CareFree (HMO)
CareFree PLUS (HMO)

2021

# PRESCRIPTION DRUG GUIDE

CarePlus Formulary
List of Covered Drugs



This formulary was updated on 12/03/2021. For more recent information or other questions, please contact CarePlus Members Services, at **1-800-794-5907** or for TTY users, **711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day, or visit **www.CarePlusHealthPlans.com**.

CarePlus HEALTH PLANS

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

# Welcome to CarePlus!

**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 CarePlus. When it refers to "plan" or "our plan," it means CarePlus. This document includes a list of the drugs (formulary) for our plan which is current as of December 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

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

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

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

- **New generic drugs**. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CarePlus Formulary?"
- **Drugs removed from the market**. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We'll notify members who are affected by the following changes to the formulary:
- When a drug is removed from the formulary
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive
- When a drug is moved to a higher cost sharing tier

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

**What if you're affected by a Drug List change?**
We'll notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of December 2021. We'll update the printed formularies each month and they'll be available on
**https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides**.

To get updated information about the drugs covered by CarePlus, please visit **www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides** or call Member Services at **1-800-794-5907**; **TTY: 711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day.

**How do I use the formulary?**
There are two ways to find your drug in the formulary:

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

**Alphabetical listing**
If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 108. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.
CarePlus covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

**How much will I pay for covered drugs?**
CarePlus 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 Member Services to find out what your costs are.**

**Are there any restrictions on my coverage?**
Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

- **Prior Authorization (PA):** CarePlus requires you to get prior authorization for certain drugs to be covered under your plan. This means that you'll need to get approval from CarePlus before you fill your prescriptions. If you don't get approval, CarePlus may not cover the drug.
- **Quantity Limits (QL):** For some drugs, CarePlus limits the amount of the drug that is covered. CarePlus might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, CarePlus requires that you first try certain drugs to treat your medical condition before coverage is available for another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CarePlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePlus will then cover Drug B.
- **Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to CarePlus 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 CarePlus at **1-800-310-9071**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m.

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

You can also visit **https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides** to get more information about the restrictions applied to specific covered drugs.

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

**What if my drug isn't on the formulary?**
If your drug isn't included in this list of covered drugs, visit **https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides** to see if your plan covers your drug. You can also call Member Services and ask if your drug is covered.

If CarePlus doesn't cover your drug, you have two options:
- You can ask Member Services for a list of similar drugs that CarePlus covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by CarePlus.
- You can ask CarePlus to make an exception and cover your drug. See below for information about how to request an exception.

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

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

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

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

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

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

Generally, we must make the decision within 72 hours of receiving your health care provider's supporting statement. You can request a fast, or expedited, exception if you or your health care provider thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your health care provider's supporting statement.

**Will my plan cover my drugs if they are not on the formulary?**
You may take drugs that your plan doesn't cover. Or, you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior

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

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

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

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

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

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

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

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

**Transition extension**

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

A Transition Policy is available on CarePlus's website, **https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides**, in the same area where the Prescription Drug Guides are displayed.

## For More Information

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

If you have questions about CarePlus, please visit **www.careplushealthplans.com** or call Member Services at **1-800-794-5907**; **TTY: 711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day.

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**.

# CarePlus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CarePlus. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

Your CarePlus plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 106. **These statements are not applicable to the Insulin Savings Program.**

