLIN 1 % FOAM MO	3	PA,QL(100 per 30 days)
FABIOR 0.1 % FOAM MO	3	PA,QL(100 per 30 days)
FINACEA 15 % FOAM MO	3	ST,QL(50 per 30 days)
FINACEA 15 % GEL MO	3	ST,QL(50 per 30 days)
<i>fluocinolone 0.01 % OIL</i> MO	1	QL(118.28 per 30 days)
<i>fluocinolone 0.01 % SOLUTION</i> MO	1	QL(180 per 30 days)
<i>fluocinolone 0.01 %, 0.025 % CREAM</i> MO	1	QL(120 per 30 days)
<i>fluocinolone 0.025 % OINTMENT</i> MO	1	QL(120 per 30 days)
<i>fluocinolone and shower cap 0.01 % OIL</i> MO	1	QL(118.28 per 30 days)
<i>fluocinonide 0.05 % CREAM</i> MO	1	QL(120 per 30 days)
<i>fluocinonide 0.05 % GEL</i> MO	1	QL(120 per 30 days)
<i>fluocinonide 0.05 % OINTMENT</i> MO	1	QL(120 per 30 days)
<i>fluocinonide 0.05 % SOLUTION</i> MO	1	QL(120 per 30 days)
<i>fluocinonide 0.1 % CREAM</i> MO	1	QL(120 per 28 days)
<i>fluocinonide-e 0.05 % CREAM</i> MO	1	QL(120 per 30 days)
<i>fluocinonide-emollient 0.05 % CREAM</i> MO	1	QL(120 per 30 days)
FLUOROPLEX 1 % CREAM DL	4	
<i>fluorouracil 0.5 % CREAM</i> DL	4	QL(60 per 30 days)
<i>fluorouracil 2 % SOLUTION</i> MO	1	QL(30 per 30 days)
<i>fluorouracil 5 % CREAM</i> MO	1	
<i>fluorouracil 5 % SOLUTION</i> MO	1	QL(60 per 30 days)
<i>flurandrenolide 0.05 % CREAM</i> MO	1	QL(240 per 30 days)
<i>flurandrenolide 0.05 % LOTION</i> MO	3	QL(240 per 30 days)
<i>flurandrenolide 0.05 % OINTMENT</i> MO	1	QL(240 per 30 days)
<i>fluticasone propionate 0.005 % OINTMENT</i> MO	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fluticasone propionate 0.05 % CREAM</i> MO	1	QL(240 per 30 days)
<i>fluticasone propionate 0.05 % LOTION</i> MO	1	QL(240 per 30 days)
<i>halcinonide 0.1 % CREAM</i> DL	4	QL(120 per 30 days)
<i>halcinonide 0.1 % SOLUTION</i> MO	1	QL(120 per 30 days)
<i>halobetasol propionate 0.05 % CREAM</i> MO	1	QL(100 per 30 days)
<i>halobetasol propionate 0.05 % FOAM</i> MO	3	PA,QL(100 per 30 days)
<i>halobetasol propionate 0.05 % OINTMENT</i> MO	1	QL(100 per 30 days)
HALOG 0.1 % CREAM DL	4	QL(120 per 30 days)
HALOG 0.1 % OINTMENT MO	3	QL(120 per 30 days)
HALOG 0.1 % SOLUTION MO	3	QL(120 per 30 days)
<i>hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR</i> MO	1	QL(28.4 per 30 days)
<i>hydrocortisone 1 %, 2.5 % CREAM</i> MO	1	QL(240 per 30 days)
<i>hydrocortisone 1 %, 2.5 % OINTMENT</i> MO	1	QL(240 per 30 days)
<i>hydrocortisone 10 mg, 20 mg, 5 mg TABLET</i> MO	1	
<i>hydrocortisone 2 % LOTION</i> DL	4	QL(236.8 per 30 days)
<i>hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR</i> MO	1	QL(60 per 30 days)
<i>hydrocortisone 2.5 % LOTION</i> MO	1	QL(236 per 30 days)
<i>hydrocortisone butyr-emollient 0.1 % CREAM</i> MO	1	QL(240 per 30 days)
<i>hydrocortisone butyrate 0.1 % CREAM</i> MO	1	QL(240 per 30 days)
<i>hydrocortisone butyrate 0.1 % LOTION</i> MO	1	QL(236 per 30 days)
<i>hydrocortisone butyrate 0.1 % OINTMENT</i> MO	1	QL(180 per 30 days)
<i>hydrocortisone butyrate 0.1 % SOLUTION</i> MO	1	QL(240 per 30 days)
<i>hydrocortisone valerate 0.2 % CREAM</i> MO	1	QL(240 per 30 days)
<i>hydrocortisone valerate 0.2 % OINTMENT</i> MO	1	QL(240 per 30 days)
HYFTOR 0.2 % GEL DL	4	PA
<i>imiquimod 3.75 % CREAM IN PACKET</i> MO	3	ST,QL(28 per 28 days)
<i>imiquimod 3.75 % CREAM, METERED DOSE PUMP</i> DL	4	ST,QL(15 per 30 days)
<i>imiquimod 5 % CREAM IN PACKET</i> MO	1	QL(12 per 30 days)
IMPEKLO 0.05 % LOTION IN METERED DOSE PUMP DL	4	ST,QL(136 per 28 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE</i> MO	1	
<i>isotretinoin 25 mg, 35 mg CAPSULE</i> DL	4	
<i>ivermectin 1 % CREAM</i> MO	1	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KLISYRI 1 % OINTMENT IN PACKET DL	4	PA,QL(5 per 30 days)
LEXETTE 0.05 % FOAM MO	3	PA,QL(100 per 30 days)
<i>lindane</i> 1 % SHAMPOO MO	1	QL(60 per 30 days)
LOCOID 0.1 % LOTION MO	3	QL(236 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM MO	3	QL(240 per 30 days)
LUXIQ 0.12 % FOAM MO	3	ST,QL(200 per 30 days)
<i>mafenide acetate</i> 50 gram PACKET MO	1	
<i>malathion</i> 0.5 % LOTION MO	1	
<i>methoxsalen</i> 10 mg CAPSULE, LIQ FILLED, RAPID REL MO	1	
MIRVASO 0.33 % GEL WITH PUMP MO	3	ST,QL(30 per 30 days)
<i>mometasone</i> 0.1 % CREAM MO	1	QL(180 per 30 days)
<i>mometasone</i> 0.1 % OINTMENT MO	1	QL(180 per 30 days)
<i>mometasone</i> 0.1 % SOLUTION MO	1	QL(180 per 30 days)
<i>mupirocin</i> 2 % OINTMENT MO	1	
<i>mupirocin calcium</i> 2 % CREAM MO	1	ST
<i>myorisan</i> 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
NATROBA 0.9 % SUSPENSION MO	3	QL(240 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % CREAM MO	3	
<i>neuac</i> 1.2 %(1 % base) -5 % GEL MO	1	QL(45 per 30 days)
OLUX 0.05 % FOAM MO	3	PA,QL(100 per 28 days)
OLUX-E 0.05 % FOAM MO	3	PA,QL(100 per 30 days)
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL MO	3	
ONEXTON 1.2 %(1 % BASE) -3.75 % GEL WITH PUMP MO	3	QL(50 per 30 days)
OPZELURA 1.5 % CREAM DL	4	PA,QL(240 per 28 days)
OTEZLA 20 MG, 30 MG TABLET DL	4	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK DL	4	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK DL	4	PA,QL(27 per 30 days)
OVIDE 0.5 % LOTION MO	3	PA
PANDEL 0.1 % CREAM DL	4	QL(160 per 30 days)
<i>permethrin</i> 5 % CREAM MO	1	
<i>pimecrolimus</i> 1 % CREAM MO	1	PA,QL(100 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
podofilox 0.5 % GEL MO	1	
podofilox 0.5 % SOLUTION MO	1	QL(7 per 30 days)
prednicarbate 0.1 % CREAM MO	1	QL(240 per 30 days)
prednicarbate 0.1 % OINTMENT MO	1	QL(240 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR MO	1	QL(60 per 30 days)
PROTOPIC 0.03 %, 0.1 % OINTMENT MO	3	QL(200 per 30 days)
PRUDOXIN 5 % CREAM DL	4	PA,QL(45 per 30 days)
REGGRANEX 0.01 % GEL	4	PA
RETIN-A 0.01 %, 0.025 % GEL MO	3	PA,QL(45 per 30 days)
RETIN-A 0.025 %, 0.05 %, 0.1 % CREAM MO	3	PA,QL(45 per 30 days)
RETIN-A MICRO 0.04 % GEL DL	4	PA,QL(45 per 30 days)
RETIN-A MICRO 0.1 % GEL MO	3	PA,QL(45 per 30 days)
RETIN-A MICRO PUMP 0.04 %, 0.1 % GEL WITH PUMP DL	4	PA,QL(50 per 30 days)
RETIN-A MICRO PUMP 0.06 %, 0.08 % GEL WITH PUMP MO	3	PA,QL(50 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT MO	3	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION MO	1	QL(120 per 30 days)
SILVADENE 1 % CREAM MO	2	
silver sulfadiazine 1 % CREAM MO	1	
SOOLANTRA 1 % CREAM MO	3	ST,QL(45 per 30 days)
SORILUX 0.005 % FOAM DL	4	ST,QL(120 per 28 days)
spinosad 0.9 % SUSPENSION MO	3	QL(240 per 30 days)
SSD 1 % CREAM MO	1	
SULFAMYLLON 50 GRAM PACKET MO	3	
SULFAMYLLON 85 MG/G CREAM MO	3	
SYNALAR 0.01 % SOLUTION MO	3	QL(180 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT DL	4	PA,QL(60 per 30 days)
TACLONEX 0.005-0.064 % SUSPENSION DL	4	PA,QL(420 per 30 days)
tacrolimus 0.03 %, 0.1 % OINTMENT MO	1	QL(200 per 30 days)
tazarotene 0.05 % CREAM MO	1	PA,QL(120 per 30 days)
tazarotene 0.05 %, 0.1 % GEL MO	1	PA,QL(200 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tazarotene 0.1 % CREAM MO	1	QL(120 per 30 days)
tazarotene 0.1 % FOAM DL	4	PA,QL(100 per 30 days)
TAZORAC 0.05 %, 0.1 % CREAM MO	3	PA,QL(120 per 30 days)
TAZORAC 0.05 %, 0.1 % GEL MO	3	PA,QL(200 per 30 days)
TEMOVATE 0.05 % OINTMENT MO	3	PA,QL(120 per 28 days)
TEXACORT 2.5 % SOLUTION MO	1	QL(240 per 30 days)
TOPICORT 0.05 % CREAM MO	1	QL(240 per 30 days)
TOPICORT 0.05 % GEL MO	1	QL(240 per 30 days)
TOPICORT 0.05 % OINTMENT MO	3	QL(240 per 30 days)
TOPICORT 0.25 % CREAM MO	1	QL(120 per 30 days)
TOPICORT 0.25 % OINTMENT MO	1	QL(120 per 30 days)
TOPICORT 0.25 % SPRAY, NON-AEROSOL MO	3	QL(100 per 30 days)
tovet emollient 0.05 % FOAM MO	1	QL(100 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL MO	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	1	PA,QL(45 per 30 days)
tretinoin microspheres 0.04 %, 0.08 %, 0.1 % GEL WITH PUMP MO	1	PA,QL(50 per 30 days)
tretinoin microspheres 0.04 %, 0.1 % GEL MO	1	PA,QL(45 per 30 days)
TWYNEO 0.1-3 % CREAM MO	3	QL(30 per 30 days)
ULTRAVATE 0.05 % LOTION MO	3	QL(120 per 30 days)
VANOS 0.1 % CREAM MO	3	QL(120 per 28 days)
VECTICAL 3 MCG/GRAM OINTMENT DL	4	ST,QL(800 per 28 days)
VELTIN 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
VERDESO 0.05 % FOAM DL	4	QL(200 per 30 days)
VEREGEN 15 % OINTMENT DL	4	QL(30 per 30 days)
VTAMA 1 % CREAM DL	4	PA,QL(60 per 30 days)
WINLEVI 1 % CREAM MO	3	PA
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE MO	1	
ZIANA 1.2-0.025 % GEL MO	3	PA,QL(60 per 30 days)
ZONALON 5 % CREAM MO	3	PA,QL(45 per 30 days)
ZORYVE 0.15 %, 0.3 % CREAM DL	4	PA,QL(120 per 30 days)
ZORYVE 0.3 % FOAM DL	4	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYCLARA 2.5 %, 3.75 % CREAM, METERED DOSE PUMP DL	4	ST,QL(15 per 30 days)
ZYCLARA 3.75 % CREAM IN PACKET MO	3	ST,QL(28 per 28 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION MO	3	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION MO	3	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP</i> MO	1	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> MO	1	
<i>calcium chloride 100 mg/ml (10 %) SOLUTION</i> MO	1	
<i>calcium chloride 100 mg/ml (10 %) SYRINGE</i> MO	1	
<i>calcium gluconate 100 mg/ml (10%) SOLUTION</i> MO	1	
CARBAGLU 200 MG TABLET, DISPERSIBLE DL	4	PA
<i>carglumic acid 200 mg TABLET, DISPERSIBLE</i> DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG -25 MG/25 MG TABLET, SEQUENTIAL MO	3	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION MO	3	BvsD

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION MO	3	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION MO	3	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION MO	1	BvsD
CLINOLIPID 20 % EMULSION MO	3	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK MO	1	
CUPRIMINE 250 MG CAPSULE DL	4	PA,QL(600 per 30 days)
CUVRIOR 300 MG TABLET DL	4	PA,QL(300 per 30 days)
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION MO	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION MO	1	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE DL	4	PA
deferasirox 180 mg, 360 mg, 90 mg GRANULES IN PACKET DL	4	PA
deferasirox 180 mg, 360 mg, 90 mg TABLET MO	1	PA
deferiprone 1,000 mg TABLET DL	4	PA,QL(300 per 30 days)
deferiprone 500 mg TABLET DL	4	PA,QL(720 per 30 days)
deferoxamine 2 gram, 500 mg RECON SOLUTION MO	1	BvsD
DEPEN TITRATABS 250 MG TABLET DL	4	PA
DESFERAL 500 MG RECON SOLUTION MO	3	BvsD
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION MO	1	
dextrose 25 % in water (d25w) SYRINGE MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION MO	1	
dextrose 5 % in water (d5w) 5 % PIGGYBACK MO	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION MO	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION MO	1	

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION MO	1	
dextrose 50 % in water (d50w) SYRINGE MO	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION MO	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG -400 MG COMBO PACK MO	3	
electrolyte-148 PARENTERAL SOLUTION MO	1	
electrolyte-48 in d5w PARENTERAL SOLUTION MO	1	
electrolyte-a PARENTERAL SOLUTION MO	1	
EXJADE 125 MG, 250 MG, 500 MG TABLET, DISPERSIBLE DL	4	PA
FERRIPROX 1,000 MG TABLET DL	4	PA,QL(300 per 30 days)
FERRIPROX 100 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL(720 per 30 days)
FERRIPROX (2 TIMES A DAY) 1,000 MG TABLET, MODIFIED RELEASE DL	4	PA,QL(300 per 30 days)
GLYCOFOS 1 MMOL/ML SOLUTION MO	1	
INTRALIPID 20 %, 30 % EMULSION MO	3	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION MO	3	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION MO	3	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION MO	3	
ISOLYTE-S PARENTERAL SOLUTION MO	3	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG GRANULES IN PACKET DL	4	PA
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	4	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET DL	4	PA,QL(60 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION MO	3	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION MO	1	
klor-con 20 meq PACKET MO	1	QL(240 per 30 days)
KLOR-CON 10 10 MEQ TABLET ER MO	1	
KLOR-CON 8 8 MEQ TABLET ER MO	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS MO	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS MO	1	

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>klor-con m20 20 meq</i> TABLET, ER PARTICLES/CRYSTALS MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON- 1 MG TABLET MO	3	
<i>lactated ringers</i> PARENTERAL SOLUTION MO	1	
<i>levocarnitine 100 mg/ml, 200 mg/ml</i> SOLUTION MO	1	
<i>levocarnitine 330 mg</i> TABLET MO	1	
<i>levocarnitine (with sugar) 100 mg/ml</i> SOLUTION MO	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET MO	2	QL(30 per 30 days)
<i>m-natal plus 27 mg iron- 1 mg</i> TABLET MO	1	
<i>magnesium sulfate 500 mg/ml (50 %)</i> SOLUTION MO	1	
<i>magnesium sulfate 500 mg/ml (50 %)</i> SYRINGE MO	1	
<i>magnesium sulfate in d5w 1 gram/100 ml</i> PIGGYBACK MO	1	
<i>magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> PIGGYBACK MO	1	
<i>magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> PARENTERAL SOLUTION MO	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON -1 MG CHEWABLE TABLET MO	3	
<i>neo-vital rx 27 mg iron- 1 mg</i> TABLET MO	1	
NEONATAL COMPLETE 29-1 MG TABLET MO	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET MO	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK MO	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION MO	3	
NUTRILIPID 20 % EMULSION MO	3	BvsD
OB COMPLETE ONE 40-10-1-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30-20-1 MG TABLET MO	3	
OMEGAVEN 10 % EMULSION DL	4	BvsD
<i>penicillamine 250 mg</i> CAPSULE DL	4	PA,QL(600 per 30 days)
<i>penicillamine 250 mg</i> TABLET DL	4	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	3	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	3	
PLASMA-LYTE A PARENTERAL SOLUTION MO	3	
PLENAMINE 15 % PARENTERAL SOLUTION MO	1	BvsD
<i>prn-dha 27 mg iron-1 mg -300 mg</i> CAPSULE 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prn-omega 28-1-300 mg CAPSULE</i> MO	1	
<i>potassium acetate 2 meq/ml SOLUTION</i> MO	1	
<i>potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride 10 meq CAPSULE, ER</i> MO	1	
<i>potassium chloride 10 meq, 20 meq TABLET ER</i> MO	1	
<i>potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	1	
<i>potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS</i> MO	1	
<i>potassium chloride 15 meq, 8 meq TABLET ER</i> MO	1	
<i>potassium chloride 2 meq/ml SOLUTION</i> MO	1	
<i>potassium chloride 20 meq PACKET</i> MO	1	QL(240 per 30 days)
<i>potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID</i> MO	1	
<i>potassium chloride 8 meq CAPSULE, ER</i> MO	1	
<i>potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK</i> MO	1	
<i>potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION</i> MO	1	
<i>potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER</i> MO	1	
<i>pr natal 400 29-1-400 mg COMBO PACK</i> MO	1	
<i>pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP</i> MO	1	
<i>pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK</i> MO	1	
<i>pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP</i> MO	1	
<i>PREMASOL 10 % 10 % PARENTERAL SOLUTION</i> MO	1	BvsD
<i>PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET</i> MO	1	
<i>PRENATABS FA 29-1 MG TABLET</i> MO	1	
<i>prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET</i> MO	1	
<i>prenatal plus dha 27 mg iron-1 mg -312 mg-250 mg COMBO PACK</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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET</i> MO	1	
<i>prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET</i> MO	1	
<i>prenatal-u 106.5-1 mg CAPSULE</i> MO	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET MO	1	
PROSOL 20 % PARENTERAL SOLUTION MO	3	BvsD
<i>ringer's PARENTERAL SOLUTION</i> MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	PA,QL(60 per 30 days)
<i>se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET</i> MO	1	
SELECT-OB 29 MG IRON- 1 MG CHEWABLE TABLET MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON- 1 MG CHEWABLE TABLET MO	3	
SELECT-OB + DHA 29 MG IRON-1 MG -250 MG COMBO PACK MO	3	
SMOFLIPID 20 % EMULSION MO	3	BvsD
<i>sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE</i> MO	1	
<i>sodium chloride 2.5 meq/ml SOLUTION</i> MO	1	
<i>sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION</i> MO	1	
<i>sodium chloride 0.9 % PARENTERAL SOLUTION</i> MO	1	
<i>sodium chloride 0.9 % PIGGYBACK</i> MO	1	
<i>sodium chloride 0.9 % SOLUTION</i> MO	1	
<i>sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION</i> MO	1	
<i>sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION</i> MO	1	
<i>sodium phosphate 3 mmol/ml SOLUTION</i> MO	1	
<i>sodium polystyrene sulfonate POWDER</i> MO	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION MO	1	
SPS (WITH SORBITOL) 30-40 GRAM/120 ML ENEMA MO	1	
SYPRINE 250 MG CAPSULE DL	4	PA,QL(240 per 30 days)
THAM 36 MG/ML (0.3 M) SOLUTION MO	3	
<i>tolvaptan 15 mg, 30 mg TABLET</i> DL	4	PA,QL(60 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION MO	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
TRICARE 27 MG IRON- 1 MG TABLET MO	1	
<i>trientine 250 mg CAPSULE</i> DL	4	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE</i> DL	4	QL(120 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>trinatal rx 1 60 mg iron-1 mg TABLET MO</i>	1	
TRISTART DHA 31 MG IRON- 1 MG-200 MG CAPSULE MO	3	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION MO	3	BvsD
UROCIT-K 10 10 MEQ (1,080 MG) TABLET ER MO	3	
UROCIT-K 15 15 MEQ TABLET ER MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET ER MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML SOLUTION MO	3	
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	PA,QL(30 per 30 days)
<i>virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE MO</i>	1	
<i>virt-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO</i>	1	
VITAFOL FE PLUS 90 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG CHEWABLE TABLET MO	3	
VITAFOL ULTRA 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65-1-250 MG COMBO PACK MO	3	
VITAFOL-ONE 29 MG IRON- 1 MG-200 MG CAPSULE MO	3	
VITAMEDMD ONE RX 30 MG IRON-1MG -200 MG CAPSULE MO	3	
<i>wescap-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO</i>	1	
<i>wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK MO</i>	1	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE MO</i>	1	
<i>westab plus 27 mg iron- 1 mg TABLET MO</i>	1	
<i>westgel dha 31 mg iron- 1 mg-200 mg CAPSULE MO</i>	1	
<i>zatean-pn dha 27 mg iron-1 mg -300 mg CAPSULE MO</i>	1	
<i>zatean-pn plus 28-1-300 mg CAPSULE MO</i>	1	
GASTROINTESTINAL AGENTS		
AEMCOLO 194 MG TABLET, DR/EC MO	3	PA,QL(12 per 30 days)
<i>alosetron 0.5 mg, 1 mg TABLET MO</i>	1	PA,QL(60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	3	PA,QL(60 per 30 days)
<i>amoxicil-clarithromy-lansopraz 500-500-30 mg COMBO PACK MO</i>	1	ST
<i>atropine 0.1 mg/ml, 0.25 mg/5 ml (0.05 mg/ml) SYRINGE MO</i>	1	
BENTYL 10 MG/ML SOLUTION MO	3	
<i>bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE MO</i>	1	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARAFATE 1 GRAM TABLET MO	3	
CARAFATE 100 MG/ML SUSPENSION MO	3	
CHENODAL 250 MG TABLET DL	4	PA
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET MO</i>	1	
<i>cimetidine hcl 300 mg/5 ml SOLUTION MO</i>	1	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION MO	3	ST
<i>constulose 10 gram/15 ml SOLUTION MO</i>	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) SOLUTION MO	3	
CYTOTEC 100 MCG, 200 MCG TABLET DL	4	
DARTISLA 1.7 MG TABLET, DISINTEGRATING MO	3	ST,QL(120 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DR, BIPHASIC MO	3	PA,QL(30 per 30 days)
<i>dexlansoprazole 30 mg, 60 mg CAPSULE, DR, BIPHASIC MO</i>	3	QL(30 per 30 days)
<i>dicyclomine 10 mg CAPSULE MO</i>	1	
<i>dicyclomine 10 mg/5 ml, 10 mg/ml SOLUTION MO</i>	1	
<i>dicyclomine 20 mg TABLET MO</i>	1	
<i>diphenoxylate-atropine 2.5-0.025 mg TABLET MO</i>	1	
<i>diphenoxylate-atropine 2.5-0.025 mg/5 ml LIQUID MO</i>	1	
ENDARI 5 GRAM POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
<i>enulose 10 gram/15 ml SOLUTION MO</i>	1	
<i>esomeprazole magnesium 10 mg, 20 mg, 40 mg DR GRANULES IN PACKET MO</i>	1	QL(30 per 30 days)
<i>esomeprazole magnesium 20 mg CAPSULE, DR/EC MO</i>	1	QL(60 per 30 days)
<i>esomeprazole magnesium 40 mg CAPSULE, DR/EC MO</i>	1	QL(60 per 30 days)
<i>esomeprazole sodium 20 mg, 40 mg RECON SOLUTION MO</i>	1	
<i>famotidine 10 mg/ml SOLUTION MO</i>	1	
<i>famotidine 20 mg, 40 mg TABLET MO</i>	1	
<i>famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO</i>	1	
<i>famotidine (pf) 20 mg/2 ml SOLUTION MO</i>	1	
<i>famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK MO</i>	1	
GATTEX 30-VIAL 5 MG KIT DL	4	PA
GATTEX ONE-VIAL 5 MG KIT DL	4	PA
<i>gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION MO</i>	1	

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gavilyte-g</i> 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
<i>gavilyte-n</i> 420 gram RECON SOLUTION MO	1	
<i>generlac</i> 10 gram/15 ml SOLUTION MO	1	
<i>glutamine (sickle cell)</i> 5 gram POWDER IN PACKET DL	4	PA,QL(180 per 30 days)
GLYCATE 1.5 MG TABLET MO	1	
<i>glycopyrrolate</i> 0.2 mg/ml, 1 mg/5 ml (0.2 mg/ml) SOLUTION MO	1	
<i>glycopyrrolate</i> 1 mg, 1.5 mg, 2 mg TABLET MO	1	
<i>glycopyrrolate (pf)</i> 0.6 mg/3 ml (0.2 mg/ml) SYRINGE MO	3	
<i>glycopyrrolate (pf) in water</i> 0.2 mg/ml SYRINGE MO	1	
GOLYTELY 236-22.74-6.74 -5.86 GRAM RECON SOLUTION MO	3	ST
IBSRELA 50 MG TABLET DL	4	PA,QL(60 per 30 days)
IQIRVO 80 MG TABLET DL	4	PA,QL(30 per 30 days)
KONVOMEPE 2-84 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	ST,QL(600 per 30 days)
KRISTALOSE 10 GRAM, 20 GRAM PACKET MO	1	
<i>lactulose</i> 10 gram PACKET DL	4	
<i>lactulose</i> 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION MO	1	
<i>lansoprazole</i> 15 mg, 30 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
<i>lansoprazole</i> 15 mg, 30 mg TABLET, DISINTEGRATING DR MO	1	QL(30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	2	QL(30 per 30 days)
LIVDELZI 10 MG CAPSULE DL	4	PA,QL(30 per 30 days)
LIVMARLI 19 MG/ML SOLUTION DL	4	PA,QL(60 per 30 days)
LIVMARLI 9.5 MG/ML SOLUTION DL	4	PA,QL(90 per 30 days)
LOMOTIL 2.5-0.025 MG TABLET MO	3	
<i>loperamide</i> 2 mg CAPSULE MO	1	
LOTRONEX 0.5 MG, 1 MG TABLET	4	PA,QL(60 per 30 days)
<i>lubiprostone</i> 24 mcg, 8 mcg CAPSULE MO	1	QL(60 per 30 days)
<i>methscopolamine</i> 2.5 mg, 5 mg TABLET MO	1	
<i>misoprostol</i> 100 mcg, 200 mcg TABLET MO	1	
MOTEGRITY 1 MG, 2 MG TABLET MO	3	PA,QL(30 per 30 days)
MOTOFEN 1-0.025 MG TABLET MO	3	
MOVANTI 12.5 MG, 25 MG TABLET MO	2	QL(30 per 30 days)
MOVIPREP 100-7.5-2.691 GRAM POWDER IN PACKET MO	3	ST

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION DL	4	PA,QL(30 per 30 days)
MYTESI 125 MG TABLET, DR/EC DL	4	PA,QL(60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
NEXIUM IV 40 MG RECON SOLUTION MO	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG DR GRANULES IN PACKET MO	3	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE MO	1	
OICALIVA 10 MG, 5 MG TABLET DL	4	PA,QL(30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG- 500 MG (40) COMBO PACK MO	3	ST
omeprazole 10 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC MO	1	QL(60 per 30 days)
omeprazole-sodium bicarbonate 20-1,680 mg, 40-1,680 mg PACKET DL	4	ST,QL(30 per 30 days)
omeprazole-sodium bicarbonate 20-1.1 mg-gram, 40-1.1 mg-gram CAPSULE MO	1	QL(30 per 30 days)
opium tincture 10 mg/ml (morphine) TINCTURE MO	3	QL(180 per 30 days)
OSMOPREP 1.5 GRAM TABLET MO	3	ST
pantoprazole 20 mg, 40 mg TABLET, DR/EC MO	1	QL(60 per 30 days)
pantoprazole 40 mg DR GRANULES IN PACKET MO	1	QL(30 per 30 days)
pantoprazole 40 mg RECON SOLUTION MO	1	
pantoprazole 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	3	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	3	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION MO	1	
peg-electrolyte soln 420 gram RECON SOLUTION MO	1	
peg-prep 5-210 mg-gram KIT MO	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691 gram POWDER IN PACKET MO	1	ST
pepcid 20 mg, 40 mg TABLET MO	3	PA
PLENVU 140-9-5.2 GRAM POWDER IN PACKET, SEQUENTIAL MO	3	ST
PREVACID 30 MG CAPSULE, DR/EC MO	3	PA,QL(60 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG TABLET, DISINTEGRATING DR MO	3	QL(30 per 30 days)
PRILOSEC 10 MG, 2.5 MG SUSPENSION, DR FOR RECON MO	3	
PROTONIX 20 MG, 40 MG TABLET, DR/EC MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROTONIX 40 MG DR GRANULES IN PACKET MO	3	QL(30 per 30 days)
PROTONIX 40 MG RECON SOLUTION MO	3	PA
PYLERA 140-125-125 MG CAPSULE MO	3	ST,QL(120 per 30 days)
<i>rabeprazole 20 mg TABLET, DR/EC</i> MO	1	QL(60 per 30 days)
REBYOTA 150 ML ENEMA DL	4	PA
RELISTOR 12 MG/0.6 ML SOLUTION DL	4	PA,QL(36 per 30 days)
RELISTOR 12 MG/0.6 ML SYRINGE DL	4	PA,QL(36 per 28 days)
RELISTOR 150 MG TABLET DL	4	PA,QL(90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE DL	4	PA,QL(12 per 30 days)
RELTONE 200 MG CAPSULE DL	4	PA,QL(150 per 30 days)
RELTONE 400 MG CAPSULE DL	4	PA,QL(60 per 30 days)
ROBINUL 1 MG TABLET MO	3	PA
ROBINUL FORTE 2 MG TABLET MO	3	PA
<i>sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION</i> MO	1	
<i>sucralfate 1 gram TABLET</i> MO	1	
<i>sucralfate 100 mg/ml SUSPENSION</i> MO	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION MO	3	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GRAM RECON SOLUTION MO	3	ST
SUTAB 1.479-0.188- 0.225 GRAM TABLET MO	2	
SYMPROIC 0.2 MG TABLET MO	3	PA,QL(30 per 30 days)
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC MO	3	
TRULANCE 3 MG TABLET MO	3	PA,QL(30 per 30 days)
URSO 250 250 MG TABLET MO	3	PA
URSO FORTE 500 MG TABLET MO	3	PA
<i>ursodiol 200 mg CAPSULE</i> DL	4	PA,QL(150 per 30 days)
<i>ursodiol 250 mg, 500 mg TABLET</i> MO	1	
<i>ursodiol 300 mg CAPSULE</i> MO	1	
<i>ursodiol 400 mg CAPSULE</i> DL	4	PA,QL(60 per 30 days)
VIBERZI 100 MG, 75 MG TABLET	4	PA,QL(60 per 30 days)
VOQUEZNA 10 MG TABLET MO	3	PA,QL(30 per 30 days)
VOQUEZNA 20 MG TABLET MO	3	PA,QL(60 per 30 days)
VOQUEZNA DUAL PAK 20 MG (28)- 500 MG (84) COMBO PACK MO	3	ST,QL(112 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOQUEZNA TRIPLE PAK 20-500-500 MG COMBO PACK MO	3	ST,QL(112 per 30 days)
VOWST CAPSULE DL	4	PA
XERMELO 250 MG TABLET DL	4	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET MO	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET	4	PA,QL(84 per 28 days)
ZEGERID 20-1,680 MG, 40-1,680 MG PACKET DL	4	ST,QL(30 per 30 days)
ZEGERID 20-1.1 MG-GRAM, 40-1.1 MG-GRAM CAPSULE DL	4	PA,QL(30 per 30 days)
ZINPLAVA 25 MG/ML SOLUTION DL	4	PA
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5 ML SOLUTION DL	4	PA
AMVUTTRA 25 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 90 days)
ARALAST NP 1,000 MG, 500 MG RECON SOLUTION DL	4	PA
<i>betaine 1 gram/scoop POWDER</i> DL	4	
BUPHENYL 0.94 GRAM/GRAM POWDER DL	4	PA
BUPHENYL 500 MG TABLET DL	4	PA
CERDELGA 84 MG CAPSULE DL	4	PA
CEREZYME 400 UNIT RECON SOLUTION DL	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	4	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 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	2	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	4	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	4	PA,QL(6 per 28 days)
CYSTADANE 1 GRAM/SCOOP POWDER DL	4	PA
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
DAYBUE 200 MG/ML SOLUTION DL	4	PA,QL(3600 per 30 days)
<i>dichlorphenamide 50 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
DOJOLVI 8.3 KCAL/ML LIQUID DL	4	PA
DUVYZAT 8.86 MG/ML SUSPENSION DL	4	PA,QL(360 per 30 days)
ELAPRASE 6 MG/3 ML SOLUTION DL	4	PA
ELELYSO 200 UNIT RECON SOLUTION DL	4	PA
ELEVIDYS 1.33 X 10EXP13 VG/ML SUSPENSION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELFABRIO 2 MG/ML SOLUTION DL	4	PA
EVRYSDI 0.75 MG/ML RECON SOLUTION DL	4	PA,QL(240 per 30 days)
FABRAZYME 35 MG, 5 MG RECON SOLUTION DL	4	PA
GALAFOLD 123 MG CAPSULE DL	4	PA,QL(14 per 28 days)
GLASSIA 1 GRAM/50 ML (2 %) SOLUTION DL	4	PA
<i>javygtor 100 mg TABLET, SOLUBLE</i> DL	4	PA
<i>javygtor 100 mg, 500 mg POWDER IN PACKET</i> DL	4	PA
JOENJA 70 MG TABLET DL	4	PA,QL(60 per 30 days)
KANUMA 2 MG/ML SOLUTION DL	4	PA
KEVEYIS 50 MG TABLET DL	4	PA,QL(120 per 30 days)
KUVAN 100 MG TABLET, SOLUBLE DL	4	PA
KUVAN 100 MG, 500 MG POWDER IN PACKET DL	4	PA
LAMZEDE 10 MG RECON SOLUTION DL	4	PA
LUMIZYME 50 MG RECON SOLUTION DL	4	PA
MEPSEVII 2 MG/ML SOLUTION DL	4	PA
<i>miglustat 100 mg CAPSULE</i> DL	4	PA,QL(90 per 30 days)
MIPLYFFA 124 MG, 47 MG, 62 MG, 93 MG CAPSULE DL	4	PA,QL(90 per 30 days)
NAGLAZYME 5 MG/5 ML SOLUTION DL	4	PA
NEXVIAZYME 100 MG RECON SOLUTION DL	4	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> DL	4	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	4	
NULIBRY 9.5 MG RECON SOLUTION DL	4	PA
OLPRUVA 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM PELLETS IN PACKET DL	4	PA
ONPATTRO 2 MG/ML SOLUTION DL	4	PA
OPFOLDA 65 MG CAPSULE MO	3	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML SUSPENSION DL	4	
<i>ormalvi 50 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
PALYNZIQ 10 MG/0.5 ML SYRINGE DL	4	PA,QL(15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SYRINGE DL	4	PA,QL(4 per 28 days)
PALYNZIQ 20 MG/ML SYRINGE DL	4	PA,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PANCREAZE 10,500-35,500- 61,500 UNIT, 4,200-14,200- 24,600 UNIT CAPSULE, DR/EC MO	3	ST
PANCREAZE 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT CAPSULE, DR/EC	4	ST
PANCREAZE 37,000-97,300- 149,900 UNIT CAPSULE, DR/EC DL	4	ST
PERTZYE 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT CAPSULE, DR/EC DL	4	ST
PHEBURANE 483 MG/GRAM GRANULES DL	4	PA
POMBILITI 105 MG RECON SOLUTION DL	4	PA
PROCYSBI 25 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(120 per 30 days)
PROCYSBI 300 MG DR GRANULES IN PACKET DL	4	PA,QL(210 per 30 days)
PROCYSBI 75 MG CAPSULE, DR SPRINKLE DL	4	PA,QL(780 per 30 days)
PROCYSBI 75 MG DR GRANULES IN PACKET DL	4	PA,QL(780 per 30 days)
PROLASTIN-C 1,000 MG (+-)/20 ML SOLUTION DL	4	PA
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK DL	4	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET DL	4	PA,QL(60 per 30 days)
RAVICTI 1.1 GRAM/ML LIQUID DL	4	PA,QL(525 per 30 days)
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION DL	4	
sapropterin 100 mg TABLET, SOLUBLE DL	4	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET DL	4	PA
sodium phenylbutyrate 0.94 gram/gram POWDER DL	4	
sodium phenylbutyrate 500 mg TABLET DL	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION DL	4	PA
STRENSIQ 40 MG/ML SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML SOLUTION DL	4	PA
TEGSEDI 284 MG/1.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
VIJOICE 125 MG, 50 MG TABLET DL	4	PA,QL(28 per 28 days)
VIJOICE 250 MG/DAY (200 MG X1-50 MG X1) TABLET DL	4	PA,QL(56 per 28 days)
VIJOICE 50 MG GRANULES IN PACKET DL	4	PA,QL(28 per 28 days)
VIOKACE 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT TABLET DL	4	ST
VOXZOGO 0.4 MG, 0.56 MG, 1.2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VPRIV 400 UNIT RECON SOLUTION DL	4	PA
VYNDAMAX 61 MG CAPSULE DL	4	PA,QL(30 per 30 days)
VYNDAQEL 20 MG CAPSULE DL	4	PA,QL(120 per 30 days)
WAINUA 45 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(0.8 per 28 days)
WELIREG 40 MG TABLET DL	4	PA,QL(90 per 30 days)
XENPOZYME 20 MG, 4 MG RECON SOLUTION DL	4	PA
<i>yargesa</i> 100 mg CAPSULE DL	4	PA,QL(90 per 30 days)
ZAVESCA 100 MG CAPSULE DL	4	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION DL	4	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION DL	4	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	3	
GENITOURINARY AGENTS		
<i>alfuzosin</i> 10 mg TABLET, ER 24 HR. MO	1	
<i>bethanechol chloride</i> 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	1	
CIALIS 2.5 MG, 5 MG TABLET MO	3	PA
<i>darifenacin</i> 15 mg, 7.5 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	3	PA,QL(60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE, ER 24 HR. MO	3	PA,QL(30 per 30 days)
DITROPAN XL 10 MG, 5 MG TABLET, ER 24 HR. MO	3	PA,QL(60 per 30 days)
<i>dutasteride</i> 0.5 mg CAPSULE MO	1	QL(30 per 30 days)
<i>dutasteride-tamsulosin</i> 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. MO	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	3	QL(90 per 30 days)
<i>fesoterodine</i> 4 mg, 8 mg TABLET, ER 24 HR. MO	1	QL(30 per 30 days)
<i>finasteride</i> 5 mg TABLET MO	1	QL(30 per 30 days)
<i>flavoxate</i> 100 mg TABLET MO	1	
FLOMAX 0.4 MG CAPSULE MO	3	
GELNIQUE 10 % (100 MG/GRAM) GEL IN PACKET MO	3	ST,QL(30 per 30 days)
GEMTESA 75 MG TABLET MO	3	QL(30 per 30 days)
JALYN 0.5-0.4 MG CAPSULE ER MULTIPHASE 24 HR. MO	3	PA,QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. MO	2	QL(30 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON MO	2	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. MO	1	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET MO	1	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET MO	1	
oxybutynin chloride 5 mg/5 ml SYRUP MO	1	
OXYTROL 3.9 MG/24 HR PATCH, SEMIWEEKLY MO	3	ST,QL(8 per 28 days)
PROSCAR 5 MG TABLET MO	3	PA,QL(30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	PA,QL(30 per 30 days)
silodosin 4 mg, 8 mg CAPSULE MO	1	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
tadalafil 2.5 mg, 5 mg TABLET MO	1	PA
tamsulosin 0.4 mg CAPSULE MO	1	
THIOLA 100 MG TABLET DL	4	
THIOLA EC 100 MG, 300 MG TABLET, DR/EC DL	4	
tiopronin 100 mg TABLET DL	4	
tiopronin 100 mg, 300 mg TABLET, DR/EC DL	4	
tolterodine 1 mg, 2 mg TABLET MO	1	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET, ER 24 HR. MO	3	PA,QL(30 per 30 days)
tropium 20 mg TABLET MO	1	
tropium 60 mg CAPSULE, ER 24 HR. MO	1	QL(30 per 30 days)
UROXATRAL 10 MG TABLET, ER 24 HR. MO	3	
VESICARE 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
VESICARE LS 1 MG/ML SUSPENSION MO	3	PA,QL(300 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL DL	4	PA,QL(30 per 30 days)
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML PEN INJECTOR DL	4	PA,QL(45 per 30 days)
AGAMREE 40 MG/ML SUSPENSION DL	4	PA,QL(225 per 30 days)
ALKINDI SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG CAPSULE, SPRINKLE DL	4	PA
betamethasone acet,sod phos 6 mg/ml SUSPENSION MO	1	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTROPHIN GEL 80 UNIT/ML GEL DL	4	PA,QL(30 per 30 days)
deflazacort 18 mg, 30 mg, 36 mg, 6 mg TABLET DL	4	PA
deflazacort 22.75 mg/ml SUSPENSION DL	4	PA
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION MO	3	
dexabliss 1.5 mg (39 tabs) TABLET, DOSE PACK MO	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET MO	1	
dexamethasone 0.5 mg/5 ml ELIXIR MO	1	
dexamethasone 0.5 mg/5 ml SOLUTION MO	1	
dexamethasone 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) TABLET, DOSE PACK MO	1	
dexamethasone intensol 1 mg/ml DROPS MO	1	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION MO	1	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE MO	1	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION MO	1	
dexamethasone sodium phosphate 4 mg/ml SYRINGE MO	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	4	PA
EMFLAZA 22.75 MG/ML SUSPENSION DL	4	PA
fludrocortisone 0.1 mg TABLET MO	1	
HEMADY 20 MG TABLET MO	3	PA,QL(24 per 28 days)
hydrocortisone sod succinate 100 mg RECON SOLUTION MO	1	
KENALOG 0.147 MG/GRAM AEROSOL MO	3	QL(200 per 30 days)
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION MO	3	
KENALOG-80 80 MG/ML SUSPENSION MO	3	
MEDROL 16 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	BvsD
MEDROL (PAK) 4 MG TABLET, DOSE PACK MO	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET MO	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK MO	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION MO	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg, 500 mg RECON SOLUTION MO	1	
millipred 5 mg TABLET MO	1	BvsD
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) TABLET, DOSE PACK MO	1	
ORAPRED ODT 10 MG, 15 MG, 30 MG TABLET, DISINTEGRATING 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) SOLUTION MO	3	
prednisolone 15 mg/5 ml SOLUTION MO	1	
prednisolone 5 mg TABLET MO	1	BvsD
prednisolone sodium phosphate 10 mg, 15 mg, 30 mg TABLET, DISINTEGRATING MO	1	
prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION MO	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET MO	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET MO	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK MO	1	
prednisone 5 mg/5 ml SOLUTION MO	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE MO	1	BvsD
RAYOS 1 MG, 2 MG, 5 MG TABLET, DR/EC DL	4	PA
SOLU-CORTEF 100 MG RECON SOLUTION MO	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML RECON SOLUTION MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG RECON SOLUTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION MO	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs) TABLET, DOSE PACK MO	1	
triamcinolone acetonide 0.025 %, 0.05 %, 0.1 %, 0.5 % OINTMENT MO	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION MO	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM MO	1	
triamcinolone acetonide 0.1 % CREAM MO	1	
triamcinolone acetonide 0.147 mg/gram AEROSOL MO	1	QL(200 per 30 days)
triamcinolone acetonide 40 mg/ml SUSPENSION MO	1	
trianex 0.05 % OINTMENT MO	1	
triderm 0.1 %, 0.5 % CREAM MO	1	
tritocin 0.05 % OINTMENT MO	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION MO	1	

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZCORT 1.5 MG (25 TABS) TABLET, DOSE PACK MO	1	
ZILRETTA 32 MG SUSPENSION, ER, RECON MO	3	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION MO	3	PA
DDAVP 0.1 MG TABLET MO	3	PA
DDAVP 0.2 MG TABLET DL	4	PA
DDAVP 4 MCG/ML SOLUTION MO	3	PA
<i>desmopressin 0.1 mg, 0.2 mg</i> TABLET MO	1	
<i>desmopressin 10 mcg/spray (0.1 ml)</i> SPRAY WITH PUMP MO	1	PA,QL(25 per 30 days)
<i>desmopressin 10 mcg/spray (0.1 ml)</i> SPRAY, NON-AEROSOL MO	1	PA,QL(25 per 30 days)
<i>desmopressin 4 mcg/ml</i> SOLUTION DL	4	
EGRIFTA SV 2 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) CARTRIDGE DL	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SYRINGE DL	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) CARTRIDGE DL	4	PA
HUMATROPE 5 (15 UNIT) MG RECON SOLUTION DL	4	PA
INCRELEX 10 MG/ML SOLUTION DL	4	PA
ISTURISA 1 MG TABLET DL	4	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET DL	4	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET DL	4	PA,QL(360 per 30 days)
NGENLA 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) PEN INJECTOR DL	4	PA
NOCDURNA (MEN) 55.3 MCG TABLET, DISINTEGRATING MO	3	PA,QL(30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG TABLET, DISINTEGRATING MO	3	PA,QL(30 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	4	PA
NOVAREL 5,000 UNIT RECON SOLUTION MO	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) PEN INJECTOR DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG RECON SOLUTION DL	4	PA
PREGNYL 10,000 UNIT RECON SOLUTION MO	3	PA
SAIZEN 5 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
SAIZEN 8.8 MG RECON SOLUTION DL	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) CARTRIDGE DL	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
SKYTROFA 11 MG, 7.6 MG, 9.1 MG CARTRIDGE DL	4	PA,QL(8 per 28 days)
SKYTROFA 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG CARTRIDGE DL	4	PA,QL(4 per 28 days)
SOGROYA 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) PEN INJECTOR DL	4	PA,QL(6 per 28 days)
ZOMACTON 10 MG RECON SOLUTION DL	4	PA
ZOMACTON 5 MG RECON SOLUTION DL	4	PA,QL(28 per 28 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
<i>carboprost tromethamine 250 mcg/ml SOLUTION</i> MO	1	
<i>carboprost tromethamine 250 mcg/ml SYRINGE</i> MO	1	
HEMABATE 250 MCG/ML SOLUTION MO	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ACTIVELLA 1-0.5 MG TABLET MO	3	
<i>afirmelle 0.1-20 mg-mcg TABLET</i> MO	1	
<i>altavera (28) 0.15-0.03 mg TABLET</i> MO	1	
<i>alyacen 1/35 (28) 1-35 mg-mcg TABLET</i> MO	1	
<i>alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET</i> MO	1	
<i>amabelz 0.5-0.1 mg, 1-0.5 mg TABLET</i> MO	1	
<i>amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH</i> MO	3	QL(91 per 90 days)
<i>amethyst (28) 90-20 mcg (28) TABLET</i> MO	1	
ANDRODERM 2 MG/24 HOUR PATCH, 24 HR. MO	3	PA,QL(90 per 30 days)
ANDRODERM 4 MG/24 HR PATCH, 24 HR. MO	3	PA,QL(30 per 30 days)
ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) GEL IN PACKET MO	3	PA,QL(300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) GEL IN PACKET DL	4	PA,QL(37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) GEL IN PACKET DL	4	PA,QL(150 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) GEL IN METERED DOSE PUMP DL	4	PA,QL(150 per 30 days)
ANGELIQ 0.25-0.5 MG, 0.5-1 MG TABLET MO	3	
ANNOVERA 0.15-0.013 MG/24 HOUR RING MO	3	QL(1 per 365 days)
apri 0.15-0.03 mg TABLET MO	1	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET MO	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
abra 0.1-20 mg-mcg TABLET MO	1	
abra eq 0.1-20 mg-mcg TABLET MO	1	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
aurovela 1/20 (21) 1-20 mg-mcg TABLET MO	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
AVEED 750 MG/3 ML (250 MG/ML) SOLUTION	4	PA
aviane 0.1-20 mg-mcg TABLET MO	1	
AYGESTIN 5 MG TABLET MO	1	
ayuna 0.15-0.03 mg TABLET MO	1	
AZMIRO 200 MG/ML SYRINGE MO	3	PA
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
BALCOLTRA 0.1 MG-0.02 MG (21)/IRON (7) TABLET MO	3	
balziva (28) 0.4-35 mg-mcg TABLET MO	1	
BEYAZ 3-0.02-0.451 MG (24) (4) TABLET MO	3	
BIJUVA 0.5-100 MG, 1-100 MG CAPSULE MO	3	QL(30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
briellyn 0.4-35 mg-mcg TABLET MO	1	
camila 0.35 mg TABLET MO	1	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
chateal eq (28) 0.15-0.03 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, WEEKLY MO	3	QL(4 per 28 days)
CLIMARA PRO 0.045-0.015 MG/24 HR PATCH, WEEKLY MO	3	QL(4 per 28 days)
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
CRINONE 4 %, 8 % GEL MO	3	
cryselle (28) 0.3-30 mg-mcg TABLET MO	1	
cyred 0.15-0.03 mg TABLET MO	1	
cyred eq 0.15-0.03 mg TABLET MO	1	
danazol 100 mg, 200 mg, 50 mg CAPSULE MO	1	
dasetta 1/35 (28) 1-35 mg-mcg TABLET MO	1	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
deblitane 0.35 mg TABLET MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML OIL MO	3	
DEPO-ESTRADIOL 5 MG/ML OIL MO	1	QL(5 per 30 days)
DEPO-PROVERA 150 MG/ML SUSPENSION MO	3	QL(1 per 90 days)
DEPO-PROVERA 150 MG/ML SYRINGE MO	3	QL(1 per 90 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE MO	2	QL(0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML OIL MO	1	PA
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET MO	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) GEL IN PACKET MO	3	
dolishale 90-20 mcg (28) TABLET MO	1	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
drospirenone-e.estradiol-lm.fa 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7) TABLET MO	1	
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET MO	1	
DUAVEE 0.45-20 MG TABLET MO	3	PA,QL(30 per 30 days)
ELESTRIN 0.87 GRAM/ACTION GEL IN METERED DOSE PUMP MO	3	QL(52 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>elinest</i> 0.3-30 mg-mcg TABLET MO	1	
<i>eluryng</i> 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
<i>emzahh</i> 0.35 mg TABLET MO	1	
ENDOMETRIN 100 MG INSERT MO	3	
<i>enilloring</i> 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
<i>enpresse</i> 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
<i>enskyce</i> 0.15-0.03 mg TABLET MO	1	
<i>errin</i> 0.35 mg TABLET MO	1	
<i>estarylla</i> 0.25-35 mg-mcg TABLET MO	1	
ESTRACE 0.01 % (0.1 MG/GRAM) CREAM MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	
<i>estradiol</i> 0.01 % (0.1 mg/gram) CREAM MO	1	
<i>estradiol</i> 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY MO	1	QL(4 per 28 days)
<i>estradiol</i> 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
<i>estradiol</i> 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %) GEL IN PACKET MO	1	
<i>estradiol</i> 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET MO	1	
<i>estradiol</i> 1.25 gram/actuation GEL IN METERED DOSE PUMP MO	1	
<i>estradiol</i> valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL MO	1	
<i>estradiol-norethindrone</i> acet 0.5-0.1 mg, 1-0.5 mg TABLET MO	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING MO	3	QL(1 per 90 days)
<i>ethynodiol diac-eth estradiol</i> 1-35 mg-mcg, 1-50 mg-mcg TABLET MO	1	
<i>etonogestrel-ethinyl estradiol</i> 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
EVAMIST 1.53 MG/SPRAY (1.7%) SPRAY, NON-AEROSOL MO	3	
EVISTA 60 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>falmina</i> (28) 0.1-20 mg-mcg TABLET MO	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING MO	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR RING MO	3	QL(1 per 90 days)
<i>femynor</i> 0.25-35 mg-mcg TABLET MO	1	
<i>finzala</i> 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
FORTESTA 10 MG/0.5 GRAM /ACTUATION GEL IN METERED DOSE PUMP MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fyavolv 0.5-2.5 mg-mcg, 1-5 mg-mcg TABLET MO	1	
gallifrey 5 mg TABLET MO	1	
gemmily 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
GENERESS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET MO	3	
hailey 1.5-30 mg-mcg TABLET MO	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
haloette 0.12-0.015 mg/24 hr RING MO	1	QL(1 per 28 days)
heather 0.35 mg TABLET MO	1	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
IMVEXXY MAINTENANCE PACK 10 MCG, 4 MCG INSERT MO	3	PA,QL(8 per 28 days)
IMVEXXY STARTER PACK 10 MCG, 4 MCG INSERT, DOSE PACK MO	3	PA,QL(18 per 28 days)
incassia 0.35 mg TABLET MO	1	
INTRAROSA 6.5 MG INSERT MO	3	PA
isibloom 0.15-0.03 mg TABLET MO	1	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET MO	1	
JATENZO 158 MG, 198 MG CAPSULE MO	3	PA,QL(120 per 30 days)
JATENZO 237 MG CAPSULE MO	3	PA,QL(60 per 30 days)
jencycla 0.35 mg TABLET MO	1	
jinteli 1-5 mg-mcg TABLET MO	1	
jolessa 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
joyeaux 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	1	
juleber 0.15-0.03 mg TABLET MO	1	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
junel 1/20 (21) 1-20 mg-mcg TABLET MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
kaitlib fe 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	1	
kalliga 0.15-0.03 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
kelnor 1/35 (28) 1-35 mg-mcg TABLET MO	1	
kelnor 1/50 (28) 1-50 mg-mcg TABLET MO	1	
kurvelo (28) 0.15-0.03 mg TABLET MO	1	
l norgest/e.estradiol-e.estradiol 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
larin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
LAYOLIS FE 0.8MG-25MCG(24) AND 75 MG (4) CHEWABLE TABLET MO	3	
leena 28 0.5/1/0.5-35 mg-mcg TABLET MO	1	
lessina 0.1-20 mg-mcg TABLET MO	1	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
levonorgest-eth.estradiol-iron 0.1 mg-0.02 mg (21)/iron (7) TABLET MO	3	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28) TABLET MO	1	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	3	
lo-zumandimine (28) 3-0.02 mg TABLET MO	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET MO	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET MO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	1	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO	1	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET MO	1	
low-ogestrel (28) 0.3-30 mg-mcg TABLET MO	1	
lutra (28) 0.1-20 mg-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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lyleq 0.35 mg TABLET MO	1	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY MO	1	QL(8 per 28 days)
lyza 0.35 mg TABLET MO	1	
marlissa (28) 0.15-0.03 mg TABLET MO	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET MO	1	
medroxyprogesterone 150 mg/ml SUSPENSION MO	1	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE MO	1	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET MO	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION MO	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	1	
MENOSTAR 14 MCG/24 HR PATCH, WEEKLY MO	3	QL(8 per 28 days)
merzee 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
METHITEST 10 MG TABLET DL	4	
methyltestosterone 10 mg CAPSULE DL	4	
mibelas 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET MO	1	
microgestin 1/20 (21) 1-20 mg-mcg TABLET MO	1	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO	1	
mili 0.25-35 mg-mcg TABLET MO	1	
mimvey 1-0.5 mg TABLET MO	1	
MINASTRIN 24 FE 1 MG-20 MCG(24) /75 MG (4) CHEWABLE TABLET MO	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	3	QL(8 per 28 days)
mono-lynyah 0.25-35 mg-mcg TABLET MO	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET MO	3	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	1	
NEXPLANON 68 MG IMPLANT DL	2	
NEXTSTELLIS 3 MG- 14.2 MG (28) TABLET MO	3	
nikki (28) 3-0.02 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORA-BE 0.35 MG TABLET MO	1	
nora-be 0.35 mg TABLET MO	1	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4) CHEWABLE TABLET MO	1	
norethindrone (contraceptive) 0.35 mg TABLET MO	1	
norethindrone ac-eth estradiol 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg TABLET MO	1	
norethindrone acetate 5 mg TABLET MO	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO	1	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	1	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO	1	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	1	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	1	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	1	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
NUVARING 0.12-0.015 MG/24 HR RING MO	3	QL(1 per 28 days)
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	1	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	1	
nymyo 0.25-35 mg-mcg TABLET MO	1	
ocella 3-0.03 mg TABLET MO	1	
OSPHENA 60 MG TABLET MO	2	PA
oxandrolone 10 mg TABLET MO	1	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	1	PA,QL(120 per 30 days)
philith 0.4-35 mg-mcg TABLET MO	1	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
portia 28 0.15-0.03 mg TABLET MO	1	
PREFEST 1 MG (15)/1 MG- 0.09 MG (15) TABLET MO	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREMARIN 0.625 MG/GRAM CREAM MO	2	
PREMARIN 25 MG RECON SOLUTION MO	3	
PREMPHASE 0.625 MG (14)/ 0.625MG-5MG(14) TABLET MO	3	
PREMPRO 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG TABLET MO	3	
<i>progesterone 50 mg/ml OIL MO</i>	1	
<i>progesterone micronized 100 mg, 200 mg CAPSULE MO</i>	1	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	3	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
<i>raloxifene 60 mg TABLET MO</i>	1	QL(30 per 30 days)
<i>reclipsen (28) 0.15-0.03 mg TABLET MO</i>	1	
<i>rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH MO</i>	1	QL(91 per 90 days)
SAFYRAL 3-0.03-0.451 MG (21) (7) TABLET MO	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG (7) TABLET, DOSE PACK, 3 MONTH MO	3	QL(91 per 90 days)
<i>setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH MO</i>	1	QL(91 per 90 days)
<i>sharobel 0.35 mg TABLET MO</i>	1	
<i>simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO</i>	1	
<i>simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH MO</i>	1	QL(91 per 90 days)
<i>sprintec (28) 0.25-35 mg-mcg TABLET MO</i>	1	
<i>sronyx 0.1-20 mg-mcg TABLET MO</i>	1	
<i>syeda 3-0.03 mg TABLET MO</i>	1	
<i>tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET MO</i>	1	
<i>tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO</i>	1	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET MO</i>	1	
<i>taysofy 1 mg-20 mcg (24)/75 mg (4) CAPSULE MO</i>	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	3	
TESTIM 50 MG/5 GRAM (1 %) GEL MO	3	PA,QL(300 per 30 days)
<i>testosterone 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) GEL IN PACKET MO</i>	1	PA,QL(300 per 30 days)
<i>testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET MO</i>	1	PA,QL(37.5 per 30 days)
<i>testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET MO</i>	1	PA,QL(150 per 30 days)
<i>testosterone 10 mg/0.5 gram /actuation GEL IN METERED DOSE PUMP MO</i>	1	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone 12.5 mg/ 1.25 gram (1 %) GEL IN METERED DOSE PUMP MO	1	PA,QL(300 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP MO	1	PA,QL(150 per 30 days)
testosterone 30 mg/actuation (1.5 ml) SOLUTION IN METERED DOSE PUMP MO	3	PA,QL(180 per 30 days)
testosterone 50 mg/5 gram (1 %) GEL MO	3	PA,QL(300 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL MO	1	PA
testosterone enanthate 200 mg/ml OIL MO	1	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
TLANDO 112.5 MG CAPSULE MO	3	PA,QL(120 per 30 days)
tri-estarylla 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET MO	1	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET MO	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET MO	1	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET MO	1	
tulana 0.35 mg TABLET MO	1	
turqoz (28) 0.3-30 mg-mcg TABLET MO	1	
tydemy 3-0.03-0.451 mg (21) (7) TABLET MO	1	
UNDECATREX 200 MG CAPSULE DL	4	PA,QL(120 per 30 days)
VAGIFEM 10 MCG TABLET MO	3	PA
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET MO	1	
vestura (28) 3-0.02 mg TABLET MO	1	
vienva 0.1-20 mg-mcg TABLET MO	1	
violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR PATCH, SEMIWEEKLY MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOGELXO 1 % (50 MG/5 GRAM) GEL IN PACKET MO	3	PA,QL(300 per 30 days)
VOGELXO 12.5 MG/ 1.25 GRAM (1 %) GEL IN METERED DOSE PUMP MO	3	PA,QL(300 per 30 days)
VOGELXO 50 MG/5 GRAM (1 %) GEL MO	3	PA,QL(300 per 30 days)
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	1	
vyfemla (28) 0.4-35 mg-mcg TABLET MO	1	
vylibra 0.25-35 mg-mcg TABLET MO	1	
wera (28) 0.5-35 mg-mcg TABLET MO	1	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
YASMIN (28) 3-0.03 MG TABLET MO	3	
YAZ (28) 3-0.02 MG TABLET MO	3	
yuvafem 10 mcg TABLET MO	1	
zafemy 150-35 mcg/24 hr PATCH, WEEKLY MO	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET MO	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET MO	1	
zumandimine (28) 3-0.03 mg TABLET MO	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET MO	2	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	3	
ERMEZA 30 MCG/ML SOLUTION MO	3	PA
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
levothyroxine 100 mcg RECON SOLUTION MO	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg CAPSULE MO	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET MO	1	
levothyroxine 100 mcg/ml, 20 mcg/ml, 40 mcg/ml SOLUTION MO	1	
levothyroxine 175 mcg, 200 mcg, 300 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>levothyroxine 200 mcg, 500 mcg RECON SOLUTION</i> DL	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	1	
<i>liothyronine 10 mcg/ml SOLUTION</i> MO	1	
<i>liothyronine 25 mcg, 5 mcg, 50 mcg TABLET</i> MO	1	
<i>np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET</i> MO	2	
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	2	
THYQUIDITY 20 MCG/ML SOLUTION MO	3	PA
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG CAPSULE MO	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION MO	3	
TRIOSTAT 10 MCG/ML SOLUTION MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg TABLET</i> MO	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE MO	3	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE MO	3	PA
ELIGARD (4 MONTH) 30 MG SYRINGE MO	3	PA
ELIGARD (6 MONTH) 45 MG SYRINGE MO	3	PA
FENSOLVI 45 MG SYRINGE	4	PA,QL(1 per 180 days)
FIRMAGON 120 MG RECON SOLUTION DL	4	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION DL	4	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION MO	3	PA
<i>lanreotide 120 mg/0.5 ml SYRINGE</i> DL	4	PA,QL(0.5 per 28 days)
<i>lanreotide 60 mg/0.2 ml SYRINGE</i> DL	4	PA,QL(0.2 per 28 days)
<i>lanreotide 90 mg/0.3 ml SYRINGE</i> DL	4	PA,QL(0.3 per 28 days)
<i>leuprolide 1 mg/0.2 ml KIT</i> MO	1	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION</i> MO	3	PA,QL(1 per 90 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT 3.75 MG SYRINGE KIT MO	3	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT DL	4	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT MO	3	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT MO	3	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT DL	4	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	4	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	4	PA,QL(1 per 90 days)
MYCAPSSA 20 MG CAPSULE, DR/EC DL	4	PA,QL(112 per 28 days)
MYFEMBREE 40-1-0.5 MG TABLET DL	4	PA,QL(28 per 28 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION MO	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE MO	1	PA
octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON DL	4	PA
ORIAHNN 300-1-0.5MG(AM) /300 MG(PM) CAPSULE, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
ORILISSA 150 MG TABLET DL	4	PA,QL(28 per 28 days)
ORILISSA 200 MG TABLET DL	4	PA,QL(56 per 28 days)
RECORLEV 150 MG TABLET DL	4	PA,QL(240 per 30 days)
SANDOSTATIN 100 MCG/ML, 50 MCG/ML, 500 MCG/ML SOLUTION DL	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON DL	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION DL	4	PA,QL(60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE DL	4	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION DL	4	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION DL	4	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL DL	4	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIPTODUR 22.5 MG SUSPENSION FOR RECONSTITUTION	4	PA,QL(1 per 168 days)
ZOLADEX 10.8 MG IMPLANT MO	3	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	3	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole 10 mg, 5 mg TABLET</i> MO	1	
<i>propylthiouracil 50 mg TABLET</i> MO	1	
IMMUNOLOGICAL AGENTS		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ABRILADA(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ABRILADA(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ABRYSCO (PF) 120 MCG/0.5 ML RECON SOLUTION \$0,DL	1	
ACTEMRA 162 MG/0.9 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML PEN INJECTOR DL	4	PA,QL(3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION DL	4	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION \$0,DL	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE \$0,DL	1	
ADALIMUMAB-AACF 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-AATY 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADB 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ADALIMUMAB-ADB 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADB 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-ADB(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-FKJP 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
ADALIMUMAB-RYVK 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
ALYGLO 10 % SOLUTION DL	4	PA
AMJEVITA(CF) 10 MG/0.2 ML, 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
AMJEVITA(CF) 20 MG/0.4 ML, 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR DL	4	PA,QL(2.4 per 28 days)
AMJEVITA(CF) AUTOINJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(4.8 per 28 days)
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL(30 per 30 days)
ARCALYST 220 MG RECON SOLUTION DL	4	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION \$0,DL	1	
ASCENIV 10 % SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE, ER 24 HR. MO	3	BvsD
ATGAM 50 MG/ML SOLUTION DL	4	PA
AVSOLA 100 MG RECON SOLUTION DL	4	PA
AZASAN 100 MG, 75 MG TABLET MO	1	BvsD
<i>azathioprine 100 mg, 50 mg, 75 mg TABLET MO</i>	1	BvsD
<i>azathioprine sodium 100 mg RECON SOLUTION MO</i>	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION \$0,DL	1	
BENLYSTA 120 MG RECON SOLUTION DL	4	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR DL	4	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION DL	4	PA,QL(6 per 28 days)
BERINERT 500 UNIT (10 ML) KIT DL	4	PA,QL(15 per 30 days)
BERINERT 500 UNIT (10 ML) RECON SOLUTION DL	4	PA,QL(15 per 30 days)
BESREMI 500 MCG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE \$0,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIMZELX 160 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
BIMZELX AUTOINJECTOR 160 MG/ML AUTO-INJECTOR DL	4	PA,QL(2 per 28 days)
BIVIGAM 10 % SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION \$0,DL	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE \$0,DL	1	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION	4	BvsD
CELLCEPT 250 MG CAPSULE	4	BvsD
CELLCEPT 500 MG TABLET	4	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION MO	3	BvsD
CIBINQO 100 MG, 200 MG, 50 MG TABLET DL	4	PA,QL(30 per 30 days)
CIMZIA 200 MG/ML SYRINGE KIT DL	4	PA,QL(6 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CIMZIA POWDER FOR RECONST 400 MG (200 MG X 2 VIALS) KIT DL	4	PA,QL(3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X 2) SYRINGE KIT DL	4	PA,QL(3 per 30 days)
CINRYZE 500 UNIT (5 ML) RECON SOLUTION DL	4	PA,QL(20 per 30 days)
COSENTYX 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX 25 MG/ML SOLUTION DL	4	PA
COSENTYX 75 MG/0.5 ML SYRINGE DL	4	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE DL	4	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR DL	4	PA,QL(8 per 28 days)
CUTAQUIG 16.5 % SOLUTION DL	4	PA
<i>cyclosporine 100 mg, 25 mg CAPSULE MO</i>	1	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE MO</i>	1	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION MO</i>	1	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CYTOGAM 50 MG/ML SOLUTION DL	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION DL	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION DL	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR DL	4	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR DL	4	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE DL	4	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE DL	4	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE DL	4	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION DL	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE DL	4	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION DL	4	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE DL	4	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR DL	4	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION \$0,DL	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE \$0,DL	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE \$0,DL	1	BvsD
ENJAYMO 50 MG/ML SOLUTION DL	4	PA
ENTYVIO 300 MG RECON SOLUTION	4	PA,QL(8 per 365 days)
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR DL	4	PA,QL(1.36 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. MO	3	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. DL	3	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET</i> MO	1	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET</i>	4	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg TABLET</i>	4	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 1 mg TABLET</i> DL	4	BvsD,QL(60 per 30 days)
FABHALTA 200 MG CAPSULE DL	4	PA,QL(60 per 30 days)
FIRAZYR 30 MG/3 ML SYRINGE DL	4	PA,QL(18 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % SOLUTION DL	4	PA
GAMASTAN 15-18 % RANGE SOLUTION MO	3	PA
GAMIFANT 5 MG/ML SOLUTION DL	4	PA
GAMMAGARD LIQUID 10 % SOLUTION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM RECON SOLUTION DL	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GAMMAPLEX 10 % SOLUTION DL	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % SOLUTION DL	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION DL	4	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION DL	4	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION \$0,DL	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE \$0,DL	1	
<i>gengraf</i> 100 mg, 25 mg CAPSULE MO	1	BvsD
<i>gengraf</i> 100 mg/ml SOLUTION MO	1	BvsD
HADLIMA 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HADLIMA PUSHTOUCH 40 MG/0.8 ML AUTO-INJECTOR DL	4	PA,QL(4.8 per 28 days)
HADLIMA(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML AUTO-INJECTOR DL	4	PA,QL(2.4 per 28 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION DL	4	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE \$0,DL	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE DL	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE \$0,DL	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION DL	1	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SYRINGE DL	4	PA
HULIO(CF) 20 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HULIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HULIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	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	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT DL	4	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	4	PA,QL(6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML SOLUTION DL	4	BvsD
HYPERTET (PF) 250 UNIT/ML SYRINGE DL	3	BvsD
HYRIMOZ 40 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR DL	4	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	4	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	4	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	4	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE DL</i>	4	PA,QL(18 per 30 days)
IDACIO(CF) 40 MG/0.8 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
IDACIO(CF) PEN PSORIASIS START 40 MG/0.8 ML PEN INJECTOR KIT DL	4	PA,QL(6 per 28 days)
ILUMYA 100 MG/ML SYRINGE	4	PA,QL(6 per 365 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML SOLUTION DL	3	BvsD
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION \$0,DL	1	BvsD
IMURAN 50 MG TABLET MO	3	BvsD