**How to read your formulary**
The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:
**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.
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. CarePlus may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ANALGESICS** | | |
| *acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5* **DL** | 3 | QL (2700 per 30 days) |
| *acetaminophen-cod #2 tablet* **DL** | 3 | QL (390 per 30 days) |
| *acetaminophen-cod #3 tablet* **DL** | 3 | QL (360 per 30 days) |
| *acetaminophen-cod #4 tablet* **DL** | 3 | QL (180 per 30 days) |
| BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG, BUCCAL FILM **DL** | 4 | QL (60 per 30 days) |
| *buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch* **DL** | 4 | QL (4 per 28 days) |
| *butalb-acetamin-caf-cod 50-325* **DL** | 4 | QL (360 per 30 days) |
| *butalb-acetamin-caff 50-325-40* **MO** | 2 | QL (180 per 30 days) |
| *butorphanol 1 mg/ml, vial* **DL** | 4 | QL (960 per 30 days) |
| *butorphanol 10 mg/ml, spray* **DL** | 4 | QL (5 per 28 days) |
| *butorphanol 2 mg/ml, vial* **DL** | 4 | QL (480 per 30 days) |
| *celecoxib 100 mg, 200 mg, 400 mg, 50 mg, capsule* **MO** | 2 | QL (60 per 30 days) |
| *diclofenac epolamine 1.3% ptch* **MO** | 4 | PA,QL (60 per 30 days) |
| *diclofenac sod ec 25 mg, 50 mg, tab* **MO** | 2 | |
| *diclofenac sod ec 75 mg, tab* **MO** | 1 | |
| *diclofenac sod er 100 mg, tab* **MO** | 2 | |
| *diclofenac sodium 1% gel* **MO** | 3 | |
| *diclofenac-misoprost 50-0.2 mg; diclofenac-misoprost 75-0.2 mg* **MO** | 4 | |
| *ec-naproxen 500 mg, tablet,delayed release* **MO** | 1 | |
| *endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet* **DL** | 3 | QL (360 per 30 days) |
| *etodolac 200 mg, 300 mg, capsule* **MO** | 3 | |
| *etodolac 400 mg, 500 mg, tablet* **MO** | 3 | |
| *etodolac er 400 mg, 500 mg, 600 mg, tablet* **MO** | 3 | |
| *fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour, patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch* **DL** | 3 | QL (20 per 30 days) |
| *fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg,; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg,* **DL** | 5 | PA,QL (120 per 30 days) |
| *fentanyl 100 mcg/2 ml vial* **DL** | 2 | B vs D,QL (720 per 30 days) |
| *flurbiprofen 100 mg, tablet* **MO** | 2 | |
| *hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg,; hydrocodone-acetamin 7.5-300* **DL** | 3 | QL (390 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg,; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325* **DL** | 3 | QL (360 per 30 days) |
| *hydrocodone-acetamin 10-325/15* **DL** | 3 | QL (2700 per 30 days) |
| *hydrocodone-acetamn 7.5-325/15* **DL** | 3 | QL (5520 per 30 days) |
| *hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg,* **DL** | 4 | QL (150 per 30 days) |
| *hydrocodone-ibuprofen 7.5-200* **DL** | 3 | QL (150 per 30 days) |
| *hydromorphone 0.5 mg/0.5 ml, 1 mg/ml,; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml, carpujct* **DL** | 4 | B vs D,QL (720 per 30 days) |
| *hydromorphone 2 mg, 4 mg, tablet* **DL** | 3 | QL (360 per 30 days) |
| *hydromorphone 2 mg/ml, carpujct* **DL** | 4 | QL (360 per 30 days) |
| *hydromorphone 2 mg/ml, vial* **DL** | 4 | B vs D,QL (360 per 30 days) |