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	1	
INFLECTRA 100 MG RECON SOLUTION DL	4	PA
INFLIXIMAB 100 MG RECON SOLUTION DL	4	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION \$0,DL	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION \$0,DL	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE \$0,DL	1	
JYLAMVO 2 MG/ML SOLUTION DL	3	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION \$0,DL	1	
KEDRAB (PF) 150 UNIT/ML SOLUTION DL	4	BvsD
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR DL	4	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE DL	4	PA,QL(2.28 per 28 days)
KINERET 100 MG/0.67 ML SYRINGE DL	4	PA,QL(20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	1	
<i>leflunomide 10 mg, 20 mg TABLET MO</i>	1	QL(30 per 30 days)
LITFULO 50 MG CAPSULE DL	4	PA,QL(28 per 28 days)
LUPKYNIS 7.9 MG CAPSULE DL	4	PA,QL(180 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION \$0,DL	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION \$0,DL	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION \$0,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT \$0,DL	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION \$0,DL	1	
<i>methotrexate sodium 2.5 mg TABLET MO</i>	1	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION MO</i>	1	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION MO</i>	1	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION MO</i>	1	
MONJUVI 200 MG RECON SOLUTION DL	4	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE \$0,DL	1	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO</i>	1	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE MO</i>	1	BvsD
<i>mycophenolate mofetil 500 mg TABLET MO</i>	1	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO</i>	1	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO</i>	1	BvsD

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYFORTIC 180 MG TABLET, DR/EC MO	3	BvsD
MYFORTIC 360 MG TABLET, DR/EC	4	BvsD
MYHIBBIN 200 MG/ML SUSPENSION DL	4	BvsD
NEMLUVIO 30 MG PEN INJECTOR DL	4	PA,QL(2 per 28 days)
NEORAL 100 MG, 25 MG CAPSULE MO	3	BvsD
NEORAL 100 MG/ML SOLUTION MO	3	BvsD
OCTAGAM 10 %, 5 % SOLUTION DL	4	PA
OLUMIANT 1 MG, 2 MG, 4 MG TABLET DL	4	PA,QL(30 per 30 days)
OMVOH 100 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
OMVOH 300 MG/15 ML (20 MG/ML) SOLUTION DL	4	PA
OMVOH PEN 100 MG/ML PEN INJECTOR DL	4	PA,QL(2 per 28 days)
ORENCIA 125 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
ORENCIA 50 MG/0.4 ML SYRINGE DL	4	PA,QL(1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE DL	4	PA,QL(2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
ORLADEYO 110 MG, 150 MG CAPSULE DL	4	PA,QL(28 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
PANZYGA 10 % SOLUTION DL	4	PA
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	4	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	4	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT \$0,DL	1	
PENTACEL (PF) 15LF-48MCG-62DU -10 MCG/0.5ML KIT DL	1	
PIASKY 340 MG/2 ML SOLUTION DL	4	PA
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION \$0,DL	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION \$0,DL	1	
PRIVIGEN 10 % SOLUTION DL	4	PA
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET MO	3	BvsD
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	BvsD

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION DL	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE DL	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION \$0,DL	1	BvsD
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET	4	BvsD
RAPAMUNE 1 MG/ML SOLUTION	4	BvsD
RASUVO (PF) 10 MG/0.2 ML AUTO-INJECTOR MO	3	PA,QL(0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML AUTO-INJECTOR MO	3	PA,QL(1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML AUTO-INJECTOR MO	3	PA,QL(1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML AUTO-INJECTOR MO	3	PA,QL(1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML AUTO-INJECTOR MO	3	PA,QL(1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML AUTO-INJECTOR MO	3	PA,QL(2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML AUTO-INJECTOR MO	3	PA,QL(2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML AUTO-INJECTOR MO	3	PA,QL(0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION \$0,DL	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE \$0,DL	1	BvsD
REDITREX (PF) 10 MG/0.4 ML SYRINGE MO	3	PA,QL(1.6 per 28 days)
REDITREX (PF) 12.5 MG/0.5 ML SYRINGE MO	3	PA,QL(2 per 28 days)
REDITREX (PF) 15 MG/0.6 ML SYRINGE MO	3	PA,QL(2.4 per 28 days)
REDITREX (PF) 17.5 MG/0.7 ML SYRINGE MO	3	PA,QL(2.8 per 28 days)
REDITREX (PF) 20 MG/0.8 ML SYRINGE MO	3	PA,QL(3.2 per 28 days)
REDITREX (PF) 22.5 MG/0.9 ML SYRINGE MO	3	PA,QL(3.6 per 28 days)
REDITREX (PF) 25 MG/ML SYRINGE MO	3	PA,QL(4 per 28 days)
REDITREX (PF) 7.5 MG/0.3 ML SYRINGE MO	3	PA,QL(1.2 per 28 days)
REMICADE 100 MG RECON SOLUTION DL	4	PA
RENFLIXIS 100 MG RECON SOLUTION DL	4	PA
REZUROCK 200 MG TABLET DL	4	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE MO	3	
RIDAURA 3 MG CAPSULE DL	4	PA
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RINVOQ 45 MG TABLET, ER 24 HR. DL	4	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION DL	4	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION DL	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION DL	1	
ROTATEQ VACCINE 2 ML SOLUTION DL	1	
RUCONEST 2,100 UNIT RECON SOLUTION DL	4	PA,QL(8 per 28 days)
RYSTIGGO 140 MG/ML SOLUTION DL	4	PA
<i>sajazir</i> 30 mg/3 ml SYRINGE DL	4	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	3	BvsD
SANDIMMUNE 100 MG/ML SOLUTION MO	3	BvsD
SAPHNELO 300 MG/2 ML (150 MG/ML) SOLUTION DL	4	PA,QL(2 per 28 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION \$0,DL	1	
SILIQ 210 MG/1.5 ML SYRINGE DL	4	PA,QL(6 per 28 days)
SIMLANDI(CF) 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR 40 MG/0.4 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR DL	4	PA,QL(3 per 28 days)
SIMPONI 100 MG/ML SYRINGE DL	4	PA,QL(3 per 28 days)
SIMPONI 50 MG/0.5 ML PEN INJECTOR DL	4	PA,QL(0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML SOLUTION DL	4	PA,QL(20 per 28 days)
SIMULECT 10 MG, 20 MG RECON SOLUTION DL	4	BvsD
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET MO	1	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION MO	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	4	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	4	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR DL	4	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR DL	4	PA,QL(16.8 per 365 days)
SKYRIZI 60 MG/ML SOLUTION DL	4	PA,QL(30 per 365 days)
SOLIRIS 300 MG/30 ML SOLUTION DL	4	PA
SOTYKTU 6 MG TABLET DL	4	PA,QL(30 per 30 days)
SPEVIGO 150 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
SPEVIGO 60 MG/ML SOLUTION DL	4	PA,QL(30 per 84 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STELARA 130 MG/26 ML SOLUTION DL	4	PA,QL(104 per 30 days)
STELARA 45 MG/0.5 ML SOLUTION DL	4	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE DL	4	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE DL	4	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION DL	4	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE</i> MO	1	BvsD
<i>tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE, ER 24 HR.</i> MO	1	BvsD
TAKHZYRO 150 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SOLUTION DL	4	PA,QL(4 per 28 days)
TAKHZYRO 300 MG/2 ML (150 MG/ML) SYRINGE DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML AUTO-INJECTOR DL	4	PA,QL(4 per 28 days)
TALTZ SYRINGE 20 MG/0.25 ML SYRINGE DL	4	PA,QL(0.25 per 28 days)
TALTZ SYRINGE 40 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
TALTZ SYRINGE 80 MG/ML SYRINGE DL	4	PA,QL(4 per 28 days)
TAVNEOS 10 MG CAPSULE DL	4	PA,QL(180 per 30 days)
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION \$0,DL	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION \$0,DL	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE \$0,DL	1	
TETANUS,DIPHThERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL	1	
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) PEN INJECTOR DL	4	PA,QL(1.91 per 28 days)
TEZSPIRE 210 MG/1.91 ML (110 MG/ML) SYRINGE DL	4	PA,QL(1.91 per 28 days)
THYMOGLOBULIN 25 MG RECON SOLUTION MO	3	PA
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE \$0,DL	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE	4	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE DL	4	PA,QL(2 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION DL	4	PA,QL(120 per 365 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR DL	4	PA,QL(2 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	BvsD
TRUMENBA 120 MCG/0.5 ML SYRINGE \$0,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE \$0,DL	1	
TYENNE 162 MG/0.9 ML SYRINGE DL	4	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR DL	4	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION \$0,DL	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE \$0,DL	1	
ULTOMIRIS 100 MG/ML SOLUTION	4	PA
UPLIZNA 10 MG/ML SOLUTION DL	4	PA,QL(120 per 365 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 \$0,DL	1	
VAQTA (PF) 50 UNIT/ML SYRINGE \$0,DL	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION \$0,DL	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION DL	4	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION \$0,MO	1	
VELSIPITY 2 MG TABLET DL	4	PA,QL(30 per 30 days)
VEOPOZ 200 MG/ML SOLUTION DL	4	PA
VOYDEYA 100 MG, 150 MG (50 MG X 1-100 MG X 1) TABLET DL	4	PA,QL(180 per 30 days)
XATMEP 2.5 MG/ML SOLUTION MO	3	PA
XELJANZ 1 MG/ML SOLUTION DL	4	PA,QL(300 per 30 days)
XELJANZ 10 MG, 5 MG TABLET DL	4	PA,QL(60 per 30 days)
XELJANZ XR 11 MG, 22 MG TABLET, ER 24 HR. DL	4	PA,QL(30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SOLUTION DL	4	PA
XOLAIR 150 MG RECON SOLUTION DL	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE DL,LA	4	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR DL,LA	4	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	4	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION \$0,DL	1	
YUFLYMA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT DL	4	PA,QL(6 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YUFLYMA(CF) AUTOINJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR, KIT DL	4	PA,QL(6 per 28 days)
YUSIMRY(CF) PEN 40 MG/0.8 ML PEN INJECTOR DL	4	PA,QL(4.8 per 28 days)
ZILBRYSQ 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML SYRINGE DL	4	PA
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET	4	BvsD,QL(60 per 30 days)
ZORTRESS 0.5 MG TABLET	4	BvsD,QL(120 per 30 days)
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT DL	4	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT DL	4	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
APRISO 0.375 GRAM CAPSULE, ER 24 HR. MO	3	ST,QL(120 per 30 days)
ASACOL HD 800 MG TABLET, DR/EC MO	3	ST,QL(180 per 30 days)
AZULFIDINE 500 MG TABLET MO	3	
AZULFIDINE EN-TABS 500 MG TABLET, DR/EC MO	3	
<i>balsalazide 750 mg CAPSULE</i> MO	1	
<i>budesonide 2 mg/actuation FOAM</i> MO	1	PA
<i>budesonide 3 mg CAPSULE, DR/EC</i> MO	1	
<i>budesonide 9 mg TABLET, DR/ER</i>	4	PA,QL(30 per 30 days)
CANASA 1,000 MG SUPPOSITORY	4	ST,QL(30 per 30 days)
COLAZAL 750 MG CAPSULE	4	PA
CORTENEMA 100 MG/60 ML ENEMA MO	3	
CORTIFOAM 10 % (80 MG) FOAM MO	3	
DELZICOL 400 MG CAPSULE (WITH DR TABLETS) MO	3	ST,QL(180 per 30 days)
DIPENTUM 250 MG CAPSULE	4	ST,QL(120 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA</i> MO	1	
LIALDA 1.2 GRAM TABLET, DR/EC MO	3	ST,QL(120 per 30 days)
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR.</i> MO	1	QL(120 per 30 days)
<i>mesalamine 1,000 mg SUPPOSITORY</i> MO	1	QL(30 per 30 days)
<i>mesalamine 1.2 gram TABLET, DR/EC</i> MO	1	ST,QL(120 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA</i> MO	1	QL(1800 per 30 days)
<i>mesalamine 400 mg CAPSULE (WITH DR TABLETS)</i> MO	1	ST,QL(180 per 30 days)
<i>mesalamine 500 mg CAPSULE, ER</i> MO	1	ST,QL(300 per 30 days)
<i>mesalamine 800 mg TABLET, DR/EC</i> MO	1	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTIKOS 6 MG, 9 MG CAPSULE, ER DL	4	PA,QL(30 per 30 days)
PENTASA 250 MG CAPSULE, ER MO	3	ST,QL(150 per 30 days)
PENTASA 500 MG CAPSULE, ER	4	ST,QL(300 per 30 days)
PROCTOFOAM HC 1-1 % FOAM MO	1	
ROWASA 4 GRAM/60 ML ENEMA MO	3	QL(1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL(1800 per 30 days)
<i>sulfasalazine 500 mg TABLET</i> MO	1	
<i>sulfasalazine 500 mg TABLET, DR/EC</i> MO	1	
TARPEYO 4 MG CAPSULE, DR/EC DL	4	PA,QL(120 per 30 days)
UCERIS 2 MG/ACTUATION FOAM MO	3	PA
UCERIS 9 MG TABLET, DR/ER MO	3	PA,QL(30 per 30 days)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TABLET MO	3	PA,QL(1 per 30 days)
ACTONEL 35 MG TABLET MO	3	PA,QL(4 per 28 days)
<i>alendronate 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>alendronate 35 mg TABLET</i> MO	1	QL(4 per 28 days)
<i>alendronate 70 mg TABLET</i> MO	1	QL(4 per 28 days)
<i>alendronate 70 mg/75 ml SOLUTION</i> MO	1	QL(300 per 28 days)
ATELVIA 35 MG TABLET, DR/EC MO	3	PA,QL(4 per 28 days)
BINOSTO 70 MG TABLET, EFFERVESCENT MO	3	ST,QL(4 per 28 days)
BONIVA 150 MG TABLET MO	3	PA,QL(1 per 28 days)
<i>calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL</i> MO	1	QL(3.7 per 28 days)
<i>calcitonin (salmon) 200 unit/ml SOLUTION</i> DL	4	
<i>calcitriol 0.25 mcg, 0.5 mcg CAPSULE</i> MO	1	
<i>calcitriol 1 mcg/ml SOLUTION</i> MO	1	
<i>cinacalcet 30 mg, 60 mg TABLET</i> MO	1	QL(60 per 30 days)
<i>cinacalcet 90 mg TABLET</i> MO	1	QL(120 per 30 days)
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE</i> MO	1	
<i>doxercalciferol 4 mcg/2 ml SOLUTION</i> MO	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SYRINGE DL	4	PA,QL(2.34 per 30 days)
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	4	PA,QL(2.4 per 28 days)
FOSAMAX 70 MG TABLET MO	3	PA,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOSAMAX PLUS D 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT TABLET MO	3	ST,QL(4 per 28 days)
HECTOROL 4 MCG/2 ML SOLUTION MO	3	
<i>ibandronate</i> 150 mg TABLET MO	1	QL(1 per 28 days)
<i>ibandronate</i> 3 mg/3 ml SOLUTION MO	1	PA,QL(3 per 90 days)
<i>ibandronate</i> 3 mg/3 ml SYRINGE MO	1	PA,QL(3 per 90 days)
MIACALCIN 200 UNIT/ML SOLUTION DL	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE DL,LA	4	PA,QL(2 per 28 days)
<i>pamidronate</i> 30 mg/10 ml (3 mg/ml) SOLUTION MO	1	QL(30 per 21 days)
<i>pamidronate</i> 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION MO	1	QL(10 per 21 days)
<i>paricalcitol</i> 1 mcg, 2 mcg, 4 mcg CAPSULE MO	1	
<i>paricalcitol</i> 2 mcg/ml SOLUTION MO	1	QL(24 per 30 days)
<i>paricalcitol</i> 5 mcg/ml SOLUTION MO	1	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE MO	3	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. DL	4	QL(60 per 30 days)
RECLAST 5 MG/100 ML PIGGYBACK MO	3	PA,QL(100 per 365 days)
<i>risedronate</i> 150 mg TABLET MO	1	QL(1 per 30 days)
<i>risedronate</i> 30 mg, 5 mg TABLET MO	1	QL(30 per 30 days)
<i>risedronate</i> 35 mg TABLET MO	1	QL(4 per 28 days)
<i>risedronate</i> 35 mg TABLET, DR/EC MO	1	QL(4 per 28 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE MO	3	
ROCALTROL 1 MCG/ML SOLUTION MO	3	
SENSIPAR 30 MG TABLET MO	3	QL(60 per 30 days)
SENSIPAR 60 MG TABLET	4	QL(60 per 30 days)
SENSIPAR 90 MG TABLET	4	QL(120 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR DL	4	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION DL	4	PA,QL(1.7 per 28 days)
YORVIPATH 168 MCG/0.56 ML PEN INJECTOR DL	4	PA,QL(1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN INJECTOR DL	4	PA,QL(1.96 per 28 days)
YORVIPATH 420 MCG/1.4 ML PEN INJECTOR DL	4	PA,QL(2.8 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	3	
ZEMPLAR 2 MCG/ML SOLUTION DL	4	QL(24 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMPLAR 5 MCG/ML SOLUTION DL	4	QL(48 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK MO	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION MO	1	
zoledronic acid 4 mg/5 ml SOLUTION MO	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK MO	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK MO	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETADOTE 200 MG/ML (20 %) SOLUTION MO	3	
acetaminophen 1,000 mg/100 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml) SOLUTION MO	1	
acetic acid 0.25 % SOLUTION MO	1	
acetylcysteine 200 mg/ml (20 %) SOLUTION MO	1	
ADAKVEO 10 MG/ML SOLUTION DL	4	PA
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	4	PA
ALCOHOL PADS PADS, MEDICATED \$0,MO	1	
ALCOHOL PREP PADS PADS, MEDICATED \$0,MO	1	
ALCOHOL SWABS PADS, MEDICATED \$0,MO	1	
ALCOHOL WIPES PADS, MEDICATED \$0,MO	1	
ALLZITAL 25-325 MG TABLET MO	1	QL(360 per 30 days)
AMMONUL 10-10 % SOLUTION DL	4	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN \$0,MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN \$0,MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN \$0,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE \$0,MO	1	
BD ALCOHOL SWABS PADS, MEDICATED \$0,MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE \$0,PDS,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE \$0,PDS,MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE \$0,PDS,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE \$0,PDS,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE \$0,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE \$0,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 \$0,PDS,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE \$0,PDS,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE \$0,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 \$0,PDS,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE \$0,PDS,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE \$0,PDS,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE \$0,PDS,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE \$0,PDS,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE \$0,PDS,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE \$0,PDS,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE \$0,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 \$0,PDS,MO	1	
BEYFORTUS 100 MG/ML, 50 MG/0.5 ML SYRINGE DL	4	
BORDERED GAUZE 2 X 2 " BANDAGE \$0,MO	1	
bupap 50-300 mg TABLET MO	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-300-40-30 mg CAPSULE DL	1	QL(180 per 30 days)
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE DL	1	QL(360 per 30 days)
butalbital-acetaminophen 50-300 mg CAPSULE MO	1	QL(180 per 30 days)
butalbital-acetaminophen 50-300 mg, 50-325 mg TABLET MO	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-300-40 mg, 50-325-40 mg CAPSULE MO	1	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET MO	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE MO	1	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg TABLET MO	1	QL(180 per 30 days)
BYLVAY 1,200 MCG CAPSULE DL	4	PA,QL(150 per 30 days)
BYLVAY 200 MCG PELLETT DL	4	PA,QL(360 per 30 days)

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

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYLVAY 400 MCG CAPSULE DL	4	PA,QL(420 per 30 days)
BYLVAY 600 MCG PELLETT DL	4	PA,QL(120 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) SOLUTION MO	3	
<i>caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION</i> MO	1	
<i>calcium disodium versenate 200 mg/ml SOLUTION</i> MO	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED \$0,MO	1	
CEQUR SIMPLICITY 2 UNIT DEVICE \$0,MO	2	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS MO	2	
CERVIDIL 10 MG INSERT, ER MO	3	
CLARINEX-D 12 HOUR 2.5-120 MG TABLET, ER 12 HR., MULTIPHASE MO	3	ST,QL(60 per 30 days)
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)
COMBOGESIC IV 300-1,000 MG/100 ML SOLUTION MO	3	
CURITY ALCOHOL SWABS PADS, MEDICATED \$0,MO	1	
CURITY GAUZE 2 X 2 " BANDAGE \$0,MO	1	
DEFITELIO 80 MG/ML SOLUTION DL	4	PA
DERMACEA 2 X 2 " BANDAGE \$0,MO	1	
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE \$0,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 \$0,PDS,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE \$0,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 \$0,PDS,MO	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED \$0,MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE \$0,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED \$0,MO	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED \$0,MO	1	
<i>edetate calcium disodium 200 mg/ml SOLUTION</i> DL	4	
ELYXYB 120 MG/4.8 ML (25 MG/ML) SOLUTION DL	4	ST,QL(43.2 per 30 days)
EMPAVELI 1,080 MG/20 ML SOLUTION DL	4	PA,QL(160 per 28 days)
EOHILIA 2 MG/10 ML SUSPENSION IN PACKET DL	4	PA
ESGIC 50-325-40 MG CAPSULE MO	1	QL(180 per 30 days)
ESGIC 50-325-40 MG TABLET MO	1	QL(180 per 30 days)
FILSPARI 200 MG, 400 MG TABLET DL	4	PA,QL(30 per 30 days)
FILSUVEZ 10 % GEL DL	4	PA
<i>fioricet 50-300-40 mg CAPSULE</i> MO	1	QL(180 per 30 days)
FIORICET WITH CODEINE 50-300-40-30 MG CAPSULE DL	3	QL(180 per 30 days)
<i>flumazenil 0.1 mg/ml SOLUTION</i> MO	1	
<i>fomepizole 1 gram/ml SOLUTION</i> MO	1	
GAUZE BANDAGE 2 X 2 " BANDAGE \$0,MO	1	
GAUZE PAD 2 X 2 " BANDAGE \$0,MO	1	
GIVLAARI 189 MG/ML SOLUTION DL	4	PA
IGALMI 120 MCG, 180 MCG FILM MO	3	PA
INCONTROL ALCOHOL PADS PADS, MEDICATED \$0,MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE \$0,PDS,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE \$0,PDS,MO	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE \$0,PDS,MO	1	
IV PREP WIPES PADS, MEDICATED \$0,MO	1	
KORLYM 300 MG TABLET DL	4	PA,QL(120 per 30 days)
<i>lactated ringers SOLUTION</i> MO	1	
LITHOSTAT 250 MG TABLET MO	3	
<i>methylergonovine 0.2 mg TABLET</i> DL	4	
<i>methylergonovine 0.2 mg/ml (1 ml) SOLUTION</i> MO	1	
<i>mifepristone 300 mg TABLET</i> DL	4	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
neomycin-polymyxin b gu 40 mg-200,000 unit/ml SOLUTION MO	1	
nitroglycerin 0.4 % (w/w) OINTMENT MO	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN \$0,MO	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE \$0,MO	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE \$0,MO	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE \$0,MO	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE \$0,MO	2	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE \$0,MO	2	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE \$0,MO	2	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE \$0,MO	2	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE \$0,MO	2	
OXLUMO 94.5 MG/0.5 ML SOLUTION	4	PA
oxytocin 10 unit/ml SOLUTION MO	1	
PALFORZIA (LEVEL 1) 3 MG (1 MG X 3) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 2) 6 MG (1 MG X 6) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 4) 20 MG CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 5) 40 MG (20 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 6) 80 MG (20 MG X 4) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 9) 200 MG (100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2) CAPSULE, SPRINKLE MO	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) 300 MG POWDER IN PACKET MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PALFORZIA INITIAL DOSE 0.5/1/1.5/3/6 MG CAPSULE, SPRINKLE MO	3	PA
PALFORZIA LEVEL 11 MAINTENANCE 300 MG POWDER IN PACKET MO	3	PA
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 \$0,PDS,MO	1	
<i>phenazopyridine 100 mg, 200 mg TABLET</i> MO	1	
PHEXXI 1.8-1-0.4 % GEL MO	3	QL(60 per 30 days)
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION MO	1	
PITOCIN 10 UNIT/ML SOLUTION MO	3	
PREVDUO 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) SYRINGE MO	3	
PRIALT 100 MCG/ML, 25 MCG/ML SOLUTION DL	4	PA
PRO COMFORT ALCOHOL PADS PADS, MEDICATED \$0,MO	1	
<i>promethazine vc 6.25-5 mg/5 ml SYRUP</i> MO	1	
<i>promethazine-phenylephrine 6.25-5 mg/5 ml SYRUP</i> MO	1	
<i>protamine 10 mg/ml SOLUTION</i> MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED \$0,MO	1	
PYRIDIDIUM 100 MG, 200 MG TABLET MO	3	
QUTENZA 8 % KIT DL	4	PA
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL(30 per 30 days)
RENACIDIN 1980.6 MG-59.4 MG-980.4MG/30ML SOLUTION MO	3	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET DL	4	PA,QL(30 per 30 days)
<i>ribavirin 6 gram RECON SOLUTION</i> DL	4	BvsD
RIMSO-50 50 % SOLUTION DL	4	
<i>ringer's SOLUTION</i> MO	1	
RIVFLOZA 128 MG/0.8 ML, 160 MG/ML SYRINGE DL	4	PA
RIVFLOZA 80 MG/0.5 ML (160 MG/ML) SOLUTION DL	4	PA
SIKLOS 1,000 MG, 100 MG TABLET MO	3	PA
<i>sodium benzoate-sod phenylacet 10-10 % SOLUTION</i> DL	4	
<i>sodium chloride 0.9 % SOLUTION</i> MO	1	
SOHONOS 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED \$0,MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED \$0,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNAGIS 100 MG/ML, 50 MG/0.5 ML SOLUTION DL	4	PA
<i>tencon 50-325 mg TABLET</i> MO	1	QL(180 per 30 days)
TEPEZZA 500 MG RECON SOLUTION DL	4	PA
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED \$0,MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED \$0,MO	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED \$0,MO	1	
V-GO 20 DEVICE \$0,MO	3	PA
V-GO 30 DEVICE \$0,MO	3	PA
V-GO 40 DEVICE \$0,MO	3	PA
VIRAZOLE 6 GRAM RECON SOLUTION DL	4	BvsD
VYJUVEK 5 X 10EXP9 PFU/2.5 ML GEL DL	4	PA,QL(10 per 28 days)
<i>water for irrigation, sterile SOLUTION</i> MO	1	
WEBCOL PADS, MEDICATED \$0,MO	1	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR DL	4	PA
XDEMVI 0.25 % DROPS MO	3	PA,QL(10 per 42 days)
YCANTH 0.7 % SOLUTION W/APPLICATOR DL	4	PA
ZEBUTAL 50-325-40 MG CAPSULE MO	1	QL(180 per 30 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL	4	PA
<i>zingiber 1.2 mg-40 mg- 124.1 mg-100 mg TABLET</i> MO	1	
ZYNRELEF 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML ER SOLUTION MO	3	
OPHTHALMIC AGENTS		
ACULAR 0.5 % DROPS MO	3	ST,QL(10 per 30 days)
ACULAR LS 0.4 % DROPS MO	3	ST,QL(10 per 30 days)
ACUVAIL (PF) 0.45 % DROPPERETTE MO	3	ST
<i>ak-poly-bac 500-10,000 unit/gram OINTMENT</i> MO	1	
ALCAINE 0.5 % DROPS MO	1	
ALOCRI 2 % DROPS MO	3	
ALOMIDE 0.1 % DROPS MO	3	
ALPHAGAN P 0.1 %, 0.15 % DROPS MO	3	ST
ALREX 0.2 % DROPS, SUSPENSION MO	3	ST
<i>apraclonidine 0.5 % DROPS</i> 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>atropine 1 % DROPS</i> MO	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE MO	1	
AZASITE 1 % DROPS MO	3	ST,QL(2.5 per 25 days)
<i>azelastine 0.05 % DROPS</i> MO	1	
AZOPT 1 % DROPS, SUSPENSION MO	3	ST,QL(10 per 28 days)
<i>bacitracin 500 unit/gram OINTMENT</i> MO	1	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT</i> MO	1	
<i>balanced salt SOLUTION</i> MO	1	
<i>bepotastine besilate 1.5 % DROPS</i> MO	1	ST,QL(5 per 25 days)
BEPREVE 1.5 % DROPS MO	3	ST,QL(5 per 25 days)
BESIVANCE 0.6 % DROPS, SUSPENSION MO	3	ST
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
<i>betaxolol 0.5 % DROPS</i> MO	1	
BETIMOL 0.25 %, 0.5 % DROPS MO	3	ST
BETOPTIC S 0.25 % DROPS, SUSPENSION MO	3	ST
<i>bimatoprost 0.03 % DROPS</i> MO	1	QL(2.5 per 25 days)
<i>brimonidine 0.1 %, 0.15 % DROPS</i> MO	1	ST
<i>brimonidine 0.2 % DROPS</i> MO	1	
<i>brinzolamide 1 % DROPS, SUSPENSION</i> MO	1	ST,QL(10 per 28 days)
<i>bromfenac 0.07 % DROPS</i> MO	1	ST,QL(3 per 30 days)
<i>bromfenac 0.075 % DROPS</i> MO	1	ST,QL(5 per 30 days)
<i>bromfenac 0.09 % DROPS</i> MO	1	QL(1.7 per 30 days)
BROMSITE 0.075 % DROPS MO	3	ST,QL(5 per 30 days)
BSS SOLUTION MO	3	
BSS PLUS SOLUTION MO	3	
<i>carteolol 1 % DROPS</i> MO	1	
CEQUA 0.09 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
CILOXAN 0.3 % OINTMENT MO	3	
<i>ciprofloxacin hcl 0.3 % DROPS</i> MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	2	QL(5 per 25 days)
COSOPT 22.3-6.8 MG/ML DROPS MO	3	ST
COSOPT (PF) 2-0.5 % DROPPERETTE MO	3	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cromolyn 4 % DROPS</i> MO	1	
<i>cyclosporine 0.05 % DROPPERETTE</i> MO	1	QL(60 per 30 days)
CYSTADROPS 0.37 % DROPS DL	4	PA,QL(20 per 28 days)
CYSTARAN 0.44 % DROPS DL	4	PA,QL(60 per 28 days)
<i>dexamethasone sodium phosphate 0.1 % DROPS</i> MO	1	
DEXTENZA 0.4 MG INSERT MO	3	QL(1 per 30 days)
<i>diclofenac sodium 0.1 % DROPS</i> MO	1	
<i>difluprednate 0.05 % DROPS</i> MO	1	ST
<i>dorzolamide 2 % DROPS</i> MO	1	
<i>dorzolamide-timolol 22.3-6.8 mg/ml DROPS</i> MO	1	
<i>dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE</i> MO	1	QL(60 per 30 days)
DUREZOL 0.05 % DROPS MO	3	ST
DURYSTA 10 MCG IMPLANT DL	4	PA
ENSPRYNG 120 MG/ML SYRINGE DL	4	PA,QL(2 per 28 days)
<i>epinastine 0.05 % DROPS</i> MO	1	ST,QL(5 per 25 days)
<i>erythromycin 5 mg/gram (0.5 %) OINTMENT</i> MO	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	2	QL(16.6 per 30 days)
<i>fluorometholone 0.1 % DROPS, SUSPENSION</i> MO	1	
<i>flurbiprofen sodium 0.03 % DROPS</i> MO	1	
FML FORTE 0.25 % DROPS, SUSPENSION MO	3	ST
FML LIQUIFILM 0.1 % DROPS, SUSPENSION MO	3	ST
<i>gatifloxacin 0.5 % DROPS</i> MO	1	QL(2.5 per 25 days)
<i>gentak 0.3 % (3 mg/gram) OINTMENT</i> MO	1	
<i>gentamicin 0.3 % DROPS</i> MO	1	
ILEVRO 0.3 % DROPS, SUSPENSION MO	2	QL(3 per 30 days)
INVELTYS 1 % DROPS, SUSPENSION MO	3	ST
IOPIDINE 1 % DROPPERETTE MO	3	
ISTALOL 0.5 % DROPS, ONCE DAILY MO	3	
IYUZEH (PF) 0.005 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
<i>ketorolac 0.4 %, 0.5 % DROPS</i> MO	1	QL(10 per 30 days)
LACRISERT 5 MG INSERT MO	3	
<i>latanoprost 0.005 % DROPS</i> MO	1	QL(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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levobunolol 0.5 % DROPS MO	1	
levofloxacin 0.5 %, 1.5 % DROPS MO	1	
LOTEMAX 0.5 % DROPS, GEL MO	3	ST
LOTEMAX 0.5 % DROPS, SUSPENSION MO	3	ST
LOTEMAX 0.5 % OINTMENT MO	3	ST
LOTEMAX SM 0.38 % DROPS, GEL MO	3	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION MO	1	ST
loteprednol etabonate 0.5 % DROPS, GEL MO	1	ST
LUMIGAN 0.01 % DROPS MO	2	QL(2.5 per 25 days)
MAXIDEX 0.1 % DROPS, SUSPENSION MO	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % OINTMENT MO	3	
MAXITROL 3.5MG/ML-10,000 UNIT/ML-0.1 % DROPS, SUSPENSION MO	1	
methazolamide 25 mg, 50 mg TABLET MO	1	
MIEBO (PF) 100 % DROPS MO	3	PA,QL(3 per 30 days)
MIOSTAT 0.01 % SOLUTION MO	3	
moxifloxacin 0.5 % DROPS MO	1	
moxifloxacin 0.5 % DROPS, VISCOUS MO	1	ST
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	1	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	1	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	1	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	1	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	1	
NEVANAC 0.1 % DROPS, SUSPENSION MO	3	ST
OCUFLOX 0.3 % DROPS MO	3	
ofloxacin 0.3 % DROPS MO	1	
olopatadine 0.1 %, 0.2 % DROPS MO	1	
OXERVATE 0.002 % DROPS DL	4	PA,QL(112 per 365 days)
PHOSPHOLINE IODIDE 0.125 % 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pilocarpine hcl 1 %, 2 %, 4 % DROPS</i> MO	1	
<i>polycin 500-10,000 unit/gram OINTMENT</i> MO	1	
<i>polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS</i> MO	1	
PRED FORTE 1 % DROPS, SUSPENSION MO	3	ST
PRED MILD 0.12 % DROPS, SUSPENSION MO	3	ST
<i>prednisolone acetate 1 % DROPS, SUSPENSION</i> MO	1	
<i>prednisolone sodium phosphate 1 % DROPS</i> MO	1	
PROLENSA 0.07 % DROPS MO	3	ST,QL(3 per 30 days)
<i>proparacaine 0.5 % DROPS</i> MO	1	
RESTASIS 0.05 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	3	PA,QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	2	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	2	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	3	QL(16 per 30 days)
<i>sulfacetamide sodium 10 % DROPS</i> MO	1	
<i>sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS</i> MO	1	
<i>tafluprost (pf) 0.0015 % DROPPERETTE</i> MO	3	ST,QL(30 per 30 days)
<i>timolol 0.5 % DROPS</i> MO	1	ST
<i>timolol maleate 0.25 % DROPS</i> MO	1	
<i>timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION</i> MO	1	
<i>timolol maleate 0.5 % DROPS</i> MO	1	
<i>timolol maleate 0.5 % DROPS, ONCE DAILY</i> MO	1	
<i>timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE</i> MO	1	
TIMOPTIC 0.25 %, 0.5 % DROPS MO	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % DROPPERETTE MO	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % GEL FORMING SOLUTION MO	3	PA
TOBRADEX 0.3-0.1 % DROPS, SUSPENSION MO	3	
TOBRADEX 0.3-0.1 % OINTMENT MO	3	
<i>tobramycin 0.3 % DROPS</i> MO	1	
<i>tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION</i> MO	1	
TOBREX 0.3 % OINTMENT MO	3	
TRAVATAN Z 0.004 % DROPS MO	3	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>travoprost 0.004 % DROPS</i> MO	1	QL(2.5 per 25 days)
<i>trifluridine 1 % DROPS</i> MO	1	
TRUSOPT 2 % DROPS MO	3	
TYRVAYA 0.03 MG/SPRAY SPRAY, METERED, NON-AEROSOL MO	3	PA,QL(8.4 per 30 days)
VEVYE 0.1 % DROPS MO	3	PA,QL(2 per 30 days)
VIGAMOX 0.5 % DROPS MO	3	PA
VUITY 1.25 % DROPS MO	3	
VYZULTA 0.024 % DROPS MO	3	QL(2.5 per 25 days)
XALATAN 0.005 % DROPS MO	3	PA,QL(5 per 25 days)
XELPROS 0.005 % DROPS, EMULSION MO	3	ST,QL(2.5 per 25 days)
XIIDRA 5 % DROPPERETTE MO	3	PA,QL(60 per 30 days)
ZIOPTAN (PF) 0.0015 % DROPPERETTE MO	3	ST,QL(30 per 30 days)
ZYLET 0.3-0.5 % DROPS, SUSPENSION MO	3	
ZYMAXID 0.5 % DROPS MO	3	ST,QL(2.5 per 25 days)
OTIC AGENTS		
CIPRO HC 0.2-1 % DROPS, SUSPENSION MO	3	
CIPRODEX 0.3-0.1 % DROPS, SUSPENSION MO	3	QL(7.5 per 30 days)
<i>ciprofloxacin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION</i> MO	3	QL(7.5 per 30 days)
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML DROPS, SUSPENSION MO	3	
DERMOTIC OIL 0.01 % DROPS MO	3	
<i>flac otic oil 0.01 % DROPS</i> MO	1	
<i>fluocinolone acetonide oil 0.01 % DROPS</i> MO	1	
<i>hydrocortisone-acetic acid 1-2 % DROPS</i> MO	1	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION</i> MO	1	
<i>neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION</i> MO	1	
<i>ofloxacin 0.3 % DROPS</i> MO	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL(60 per 30 days)
<i>acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION</i> MO	1	BvsD
ADCIRCA 20 MG TABLET DL	4	PA,QL(60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL,LA	4	PA,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) SOLUTION MO	3	
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(12 per 30 days)
AIRDUO DIGIHALER 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
AIRDUO RESPICLICK 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER DL	4	PA,QL(32.1 per 30 days)
<i>albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION</i> MO	1	BvsD
<i>albuterol sulfate 2 mg, 4 mg TABLET</i> MO	1	
<i>albuterol sulfate 2 mg/5 ml SYRUP</i> MO	1	
<i>albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION</i> MO	1	BvsD
<i>albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR.</i> MO	1	
<i>albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER</i> MO	1	QL(36 per 30 days)
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(18.3 per 28 days)
<i>alyq 20 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
<i>ambrisentan 10 mg, 5 mg TABLET</i> DL	4	PA,QL(30 per 30 days)
<i>aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION</i> MO	1	
ANORO ELLIPTA 62.5-25 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
<i>arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION</i> MO	1	BvsD,QL(120 per 30 days)
ARMONAIR DIGIHALER 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE MO	2	QL(30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(13 per 30 days)
ASMANEX TWISTHALER 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) AEROSOL POWDER BREATH ACTIV. MO	3	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER MO	3	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	2	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 25 days)
azelastine-fluticasone 137-50 mcg/spray SPRAY, NON-AEROSOL MO	1	ST,QL(23 per 28 days)
BECONASE AQ 42 MCG (0.042 %) SPRAY, NON-AEROSOL MO	3	ST,QL(50 per 30 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER MO	3	PA,QL(10.7 per 30 days)
bosentan 125 mg, 62.5 mg TABLET DL	4	PA,QL(60 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(10.7 per 30 days)
BRONCHITOL 40 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(560 per 28 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION	4	BvsD,QL(120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml SUSPENSION FOR NEBULIZATION MO	1	BvsD
carbinoxamine maleate 4 mg TABLET MO	1	
carbinoxamine maleate 4 mg/5 ml LIQUID MO	1	
carbinoxamine maleate 6 mg TABLET DL	4	QL(120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION MO	1	QL(300 per 30 days)
CINQAIR 10 MG/ML SOLUTION DL	4	PA
CLARINEX 5 MG TABLET MO	3	PA,QL(30 per 30 days)
clemastine 0.5 mg/5 ml SYRUP DL	4	PA,QL(1800 per 30 days)
clemastine 2.68 mg TABLET MO	1	
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST MO	3	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE MO	1	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
cyproheptadine 2 mg/5 ml SYRUP MO	1	
cyproheptadine 4 mg TABLET MO	1	
DALIRESP 250 MCG TABLET MO	3	PA,QL(28 per 365 days)
DALIRESP 500 MCG TABLET MO	3	PA,QL(30 per 30 days)
desloratadine 2.5 mg, 5 mg TABLET, DISINTEGRATING MO	1	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>desloratadine 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>dexchlorpheniramine maleate 2 mg/5 ml SOLUTION</i> MO	1	PA
DIPHEN 12.5 MG/5 ML ELIXIR MO	1	
<i>diphen 12.5 mg/5 ml ELIXIR</i> MO	1	
<i>diphenhydramine hcl 12.5 mg/5 ml ELIXIR</i> MO	1	
<i>diphenhydramine hcl 50 mg/ml SOLUTION</i> MO	1	
<i>diphenhydramine hcl 50 mg/ml SYRINGE</i> MO	1	
DOPRAM 20 MG/ML SOLUTION MO	3	
DUAKLIR PRESSAIR 400-12 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	PA,QL(1 per 30 days)
DULERA 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(13 per 30 days)
DYMISTA 137-50 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	ST,QL(23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ELIXIR MO	1	
<i>epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR</i> MO	1	QL(4 per 30 days)
EPIPEN 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML AUTO-INJECTOR MO	3	PA,QL(4 per 30 days)
<i>epoprostenol 0.5 mg, 1.5 mg RECON SOLUTION</i> DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL(270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL(270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL(90 per 30 days)
FASENRA 10 MG/0.5 ML SYRINGE DL	4	PA,QL(0.5 per 28 days)
FASENRA 30 MG/ML SYRINGE DL	4	PA,QL(1 per 28 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	4	PA,QL(1 per 28 days)
<i>flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL</i> MO	1	QL(50 per 30 days)
<i>fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE</i> MO	1	QL(60 per 30 days)
<i>fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV.</i> MO	2	QL(1 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone propionate 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation BLISTER WITH DEVICE MO	3	ST,QL(60 per 30 days)
fluticasone propionate 110 mcg/actuation, 220 mcg/actuation HFA AEROSOL INHALER MO	3	ST,QL(24 per 30 days)
fluticasone propionate 44 mcg/actuation HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION MO	1	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
formoterol fumarate-nebulizer 20 mcg/2 ml SOLUTION FOR NEBULIZATION MO	1	BvsD,QL(120 per 30 days)
GASTROCROM 100 MG/5 ML CONCENTRATE MO	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION BLISTER WITH DEVICE MO	3	PA,QL(30 per 30 days)
ipratropium bromide 0.02 % SOLUTION MO	1	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL MO	1	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL MO	1	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	4	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	4	PA,QL(60 per 30 days)
LETAIRIS 10 MG, 5 MG TABLET DL	4	PA,QL(30 per 30 days)
levalbuterol hcl 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml SOLUTION FOR NEBULIZATION MO	1	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER MO	1	ST,QL(30 per 30 days)
levocetirizine 2.5 mg/5 ml SOLUTION MO	1	QL(300 per 30 days)
levocetirizine 5 mg TABLET MO	1	QL(30 per 30 days)
LIQREV 10 MG/ML SUSPENSION DL	4	PA,QL(180 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(60 per 365 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL MO	1	QL(34 per 30 days)
montelukast 10 mg TABLET MO	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET MO	1	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET MO	1	QL(30 per 30 days)
NEFFY 2 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL DL	4	PA,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUCALA 100 MG RECON SOLUTION DL	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML AUTO-INJECTOR DL	4	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE DL	4	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE DL	4	PA,QL(0.4 per 28 days)
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL,LA	4	PA,QL(60 per 30 days)
OHTUVAYRE 3 MG/2.5 ML SUSPENSION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
<i>olopatadine 0.6 % SPRAY, NON-AEROSOL</i> MO	1	ST,QL(30.5 per 30 days)
OMNARIS 50 MCG SPRAY, NON-AEROSOL MO	3	ST,QL(12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	4	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET DL	4	PA,QL(30 per 30 days)
ORENITRAM 0.125 MG TABLET ER DL	4	PA,QL(1000 per 30 days)
ORENITRAM 0.25 MG TABLET ER DL	4	PA,QL(500 per 30 days)
ORENITRAM 1 MG TABLET ER DL	4	PA,QL(720 per 30 days)
ORENITRAM 2.5 MG TABLET ER DL	4	PA,QL(300 per 30 days)
ORENITRAM 5 MG TABLET ER DL	4	PA,QL(150 per 30 days)
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42) TABLET, ER, DOSE PACK DL	4	PA,QL(168 per 28 days)
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210) TABLET, ER, DOSE PACK DL	4	PA,QL(336 per 28 days)
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG TABLET, ER, DOSE PACK DL	4	PA,QL(252 per 28 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET DL	4	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET DL	4	PA,QL(112 per 28 days)
PATANASE 0.6 % SPRAY, NON-AEROSOL MO	3	ST,QL(30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION DL	4	BvsD,QL(120 per 30 days)
<i>pirfenidone 267 mg CAPSULE</i> DL	4	PA,QL(270 per 30 days)
<i>pirfenidone 267 mg TABLET</i> DL	4	PA,QL(270 per 30 days)
<i>pirfenidone 534 mg, 801 mg TABLET</i> DL	4	PA,QL(90 per 30 days)
PROAIR DIGIHALER 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROVENTIL HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	BvsD
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	ST,QL(2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION DL	4	BvsD
QNASL 40 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.8 per 30 days)
QNASL 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(10.6 per 30 days)
QUZYTIR 10 MG/ML SOLUTION MO	3	
QVAR REDIHALER 40 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA AEROSOL BREATH ACTIVATED MO	3	ST,QL(21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	3	PA,QL(30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML SOLUTION DL	4	PA
REVATIO 10 MG/ML SUSPENSION FOR RECONSTITUTION DL	4	PA,QL(180 per 30 days)
REVATIO 20 MG TABLET DL	4	PA,QL(90 per 30 days)
<i>roflumilast 250 mcg TABLET</i> MO	1	QL(28 per 365 days)
<i>roflumilast 500 mcg TABLET</i> MO	1	QL(30 per 30 days)
RYALTRIS 665-25 MCG/SPRAY SPRAY, NON-AEROSOL MO	3	ST,QL(29 per 30 days)
RYCLORA 2 MG/5 ML SOLUTION MO	1	
RYVENT 6 MG TABLET MO	1	QL(120 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE BLISTER WITH DEVICE MO	3	PA,QL(60 per 30 days)
<i>sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION</i> DL	4	PA,QL(180 per 30 days)
<i>sildenafil (pulm.hypertension) 20 mg TABLET</i> MO	1	PA,QL(90 per 30 days)
SINGULAIR 10 MG TABLET MO	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG GRANULES IN PACKET MO	3	PA,QL(30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	PA,QL(30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	2	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	2	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	2	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	2	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(30.6 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	4	PA,QL(56 per 28 days)
<i>tadalafil (pulm. hypertension) 20 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
TADLIQ 20 MG/5 ML (4 MG/ML) SUSPENSION DL	4	PA,QL(300 per 30 days)
<i>terbutaline 1 mg/ml SOLUTION</i> MO	1	
<i>terbutaline 2.5 mg, 5 mg TABLET</i> MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE, ER 24 HR. MO	1	
<i>theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.</i> MO	1	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR.</i> MO	1	
<i>theophylline 80 mg/15 ml ELIXIR</i> MO	1	
<i>theophylline 80 mg/15 ml SOLUTION</i> MO	1	
<i>theophylline in dextrose 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION</i> MO	1	
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE DL	4	PA,QL(224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL(60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSPENSION DL	4	PA,QL(120 per 30 days)
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	2	QL(60 per 30 days)
<i>treprostinil sodium 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml SOLUTION</i> DL	4	PA
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	4	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	4	PA,QL(56 per 28 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION AEROSOL POWDER BREATH ACTIV. MO	3	PA,QL(1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO DPI 16 MCG (112)- 32 MCG (84) CARTRIDGE WITH INHALER DL	4	PA,QL(196 per 28 days)
TYVASO DPI 16 MCG, 32 MCG, 48 MCG, 64 MCG CARTRIDGE WITH INHALER DL	4	PA,QL(112 per 28 days)
TYVASO DPI 16(112)-32(112) -48(28) MCG CARTRIDGE WITH INHALER DL	4	PA,QL(252 per 28 days)
TYVASO DPI 32-48 MCG CARTRIDGE WITH INHALER DL	4	PA,QL(224 per 28 days)
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL(60 per 30 days)
UPTRAVI 1,800 MCG RECON SOLUTION DL	4	PA
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK DL	4	PA,QL(200 per 30 days)
VELETRI 0.5 MG, 1.5 MG RECON SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL(36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	
WINREVAIR 45 MG, 60 MG KIT DL	4	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	1	QL(60 per 30 days)
XHANCE 93 MCG/ACTUATION AEROSOL BREATH ACTIVATED MO	3	PA,QL(32 per 30 days)
XOPENEX HFA 45 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION	4	PA,QL(90 per 30 days)
zafirlukast 10 mg, 20 mg TABLET MO	1	QL(60 per 30 days)
ZETONNA 37 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL(6.1 per 28 days)
zileuton 600 mg TABLET, ER 12 HR., MULTIPHASE	4	ST,QL(120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL(120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE, ER 24 HR. DL	4	ST,QL(21 per 30 days)
carisoprodol 250 mg TABLET MO	1	ST,QL(120 per 30 days)
carisoprodol 350 mg TABLET MO	1	QL(120 per 30 days)
chlorzoxazone 250 mg TABLET DL	4	ST,QL(360 per 30 days)
chlorzoxazone 375 mg, 750 mg TABLET MO	1	ST,QL(120 per 30 days)
chlorzoxazone 500 mg TABLET MO	1	ST
cyclobenzaprine 10 mg, 5 mg TABLET MO	1	
cyclobenzaprine 15 mg, 30 mg CAPSULE, ER 24 HR. MO	1	ST,QL(21 per 30 days)
cyclobenzaprine 7.5 mg TABLET MO	1	QL(90 per 30 days)
FEXMID 7.5 MG TABLET MO	1	ST,QL(90 per 30 days)
LORZONE 375 MG TABLET MO	1	ST,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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LORZONE 750 MG TABLET DL	4	ST,QL(120 per 30 days)
metaxalone 400 mg, 800 mg TABLET MO	1	ST,QL(120 per 30 days)
methocarbamol 1,000 mg TABLET DL	4	PA
methocarbamol 100 mg/ml SOLUTION MO	1	
methocarbamol 500 mg, 750 mg TABLET MO	1	
norgesic 25-385-30 mg TABLET DL	4	PA,QL(240 per 30 days)
NORGESIC FORTE 50-770-60 MG TABLET DL	4	PA,QL(120 per 30 days)
orphenadrine citrate 100 mg TABLET ER MO	1	
orphenadrine citrate 30 mg/ml SOLUTION MO	1	ST
orphenadrine-asa-caffeine 25-385-30 mg TABLET DL	4	PA,QL(240 per 30 days)
orphenadrine-asa-caffeine 50-770-60 mg TABLET DL	4	PA,QL(120 per 30 days)
orphengesic forte 50-770-60 mg TABLET DL	4	PA,QL(120 per 30 days)
ROBAXIN 100 MG/ML SOLUTION DL	4	
SOMA 250 MG, 350 MG TABLET DL	4	ST,QL(120 per 30 days)
tanlor 1,000 mg TABLET DL	4	PA
SLEEP DISORDER AGENTS		
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET, ER MULTIPHASE MO	3	PA,QL(30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg TABLET MO	1	PA,QL(30 per 30 days)
armodafinil 50 mg TABLET MO	1	PA,QL(60 per 30 days)
BELSOMRA 10 MG TABLET MO	2	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	2	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	2	QL(120 per 30 days)
DAYVIGO 10 MG, 5 MG TABLET MO	3	PA,QL(30 per 30 days)
doxepin 3 mg, 6 mg TABLET MO	1	QL(30 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET MO	3	
EDLUAR 5 MG SUBLINGUAL TABLET MO	3	QL(30 per 30 days)
estazolam 1 mg, 2 mg TABLET DL	1	QL(30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET MO	1	QL(30 per 30 days)
flurazepam 15 mg CAPSULE DL	1	QL(60 per 30 days)
flurazepam 30 mg CAPSULE DL	1	QL(30 per 30 days)
HALCION 0.25 MG TABLET DL	3	PA,QL(30 per 30 days)

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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HETLIOZ 20 MG CAPSULE DL	4	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION DL	4	PA,QL(158 per 30 days)
LUMRYZ 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM ER GRANULES, PACKET DL	4	PA,QL(30 per 30 days)
LUMRYZ STARTER PACK 4.5-6-7.5 GRAM GRANULES ER PACKET, DOSE PACK DL	4	PA,QL(28 per 28 days)
<i>modafinil 100 mg, 200 mg TABLET</i> MO	1	PA,QL(60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET	4	PA,QL(30 per 30 days)
NUVIGIL 50 MG TABLET	4	PA,QL(60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET	4	PA,QL(60 per 30 days)
QUVIVIQ 25 MG, 50 MG TABLET MO	3	ST,QL(30 per 30 days)
<i>ramelteon 8 mg TABLET</i> MO	1	ST,QL(30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE DL	4	PA,QL(30 per 30 days)
ROZEREM 8 MG TABLET MO	3	ST,QL(30 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	3	QL(30 per 30 days)
<i>sodium oxybate 500 mg/ml SOLUTION</i> DL	4	PA,QL(540 per 30 days)
SUNOSI 150 MG, 75 MG TABLET MO	3	PA,QL(30 per 30 days)
<i>tasimelteon 20 mg CAPSULE</i> DL	4	PA,QL(30 per 30 days)
<i>temazepam 15 mg, 30 mg CAPSULE</i> DL	1	QL(30 per 30 days)
<i>temazepam 22.5 mg, 7.5 mg CAPSULE</i> DL	1	QL(30 per 30 days)
<i>triazolam 0.125 mg, 0.25 mg TABLET</i> DL	1	QL(30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET DL	4	PA,QL(60 per 30 days)
XYREM 500 MG/ML SOLUTION DL	4	PA,QL(540 per 30 days)
XYWAV 0.5 GRAM/ML SOLUTION DL	4	PA,QL(540 per 30 days)
<i>zaleplon 10 mg, 5 mg CAPSULE</i> MO	1	QL(30 per 30 days)
<i>zolpidem 1.75 mg, 3.5 mg SUBLINGUAL TABLET</i> MO	1	QL(30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET</i> MO	1	QL(30 per 30 days)
<i>zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE</i> MO	1	QL(30 per 30 days)
ZOLPIDEM 7.5 MG CAPSULE MO	3	QL(30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL MO	3	QL(23.1 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.