| *hydromorphone 4 mg/ml, carpujct* **DL** | 4 | B vs D,QL (180 per 30 days) |
| *hydromorphone 8 mg, tablet* **DL** | 3 | QL (240 per 30 days) |
| *hydromorphone hcl 1 mg/ml, amp* **DL** | 4 | B vs D,QL (720 per 30 days) |
| *hydromorphone hcl 4 mg/ml, amp* **DL** | 4 | B vs D,QL (180 per 30 days) |
| *hydromorphone 1 mg/ml, vial* **DL** | 4 | B vs D,QL (720 per 30 days) |
| *hydromorphone 4 mg/ml, vial* **DL** | 4 | B vs D,QL (180 per 30 days) |
| *hydromorphone 500 mg/50 ml vl* **DL** | 4 | QL (144 per 30 days) |
| *ibu 400 mg, 600 mg, 800 mg, tablet* **MO** | 1 | |
| *ibuprofen 100 mg/5 ml, susp* **MO** | 2 | |
| *ibuprofen 400 mg, 600 mg, 800 mg, tablet* **MO** | 1 | |
| *indomethacin 25 mg, 50 mg, 75 mg, capsule; indomethacin er 25 mg, 50 mg, 75 mg, capsule* **MO** | 2 | |
| *ketoprofen 25 mg, 50 mg, 75 mg, capsule* **MO** | 3 | |
| *ketorolac 10 mg, tablet* **MO** | 2 | QL (20 per 30 days) |
| *meloxicam 15 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *meloxicam 7.5 mg, tablet* **MO** | 1 | QL (60 per 30 days) |
| *methadone 10 mg/5 ml, solution* **DL** | 3 | QL (1800 per 30 days) |
| *methadone 10 mg/ml, oral conc* **DL** | 3 | QL (360 per 30 days) |
| *methadone 5 mg/5 ml, solution* **DL** | 3 | QL (3600 per 30 days) |
| *methadone hcl 10 mg, tablet* **DL** | 3 | QL (240 per 30 days) |
| *methadone hcl 10 mg/ml, vial* **DL** | 3 | QL (360 per 30 days) |
| *methadone hcl 5 mg, tablet* **DL** | 3 | QL (480 per 30 days) |
| *methadone intensol 10 mg/ml, oral concentrate* **DL** | 3 | QL (360 per 30 days) |
| *morphine sulf 10 mg/5 ml, soln* **DL** | 3 | QL (2700 per 30 days) |
| *morphine sulf 20 mg/5 ml soln* **DL** | 3 | QL (1350 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *morphine sulf er 100 mg, tablet* **DL** | 3 | QL (180 per 30 days) |
| *morphine sulf er 15 mg, 30 mg, 60 mg, tablet* **DL** | 3 | QL (120 per 30 days) |
| *morphine sulf er 200 mg, tablet* **DL** | 3 | QL (90 per 30 days) |
| *morphine sulfate 10 mg/ml, vial* **DL** | 4 | B vs D,QL (360 per 30 days) |
| *morphine sulfate ir 15 mg, 30 mg, tab* **DL** | 3 | QL (180 per 30 days) |
| *morphine sulf 100 mg/5 ml conc* **DL** | 3 | QL (540 per 30 days) |
| *nabumetone 500 mg, 750 mg, tablet* **MO** | 2 | |
| *naproxen 250 mg, 375 mg, 500 mg, tablet; naproxen dr 250 mg, 375 mg, 500 mg, tablet* **MO** | 1 | |
| *naproxen sod cr 375 mg, tablet* **MO** | 4 | ST,QL (120 per 30 days) |
| *naproxen sod cr 500 mg, tablet* **MO** | 4 | ST,QL (90 per 30 days) |
| *naproxen sod cr 750 mg, tablet* **MO** | 4 | ST,QL (60 per 30 days) |
| *naproxen sodium 275 mg, 550 mg, tab* **MO** | 3 | |
| *oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tab; oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tablet* **DL** | 3 | QL (360 per 30 days) |
| *oxycodone hcl (ir) 5 mg, cap* **DL** | 4 | QL (360 per 30 days) |
| *oxycodone hcl 100 mg/5 ml conc* **DL** | 4 | QL (270 per 30 days) |
| *oxycodone hcl 5 mg/5 ml, soln* **DL** | 3 | QL (5400 per 30 days) |
| *oxycodone-acetaminophen 10-300; oxycodone-acetaminophen 5-300* **DL** | 5 | QL (390 per 30 days) |
| *oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325; oxycodone-acetaminophn 2.5-325; oxycodone-acetaminophn 7.5-325* **DL** | 3 | QL (360 per 30 days) |
| *oxycodone-aspirin 4.8355-325* **DL** | 3 | QL (360 per 30 days) |