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 • \$0 – Vaccine/Diabetic • ST – Step Therapy

Humana Group Medicare Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cough/Cold - Mail Order Available		
<i>benzonatate 100 mg, 150 mg, 200 mg CAPSULE</i>	1	
<i>bromfed dm 2-30-10 mg/5 ml SYRUP</i>	1	
<i>brompheniramine-pseudoeph-dm 2-30-10 mg/5 ml SYRUP</i>	1	
<i>HYCODAN 5-1.5 MG/5 ML (5 ML) SYRUP</i>	1	
<i>HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET</i>	1	
<i>HYCODAN (WITH HOMATROPINE) 5-1.5 MG/5 ML SYRUP</i>	1	
<i>hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg TABLET</i>	1	
<i>hydrocodone-homatropine 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml) SYRUP</i>	1	
<i>hydromet 5-1.5 mg/5 ml SYRUP</i>	1	
<i>OBREDON 2.5-200 MG/5 ML SOLUTION</i>	3	
<i>promethazine vc-codeine 6.25-5-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-codeine 6.25-10 mg/5 ml SYRUP</i>	1	
<i>promethazine-dm 6.25-15 mg/5 ml SYRUP</i>	1	
<i>promethazine-phenyleph-codeine 6.25-5-10 mg/5 ml SYRUP</i>	1	
<i>RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.</i>	3	
<i>TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.</i>	3	
<i>TUZISTRA XR 14.7-2.8 MG/5 ML SUSPENSION, ER 12 HR.</i>	3	

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

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 • \$0 - Vaccine/Diabetic • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Fertility - Mail Order Available		
<i>cetorelix 0.25 mg KIT</i>	1	
CETROTIDE 0.25 MG KIT	3	
<i>clomid 50 mg TABLET</i>	1	
<i>clomiphene citrate 50 mg TABLET</i>	1	
FOLLISTIM AQ 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML CARTRIDGE	3	
<i>fyremadel 250 mcg/0.5 ml SYRINGE</i>	1	
GANIRELIX 250 MCG/0.5 ML SYRINGE	3	
<i>ganirelix 250 mcg/0.5 ml SYRINGE</i>	3	
GONAL-F 1,050 UNIT, 450 UNIT RECON SOLUTION	3	
GONAL-F RFF 75 UNIT RECON SOLUTION	3	
GONAL-F RFF REDI-JECT 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML PEN INJECTOR	3	
MENOPUR 75 UNIT RECON SOLUTION	3	
OVIDREL 250 MCG/0.5 ML SYRINGE	3	
Vitamins/Minerals - Mail Order Available		
<i>ascorbic acid (vitamin c) 500 mg/ml SOLUTION</i>	1	
<i>b complex 100 100-2-100-2-2 mg/ml SOLUTION</i>	1	
<i>b-complex injection 100-2-100-2-2 mg/ml SOLUTION</i>	1	
<i>cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION</i>	1	

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

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 • \$0 - Vaccine/Diabetic • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Vitamins/Minerals - Mail Order Available		
<i>cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL</i>	1	
<i>dodex 1,000 mcg/ml SOLUTION</i>	1	
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE	3	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<i>folic acid 1 mg TABLET</i>	1	
<i>folic acid 5 mg/ml SOLUTION</i>	1	
<i>hydroxocobalamin 1,000 mcg/ml SOLUTION</i>	1	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	3	
MEPHYTON 5 MG TABLET	3	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	3	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE</i>	1	
<i>phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION</i>	1	
<i>phytonadione (vitamin k1) 5 mg TABLET</i>	1	
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION</i>	1	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION</i>	1	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE</i>	1	
<i>vitamin k 1 mg/0.5 ml SOLUTION</i>	1	
<i>vitamin k1 10 mg/ml SOLUTION</i>	1	

Your Humana Group Medicare Plan has additional coverage for some drugs that are not normally covered under Medicare Part D. Guidelines that apply to these drugs include: they are not subject to the Medicare appeals process and your member cost share does not apply to your annual maximum out-of-pocket (MOOP) spend.

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 • \$0 - Vaccine/Diabetic • ST - Step Therapy

Index

A

- abacavir... 74
- abacavir-lamivudine... 74
- ABELCET... 45
- ABILIFY ASIMTUFI... 69
- ABILIFY MAINTENA... 69
- ABILIFY MYCITE MAINTENANCE KIT... 69
- ABILIFY MYCITE STARTER KIT... 69
- ABILIFY... 69
- abiraterone... 51
- ABRAXANE... 51
- ABRILADA(CF) PEN... 156
- ABRILADA(CF)... 156
- ABRYSVO (PF)... 156
- ABSORICA LD... 114
- ABSORICA... 114
- acamprosate... 21
- ACANYA... 114
- acarbose... 81
- ACCOLATE... 182
- ACCUPRIL... 92
- ACCURETIC... 92
- accutane... 114
- acebutolol... 92
- ACETADOTE... 171
- acetaminophen... 171
- acetaminophen-caff-dihydrocod... 11
- acetaminophen-codeine... 11
- acetazolamide sodium... 92
- acetazolamide... 92
- acetic acid... 22, 171
- acetylcysteine... 171, 182
- acitretin... 114
- ACTEMRA ACTPEN... 156
- ACTEMRA... 156
- ACTHAR SELFJECT... 139
- ACTHAR... 139
- ACTHIB (PF)... 156
- ACTICLATE... 22
- ACTIMMUNE... 156
- ACTIQ... 11
- ACTIVELLA... 143
- ACTONEL... 169
- ACTOPLUS MET... 81
- ACTOS... 81
- ACULAR LS... 177
- ACULAR... 177
- ACUVAIL (PF)... 177
- acyclovir sodium... 74
- acyclovir... 74
- ACZONE... 114
- ADACEL(TDAP ADOLESN/ADULT)(PF)... 156
- ADAKVEO... 171
- ADALIMUMAB-AACF... 156
- ADALIMUMAB-AACF(CF) PEN CROHNS... 156
- ADALIMUMAB-AACF(CF) PEN PS-UV... 156
- ADALIMUMAB-AATY... 156
- ADALIMUMAB-ADAZ... 156
- ADALIMUMAB-ADBM... 156
- ADALIMUMAB-ADBM(CF) PEN CROHNS... 156
- ADALIMUMAB-ADBM(CF) PEN PS-UV... 157
- ADALIMUMAB-FKJP... 157
- ADALIMUMAB-RYVK... 157
- adapalene... 114
- adapalene-benzoyl peroxide... 115
- ADBRY... 115
- ADCETRIS... 51
- ADCIRCA... 182
- ADDERALL XR... 107
- ADDERALL... 107
- adefovir... 74
- ADEMPAS... 182
- adenosine... 92
- ADLARITY... 38

ADLYXIN... 81	ak-poly-bac... 177	almotriptan malate... 48
ADMELOG SOLOSTAR U-100 INSULIN... 81	AKEEGA... 51	ALOCRI... 177
ADMELOG U-100 INSULIN LISPRO... 81	AKLIEF... 115	ALOMIDE... 177
ADRENALIN... 92, 183	AKYNZEO (FOSNETUPITANT)... 43	ALOPRIM... 48
ADRIAMYCIN... 51	AKYNZEO (NETUPITANT)... 43	alosetron... 130
adrucil... 51	ALA-CORT... 115	ALPHAGAN P... 177
ADSTILADRIN... 171	ALA-SCALP... 115	alprazolam intensol... 80
ADVAIR DISKUS... 183	albendazole... 66	alprazolam... 80
ADVAIR HFA... 183	albuterol sulfate... 183	ALREX... 177
ADZENYS XR-ODT... 107	ALCAINE... 177	ALTABAX... 115
ADZYNMA... 88	alclometasone... 115	ALTACE... 92
AEMCOLO... 130	ALCOHOL PADS... 171	altavera (28)... 143
AFINITOR DISPERZ... 51	ALCOHOL PREP PADS... 171	ALTOPREV... 92
AFINITOR... 51	ALCOHOL SWABS... 171	ALTRENO... 115
afirmelle... 143	ALCOHOL WIPES... 171	ALUNBRIG... 51
AFREZZA... 81, 82	ALDACTAZIDE... 92	ALVAIZ... 88
AGAMREE... 139	ALDACTONE... 92	ALVESCO... 183
AGGRASTAT CONCENTRATE... 88	ALDURAZYME... 135	alyacen 1/35 (28)... 143
AGGRASTAT IN SODIUM CHLORIDE... 88	ALECENSA... 51	alyacen 7/7/7 (28)... 143
AGRYLIN... 88	alendronate... 169	ALYGLO... 157
AIMOVIG AUTOINJECTOR... 48	alfuzosin... 138	ALYMSYS... 51
AIRDUO DIGIHALER... 183	ALIMTA... 51	alyq... 183
AIRDUO RESPICLICK... 183	ALIQOPA... 51	amabelz... 143
AIRSUPRA... 183	aliskiren... 92	amantadine hcl... 67
AJOVY AUTOINJECTOR... 48	ALKINDI SPRINKLE... 139	AMARYL... 82
AJOVY SYRINGE... 48	allopurinol sodium... 48	AMBIEN CR... 191
	allopurinol... 48	AMBIEN... 191
	ALLZITAL... 171	AMBISOME... 45

ambrisentan... 183	amlodipine-atorvastatin... 93	ANGELIQ... 144
amcinonide... 115	amlodipine-benazepril... 93	ANKTIVA... 51
amethia... 143	amlodipine-olmesartan... 93	ANNOVERA... 144
amethyst (28)... 143	amlodipine-valsartan... 93	ANORO ELLIPTA... 183
amikacin... 22	amlodipine-valsartan-hcthiazyd... 93	ANTIVERT... 43
amiloride... 92	ammonium lactate... 115	anusol-hc... 115
amiloride-hydrochlorothiazide... 92	AMMONUL... 171	ANZEMET... 43
aminocaproic acid... 88	amnesteem... 115	APADAZ... 11
aminophylline... 183	amoxapine... 39	apexicon e... 115
AMINOSYN II 10 %... 124	amoxicil-clarithromy-lansopraz... 130	APIDRA SOLOSTAR U-100 INSULIN... 82
AMINOSYN II 7 %... 124	amoxicillin... 22	APIDRA U-100 INSULIN... 82
AMINOSYN II 8.5 %... 124	amoxicillin-pot clavulanate... 22	APLENZIN... 39
AMINOSYN II 8.5 %-ELECTROLYTES... 124	amphetamine sulfate... 107	APOKYN... 67
AMINOSYN M 3.5 %... 124	amphotericin b liposome... 45	apomorphine... 67
AMINOSYN 10 %... 124	amphotericin b... 45	APONVIE... 43
AMINOSYN 7 % WITH ELECTROLYTES... 124	ampicillin sodium... 22	apraclonidine... 177
AMINOSYN 8.5 %... 124	ampicillin... 22	aprepitant... 43
AMINOSYN 8.5 %-ELECTROLYTES... 124	ampicillin-sulbactam... 22	apri... 144
AMINOSYN-RF 5.2 %... 124	AMPYRA... 107	APRISO... 168
amiodarone... 92, 93	AMRIX... 190	APTENSIO XR... 107
AMITIZA... 130	AMVUTTRA... 135	APTIOM... 32
amitriptyline... 39	ANAFRANIL... 39	APTIVUS... 74
amitriptyline-chlordiazepoxide... 39	anagrelide... 88	ARALAST NP... 135
AMJEVITA(CF) AUTOINJECTOR... 157	anastrozole... 51	aranelle (28)... 144
AMJEVITA(CF)... 157	ANCOBON... 45	ARANESP (IN POLYSORBATE)... 88
amlodipine... 93	ANDRODERM... 143	ARAVA... 157
	ANDROGEL... 143, 144	ARAZLO... 115

ARCALYST... 157	aspirin-dipyridamole... 88	aurovela fe 1.5/30 (28)... 144
AREXVY (PF)... 157	ASPRUZYO SPRINKLE... 93	aurovela fe 1-20 (28)... 144
arformoterol... 183	ASTAGRAF XL... 157	aurovela 1.5/30 (21)... 144
ARICEPT... 38	ATACAND HCT... 93	aurovela 1/20 (21)... 144
ARIKAYCE... 22	ATACAND... 93	aurovela 24 fe... 144
ARIMIDEX... 51	atazanavir... 74	AUSTEDO XR TITRATION KT(WK1-4)... 107, 108
aripiprazole... 69	ATELVIA... 169	AUSTEDO XR... 107
ARISTADA INITIO... 69	atenolol... 93	AUSTEDO... 107
ARISTADA... 69	atenolol-chlorthalidone... 93	AUTOJECT 2 INJECTION DEVICE... 171
ARIXTRA... 88	ATGAM... 157	AUTOPEN 1 TO 21 UNITS... 171
armodafinil... 191	ATIVAN... 80	AUTOPEN 2 TO 42 UNITS... 171
ARMONAIR DIGIHALER... 183	atomoxetine... 107	AUVELITY... 39
ARMOUR THYROID... 153	ATORVALIQ... 93	AUVI-Q... 184
ARNUITY ELLIPTA... 183	atorvastatin... 93	AVALIDE... 93
AROMASIN... 51	atovaquone... 66	AVAPRO... 93
ARRANON... 52	atovaquone-proguanil... 66	AVASTIN... 52
arsenic trioxide... 52	ATRALIN... 115	AVEED... 144
ARTHROTEC 50... 11	ATRIPLA... 74	AVELOX IN NACL (ISO-OSMOTIC)... 23
ARTHROTEC 75... 11	ATROPINE SULFATE (PF)... 178	aviane... 144
ASACOL HD... 168	atropine... 130, 178	avidoxy... 23
ASCENIV... 157	ATROVENT HFA... 184	AVITA... 115
ascomp with codeine... 11	AUBAGIO... 107	AVONEX... 108
ascorbic acid (vitamin c)... 194	aubra eq... 144	AVSOLA... 157
asenapine maleate... 69	aubra... 144	AVYCAZ... 23
ashlyna... 144	AUGMENTIN ES-600... 23	AYGESTIN... 144
ASMANEX HFA... 183	AUGMENTIN XR... 23	ayuna... 144
ASMANEX TWISTHALER... 183	AUGMENTIN... 23	
ASPARLAS... 52	AUGTYRO... 52	

AYVAKIT... 52	BACTRIM... 23	BD INSULIN SYRINGE ULTRA-FINE... 172
azacitidine... 52	BAFIERTAM... 108	BD INSULIN SYRINGE... 171
AZACTAM... 23	bal-care dha... 124	BD LO-DOSE MICRO-FINE IV... 172
AZASAN... 157	balanced salt... 178	BD NANO 2ND GEN PEN NEEDLE... 172
AZASITE... 178	BALCOLTRA... 144	BD SAFETYGLIDE INSULIN SYRINGE... 172
azathioprine sodium... 157	balsalazide... 168	BD SAFETYGLIDE SYRINGE... 172
azathioprine... 157	BALVERSA... 52	BD ULTRA-FINE MICRO PEN NEEDLE... 172
azelaic acid... 115	balziva (28)... 144	BD ULTRA-FINE MINI PEN NEEDLE... 172
azelastine... 178, 184	BAND-AID GAUZE PADS... 171	BD ULTRA-FINE NANO PEN NEEDLE... 172
azelastine-fluticasone... 184	BANZEL... 32	BD ULTRA-FINE ORIG PEN NEEDLE... 172
AZELEX... 115	BAQSIMI... 82	BD ULTRA-FINE SHORT PEN NEEDLE... 172
AZILECT... 67	BARACLUDE... 74	BD VEO INSULIN SYR (HALF UNIT)... 172
azithromycin... 23	BASAGLAR KWIKPEN U-100 INSULIN... 82	BD VEO INSULIN SYRINGE UF... 172
AZMIRO... 144	BASAGLAR TEMPO PEN(U-100)INSLN... 82	BECONASE AQ... 184
AZOPT... 178	BAVENCIO... 52	BELBUCA... 11
AZOR... 93	BAXDELA... 23	BELEODAQ... 52
AZSTARYS... 108	BCG VACCINE, LIVE (PF)... 157	BELSOMRA... 191
aztreonam... 23	BD ALCOHOL SWABS... 171	benazepril... 93
AZULFIDINE EN-TABS... 168	BD AUTOSHIELD DUO PEN NEEDLE... 171	benazepril-hydrochlorothiazide... 93
AZULFIDINE... 168	BD ECLIPSE LUER-LOK... 171	bendamustine... 52
azurette (28)... 144	BD INSULIN SYRINGE (HALF UNIT)... 171	BENDEKA... 52
B	BD INSULIN SYRINGE MICRO-FINE... 171	
b complex 100... 194	BD INSULIN SYRINGE U-500... 172	
b-complex injection... 194		
bacitracin... 23, 178		
bacitracin-polymyxin b... 178		
baclofen... 73		
BACTRIM DS... 23		

BENICAR HCT... 93	BETHKIS... 23	blisovi fe 1/20 (28)... 144
BENICAR... 93	BETIMOL... 178	blisovi 24 fe... 144
BENLYSTA... 157	BETOPTIC S... 178	BONIVA... 169
BENTYL... 130	BEVESPI AEROSPHERE... 184	BONJESTA... 43
BENZAMYCIN... 115	bexarotene... 52	BOOSTRIX TDAP... 158
benzhydrocodone-acetaminophen... 11	BEXSERO... 157	BORDERED GAUZE... 172
benzonatate... 193	BEYAZ... 144	BORTEZOMIB... 52
benztropine... 67	BEYFORTUS... 172	bosentan... 184
bepotastine besilate... 178	bicalutamide... 52	BOSULIF... 52
BEPREVE... 178	BICILLIN C-R... 23	BRAFTOVI... 52
BERINERT... 157	BICILLIN L-A... 23	BREO ELLIPTA... 184
besser... 115	BICNU... 52	bretylum tosylate... 94
BESIVANCE... 178	BIDIL... 94	BREVIBLOC IN NACL (ISO-OSM)... 94
BESPONSA... 52	BIJUVA... 144	BREVIBLOC... 94
BESREMI... 157	BIKTARVY... 74	BREZTRI AEROSPHERE... 184
BETADINE OPHTHALMIC PREP... 178	BILTRICIDE... 66	briellyn... 144
betaine... 135	bimatoprost... 178	BRILINTA... 88
betamethasone acet,sod phos... 139	BIMZELX AUTOINJECTOR... 158	brimonidine... 116, 178
betamethasone dipropionate... 115	BIMZELX... 158	brinzolamide... 178
betamethasone valerate... 115, 116	BINOSTO... 169	BRIUMVI... 108
betamethasone, augmented... 116	BIORPHEN... 94	BRIVIACT... 32
BETAPACE AF... 93	bismuth subcit k-metronidz-tcn... 130	bromfed dm... 193
BETAPACE... 93	bisoprolol fumarate... 94	bromfenac... 178
BETASERON... 108	bisoprolol-hydrochlorothiazide... 94	bromocriptine... 67
betaxolol... 93, 178	BIVIGAM... 158	brompheniramine-pseudoeph-dm... 193
bethanechol chloride... 138	bleomycin... 52	BROMSITE... 178
	blisovi fe 1.5/30 (28)... 144	BRONCHITOL... 184

BROVANA... 184	butalbital-acetaminophen... 172	CALDOLOR... 11
BRUKINSA... 52	butalbital-acetaminophen-caff... 172	CALQUENCE (ACALABRUTINIB MAL)... 53
BRYHALI... 116	butalbital-aspirin-caffeine... 172	CALQUENCE... 53
BSS PLUS... 178	butorphanol... 11	CAMBIA... 11
BSS... 178	BUTRANS... 11	camila... 144
budesonide... 168, 184	BYDUREON BCISE... 82	CAMPTOSAR... 53
bumetanide... 94	BYETTA... 82	camrese lo... 144
bupap... 172	BYLVAY... 172, 173	camrese... 144
BUPHENYL... 135	BYSTOLIC... 94	CAMZYOS... 94
bupivacaine (pf)... 19		CANASA... 168
bupivacaine hcl... 19	C	CANCIDAS... 45
bupivacaine liposome (pf)... 19	c-nate dha... 124	candesartan... 94
bupivacaine-dextrose-water(pf)... 19	CABENUVA... 74	candesartan-hydrochlorothiazid... 94
bupivacaine-epinephrine (pf)... 19	cabergoline... 154	CAPEX... 116
bupivacaine-epinephrine... 19	CABLIVI... 88	CAPLYTA... 69
BUPRENEX... 11	CABOMETYX... 53	CAPRELSA... 53
buprenorphine hcl... 11, 21	CABTREQ... 116	captopril... 94
buprenorphine... 11	CADUET... 94	captopril-hydrochlorothiazide... 94
buprenorphine-naloxone... 21	CAFICIT... 173	CARAC... 116
bupropion hcl (smoking deter)... 21	caffeine citrate... 173	CARAFATE... 131
bupropion hcl... 39	CALAN SR... 94	CARBAGLU... 124
bupirone... 80	calcipotriene... 116	carbamazepine... 32
busulfan... 52	calcipotriene-betamethasone... 116	CARBATROL... 32
BUSULFEX... 52	calcitonin (salmon)... 169	carbidopa... 67
butalbital compound w/codeine... 11	calcitriol... 116, 169	carbidopa-levodopa... 67
butalbital-acetaminop-caf-cod... 172	calcium chloride... 124	carbidopa-levodopa-entacapone... 67
	calcium disodium versenate... 173	
	calcium gluconate... 124	

carbinoxamine maleate... 184	cefazolin... 24	CEQUR SIMPLICITY... 173
CARBOCAINE WITH NEO-COBEFRIN... 19	cefdinir... 24	CERDELGA... 135
carboplatin... 53	cefepime in dextrose 5 %... 24	CEREBYX... 32
carboprost tromethamine... 143	cefepime in dextrose,iso-osm... 24	CEREZYME... 135
CARDIZEM CD... 94	cefepime... 24	CERVIDIL... 173
CARDIZEM LA... 94	cefixime... 24	cetirizine... 184
CARDIZEM... 94	cefotetan... 24	cetorelix... 194
CARDURA XL... 94	cefoxitin in dextrose, iso-osm... 24	CETROTIDE... 194
CARDURA... 94	cefoxitin... 24	cevimeline... 114
CARETOUCH ALCOHOL PREP PAD... 173	cefpodoxime... 24	CHANTIX CONTINUING MONTH BOX... 21
carglumic acid... 124	cefprozil... 24	CHANTIX STARTING MONTH BOX... 21
carisoprodol... 190	ceftazidime in d5w... 24	CHANTIX... 21
carmustine... 53	ceftazidime... 24	charlotte 24 fe... 144
CARNITOR (SUGAR-FREE)... 124	ceftriaxone in dextrose,iso-os... 24	chateal eq (28)... 144
CARNITOR... 124	ceftriaxone... 24	CHEMET... 124
CAROSPIR... 94	cefuroxime axetil... 24	CHENODAL... 131
carteolol... 178	cefuroxime sodium... 24	chloramphenicol sod succinate... 24
cartia xt... 94, 95	CELEBREX... 11	chlordiazepoxide hcl... 80
carvedilol phosphate... 95	celecoxib... 11	chlorhexidine gluconate... 114
carvedilol... 95	CELESTONE SOLUSPAN... 139	chloroprocaine (pf)... 19
CASODEX... 53	CELEXA... 39	chloroquine phosphate... 66
caspofungin... 45	CELLCEPT INTRAVENOUS... 158	chlorothiazide sodium... 95
CAYSTON... 184	CELLCEPT... 158	chlorpromazine... 69
cefaclor... 23	CELONTIN... 32	chlorthalidone... 95
cefadroxil... 23, 24	CENTANY... 116	chlorzoxazone... 190
cefazolin in dextrose (iso-os)... 24	cephalexin... 24	CHOLBAM... 135
	CEQUA... 178	
	CEQUR SIMPLICITY INSERTER... 173	

cholestyramine (with sugar)... 95	ciprofloxacin... 25	clindamycin in 5 % dextrose... 25
cholestyramine light... 95	ciprofloxacin-dexamethasone... 182	clindamycin palmitate hcl... 25
cholestyramine-aspartame... 95	cisplatin... 53	clindamycin pediatric... 25
CHORIONIC GONADOTROPIN, HUMAN... 142	citalopram... 40	clindamycin phosphate... 25, 116
CIALIS... 138	CITRANATAL B-CALM (FE GLUC)... 124	clindamycin-benzoyl peroxide... 116, 117
CIBINQO... 158	cladribine... 53	clindamycin-tretinoin... 117
ciclodan... 45	CLAFORAN... 25	CLINDESSE... 25
ciclopirox... 45	claravis... 116	CLINIMIX E 2.75%/D5W SULF FREE... 125
cidofovir... 74	CLARINEX... 184	CLINIMIX E 4.25%/D10W SULF FREE... 125
cilostazol... 88	CLARINEX-D 12 HOUR... 173	CLINIMIX E 4.25%/D5W SULF FREE... 125
CILOXAN... 178	clarithromycin... 25	CLINIMIX E 4.25%/D5W SULFIT FREE... 125
CIMDUO... 74	clemastine... 184	CLINIMIX E 5%/D15W SULFIT FREE... 125
cimetidine hcl... 131	CLENPIQ... 131	CLINIMIX E 5%/D20W SULFIT FREE... 125
cimetidine... 131	CLEOCIN HCL... 25	CLINIMIX E 8%-D10W SULFITEFREE... 125
CIMZIA POWDER FOR RECONST... 158	CLEOCIN PEDIATRIC... 25	CLINIMIX E 8%-D14W SULFITEFREE... 125
CIMZIA STARTER KIT... 158	CLEOCIN T... 116	CLINIMIX 4.25%/D10W SULF FREE... 124
CIMZIA... 158	CLEOCIN... 25	CLINIMIX 4.25%/D5W SULFIT FREE... 124
cinacalcet... 169	CLEVIPREX... 95	CLINIMIX 5%-D20W(SULFITE-FREE)... 124
CINQAIR... 184	CLIMARA PRO... 145	CLINIMIX 5%/D15W SULFITE FREE... 124
CINRYZE... 158	CLIMARA... 145	
CINVANTI... 43	clindacin etz... 116	
CIPRO HC... 182	clindacin p... 116	
CIPRO... 24, 25	clindacin... 116	
CIPRODEX... 182	CLINDAGEL... 116	
ciprofloxacin hcl... 25, 178	clindamycin hcl... 25	
ciprofloxacin in 5 % dextrose... 25	clindamycin in 0.9 % sod chlor... 25	

CLINIMIX 6%-D5W (SULFITE-FREE)... 124	COARTEM... 66	constulose... 131
CLINIMIX 8%-D10W(SULFITE-FREE)... 124	COBENFY STARTER PACK... 173	CONZIP... 12
CLINIMIX 8%-D14W(SULFITE-FREE)... 125	COBENFY... 173	COPAXONE... 108
CLINISOL SF 15 %... 125	codeine sulfate... 11	COPIKTRA... 53
CLINOLIPID... 125	codeine-butalbital-asa-caff... 12	CORDRAN TAPE LARGE ROLL... 117
clobazam... 32	COLAZAL... 168	CORDRAN... 117
clobetasol... 117	colchicine... 48	coremino... 25
clobetasol-emollient... 117	COLCRYS... 48	CORGARD... 95
CLOBEX... 117	colesevelam... 95	CORLANOR... 95
clocortolone pivalate... 117	COLESTID FLAVORED... 95	CORLOPAM... 95
clodan... 117	COLESTID... 95	CORTEF... 117
clofarabine... 53	colestipol... 95	CORTENEMA... 168
CLOLAR... 53	colistin (colistimethate na)... 25	CORTIFOAM... 168
clomid... 194	COLUMVI... 53	CORTISPORIN-TC... 182
clomiphene citrate... 194	COLY-MYCIN M PARENTERAL... 25	CORTROPHIN GEL... 140
clomipramine... 40	COMBIGAN... 178	CORVERT... 95
clonazepam... 80	COMBIPATCH... 145	COSENTYX (2 SYRINGES)... 158
clonidine hcl... 95, 108	COMBIVENT RESPIMAT... 184	COSENTYX PEN (2 PENS)... 158
clonidine... 95	COMBIVIR... 74	COSENTYX PEN... 158
clopidogrel... 88, 89	COMBOGESIC IV... 173	COSENTYX UNOREADY PEN... 158
clorazepate dipotassium... 80	COMETRIQ... 53	COSENTYX... 158
CLOROTEKAL (PF)... 19	COMPAZINE... 43	COSMEGEN... 53
clotrimazole... 45	COMPLERA... 74	COSOPT (PF)... 178
clotrimazole-betamethasone... 45	complete natal dha... 125	COSOPT... 178
clozapine... 69, 70	compro... 43	COTELLIC... 53
CLOZARIL... 70	COMTAN... 67	COTEMPLA XR-ODT... 108
	CONCERTA... 108	COZAAR... 96
	CONDYLOX... 117	CREON... 135

CRESEMBA... 45	CYLTEZO(CF)... 158	DAPTACEL (DTAP PEDIATRIC) (PF)... 159
CRESTOR... 96	CYMBALTA... 108	daptomycin in 0.9 % sod chlor... 26
CREXONT... 67	cyproheptadine... 184	daptomycin... 25
CRINONE... 145	CYRAMZA... 53	DARAPRIM... 66
cromolyn... 179, 184	cyred eq... 145	darifenacin... 138
crotan... 117	cyred... 145	DARTISLA... 131
cryselle (28)... 145	CYSTADANE... 135	darunavir... 74, 75
CRYSVITA... 135	CYSTADROPS... 179	DARZALEX FASPRO... 54
CUBICIN RF... 25	CYSTAGON... 135	DARZALEX... 54
CUPRIMINE... 125	CYSTARAN... 179	dasatinib... 54
CURITY ALCOHOL SWABS... 173	cytarabine (pf)... 53	dasetta 1/35 (28)... 145
CURITY GAUZE... 173	cytarabine... 53	dasetta 7/7/7 (28)... 145
CUTAQUIG... 158	CYTOGAM... 159	daunorubicin... 54
CUVPOSA... 131	CYTOMEL... 153	DAURISMO... 54
CUVRIOR... 125	CYTOTEC... 131	DAYBUE... 135
cyanocobalamin (vitamin b-12)... 194, 195	D	DAYPRO... 12
cyclobenzaprine... 190	dabigatran etexilate... 89	daysee... 145
cyclophosphamide... 53	dacarbazine... 53	DAYTRANA... 108
cycloserine... 50	DACOGEN... 53	DAYVIGO... 191
CYCLOSET... 82	dactinomycin... 54	DDAVP... 142
cyclosporine modified... 158	dalfampridine... 108	deblitane... 145
cyclosporine... 158, 179	DALIRESP... 184	decitabine... 54
CYKLOKAPRON... 89	DALVANCE... 25	deferasirox... 125
CYLTEZO(CF) PEN CROHN'S-UC-HS... 158	danazol... 145	deferiprone... 125
CYLTEZO(CF) PEN PSORIASIS-UV... 158	DANTRIUM... 73	deferoxamine... 125
CYLTEZO(CF) PEN... 158	dantrolene... 73	DEFITELIO... 173
	DANYELZA... 54	deflazacort... 140
	dapsone... 50, 117	

DELESTROGEN... 145	desloratadine... 184, 185	dextroamphetamine sulfate... 108, 109
DELSTRIGO... 75	desmopressin... 142	dextroamphetamine-amphetamine... 109
DELZICOL... 168	desog-e.estradiol/e.estradiol... 145	dextrose 10 % and 0.2 % nacl... 125
demeclocycline... 26	desogestrel-ethinyl estradiol... 145	dextrose 10 % in water (d10w)... 125
DEMEROL (PF)... 12	desonide... 117, 118	dextrose 25 % in water (d25w)... 125
DEMEROL... 12	DESOWEN... 118	dextrose 5 % in water (d5w)... 125
DEMSER... 96	desoximetasone... 118	dextrose 5 %-lactated ringers... 125
DENAVIR... 75	DESOXYN... 108	dextrose 5%-0.2 % sod chloride... 125
DENGVAXIA (PF)... 159	desrx... 118	dextrose 5%-0.3 % sod.chloride... 126
DEPAKOTE ER... 32	desvenlafaxine succinate... 40	dextrose 50 % in water (d50w)... 126
DEPAKOTE SPRINKLES... 33	desvenlafaxine... 40	dextrose 70 % in water (d70w)... 126
DEPAKOTE... 32	DETROL LA... 138	DHIVY... 67
DEPEN TITRATABS... 125	DETROL... 138	DIACOMIT... 33
DEPO-ESTRADIOL... 145	dexabliss... 140	DIASTAT ACUDIAL... 33
DEPO-MEDROL... 140	dexamethasone intensol... 140	DIASTAT... 33
DEPO-PROVERA... 145	dexamethasone sodium phos (pf)... 140	diazepam intensol... 80
DEPO-SUBQ PROVERA 104... 145	dexamethasone sodium phosphate... 140, 179	diazepam... 33, 80
DEPO-TESTOSTERONE... 145	dexamethasone... 140	diazoxide... 82
DERMA-SMOOTH/FS BODY OIL... 117	dexchlorpheniramine maleate... 185	DIBENZYLINE... 96
DERMA-SMOOTH/FS SCALP OIL... 117	DEXEDRINE SPANSULE... 108	dichlorphenamide... 135
DERMACEA... 173	DEXILANT... 131	DICLEGIS... 43
dermacinrx lidocan... 19	dexlansoprazole... 131	diclofenac epolamine... 12
DERMOTIC OIL... 182	dexmethylphenidate... 108	
DESCOVY... 75	dexrazoxane hcl... 54	
DESFERAL... 125	DEXTENZA... 179	
desipramine... 40		

diclofenac potassium... 12	DIPHEN... 185	DORYX MPC... 26
diclofenac sodium... 12, 118, 179	diphenhydramine hcl... 185	DORYX... 26
diclofenac-misoprostol... 12	diphenoxylate-atropine... 131	dorzolamide... 179
dicloxacillin... 26	DIPROLENE (AUGMENTED)... 118	dorzolamide-timolol (pf)... 179
dicyclomine... 131	dipyridamole... 89	dorzolamide-timolol... 179
didanosine... 75	disopyramide phosphate... 96	dotti... 145
DIFFERIN... 118	disulfiram... 21	DOVATO... 75
DIFICID... 26	DITROPAN XL... 138	DOVONEX... 118
diflorasone... 118	DIURIL... 96	doxazosin... 97
DIFLUCAN... 45	divalproex... 33	doxepin... 80, 118, 191
diflunisal... 12	DIVIGEL... 145	doxercalciferol... 169
difluprednate... 179	dobutamine in d5w... 96	DOXIL... 54
digitek... 96	dobutamine... 96	doxorubicin... 54
digox... 96	DOCEFREZ... 54	doxorubicin, peg-liposomal... 54
digoxin... 96	docetaxel... 54	doxy-100... 26
dihydroergotamine... 48	DOCIVYX... 54	doxycycline hyclate... 26
DILANTIN EXTENDED... 33	dodex... 195	doxycycline monohydrate... 26
DILANTIN INFATABS... 33	dofetilide... 96	doxylamine-pyridoxine (vit b6)... 43
DILANTIN... 33	DOJOLVI... 135	DRISDOL... 195
DILANTIN-125... 33	dolishale... 145	DRIZALMA SPRINKLE... 109
DILAUDID... 12	dolobid... 12	dronabinol... 43
dilt-xr... 96	donepezil... 38	droperidol... 70
diltiazem hcl... 96	dopamine in 5 % dextrose... 96	DROPLET INSULIN SYR(HALF UNIT)... 173
dimenhydrinate... 43	dopamine... 96	DROPLET INSULIN SYRINGE... 173
dimethyl fumarate... 109	DOPRAM... 185	DROPLET MICRON PEN NEEDLE... 173
DIOVAN HCT... 96	DOPTELET (10 TAB PACK)... 89	DROPLET PEN NEEDLE... 173
DIOVAN... 96	DOPTELET (15 TAB PACK)... 89	
DIPENTUM... 168	DOPTELET (30 TAB PACK)... 89	

DROPSAFE ALCOHOL PREP PADS... 173	DYRENIUM... 97	EFFEXOR XR... 40
DROPSAFE PEN NEEDLE... 173	d10 %-0.45 % sodium chloride... 125	EFFIENT... 89
drospirenone-e.estradiol-lm.fa... 145	d2.5 %-0.45 % sodium chloride... 125	EFUDEX... 118
drospirenone-ethinyl estradiol... 145	d5 % and 0.9 % sodium chloride... 125	EGATEN... 66
DROXIA... 174	d5 %-0.45 % sodium chloride... 125	EGRIFTA SV... 142
droxidopa... 97		ELAPRASE... 135
DUAKLIR PRESSAIR... 185	E	electrolyte-a... 126
DUAVEE... 145	E.E.S. GRANULES... 27	electrolyte-148... 126
DUET DHA WITH OMEGA-3... 126	E.E.S. 400... 26	electrolyte-48 in d5w... 126
DUETACT... 82	EASY COMFORT ALCOHOL PAD... 174	ELELYSO... 135
DUEXIS... 12	EASY TOUCH ALCOHOL PREP PADS... 174	ELESTRIN... 145
DULERA... 185	EBGLYSS PEN... 118	eletriptan... 48
duloxetine... 109	EBGLYSS SYRINGE... 118	ELEVIDYS... 135
DUOBRII... 118	ec-naproxen... 12	ELFABRIO... 136
DUOPA... 67	econazole... 45	ELIDEL... 118
DUPIXENT PEN... 159	edaravone... 109	ELIGARD (3 MONTH)... 154
DUPIXENT SYRINGE... 159	EDARBI... 97	ELIGARD (4 MONTH)... 154
DURAMORPH (PF)... 12	EDARBYCLOR... 97	ELIGARD (6 MONTH)... 154
DUREZOL... 179	EDECIN... 97	ELIGARD... 154
DURYSTA... 179	edetate calcium disodium... 174	ELIMITE... 118
dutasteride... 138	EDLUAR... 191	elinest... 146
dutasteride-tamsulosin... 138	EDURANT... 75	ELIQUIS DVT-PE TREAT 30D START... 89
DUVYZAT... 135	efavirenz... 75	ELIQUIS... 89
DUZALLO... 48	efavirenz-emtricitabin-tenofov... 75	ELITEK... 54
DYANAVAL XR... 109	efavirenz-lamivu-tenofov disop... 75	ELIXOPHYLLIN... 185
DYMISTA... 185		ELLENCE... 54
		ELMIRON... 138

ELREXFIO... 54	ENGERIX-B (PF)... 159	EPIPEN JR... 185
eluryng... 146	ENGERIX-B PEDIATRIC (PF)... 159	EPIPEN 2-PAK... 185
ELYXYB... 174	ENHERTU... 54	EPIPEN... 185
ELZONRIS... 54	enilloring... 146	epirubicin... 54
EMCYT... 54	ENJAYMO... 159	epitol... 33
EMEND (FOSAPREPITANT)... 43	enoxaparin... 89	EPIVIR HBV... 75
EMEND... 43	enpresse... 146	EPIVIR... 75
EMFLAZA... 140	enskyce... 146	EPKINLY... 54
EMGALITY PEN... 48	ENSPRYNG... 179	eplerenone... 97
EMGALITY SYRINGE... 48, 49	ENSTILAR... 118	EPOGEN... 89
EMPAVELI... 174	entacapone... 67	epoprostenol... 185
EMPLICITI... 54	entecavir... 75	EPRONTIA... 33
EMROSI... 27	ENTRESTO SPRINKLE... 97	eprosartan... 97
EMSAM... 40	ENTRESTO... 97	EPSOLAY... 118
emtricitabine... 75	ENTYVIO PEN... 159	eptifibatide... 89
emtricitabine-tenofovir (tdf)... 75	ENTYVIO... 159	EPZICOM... 75
EMTRIVA... 75	enulose... 131	EQUETRO... 33
emverm... 66	ENVARUSUS XR... 159	ERAXIS(WATER DILUENT)... 45
emzahh... 146	EOHILIA... 174	ERBITUX... 54
enalapril maleate... 97	EPANED... 97	ergocalciferol (vitamin d2)... 195
enalapril-hydrochlorothiazide... 97	EPCLUSA... 75	ergoloid... 38
enalaprilat... 97	EPIDIOLEX... 33	ERGOMAR... 49
ENBREL MINI... 159	EPIDUO FORTE... 118	ergotamine-caffeine... 49
ENBREL SURECLICK... 159	EPIDUO... 118	eribulin... 55
ENBREL... 159	EPIFOAM... 118	ERIVEDGE... 55
ENDARI... 131	epinastine... 179	ERLEADA... 55
endocet... 12	epinephrine... 185	erlotinib... 55
ENDOMETRIN... 146	EPIPEN JR 2-PAK... 185	ERMEZA... 153

errin... 146	estradiol-norethindrone acet... 146	EVOTAZ... 75
ERTACZO... 45	ESTRING... 146	EVOXAC... 114
ertapenem... 27	eszopiclone... 191	EVRYSDI... 136
ery pads... 118	ethacrynate sodium... 97	EXELON PATCH... 38
ERY-TAB... 27	ethacrynic acid... 97	exemestane... 55
ERYGEL... 119	ethambutol... 50	EXFORGE HCT... 97
ERYPED 200... 27	ethosuximide... 33	EXFORGE... 97
ERYPED 400... 27	ethynodiol diac-eth estradiol... 146	EXJADE... 126
ERYTHROCIN (AS STEARATE)... 27	etodolac... 12, 13	EXKIVITY... 55
ERYTHROCIN... 27	etonogestrel-ethinyl estradiol... 146	EXPAREL (PF)... 19
erythromycin ethylsuccinate... 27	ETOPOPHOS... 55	EXSERVAN... 109
erythromycin lactobionate... 27	etoposide... 55	EXTAVIA... 109
erythromycin with ethanol... 119	etravirine... 75	EXTINA... 45
erythromycin... 27, 179	EUCRISA... 119	EYSUVIS... 179
erythromycin-benzoyl peroxide... 119	EULEXIN... 55	EZALLOR SPRINKLE... 97
ESBRIET... 185	EURAX... 119	ezetimibe... 97
escitalopram oxalate... 40	EUTHYROX... 153	ezetimibe-atorvastatin... 97
ESGIC... 174	EVAMIST... 146	ezetimibe-rosuvastatin... 97
esmolol in nacl (iso-osm)... 97	EVEKEO ODT... 109	ezetimibe-simvastatin... 97
esmolol... 97	EVEKEO... 109	F
esomeprazole magnesium... 131	EVENTY... 169	FABHALTA... 159
esomeprazole sodium... 131	everolimus (antineoplastic)... 55	FABIOR... 119
estarylla... 146	everolimus (immunosuppressive)... 159	FABRAZYME... 136
estazolam... 191	EVISTA... 146	falmina (28)... 146
ESTRACE... 146	EVKEEZA... 97	famciclovir... 75
estradiol valerate... 146	EVOCLIN... 119	famotidine (pf)... 131
estradiol... 146	EVOMELA... 55	famotidine (pf)-nacl (iso-os)... 131
		famotidine... 131

FANAPT... 70	FERRIPROX... 126	FLEBOGAMMA DIF... 159
FARESTON... 55	fesoterodine... 138	flecainide... 98
FARXIGA... 82	FETROJA... 27	FLECTOR... 13
FASENRA PEN... 185	FETZIMA... 40	FLEQSUVY... 73
FASENRA... 185	FEXMID... 190	FLOLIPID... 98
FASLODEX... 55	FIASP FLEXTOUCH U-100 INSULIN... 82	FLOMAX... 138
febuxostat... 48	FIASP PENFILL U-100 INSULIN... 82	floxuridine... 55
felbamate... 33	FIASP U-100 INSULIN... 82	fluconazole in nacl (iso-osm)... 45
FELBATOL... 33	FIBRICOR... 98	fluconazole... 45
FELDENE... 13	FILSPARI... 174	flucytosine... 46
felodipine... 97	FILSUVEZ... 174	fludarabine... 55
FEMARA... 55	FINACEA... 119	fludrocortisone... 140
FEMLYV... 146	finasteride... 138	FLUMADINE... 75
FEMRING... 146	fingolimod... 109	flumazenil... 174
femynor... 146	FINTEPLA... 33	flunisolide... 185
fenofibrate micronized... 98	finzala... 146	fluocinolone acetonide oil... 182
fenofibrate nanocrystallized... 98	FIORICET WITH CODEINE... 174	fluocinolone and shower cap... 119
fenofibrate... 97, 98	fioricet... 174	fluocinolone... 119
fenofibric acid (choline)... 98	FIRAZYR... 159	fluocinonide... 119
fenofibric acid... 98	FIRDAPSE... 109	fluocinonide-e... 119
FENOGLIDE... 98	FIRMAGON KIT W DILUENT SYRINGE... 154	fluocinonide-emollient... 119
fenopropfen... 13	FIRMAGON... 154	fluorometholone... 179
FENSOLVI... 154	FIRVANQ... 27	FLUOROPLEX... 119
fentanyl citrate (pf)... 13	flac otic oil... 182	fluorouracil... 55, 119
fentanyl citrate... 13	FLAGYL... 27	fluoxetine... 40
fentanyl... 13	flavoxate... 138	fluphenazine decanoate... 70
FENTORA... 13		fluphenazine hcl... 70
FERRIPROX (2 TIMES A DAY)... 126		flurandrenolide... 119

gemmily... 147	GLUCAGON (HCL) EMERGENCY KIT... 82	GRASTEK... 186
GEMTESA... 138	GLUCAGON EMERGENCY KIT (HUMAN)... 82	griseofulvin microsize... 46
GENERESS FE... 147	GLUCOTROL XL... 82	griseofulvin ultramicrosize... 46
generlac... 132	GLUMETZA... 82, 83	guanfacine... 98, 110
gengraf... 160	glutamine (sickle cell)... 132	GVOKE HYPOPEN 1-PACK... 83
GENOTROPIN MINIQUICK... 142	glyburide micronized... 83	GVOKE HYPOPEN 2-PACK... 83
GENOTROPIN... 142	glyburide... 83	GVOKE PFS 1-PACK SYRINGE... 83
gentak... 179	glyburide-metformin... 83	GVOKE PFS 2-PACK SYRINGE... 83
gentamicin in nacl (iso-osm)... 27	GLYCATE... 132	GVOKE... 83
gentamicin sulfate (ped) (pf)... 27	GLYCOPHOS... 126	gynazole-1... 46
gentamicin sulfate (pf)... 27	glycopyrrolate (pf) in water... 132	H
gentamicin... 27, 179	glycopyrrolate (pf)... 132	HADLIMA PUSHTOUCH... 160
GENVOYA... 76	glycopyrrolate... 132	HADLIMA... 160
GEODON... 70	glydo... 19	HADLIMA(CF) PUSHTOUCH... 160
GILENYA... 110	GLYNASE... 83	HADLIMA(CF)... 160
GILOTRIF... 56	GLYXAMBI... 83	HAEGARDA... 160
GIMOTI... 43	GOCOVRI... 67	hailey fe 1.5/30 (28)... 147
GIVLAARI... 174	GOLYTELY... 132	hailey fe 1/20 (28)... 147
GLASSIA... 136	GONAL-F RFF REDI-JECT... 194	hailey 24 fe... 147
glatiramer... 110	GONAL-F RFF... 194	hailey... 147
glatopa... 110	GONAL-F... 194	HALAVEN... 56
GLEEVEC... 56	GONITRO... 98	halcinonide... 120
GLEOSTINE... 56	GRALISE... 110	HALCION... 191
glimepiride... 82	granisetron (pf)... 43	HALDOL DECANOATE... 70
glipizide... 82	granisetron hcl... 43	halobetasol propionate... 120
glipizide-metformin... 82	GRANIX... 90	haloette... 147
GLOPERBA... 48		HALOG... 120
GLUCAGEN HYPOKIT... 82		haloperidol decanoate... 70

haloperidol lactate... 70	HUMALOG MIX 50-50 INSULN U-100... 83	HUMULIN R REGULAR U-100 INSULN... 83
haloperidol... 70		
HARVONI... 76	HUMALOG MIX 50-50 KWIKPEN... 83	HUMULIN R U-500 (CONC) INSULIN... 83
HAVRIX (PF)... 160	HUMALOG MIX 75-25 KWIKPEN... 83	
heather... 147	HUMALOG MIX 75-25(U-100)INSULN... 83	HUMULIN R U-500 (CONC) KWIKPEN... 83
HECTOROL... 170		
HEMABATE... 143	HUMALOG TEMPO PEN(U-100)INSULN... 83	HUMULIN 70/30 U-100 INSULIN... 83
HEMADY... 140	HUMALOG U-100 INSULIN... 83	HUMULIN 70/30 U-100 KWIKPEN... 83
HEMANGEOL... 98	HUMATIN... 27	HYCAMTIN... 56
heparin (porcine)... 90	HUMATROPE... 142	
heparin, porcine (pf)... 90	HUMIRA PEN CROHNS-UC-HS START... 160	HYCODAN (WITH HOMATROPINE)... 193
HEPLISAV-B (PF)... 160		HYCODAN... 193
HEPSERA... 76	HUMIRA PEN PSOR-UVEITS-ADOL HS... 160	hydralazine... 98
HERCEPTIN HYLECTA... 56	HUMIRA PEN... 160	HYDREA... 56
HERCEPTIN... 56	HUMIRA... 160	hydrochlorothiazide... 99
HERZUMA... 56	HUMIRA(CF) PEDI CROHNS STARTER... 161	hydrocodone bitartrate... 13
HETLIOZ LQ... 192		hydrocodone-acetaminophen... 13
HETLIOZ... 192	HUMIRA(CF) PEN CROHNS-UC-HS... 161	hydrocodone-chlorpheniramine... 193
HIBERIX (PF)... 160		hydrocodone-homatropine... 193
HIPREX... 27	HUMIRA(CF) PEN PEDIATRIC UC... 161	hydrocodone-ibuprofen... 13
HIZENTRA... 160		hydrocortisone butyr-emollient... 120
HORIZANT... 110	HUMIRA(CF) PEN PSOR-UV-ADOL HS... 161	hydrocortisone butyrate... 120
HULIO(CF) PEN... 160	HUMIRA(CF) PEN... 161	hydrocortisone sod succinate... 140
HULIO(CF)... 160	HUMIRA(CF)... 161	hydrocortisone valerate... 120
HUMALOG JUNIOR KWIKPEN U-100... 83	HUMULIN N NPH INSULIN KWIKPEN... 83	hydrocortisone... 120, 168
HUMALOG KWIKPEN INSULIN... 83	HUMULIN N NPH U-100 INSULIN... 83	hydrocortisone-acetic acid... 182

hydromet... 193	ibuprofen-famotidine... 14	IMITREX STATDOSE REFILL... 49
hydromorphone (pf)... 14	ibutilide fumarate... 99	IMITREX... 49
HYDROMORPHONE... 13, 14	icatibant... 161	IMJUDO... 57
hydroxocobalamin... 195	iclevia... 147	IMLYGIC... 57
hydroxychloroquine... 66	ICLUSIG... 56	IMMPHENTIV... 99
hydroxyurea... 56	IDACIO(CF) PEN CROHN-UC STARTR... 161	IMOGAM RABIES-HT (PF)... 161
hydroxyzine hcl... 80, 81	IDACIO(CF) PEN PSORIASIS START... 161	IMOVAX RABIES VACCINE (PF)... 161
hydroxyzine pamoate... 186	IDACIO(CF) PEN... 161	IMPAVIDO... 66
HYFTOR... 120	IDACIO(CF)... 161	IMPEKLO... 120
HYPERRAB (PF)... 161	IDAMYCIN PFS... 56	IMURAN... 161
HYPERTET (PF)... 161	idarubicin... 56	IMVEXXY MAINTENANCE PACK... 147
HYRIMOZ PEN CROHN'S-UC STARTER... 161	IDHIFA... 56	IMVEXXY STARTER PACK... 147
HYRIMOZ PEN PSORIASIS STARTER... 161	IFEX... 56	INBRIJA... 67
HYRIMOZ PEN... 161	ifosfamide... 56	incassia... 147
HYRIMOZ... 161	IGALMI... 174	INCONTROL ALCOHOL PADS... 174
HYRIMOZ(CF) PEDI CROHN STARTER... 161	ILEVRO... 179	INCRELEX... 142
HYRIMOZ(CF) PEN... 161	ILUMYA... 161	INCRUSE ELLIPTA... 186
HYRIMOZ(CF)... 161	imatinib... 56	indapamide... 99
HYSINGLA ER... 14	IMBRUVICA... 56, 57	INDERAL LA... 99
HYZAAR... 99	IMDELLTRA... 57	INDOCIN... 14
I	IMFINZI... 57	indomethacin sodium... 14
ibandronate... 170	imipenem-cilastatin... 27	indomethacin... 14
IBRANCE... 56	imipramine hcl... 40	INFANRIX (DTAP) (PF)... 162
IBSRELA... 132	imipramine pamoate... 40	INFLECTRA... 162
ibu... 14	imiquimod... 120	INFUGEM... 57
ibuprofen... 14	IMITREX STATDOSE PEN... 49	INFUMORPH P/F... 14
		INFUVITE ADULT... 195

INFUVITE PEDIATRIC... 195	INTUNIV ER... 110	ISORDIL TITRADOSE... 99
INGREZZA INITIATION PK(TARDIV)... 110	INVANZ... 27	ISORDIL... 99
INGREZZA SPRINKLE... 110	INVEGA HAFYERA... 70	isosorbide dinitrate... 99
INGREZZA... 110	INVEGA SUSTENNA... 71	isosorbide mononitrate... 99
INLYTA... 57	INVEGA TRINZA... 71	isosorbide-hydralazine... 99
INNOPRAN XL... 99	INVEGA... 70	isotretinoin... 120
INPEFA... 99	INVELTYS... 179	isradipine... 99
INQOVI... 57	INVOKAMET XR... 84	ISTALOL... 179
INREBIC... 57	INVOKAMET... 84	ISTODAX... 57
INSBRA... 99	INVOKANA... 84	ISTURISA... 142
INSULIN ASP PRT-INSULIN ASPART... 83, 84	IONOSOL-B IN D5W... 126	ISUPREL... 99
INSULIN ASPART U-100... 84	IONOSOL-MB IN D5W... 126	ITOVEBI... 57
INSULIN DEGLUDEC... 84	IOPIDINE... 179	itraconazole... 46
INSULIN GLARGINE U-300 CONC... 84	IPOL... 162	IV PREP WIPES... 174
INSULIN GLARGINE... 84	ipratropium bromide... 186	ivabradine... 99
INSULIN GLARGINE-YFGN... 84	ipratropium-albuterol... 186	ivermectin... 66, 120
INSULIN LISPRO PROTAMIN-LISPRO... 84	IQIRVO... 132	IWILFIN... 57
INSULIN LISPRO... 84	irbesartan... 99	IXCHIQ (PF)... 162
INSULIN SYRINGE MICROFINE... 174	irbesartan-hydrochlorothiazide... 99	IXEMPRA... 57
INSULIN SYRINGE... 174	IRESSA... 57	IXIARO (PF)... 162
INSULIN SYRINGE-NEEDLE U-100... 174	irinotecan... 57	IYUZEH (PF)... 179
INTELENCE... 76	ISENTRESS HD... 76	J
INTRALIPID... 126	ISENTRESS... 76	JADENU SPRINKLE... 126
INTRAROSA... 147	isibloom... 147	JADENU... 126
	ISOLYTE S PH 7.4... 126	jaimiess... 147
	ISOLYTE-P IN 5 % DEXTROSE... 126	JAKAFI... 57
	ISOLYTE-S... 126	JALYN... 138
	isoniazid... 50	jantoven... 90

JANUMET XR... 84	JYNARQUE... 126	ketoconazole... 46
JANUMET... 84	JYNNEOS (PF)... 162	ketodan... 46
JANUVIA... 84	K	ketoprofen... 14
JARDIANCE... 84	KABIVEN... 126	ketorolac... 14, 15, 179
jasmiel (28)... 147	KADCYLA... 57	KEVEYIS... 136
JATENZO... 147	kaitlib fe... 147	KEVZARA... 162
javygtor... 136	KALETRA... 76	KEYTRUDA... 57
JAYPIRCA... 57	kalliga... 147	KHAPZORY... 57
JEMPERLI... 57	KALYDECO... 186	KIMMTRAK... 57
jencycla... 147	KANJINTI... 57	KIMYRSA... 27
JENTADUETO XR... 84	KANUMA... 136	KINERET... 162
JENTADUETO... 84	KAPSPARGO SPRINKLE... 99	KINRIX (PF)... 162
JEVTANA... 57	KAPVAY... 110	kionex (with sorbitol)... 126
jinteli... 147	kariva (28)... 148	kiprofen... 15
JOENJA... 136	KATERZIA... 99	KISQALI FEMARA CO-PACK... 58
jolessa... 147	KAZANO... 84	KISQALI... 57, 58
JORNAY PM... 110	KEDRAB (PF)... 162	KITABIS PAK... 28
joyeaux... 147	kelnor 1/35 (28)... 148	KLARON... 28
JUBLIA... 46	kelnor 1/50 (28)... 148	klayesta... 46
juleber... 147	KENALOG... 140	KLISYRI... 121
JULUCA... 76	KENALOG-80... 140	KLONOPIN... 81
junel fe 1.5/30 (28)... 147	KENGREAL... 90	klor-con m10... 126
junel fe 1/20 (28)... 147	KEPIVANCE... 114	KLOR-CON M15... 126
junel fe 24... 147	KEPPRA XR... 34	klor-con m20... 127
junel 1.5/30 (21)... 147	KEPPRA... 34	KLOR-CON 10... 126
junel 1/20 (21)... 147	KERENDIA... 99	KLOR-CON 8... 126
JUXTAPID... 99	KERYDIN... 46	klor-con... 126
JYLAMVO... 162	KESIMPTA PEN... 110	KLOXXADO... 21

KONVOMEPI... 132	LAMICTAL STARTER (BLUE) KIT... 34	LASIX... 100
KORLYM... 174	LAMICTAL STARTER (GREEN) KIT... 34	latanoprost... 179
KOSELUGO... 58	LAMICTAL STARTER (ORANGE) KIT... 34	LATUDA... 71
KOSHER PRENATAL PLUS IRON... 127	LAMICTAL XR STARTER (BLUE)... 34	LAYOLIS FE... 148
kourzeq... 114	LAMICTAL XR STARTER (GREEN)... 34	LAZCLUZE... 58
KRAZATI... 58	LAMICTAL XR STARTER (ORANGE)... 34	ledipasvir-sofosbuvir... 76
KRINTAFEL... 66	LAMICTAL XR... 34	leena 28... 148
KRISTALOSE... 132	LAMICTAL... 34	leflunomide... 162
kurvelo (28)... 148	lamivudine... 76	LEMTRADA... 110
KUVAN... 136	lamivudine-zidovudine... 76	lenalidomide... 58
KYPROLIS... 58	lamotrigine... 34, 35	LENVIMA... 58
L	LAMPIT... 66	LEQVIO... 100
l norgest/e.estradiol-e.estrad... 148	LAMZEDE... 136	LESCOL XL... 100
LABETALOL IN DEXTROSE,ISO-OSM... 100	LANOXIN PEDIATRIC... 100	lessina... 148
LABETALOL IN NACL (ISO-OSMOT)... 100	LANOXIN... 100	LETAIRIS... 186
labetalol... 99, 100	lanreotide... 154	letrozole... 58
lacosamide... 34	lansoprazole... 132	leucovorin calcium... 58
LACRISERT... 179	LANTUS SOLOSTAR U-100 INSULIN... 85	LEUKINE... 90
lactated ringers... 127, 174	LANTUS U-100 INSULIN... 85	leuprolide (3 month)... 154
lactulose... 132	lapatinib... 58	leuprolide... 154
LAMICTAL ODT STARTER (BLUE)... 34	larin fe 1.5/30 (28)... 148	levabuterol hcl... 186
LAMICTAL ODT STARTER (GREEN)... 34	larin fe 1/20 (28)... 148	levabuterol tartrate... 186
LAMICTAL ODT STARTER (ORANGE)... 34	larin 1.5/30 (21)... 148	LEVEMIR FLEXPEN... 85
LAMICTAL ODT... 34	larin 1/20 (21)... 148	LEVEMIR FLEXTOUCH U100 INSULIN... 85
	larin 24 fe... 148	LEVEMIR U-100 INSULIN... 85
		levetiracetam in nacl (iso-os)... 35
		levetiracetam... 35

LEVO-T... 153	lidocaine viscous... 20	LITHOBID... 81
levobunolol... 180	lidocaine... 19	LITHOSTAT... 174
levocarnitine (with sugar)... 127	lidocaine-epinephrine bit... 20	LIVALO... 100
levocarnitine... 127	lidocaine-epinephrine... 20	LIVDELZI... 132
levocetirizine... 186	lidocaine-prilocaine... 20	LIVMARLI... 132
levofloxacin in d5w... 28	lidocan iii... 20	LIVTENCITY... 76
levofloxacin... 28, 180	lidocan iv... 20	LO LOESTRIN FE... 148
levoleucovorin calcium... 58	lidocan v... 20	lo-zumandimine (28)... 148
levonest (28)... 148	LIDODERM... 20	LOCOID LIPOCREAM... 121
levonorg-eth estrad triphasic... 148	lignospan standard... 20	LOCOID... 121
levonorgest-eth.estradiol-iron... 148	LINCOCIN... 28	LODINE... 15
levonorgestrel-ethinyl estrad... 148	lincomycin... 28	LODOCO... 100
LEVOPHED (BITARTRATE)... 100	lindane... 121	LODOSYN... 67
levora-28... 148	linezolid in dextrose 5%... 28	LOESTRIN FE 1.5/30 (28-DAY)... 148
levorphanol tartrate... 15	linezolid... 28	LOESTRIN FE 1/20 (28-DAY)... 148
levothyroxine... 153, 154	linezolid-0.9% sodium chloride... 28	LOESTRIN 1.5/30 (21)... 148
LEVOXYL... 154	LINZESS... 132	LOESTRIN 1/20 (21)... 148
LEVULAN... 58	liothyronine... 154	lofena... 15
LEXAPRO... 40	LIPITOR... 100	lofexidine... 21
LEXETTE... 121	LIPOFEN... 100	lojaimiess... 148
LEXIVA... 76	LIQREV... 186	LOKELMA... 127
LIALDA... 168	liraglutide... 85	LOMOTIL... 132
LIBERVANT... 35	lisdexamphetamine... 110	LONHALA MAGNAIR REFILL... 186
LIBTAYO... 58	lisinopril... 100	LONHALA MAGNAIR STARTER... 186
LICART... 15	lisinopril-hydrochlorothiazide... 100	LONSURF... 58
lidocaine (pf)... 19, 100	LITFULO... 162	loperamide... 132
lidocaine hcl... 19, 20	lithium carbonate... 81	LOPID... 100
lidocaine in 5 % dextrose (pf)... 100	lithium citrate... 81	lopinavir-ritonavir... 76, 77

LOPRESSOR... 100	LUMAKRAS... 59	LYUMJEV KWIKPEN U-100 INSULIN... 85
LOPROX (AS OLAMINE)... 46	LUMIGAN... 180	LYUMJEV KWIKPEN U-200 INSULIN... 85
LOPROX... 46	LUMIZYME... 136	LYUMJEV TEMPO PEN(U-100)INSULN... 85
LOQTORZI... 58	LUMRYZ STARTER PACK... 192	LYUMJEV U-100 INSULIN... 85
lorazepam intensol... 81	LUMRYZ... 192	LYVISPAH... 73
lorazepam... 81	LUNSUMIO... 59	lyza... 149
LORBRENA... 58, 59	LUPKYNIS... 162	M
LOREEV XR... 81	LUPRON DEPOT (3 MONTH)... 155	M-M-R II (PF)... 162
lortab elixir... 15	LUPRON DEPOT (4 MONTH)... 155	m-natal plus... 127
loryna (28)... 148	LUPRON DEPOT (6 MONTH)... 155	MACROBID... 28
LORZONE... 190, 191	LUPRON DEPOT... 155	MACRODANTIN... 28
losartan... 100	LUPRON DEPOT-PED (3 MONTH)... 155	mafenide acetate... 121
losartan-hydrochlorothiazide... 100	LUPRON DEPOT-PED... 155	magnesium sulfate in d5w... 127
LOTEMAX SM... 180	lurasidone... 71	magnesium sulfate in water... 127
LOTEMAX... 180	lutera (28)... 148	magnesium sulfate... 127
LOTENSIN HCT... 100	LUXIQ... 121	MALARONE PEDIATRIC... 66
LOTENSIN... 100	LUZU... 46	MALARONE... 66
loteprednol etabonate... 180	LYBALVI... 71	malathion... 121
LOTREL... 100	lyleq... 149	mannitol 10 %... 101
LOTRONEX... 132	lyllana... 149	mannitol 20 %... 101
lovastatin... 100	LYNPARZA... 59	mannitol 25 %... 101
LOVAZA... 100	LYRICA CR... 110	mannitol 5 %... 101
LOVENOX... 90	LYRICA... 110	maraviroc... 77
low-ogestrel (28)... 148	LYSODREN... 59	MARCAINE (PF)... 20
loxapine succinate... 71	LYSTEDA... 90	MARCAINE SPINAL (PF)... 20
lubiprostone... 132	LYTGOBI... 59	MARCAINE... 20
LUCEMYRA... 21		
luliconazole... 46		

MARCAINE-EPINEPHRINE (PF)... 20	meclofenamate... 15	mercaptapurine... 59
MARCAINE-EPINEPHRINE... 20	MEDROL (PAK)... 140	meropenem... 28
MARGENZA... 59	MEDROL... 140	meropenem-0.9% sodium chloride... 28
MARINOL... 43	medroxyprogesterone... 149	merzee... 149
marlissa (28)... 149	mefenamic acid... 15	mesalamine... 168
MARPLAN... 40	mefloquine... 66	mesna... 59
MATULANE... 59	megestrol... 149	MESNEX... 59
matzim la... 101	MEKINIST... 59	MESTINON TIMESPAN... 50
MAVENCLAD (10 TABLET PACK)... 111	MEKTOVI... 59	MESTINON... 50
MAVENCLAD (4 TABLET PACK)... 111	meloxicam submicronized... 15	METADATE CD... 111
MAVENCLAD (5 TABLET PACK)... 111	meloxicam... 15	metadate er... 111
MAVENCLAD (6 TABLET PACK)... 111	melphalan hcl... 59	metaxalone... 191
MAVENCLAD (7 TABLET PACK)... 111	melphalan... 59	metformin... 85
MAVENCLAD (8 TABLET PACK)... 111	memantine... 38, 39	methadone intensol... 15
MAVENCLAD (9 TABLET PACK)... 111	MENACTRA (PF)... 162	methadone... 15
MAVYRET... 77	MENEST... 149	METHADOSE... 15
MAXALT... 49	MENOPUR... 194	methamphetamine... 111
MAXALT-MLT... 49	MENOSTAR... 149	methazolamide... 180
MAXIDEX... 180	MENQUADFI (PF)... 162	methenamine hippurate... 28
MAXITROL... 180	MENTAX... 46	methimazole... 156
MAXZIDE... 101	MENVEO A-C-Y-W-135-DIP (PF)... 162	METHITEST... 149
MAXZIDE-25MG... 101	mepidine (pf)... 15	methocarbamol... 191
MAYZENT STARTER(FOR 1MG MAINT)... 111	mepidine... 15	methotrexate sodium (pf)... 162
MAYZENT STARTER(FOR 2MG MAINT)... 111	MEPHYTON... 195	methotrexate sodium... 162
MAYZENT... 111	meprobamate... 81	methoxsalen... 121
meclizine... 44	MEPRON... 66	methscopolamine... 132
	MEPSEVII... 136	methsuximide... 35

methyldopa... 101	MICAFUNGIN IN 0.9 % SODIUM CHL... 46	MINOCIN... 28
methyldopa-hydrochlorothiazide... 101	micafungin... 46	minocycline... 28, 29
methyldopate... 101	MICARDIS HCT... 101	minoxidil... 101
methylergonovine... 174	MICARDIS... 101	MIOSTAT... 180
METHYLIN... 111	miconazole nitrate-zinc ox-pet... 46	MIPLYFFA... 136
methylphenidate hcl... 111, 112	miconazole-3... 46	MIRAPEX ER... 68
methylphenidate... 111	microgestin fe 1.5/30 (28)... 149	MIRENA... 174
methylprednisolone acetate... 140	microgestin fe 1/20 (28)... 149	mirtazapine... 41
methylprednisolone sodium succ... 140	microgestin 1.5/30 (21)... 149	MIRVASO... 121
methylprednisolone... 140	microgestin 1/20 (21)... 149	misoprostol... 132
methyltestosterone... 149	microgestin 24 fe... 149	MITIGARE... 48
metoclopramide hcl... 44	midodrine... 101	mitigo (pf)... 15
metolazone... 101	MIEBO (PF)... 180	mitomycin... 59
metoprolol succinate... 101	mifepristone... 174	mitoxantrone... 59
metoprolol ta-hydrochlorothiaz... 101	migergot... 49	modafinil... 192
metoprolol tartrate... 101	miglitol... 85	moexipril... 101
METRO I.V.... 28	miglustat... 136	molindone... 71
METROCREAM... 28	MIGRANAL... 49	mometasone... 121, 186
METROGEL... 28	mili... 149	mondoxyne nl... 29
METROLOTION... 28	millipred dp... 140	MONJUVI... 162
metronidazole in nacl (iso-os)... 28	millipred... 140	mono-linyah... 149
metronidazole... 28	milrinone in 5 % dextrose... 101	MONODOX... 29
metyrosine... 101	milrinone... 101	montelukast... 186
mexiletine... 101	mimvey... 149	MONUROL... 29
MIACALCIN... 170	MINASTRIN 24 FE... 149	morgidox... 29
mibelas 24 fe... 149	MINIPRESS... 101	morphine (pf)... 16
	MINIVELLE... 149	morphine concentrate... 16
		morphine... 16

MOTEGRITY... 132	MYFEMBREE... 155	naproxen sodium... 17
MOTOFEN... 132	MYFORTIC... 163	naproxen... 17
MOTPOLY XR... 35	MYHIBBIN... 163	naproxen-esomeprazole... 17
MOUNJARO... 85	MYLOTARG... 59	naratriptan... 49
MOVANTIK... 132	myorisan... 121	NARCAN... 21
MOVIPREP... 132	MYRBETRIQ... 138, 139	NARDIL... 41
moxifloxacin... 29, 180	MYSOLINE... 35	NAROPIN (PF)... 20
moxifloxacin-sod.ace,sul-water... 29	MYTESI... 133	NASCOBAL... 195
	N	NATACHEW (FE BIS-GLYCINATE)... 127
moxifloxacin-sod.chloride(iso)... 29	nabumetone... 16	NATAZIA... 149
MOZOBIL... 90	nadolol... 102	nateglinide... 85
MRESVIA (PF)... 162	nafcillin in dextrose iso-osm... 29	NATPARA... 170
MS CONTIN... 16	nafcillin... 29	NATROBA... 121
MULPLETA... 90	naftifine... 46	NAYZILAM... 35
MULTAQ... 101	NAFTIN... 46, 47	nebivolol... 102
mupirocin calcium... 121	NAGLAZYME... 136	NEBUPENT... 66
mupirocin... 121	nalbuphine... 16	necon 0.5/35 (28)... 149
MUTAMYCIN... 59	NALFON... 16	nefazodone... 41
MVASI... 59	nalmefene... 21	NEFFY... 186
MYALEPT... 133	nalocet... 16	nelarabine... 59
MYAMBUTOL... 51	naloxone... 21	NEMBUTAL SODIUM... 35
MYCAMINE... 46	naltrexone... 21	NEMLUVIO... 163
MYCAPSSA... 155	NAMENDA TITRATION PAK... 39	neo-polycin hc... 180
MYCOBUTIN... 51	NAMENDA XR... 39	neo-polycin... 180
mycophenolate mofetil (hcl)... 162	NAMENDA... 39	NEO-SYNALAR... 121
mycophenolate mofetil... 162	NAMZARIC... 39	neo-vital rx... 127
mycophenolate sodium... 162	NAPRELAN CR... 17	neomycin... 29
MYDAYIS... 112	NAPROSYN... 17	

neomycin-bacitracin-poly-hc... 180	NEXIUM... 133	nitrofurantoin... 29
neomycin-bacitracin-polymyxin... 180	NEXLETOL... 102	nitroglycerin in 5 % dextrose... 102
neomycin-polymyxin b gu... 175	NEXLIZET... 102	nitroglycerin... 102, 175
neomycin-polymyxin b-dexameth... 180	NEXPLANON... 149	NITROLINGUAL... 102
neomycin-polymyxin-gramicidin... 180	NEXTERONE... 102	NITROSTAT... 102
neomycin-polymyxin-hc... 180, 182	NEXTSTELLIS... 149	NITYR... 136
NEONATAL COMPLETE... 127	NEXVIAZYME... 136	NIVESTYM... 90
NEONATAL PLUS VITAMIN... 127	NGENLA... 142	nizatidine... 133
NEONATAL-DHA... 127	niacin... 102	NOCDURNA (MEN)... 142
NEORAL... 163	niacor... 102	NOCDURNA (WOMEN)... 142
NERLYNX... 59	nicardipine... 102	NORA-BE... 150
NESACAINE... 20	NICOTROL NS... 21	NORDITROPIN FLEXP... 142
NESACAINE-MPF... 20	NICOTROL... 21	norelgestromin-ethin.estradiol... 150
NESINA... 85	nifedipine... 102	norepinephrine bitartrate... 103
neuac... 121	nikki (28)... 149	noreth-ethinyl estradiol-iron... 150
NEULASTA ONPRO... 90	NILANDRON... 59	norethindrone (contraceptive)... 150
NEULASTA... 90	nilutamide... 59	norethindrone ac-eth estradiol... 150
NEUPOGEN... 90	nimodipine... 102	norethindrone acetate... 150
NEUPRO... 68	NINLARO... 59	norethindrone-e.estradiol-iron... 150
NEURONTIN... 35	NIPENT... 60	NORGESIC FORTE... 191
NEVANAC... 180	nisoldipine... 102	norgesic... 191
nevirapine... 77	nitazoxanide... 66	norgestimate-ethinyl estradiol... 150
NEXAVAR... 59	nitisinone... 136	NORITATE... 29
NEXICLON XR... 102	NITRO-BID... 102	NORLIQVA... 103
NEXIUM IV... 133	NITRO-DUR... 102	
NEXIUM PACKET... 133	nitrofurantoin macrocrystal... 29	
	nitrofurantoin monohyd/m-cryst... 29	

NORMOSOL-M IN 5 % DEXTROSE... 127	NOVOLOG MIX 70-30FLEXPEN U-100... 86	nystatin-triamcinolone... 47
NORPACE CR... 103	NOVOLOG PENFILL U-100 INSULIN... 86	nystop... 47
NORPACE... 103		NYVEPRIA... 90
NORPRAMIN... 41	NOVOLOG U-100 INSULIN ASPART... 86	0
NORTHERA... 103	NOVOPEN ECHO... 175	OB COMPLETE ONE... 127
nortrel 0.5/35 (28)... 150	NOXAFIL... 47	OB COMPLETE PETITE... 127
nortrel 1/35 (21)... 150	np thyroid... 154	OB COMPLETE PREMIER... 127
nortrel 1/35 (28)... 150	NUBEQA... 60	OBREDON... 193
nortrel 7/7/7 (28)... 150	NUCALA... 187	OCALIVA... 133
nortriptyline... 41	NUCYNTA ER... 17	ocella... 150
NORVASC... 103	NUCYNTA... 17	OCREVUS ZUNOVO... 112
NORVIR... 77	NUEDEXTA... 112	OCREVUS... 112
NOURIANZ... 68	NULIBRY... 136	OCTAGAM... 163
NOVAREL... 142	NUPLAZID... 71	octreotide acetate... 155
NOVOLIN N FLEXPEN... 85	NURTEC ODT... 49	octreotide,microspheres... 155
NOVOLIN N NPH U-100 INSULIN... 85	NUTRILIPID... 127	OCUFLOX... 180
NOVOLIN R FLEXPEN... 85	NUTROPIN AQ NUSPIN... 142	ODACTRA... 187
NOVOLIN R REGULAR U100 INSULIN... 85	NUVARING... 150	ODEFSEY... 77
NOVOLIN 70-30 FLEXPEN U-100... 85	NUVIGIL... 192	ODOMZO... 60
NOVOLIN 70/30 U-100 INSULIN... 85	NUZYRA... 29	OFEV... 187
NOVOLOG FLEXPEN U-100 INSULIN... 85	nyamyc... 47	ofloxacin... 29, 180, 182
NOVOLOG MIX 70-30 U-100 INSULN... 86	nylia 1/35 (28)... 150	OGIVRI... 60
	nylia 7/7/7 (28)... 150	OGSIVEO... 60
	NYMALIZE... 103	OHTUVAYRE... 187
	nymyo... 150	OJEMDA... 60
	NYPOZI... 90	OJJAARA... 60
	nystatin... 47	olanzapine... 71
		olanzapine-fluoxetine... 41

OLINVYK... 17	OMNIPOD GO PODS 25 UNITS/DAY... 175	ONZETRA XSAIL... 49
olmesartan... 103	OMNIPOD GO PODS 30 UNITS/DAY... 175	OPDIVO... 60
olmesartan-amlodipin-hcthiazyd... 103	OMNIPOD GO PODS 40 UNITS/DAY... 175	OPDUALAG... 60
olmesartan-hydrochlorothiazide... 103	OMNIPOD GO PODS... 175	OPFOLDA... 136
olopatadine... 180, 187	OMNIPOD 5 (G6/LIBRE 2 PLUS)... 175	opium tincture... 133
OLPRUVA... 136	OMNIPOD 5 G6-G7 INTRO KT(GEN5)... 175	OPSUMIT... 187
OLUMIANT... 163	OMNIPOD 5 G6-G7 PODS (GEN 5)... 175	OPSYNVI... 187
OLUX... 121	OMNIPOD 5	OPVEE... 21
OLUX-E... 121	INTRO(G6/LIBRE2PLUS)... 175	OPZELURA... 121
OMECLAMOX-PAK... 133	OMNITROPE... 143	ORACEA... 29
omega-3 acid ethyl esters... 103	OMVOH PEN... 163	oralone... 114
OMEGAVEN... 127	OMVOH... 163	ORAPRED ODT... 140
omeprazole... 133	ONCASPAR... 60	ORBACTIV... 29
omeprazole-sodium bicarbonate... 133	ondansetron hcl (pf)... 44	ORENCIA CLICKJECT... 163
OMNARIS... 187	ondansetron hcl... 44	ORENCIA... 163
OMNIPOD CLASSIC PODS (GEN 3)... 175	ondansetron... 44	ORENITRAM MONTH 1 TITRATION KT... 187
OMNIPOD DASH INTRO KIT (GEN 4)... 175	ONEXTON... 121	ORENITRAM MONTH 2 TITRATION KT... 187
OMNIPOD DASH PODS (GEN 4)... 175	ONFI... 35	ORENITRAM MONTH 3 TITRATION KT... 187
OMNIPOD GO PODS 10 UNITS/DAY... 175	ONGENTYS... 68	ORENITRAM... 187
OMNIPOD GO PODS 15 UNITS/DAY... 175	ONIVYDE... 60	ORFADIN... 136
OMNIPOD GO PODS 20 UNITS/DAY... 175	ONPATTRO... 136	ORGOVYX... 60
	ONTRUZANT... 60	ORIAHNN... 155
	ONUREG... 60	ORILISSA... 155
	ONYDA XR... 112	ORKAMBI... 187
		ORLADEYO... 163
		ormalvi... 136

orphenadrine citrate... 191	oxiconazole... 47	PALFORZIA (LEVEL 6)... 175
orphenadrine-asa-caffeine... 191	OXISTAT... 47	PALFORZIA (LEVEL 7)... 175
orphengesic forte... 191	OXLUMO... 175	PALFORZIA (LEVEL 8)... 175
ORSERDU... 60	OXTELLAR XR... 35	PALFORZIA (LEVEL 9)... 175
ORTIKOS... 169	oxybutynin chloride... 139	PALFORZIA INITIAL DOSE... 176
oseltamivir... 77	oxycodone... 17	PALFORZIA LEVEL 11
OSENI... 86	oxycodone-acetaminophen... 17,	MAINTENANCE... 176
OSMITROL 10 %... 103	18	paliperidone... 71
OSMITROL 15 %... 103	OXYCONTIN... 18	PALYNZIQ... 136
OSMITROL 20 %... 103	oxymorphone... 18	PAMELOR... 41
OSMITROL 5 %... 103	oxytocin... 175	pamidronate... 170
OSMOLEX ER... 68	OXYTROL... 139	PANCREAZE... 137
OSMOPREP... 133	OZEMPIC... 86	PANDEL... 121
OSPHENA... 150	OZOBAX DS... 74	PANRETIN... 60
OTEZLA STARTER... 121	OZOBAX... 74	pantoprazole in 0.9% sod chlor... 133
OTEZLA... 121	P	pantoprazole... 133
OTREXUP (PF)... 163	PACERONE... 103	PANZYGA... 163
OVIDE... 121	paclitaxel protein-bound... 60	paraplatin... 60
OVIDREL... 194	paclitaxel... 60	paricalcitol... 170
oxacillin in dextrose(iso-osm)... 29	PADCEV... 60	PARLODEL... 68
oxacillin... 29	PALFORZIA (LEVEL 1)... 175	PARNATE... 41
oxaliplatin... 60	PALFORZIA (LEVEL 10)... 175	paromomycin... 29
oxandrolone... 150	PALFORZIA (LEVEL 11 UP-DOSE)... 175	paroxetine hcl... 41
oxaprozin... 17	PALFORZIA (LEVEL 2)... 175	paroxetine mesylate(menop.sym)... 41
OXAYDO... 17	PALFORZIA (LEVEL 3)... 175	PATANASE... 187
oxazepam... 81	PALFORZIA (LEVEL 4)... 175	PAXIL CR... 41
oxcarbazepine... 35	PALFORZIA (LEVEL 5)... 175	PAXIL... 41
OXERVATE... 180		

PAXLOVID... 77	pentamidine... 66	phenytoin sodium extended... 36
pazopanib... 60	PENTASA... 169	phenytoin sodium... 36
PEDIAPRED... 141	pentazocine-naloxone... 18	phenytoin... 36
PEDIARIX (PF)... 163	pentobarbital sodium... 35	PHESGO... 61
PEDMARK... 60	pentoxifylline... 103	PHEXXI... 176
PEDVAX HIB (PF)... 163	pepcid... 133	philith... 150
peg 3350-electrolytes... 133	PERCOCET... 18	PHOSPHOLINE IODIDE... 180
peg-electrolyte soln... 133	PERFOROMIST... 187	PHYSIOLYTE... 176
peg-prep... 133	PERIKABIVEN... 127	PHYSIOSOL IRRIGATION... 176
PEGASYS... 163	perindopril erbumine... 103	phytonadione (vitamin k1)... 195
peg3350-sod sul-nacl-kcl-asb-c... 133	periogard... 114	PIASKY... 163
PEMAZYRE... 61	PERJETA... 61	PIFELTRO... 77
pemetrexed disodium... 61	permethrin... 121	pilocarpine hcl... 114, 181
pemetrexed... 61	perphenazine... 71	pimecrolimus... 121
PEMRYDI RTU... 61	perphenazine-amitriptyline... 41	pimozide... 71
PEN NEEDLE, DIABETIC... 176	PERSERIS... 71	pimtrex (28)... 150
PENBRAYA (PF)... 163	PERTZYE... 137	pindolol... 103
penciclovir... 77	PEXEVA... 41	pioglitazone... 86
penicillamine... 127	pfizerpen-g... 30	pioglitazone-glimepiride... 86
penicillin g pot in dextrose... 29	PHEBURANE... 137	pioglitazone-metformin... 86
penicillin g potassium... 29	phenazopyridine... 176	piperacillin-tazobactam... 30
penicillin g procaine... 29	phenelzine... 41	PIQRAY... 61
penicillin g sodium... 29	PHENERGAN... 44	pirfenidone... 187
penicillin v potassium... 29, 30	phenobarbital sodium... 36	piroxicam... 18
PENNSAID... 18	phenobarbital... 35, 36	pitavastatin calcium... 103
PENTACEL (PF)... 163	phenoxybenzamine... 103	PITOCIN... 176
PENTAM... 66	phenylephrine hcl... 103	PLAQUENIL... 66
	PHENYTEK... 36	PLASMA-LYTE A... 127

PLASMA-LYTE 148... 127	potassium chloride in water... 128	PRED MILD... 181
PLAVIX... 91	potassium chloride in 0.9%nacl... 128	prednicarbate... 122
PLEGRIDY... 112	potassium chloride in 5 % dex... 128	prednisolone acetate... 181
PLENAMINE... 127	potassium chloride... 128	prednisolone sodium phosphate... 141, 181
PLENVU... 133	potassium chloride-d5-0.2%nacl... 128	prednisolone... 141
plerixafor... 91	potassium chloride-d5-0.3%nacl... 128	prednisone intensol... 141
PLIAGLIS... 20	potassium chloride-d5-0.9%nacl... 128	prednisone... 141
pnv-dha... 127	potassium chloride-0.45 % nacl... 128	PREFEST... 150
pnv-omega... 128	potassium citrate... 128	pregabalin... 112
podofilox... 122	POTELIGEO... 61	PREGNYL... 143
POLIVY... 61	pr natal 400 ec... 128	PREHEVBRIO (PF)... 163
polocaine... 20	pr natal 400... 128	PREMARIN... 150, 151
polocaine-mpf... 20	pr natal 430 ec... 128	PREMASOL 10 %... 128
polycin... 181	pr natal 430... 128	PREMPHASE... 151
polymyxin b sulf-trimethoprim... 181	PRADAXA... 91	PREMPRO... 151
polymyxin b sulfate... 30	pralatrexate... 61	PRENATA... 128
POMALYST... 61	PRALUENT PEN... 103	PRENATABS FA... 128
POMBILITI... 137	pramipexole... 68	prenatal plus (calcium carb)... 128
PONVORY 14-DAY STARTER PACK... 112	prasugrel... 91	prenatal plus dha... 128
PONVORY... 112	pravastatin... 103	prenatal plus vitamin-mineral... 129
portia 28... 150	praziquantel... 66	prenatal vitamin plus low iron... 129
PORTRAZZA... 61	prazosin... 104	prenatal-u... 129
posaconazole... 47	PRECOSE... 86	PRENATE ELITE... 129
potassium acetate... 128	PRED FORTE... 181	PRETOMANID... 51
potassium chlorid-d5-0.45%nacl... 128		PREVACID SOLUTAB... 133
potassium chloride in lr-d5... 128		PREVACID... 133
		prevalite... 104

PREVDUO... 176	PROCTOFOAM HC... 169	propylthiouracil... 156
PREVYMIS... 77	proctosol hc... 122	PROQUAD (PF)... 164
PREZCOBIX... 77	proctozone-hc... 122	PROSCAR... 139
PREZISTA... 77	PROCYSBI... 137	PROSOL 20 %... 129
PRIALT... 176	progesterone micronized... 151	protamine... 176
PRIFTIN... 51	progesterone... 151	PROTONIX... 133, 134
PRILOSEC... 133	PROGLYCEM... 86	PROTOPIC... 122
primaquine... 66	PROGRAF... 163	protriptyline... 41
PRIMAXIN IV... 30	PROLASTIN-C... 137	PROVENTIL HFA... 188
primidone... 36	prolate... 18	PROVERA... 151
primlev... 18	PROLENSA... 181	PROVIGIL... 192
PRIMSOL... 30	PROLIA... 170	PROZAC... 41
PRIORIX (PF)... 163	PROMACTA... 91	PRUDOXIN... 122
PRISTIQ... 41	promethazine vc... 176	PULMICORT FLEXHALER... 188
PRIVIGEN... 163	promethazine vc-codeine... 193	PULMICORT... 188
PRO COMFORT ALCOHOL PADS... 176	promethazine... 44	PULMOZYME... 188
PROAIR DIGIHALER... 187	promethazine-codeine... 193	PURE COMFORT ALCOHOL PADS... 176
PROAIR RESPICLICK... 187	promethazine-dm... 193	PURIXAN... 61
probenecid... 48	promethazine-phenyleph-codeine... 193	PYLERA... 134
probenecid-colchicine... 48	promethazine-phenylephrine... 176	pyrazinamide... 51
procainamide... 104	promethegan... 44	PYRIDIDIUM... 176
PROCARDIA XL... 104	PROMETRIUM... 151	pyridostigmine bromide... 50
procentra... 112	propafenone... 104	pyridoxine (vitamin b6)... 195
prochlorperazine edisylate... 44	proparacaine... 181	pyrimethamine... 66
prochlorperazine maleate... 44	propranolol... 104	PYRUKYND... 137
prochlorperazine... 44	propranolol-hydrochlorothiazid... 104	
PROCRIT... 91		Q
procto-med hc... 122		QALSODY... 112

QBRELIS... 104	RADICAVA ORS STARTER KIT SUSP... 112	RECTIV... 176
QDOLO... 18	RADICAVA ORS... 112	REDITREX (PF)... 164
QELBREE... 112	RADICAVA... 112	REGLAN... 44
QINLOCK... 61	RAGWITEK... 188	REGONOL... 50
QNASL... 188	raloxifene... 151	REGRANEX... 122
QTERN... 86	ramelteon... 192	RELAFEN DS... 18
QUADRACEL (PF)... 164	ramipril... 104	RELENZA DISKHALER... 78
QUALAQUIN... 66	RANEXA... 104	RELEUKO... 91
QUARTETTE... 151	ranolazine... 104	RELEXXII... 113
QUDEXY XR... 36	RAPAFLO... 139	RELISTOR... 134
QUESTRAN LIGHT... 104	RAPAMUNE... 164	RELPAK... 49
QUESTRAN... 104	rasagiline... 68	RELTONE... 134
quetiapine... 71, 72	RASUVO (PF)... 164	REMERON SOLTAB... 42
QUILLICHEW ER... 112	RAVICTI... 137	REMERON... 41
QUILLIVANT XR... 112	RAYALDEE... 170	REMICADE... 164
quinapril... 104	RAYOS... 141	REMODULIN... 188
quinapril-hydrochlorothiazide... 104	RAZADYNE ER... 39	RENACIDIN... 176
quinidine gluconate... 104	REBIF (WITH ALBUMIN)... 112	RENFLEXIS... 164
quinidine sulfate... 104	REBIF REBIDOSE... 112	repaglinide... 86
quinine sulfate... 66	REBIF TITRATION PACK... 112	REPATHA PUSHTRONEX... 104
QULIPTA... 49	REBLOZYL... 91	REPATHA SURECLICK... 104
QUTENZA... 176	REBYOTA... 134	REPATHA SYRINGE... 104
QUVIVIQ... 192	RECARBRIO... 30	RESPA-AR... 193
QUZYTIR... 188	RECLAST... 170	RESTASIS MULTIDOSE... 181
QVAR REDIHALER... 188	reclipsen (28)... 151	RESTASIS... 181
	RECOMBIVAX HB (PF)... 164	RESTORIL... 192
R	RECORLEV... 155	RETACRIT... 91
RABAVERT (PF)... 164		RETEVMO... 61
rabeprazole... 134		

RETIN-A MICRO PUMP... 122	RIMSO-50... 176	ropivacaine (pf)... 20
RETIN-A MICRO... 122	ringer's... 129, 176	rosadan... 30
RETIN-A... 122	RINVOQ LQ... 165	rosuvastatin... 104
RETROVIR... 78	RINVOQ... 164, 165	ROTARIX... 165
REVATIO... 188	RIOMET... 86	ROTATEQ VACCINE... 165
REVCOSI... 137	risedronate... 170	ROWASA... 169
revonto... 74	RISPERDAL CONSTA... 72	roweepra xr... 36
REVUFORJ... 61	RISPERDAL... 72	roweepra... 36
REXULTI... 72	risperidone... 72	ROXICODONE... 18
REYATAZ... 78	RITALIN LA... 113	ROXYBOND... 18
REYVOW... 49	RITALIN... 113	ROZEREM... 192
REZDIFFRA... 176	ritonavir... 78	ROZLYTREK... 62
REZLIDHIA... 61	RITUXAN HYCELA... 61	RUBRACA... 62
REZUROCK... 164	RITUXAN... 61	RUCONEST... 165
REZVOGLAR KWIKPEN... 86	rivastigmine tartrate... 39	rufinamide... 36
REZZAYO... 47	rivastigmine... 39	RUKOBIA... 78
RHOPHYLAC... 164	rivelsa... 151	RUXIENCE... 62
RHOPRESSA... 181	RIVFLOZA... 176	RYALTRIS... 188
RIABNI... 61	rizatriptan... 49	RYBELSUS... 86
RIASTAP... 91	ROBAXIN... 191	RYBREVANT... 62
ribavirin... 78, 176	ROBINUL FORTE... 134	RYCLORA... 188
RIDAURA... 164	ROBINUL... 134	RYDAPT... 62
rifabutin... 51	ROCALTROL... 170	RYLAZE... 62
RIFADIN... 51	ROCKLATAN... 181	RYSTIGGO... 165
rifampin... 51	roflumilast... 188	RYTARY... 68
RILUTEK... 113	ROLVEDON... 91	RYTELO... 62
riluzole... 113	romidepsin... 61	RYTHMOL SR... 104
rimantadine... 78	ropinirole... 68	RYVENT... 188

S

SABRIL... 36	SELECT-OB (FOLIC ACID)... 129	SIGNIFOR... 155
SAFYRAL... 151	SELECT-OB + DHA... 129	SIKLOS... 176
SAIZEN SAIZENPREP... 143	SELECT-OB... 129	sildenafil (pulm.hypertension)... 188
SAIZEN... 143	selegiline hcl... 68	SILENOR... 192
sajazir... 165	selenium sulfide... 122	SILIQ... 165
SALAGEN (PILOCARPINE)... 114	SELZENTRY... 78	silodosin... 139
SAMSCA... 129	SEMGLEE(INSULIN GLARG-YFGN)PEN... 86	SILVADENE... 122
SANCUSO... 44	SEMGLEE(INSULIN GLARGINE-YFGN)... 86	silver sulfadiazine... 122
SANDIMMUNE... 165	SENSIPAR... 170	SIMBRINZA... 181
SANDOSTATIN LAR DEPOT... 155	SENSORCAINE... 20	SIMLANDI(CF) AUTOINJECTOR... 165
SANDOSTATIN... 155	sensorcaine-epinephrine... 20	SIMLANDI(CF)... 165
SANTYL... 122	sensorcaine-mpf spinal... 21	simliya (28)... 151
SAPHNELO... 165	SENSORCAINE-MPF... 20, 21	simpesse... 151
SAPHRIS... 72	sensorcaine-mpf/epinephrine... 21	SIMPONI ARIA... 165
sapropterin... 137	SEREVENT DISKUS... 188	SIMPONI... 165
SARCLISA... 62	SEROQUEL XR... 72	SIMULECT... 165
SAVAYSA... 91	SEROQUEL... 72	simvastatin... 104
SAVELLA... 113	SEROSTIM... 143	SINEMET... 68
saxagliptin... 86	sertraline... 42	SINGULAIR... 188
saxagliptin-metformin... 86	setlakin... 151	sirolimus... 165
SCEMBLIX... 62	SEYSARA... 30	SIRTURO... 51
scopolamine base... 44	SEZABY... 36	sitagliptin... 86
se-natal 19 chewable... 129	SFROWASA... 169	sitagliptin-metformin... 86
SEASONIQUE... 151	sharobel... 151	SIVEXTRO... 30
SECUADO... 72	SHINGRIX (PF)... 165	SKYCLARYS... 113
SEGLENTIS... 18	SIGNIFOR LAR... 155	SKYRIZI... 165
SEGLUROMET... 86		SKYTROFA... 143

SMOFLIPID... 129	SOLU-CORTEF... 141	SPS (WITH SORBITOL)... 129
SOANZ... 104	SOLU-MEDROL (PF)... 141	sronyx... 151
sodium benzoate-sod phenylacet... 176	SOLU-MEDROL... 141	SSD... 122
sodium bicarbonate... 129	SOMA... 191	STALEVO 100... 68
sodium chloride 0.45 %... 129	SOMATULINE DEPOT... 155	STALEVO 125... 68
sodium chloride 0.9 %... 129	SOMAVERT... 155	STALEVO 150... 68
sodium chloride 3 % hypertonic... 129	SOOLANTRA... 122	STALEVO 200... 68
sodium chloride 5 % hypertonic... 129	sorafenib... 62	STALEVO 50... 68
sodium chloride... 129, 176	SORILUX... 122	STALEVO 75... 68
SODIUM EDECRIN... 104	sorine... 105	stavudine... 78
sodium oxybate... 192	sotalol af... 105	STEGLATRO... 86
sodium phenylbutyrate... 137	sotalol... 105	STEGLUJAN... 87
sodium phosphate... 129	SOTYKTU... 165	STELARA... 166
sodium polystyrene sulfonate... 129	SOTYLIZE... 105	STIMUFEND... 91
sodium,potassium,mag sulfates... 134	SOVALDI... 78	STIOLTO RESPIMAT... 188
SOGROYA... 143	SOVUNA... 67	STIVARGA... 62
SOHONOS... 176	SPEVIGO... 165	STRATTERA... 113
solifenacin... 139	spinosad... 122	STRENSIQ... 137
SOLQUA 100/33... 86	SPIRIVA RESPIMAT... 188	streptomycin... 30
SOLIRIS... 165	SPIRIVA WITH HANDIHALER... 188	STRIBILD... 78
SOLODYN... 30	spironolacton-hydrochlorothiaz... 105	STRIVERDI RESPIMAT... 188
SOLOSEC... 30	spironolactone... 105	STROMECTOL... 67
SOLTAMOX... 62	SPORANOX... 47	SUBOXONE... 21, 22
SOLU-CORTEF ACT-O-VIAL (PF)... 141	sprintec (28)... 151	subvenite starter (blue) kit... 36
	SPRITAM... 36	subvenite starter (green) kit... 36
	SPRIX... 18	subvenite starter (orange) kit... 36
	SPRYCEL... 62	subvenite... 36
		SUCRAID... 137

sucralfate... 134	SYMBYAX... 42	TALICIA... 134
SUFLAVE... 134	SYMDEKO... 189	TALTZ AUTOINJECTOR (2 PACK)... 166
SULAR... 105	SYMFI LO... 78	TALTZ AUTOINJECTOR (3 PACK)... 166
sulfacetamide sodium (acne)... 30	SYMFI... 78	TALTZ AUTOINJECTOR... 166
sulfacetamide sodium... 30, 181	SYMLINPEN 120... 87	TALTZ SYRINGE... 166
sulfacetamide-prednisolone... 181	SYMLINPEN 60... 87	TALVEY... 62
sulfadiazine... 30	SYMPAZAN... 36	TALZENNA... 62
sulfamethoxazole-trimethoprim... 30	SYMPROIC... 134	TAMIFLU... 78
SULFAMYLON... 122	SYMTUZA... 78	tamoxifen... 62
sulfasalazine... 169	SYNAGIS... 177	tamsulosin... 139
sulindac... 18	SYNALAR... 122	tanlor... 191
sumatriptan succinate... 49	SYNAREL... 155	taperdex... 141
sumatriptan... 49	SYNJARDY XR... 87	TARCEVA... 62, 63
sumatriptan-naproxen... 49	SYNJARDY... 87	TARGADOX... 30
sunitinib malate... 62	SYNRIBO... 62	TARGRETIN... 63
SUNLENCA... 78	SYNTHROID... 154	tarina fe 1-20 eq (28)... 151
SUNOSI... 192	SYPRINE... 129	tarina fe 1/20 (28)... 151
	T	tarina 24 fe... 151
SUPREP BOWEL PREP KIT... 134	TABRECTA... 62	TARPEYO... 169
SURE COMFORT ALCOHOL PREP PADS... 176	TACLONEX... 122	TASCENSO ODT... 113
SURE-PREP ALCOHOL PREP PADS... 176	tacrolimus... 122, 166	TASIGNA... 63
SUSTIVA... 78	tadalafil (pulm. hypertension)... 189	tasimelteon... 192
SUTAB... 134	tadalafil... 139	TASMAR... 68
SUTENT... 62	TADLIQ... 189	tavaborole... 47
syeda... 151	TAFINLAR... 62	TAVALISSE... 91
SYLVANT... 166	tafluprost (pf)... 181	TAVNEOS... 166
SYMBICORT... 188	TAGRISSO... 62	
	TAKHZYRO... 166	

taysofy... 151	TENIVAC (PF)... 166	theophylline in dextrose 5 %... 189
TAYTULLA... 151	tenofovir disoproxil fumarate... 79	theophylline... 189
tazarotene... 122, 123	TENORETIC 100... 105	thiamine hcl (vitamin b1)... 195
tazicef... 30	TENORETIC 50... 105	THIOLA EC... 139
TAZORAC... 123	TENORMIN... 105	THIOLA... 139
taztia xt... 105	TEPADINA... 63	thioridazine... 72
TAZVERIK... 63	TEPEZZA... 177	thiotepa... 63
TDVAX... 166	TEPMETKO... 63	thiothixene... 72
TECENTRIQ HYBREZA... 63	terazosin... 105	THYMOGLOBULIN... 166
TECENTRIQ... 63	terbinafine hcl... 47	THYQUIDITY... 154
TECFIDERA... 113	terbutaline... 189	tiadylt er... 105
TECVAYLI... 63	terconazole... 47	tiagabine... 37
TEFLARO... 30	teriflunomide... 113	TIAZAC... 105
TEGLUTIK... 113	TESTIM... 151	TIBSOVO... 63
TEGRETOL XR... 37	testosterone cypionate... 152	TICOVAC... 166
TEGRETOL... 36, 37	testosterone enanthate... 152	TIGAN... 44
TEGSEDI... 137	testosterone... 151, 152	tigecycline... 30
TEKTURNA HCT... 105	TETANUS,DIPHTHERIA TOX PED(PF)... 166	TIGLUTIK... 113
TEKTURNA... 105	tetrabenazine... 113	TIKOSYN... 105
telmisartan... 105	tetracycline... 30	tilia fe... 152
telmisartan-amlodipine... 105	TEVIMBRA... 63	timolol maleate (pf)... 181
telmisartan-hydrochlorothiazid... 105	TEXACORT... 123	timolol maleate... 105, 181
temazepam... 192	TEZSPIRE... 166	timolol... 181
TEMODAR... 63	THALITONE... 105	TIMOPTIC OCUDOSE (PF)... 181
TEMOVATE... 123	THALOMID... 63	TIMOPTIC... 181
temsirolimus... 63	THAM... 129	TIMOPTIC-XE... 181
tencon... 177	THEO-24... 189	tinidazole... 30
		tiopronin... 139

tirofiban-0.9% sodium chloride... 91	tothemifene... 63	TRELEGY ELLIPTA... 189
TIROSINT... 154	TORISEL... 63	TRELSTAR... 155
TIROSINT-SOL... 154	torpenz... 63	TREMFYA PEN... 166
TIVDAK... 63	torseamide... 105, 106	TREMFYA... 166
TIVICAY PD... 79	TOSYMRA... 49	treprostinil sodium... 189
TIVICAY... 79	TOUJEO MAX U-300 SOLOSTAR... 87	TRESIBA FLEXTOUCH U-100... 87
tizanidine... 74	TOUJEO SOLOSTAR U-300 INSULIN... 87	TRESIBA FLEXTOUCH U-200... 87
TLANDO... 152	tovet emollient... 123	TRESIBA U-100 INSULIN... 87
TOBI PODHALER... 189	TOVIAZ... 139	tretinoin (antineoplastic)... 63
TOBI... 30	TPN ELECTROLYTES... 129	tretinoin microspheres... 123
TOBRADEX... 181	TRACLEER... 189	tretinoin... 123
tobramycin in 0.225 % nacl... 31	TRADJENTA... 87	TREXALL... 166
tobramycin sulfate... 31	tramadol... 18, 19	TREXIMET... 50
tobramycin... 30, 181	tramadol-acetaminophen... 19	TREZIX... 19
tobramycin-dexamethasone... 181	trandolapril... 106	tri-estarylla... 152
TOBREX... 181	trandolapril-verapamil... 106	tri-legest fe... 152
tolcapone... 68	tranexamic acid... 91	tri-linyah... 152
tolectin 600... 18	TRANSDERM-SCOP... 44	tri-lo-estarylla... 152
tolmetin... 18	TRANXENE T-TAB... 81	tri-lo-marzia... 152
TOLSURA... 47	tranylcypromine... 42	tri-lo-mili... 152
tolterodine... 139	TRAVASOL 10 %... 129	tri-lo-sprintec... 152
tolvaptan... 129	TRAVATAN Z... 181	tri-mili... 152
TOPAMAX... 37	travoprost... 182	tri-nymyo... 152
TOPICORT... 123	TRAZIMERA... 63	tri-sprintec (28)... 152
topiramate... 37	trazodone... 42	tri-vylibra lo... 152
toposar... 63	TREANDA... 63	tri-vylibra... 152
topotecan... 63	TRECATOR... 51	triamcinolone acetonide... 114, 141
TOPROL XL... 105		triamterene... 106

triamterene-hydrochlorothiazid... 106	trivora (28)... 152	TWYNEO... 123
trianex... 141	TRIZIVIR... 79	TYBOST... 79
triazolam... 192	TRODELVY... 63	tydemy... 152
TRIBENZOR... 106	TROGARZO... 79	TYENNE AUTOINJECTOR... 167
TRICARE... 129	TROKENDI XR... 37	TYENNE... 167
TRICOR... 106	TROPHAMINE 10 %... 130	TYGACIL... 31
triderm... 141	tropium... 139	TYKERB... 64
trientine... 129	TRUDHESA... 50	TYMLOS... 170
trifluoperazine... 72	TRUE COMFORT ALCOHOL PADS... 177	TYPHIM VI... 167
trifluridine... 182	TRUE COMFORT PRO ALCOHOL PADS... 177	TYRVAYA... 182
trihexyphenidyl... 68	TRULANCE... 134	TYSABRI... 113
TRIJARDY XR... 87	TRULICITY... 87	TYVASO DPI... 189
TRIKAFTA... 189	TRUMENBA... 166	TYVASO INSTITUTIONAL START KIT... 189
TRILEPTAL... 37	TRUQAP... 64	TYVASO REFILL KIT... 189
TRILIPIX... 106	TRUSOPT... 182	TYVASO STARTER KIT... 190
trimethobenzamide... 44	TRUVADA... 79	TYVASO... 189
trimethoprim... 31	TRUXIMA... 64	U
trimipramine... 42	TRYVIO... 106	UBRELVY... 50
trinatal rx 1... 130	TUDORZA PRESSAIR... 189	UCERIS... 169
TRINTELLIX... 42	TUKYSA... 64	UDENYCA AUTOINJECTOR... 92
TRIOSTAT... 154	tulana... 152	UDENYCA ONBODY... 92
TRIPTODUR... 156	TURALIO... 64	UDENYCA... 91
TRISENOX... 63	turqoz (28)... 152	ULORIC... 48
TRISTART DHA... 130	TUXARIN ER... 193	ULTILET ALCOHOL SWAB... 177
tritocin... 141	TUZISTRA XR... 193	ULTOMIRIS... 167
TRIUMEQ PD... 79	TWINRIX (PF)... 167	ULTRAVATE... 123
TRIUMEQ... 79		UNASYN... 31

UNDECATREX... 152
 UNITHROID... 154
 UNITUXIN... 64
 UPLIZNA... 167
 UPTRAVI... 190
 UROCIT-K 10... 130
 UROCIT-K 15... 130
 UROCIT-K 5... 130
 UROXATRAL... 139
 URSO FORTE... 134
 URSO 250... 134
 ursodiol... 134
 UZEDY... 72, 73

V

V-GO 20... 177
 V-GO 30... 177
 V-GO 40... 177
 VABOMERE... 31
 VAGIFEM... 152
 valacyclovir... 79
 VALCHLOR... 64
 VALCYTE... 79
 valganciclovir... 79
 VALIUM... 81
 valproate sodium... 37
 valproic acid (as sodium salt)... 37
 valproic acid... 37
 valrubicin... 64
 valsartan... 106
 valsartan-hydrochlorothiazide... 106
 VALSTAR... 64
 VALTOCO... 37
 VALTREX... 79
 VANCOCIN... 31
 vancomycin in dextrose 5 %... 31
 vancomycin in 0.9 % sodium chl... 31
 vancomycin... 31
 vancomycin-diluent combo no.1... 31
 VANDAZOLE... 31
 VANFLYTA... 64
 VANOS... 123
 VAPRISOL IN 5 % DEXTROSE... 130
 VAQTA (PF)... 167
 varenicline... 22
 VARIVAX (PF)... 167
 VARIZIG... 167
 VARUBI... 44
 VASCEPA... 106
 VASERETIC... 106
 VASOTEC... 106
 VAXCHORA VACCINE... 167
 vecamyl... 106
 VECTIBIX... 64
 VECTICAL... 123
 VEGZELMA... 64
 VELCADE... 64
 VELETRI... 190
 velivet triphasic regimen (28)... 152
 VELSIPITY... 167
 VELTASSA... 130
 VELTIN... 123
 VEMLIDY... 79
 VENCLEXTA STARTING PACK... 64
 VENCLEXTA... 64
 VENLAFAXINE BESYLATE... 42
 venlafaxine... 42
 VENTAVIS... 190
 VENTOLIN HFA... 190
 VEOPOZ... 167
 VEOZAH... 113
 verapamil... 106
 VERDESO... 123
 VEREGEN... 123
 VERELAN PM... 106
 VERIPRED 20... 141
 VERQUOVO... 106
 VERSACLOZ... 73
 VERZENIO... 64
 VESICARE LS... 139
 VESICARE... 139
 vestura (28)... 152
 VEVYE... 182

VFEND IV... 47	VIREAD... 79	VORANIGO... 64
VFEND... 47	virt-nate dha... 130	voriconazole... 48
VIBATIV... 31	virt-pn dha... 130	VOSEVI... 79
VIBERZI... 134	VISTARIL... 190	VOTRIENT... 64
VIBRAMYCIN (CALCIUM)... 31	VITAFOL FE PLUS... 130	VOWST... 135
VIBRAMYCIN... 31	VITAFOL GUMMIES... 130	VOXZOGO... 137
VICTOZA 2-PAK... 87	VITAFOL ULTRA... 130	VOYDEYA... 167
VICTOZA 3-PAK... 87	VITAFOL-OB... 130	VPRIV... 138
VIDAZA... 64	VITAFOL-OB+DHA... 130	VRAYLAR... 73
vienva... 152	VITAFOL-ONE... 130	VTAMA... 123
vigabatrin... 37	VITAMEDMD ONE RX... 130	VUITY... 182
vigadrone... 37	vitamin d2... 195	VUMERITY... 113
VIGAFYDE... 37	vitamin k... 195	VUSION... 48
VIGAMOX... 182	vitamin k1... 195	VYALEV... 69
vigpoder... 38	VITRAKVI... 64	VYEPTI... 50
VIIBRYD... 42	vivacaine... 21	vyfemla (28)... 153
VIJOICE... 137	VIVELLE-DOT... 152	VYJUVEK... 177
vilazodone... 42	VIVITROL... 22	vylibra... 153
VIMOVO... 19	VIVJOA... 47	VYLOY... 65
VIMPAT... 38	VIVLODEX... 19	VYNDAMAX... 138
vinblastine... 64	VIZIMPRO... 64	VYNDAQEL... 138
vincristine... 64	VOCABRIA... 79	VYTORIN 10-10... 107
vinorelbine... 64	VOGELXO... 153	VYTORIN 10-20... 107
VIOKACE... 137	volnea (28)... 153	VYTORIN 10-40... 107
violele (28)... 152	VONJO... 64	VYTORIN 10-80... 107
VIRACEPT... 79	VOQUEZNA DUAL PAK... 134	VYVANSE... 113
VIRAZOLE... 177	VOQUEZNA TRIPLE PAK... 135	VYVGART HYTRULO... 50
	VOQUEZNA... 134	VYVGART... 50

VYXEOS... 65	XANAX XR... 81	XOLREMDI... 92
VYZULTA... 182	XANAX... 81	XOPENEX HFA... 190
W	XARELTO DVT-PE TREAT 30D START... 92	XOSPATA... 65
WAINUA... 138	XARELTO... 92	XPOVIO... 65
WAKIX... 192	XATMEP... 167	XTAMPZA ER... 19
warfarin... 92	XCOPRI MAINTENANCE PACK... 38	XTANDI... 65
water for irrigation, sterile... 177	XCOPRI TITRATION PACK... 38	xulane... 153
WEBCOL... 177	XCOPRI... 38	XULTOPHY 100/3.6... 87
WEGOVY... 177	XDEMVY... 177	XYOSTED... 153
WELCHOL... 107	XELJANZ XR... 167	XYREM... 192
WELIREG... 138	XELJANZ... 167	XYWAV... 192
WELLBUTRIN SR... 42	XELPROS... 182	Y
WELLBUTRIN XL... 42	XELSTRYM... 113	yargesa... 138
wera (28)... 153	XEMBIFY... 167	YASMIN (28)... 153
wescap-pn dha... 130	XENAZINE... 113	YAZ (28)... 153
wesnata dha complete... 130	XENPOZYME... 138	YCANTH... 177
wesnate dha... 130	XERAVA... 31	YERVOY... 65
westab plus... 130	XERESE... 79	YF-VAX (PF)... 167
westgel dha... 130	XERMELLO... 135	YONDELIS... 65
WINLEVI... 123	XGEVA... 170	YONSA... 65
WINREVAIR... 190	XHANCE... 190	YORVIPATH... 170
wixela inhub... 190	XIFAXAN... 135	YUFLYMA(CF) AI CROHN'S-UC-HS... 167
wymzya fe... 153	XIGDUO XR... 87	YUFLYMA(CF) AUTOINJECTOR... 168
X	XIIDRA... 182	YUFLYMA(CF)... 167
XACIATO... 31	XOFLUZA... 79	YUPELRI... 190
XADAGO... 69	XOLAIR... 167	YUSIMRY(CF) PEN... 168
XALATAN... 182	XOLEGEL... 48	yuvafem... 153

Z

zafemy... 153	zenzedi... 113, 114	ziprasidone mesylate... 73
zafirlukast... 190	ZEPATIER... 79	ZIPSOR... 19
zaleplon... 192	ZEPOSIA STARTER KIT (28-DAY)... 114	ZIRABEV... 65
ZALTRAP... 65	ZEPOSIA STARTER KIT (37-DAY)... 114	ZIRGAN... 79
ZANAFLEX... 74	ZEPOSIA STARTER PACK (7-DAY)... 114	ZITHROMAX TRI-PAK... 32
ZANOSAR... 65	ZEPOSIA... 114	ZITHROMAX Z-PAK... 32
zarah... 153	ZEPZELCA... 65	ZITHROMAX... 31, 32
ZARONTIN... 38	ZERBAXA... 31	ZITUVIMET XR... 87
ZARXIO... 92	ZESTORETIC... 107	ZITUVIMET... 87
zatean-pn dha... 130	ZESTRIL... 107	ZITUVIO... 87
zatean-pn plus... 130	ZETIA... 107	ZOCOR... 107
ZAVESCA... 138	ZETONNA... 190	ZOLADEX... 156
ZAVZPRET... 50	ZEVALIN (Y-90)... 177	zoledronic ac-mannitol-0.9nacl... 171
ZCORT... 142	ZIAC... 107	zoledronic acid... 171
ZEBUTAL... 177	ZIAGEN... 79	zoledronic acid-mannitol-water... 171
ZEGALOGUE AUTOINJECTOR... 87	ZIANA... 123	ZOLINZA... 65
ZEGALOGUE SYRINGE... 87	zidovudine... 79	zolmitriptan... 50
ZEGERID... 135	ZIEXTENZO... 92	ZOLOFT... 42
ZEJULA... 65	ZILBRYSQ... 168	zolpidem... 192
ZELAPAR... 69	zileuton... 190	ZOLPIMIST... 192
ZELBORAF... 65	ZILRETTA... 142	ZOMACTON... 143
ZEMAIRA... 138	ZIMHI... 22	ZOMIG... 50
ZEMBRACE SYMTOUCH... 50	zingiber... 177	ZONALON... 123
ZEMDRI... 31	ZINPLAVA... 135	ZONEGRAN... 38
ZEMPLAR... 170, 171	ZIOPTAN (PF)... 182	ZONISADE... 38
zenatane... 123	ziprasidone hcl... 73	zonisamide... 38
ZENPEP... 138		

ZORTRESS... 168
ZORVOLEX... 19
ZORYVE... 123
ZOSYN IN DEXTROSE (ISO-OSM)... 32
zovia 1-35 (28)... 153
ZOVIRAX... 80
ZTALMY... 38
ZTLIDO... 21
ZUBSOLV... 22
ZULRESSO... 42
zumandimine (28)... 153
ZURZUVAE... 42
ZYCLARA... 124
ZYDELIG... 65
ZYFLO... 190
ZYKADIA... 65
ZYLET... 182
ZYLOPRIM... 48
ZYMAXID... 182
ZYMFENTRA... 168
ZYNLONTA... 65
ZYNRELEF... 177
ZYNYZ... 65
ZYPITAMAG... 107
ZYPREXA RELPREV... 73
ZYPREXA ZYDIS... 73
ZYPREXA... 73
ZYTIGA... 65

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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



This formulary was updated on 12/10/2024. For more recent information or other questions, please contact the NC State Health Plan Humana Customer Care Team with any questions at 1-888-700-2263 or, for TTY users, 711, or visit your.humana.com/ncshp.

Humana[®]



GRP042PDG2580025C_v1