| *piroxicam 10 mg, 20 mg, capsule* **MO** | 3 | |
| *primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet* **DL** | 5 | QL (390 per 30 days) |
| *prolate 10 mg-300 mg tablet; prolate 5 mg-300 mg tablet; prolate 7.5 mg-300 mg tablet* **DL** | 5 | QL (390 per 30 days) |
| PROLATE 10 MG-300 MG/5 ML ORAL SOLUTION **DL** | 5 | QL (900 per 30 days) |
| *sulindac 150 mg, 200 mg, tablet* **MO** | 1 | |
| *tramadol er 100 mg, 200 mg, 300 mg, tablet; tramadol hcl er 100 mg, 200 mg, 300 mg, tablet* **DL** | 3 | QL (30 per 30 days) |
| *tramadol hcl 100 mg, tablet* **DL** | 3 | QL (120 per 30 days) |
| *tramadol hcl 50 mg, tablet* **DL** | 2 | QL (240 per 30 days) |
| *tramadol-acetaminophn 37.5-325* **DL** | 2 | QL (240 per 30 days) |
| XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG, CAPSULE SPRINKLE **DL** | 3 | QL (60 per 30 days) |
| **Anesthetics** | | |
| *bupivacaine 0.25% vial; bupivacaine 0.5% (5 mg/ml) amp; bupivacaine 0.75% vial* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *bupivacaine 0.25% vial; bupivacaine 0.5% vial* **MO** | 1 | |
| *lidocaine 5% patch* **MO** | 4 | PA,QL (90 per 30 days) |
| *lidocaine 5% in d7.5w ampul* **MO** | 1 | |
| *lidocaine 2% viscous soln* **MO** | 2 | |
| *lidocaine hcl 2% jelly* **MO** | 2 | |
| *lidocaine hcl 2% jelly uro-jet* **MO** | 2 | |
| *lidocaine viscous 2 %, mucosal solution* **MO** | 2 | |
| *lidocaine 0.5%-epi 1:200,000* **MO** | 1 | |
| *lidocaine-prilocaine cream* **MO** | 4 | |
| *polocaine 1 % (10 mg/ml), 2 %, injection solution* **MO** | 1 | |
| *polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), injection solution* **MO** | 1 | |
| *ropivacaine 0.2% 400 mg/200 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl* **MO** | 4 | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | |
| *acamprosate calc dr 333 mg, tab* **MO** | 4 | |
| *buprenorphine 2 mg, 8 mg, tablet sl* **MO** | 2 | QL (90 per 30 days) |
| *buprenorphine-nalox 12-3mg flm* **MO** | 2 | QL (60 per 30 days) |
| *buprenorphine-nalox 2-0.5mg fm; buprenorphine-nalox 4-1mg film; buprenorphine-nalox 8-2mg film* **MO** | 2 | QL (90 per 30 days) |
| *bupropion hcl sr 150 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| CHANTIX 0.5 MG, 1 MG, TABLET **MO** | 4 | QL (56 per 28 days) |
| CHANTIX 1 MG, CONT MONTH BOX **MO** | 4 | QL (56 per 28 days) |
| CHANTIX STARTING MONTH BOX **MO** | 4 | QL (56 per 28 days) |
| *disulfiram 250 mg, 500 mg, tablet* **MO** | 2 | |
| *naloxone 0.4 mg/ml, 1 mg/ml, carpuject; naloxone 2 mg/2 ml syringe* **MO** | 1 | |
| *naloxone 0.4 mg/ml, vial* **MO** | 1 | |
| *naloxone 2 mg auto-injector* **MO** | 4 | QL (0.8 per 30 days) |
| *naltrexone 50 mg, tablet* **MO** | 2 | |
| NARCAN 4 MG/ACTUATION, NASAL SPRAY **MO** | 3 | QL (2 per 30 days) |
| NICOTROL NS 10 MG/ML, NASAL SPRAY **MO** | 4 | |
| *apo-varenicline 0.5 mg, 1 mg, tablet* **MO** | 4 | QL (56 per 28 days) |
| VIVITROL 380 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE **DL** | 5 | QL (1 per 28 days) |
| ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET **MO** | 2 | QL (90 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET **MO** | 2 | QL (30 per 30 days) |
| ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET **MO** | 2 | QL (60 per 30 days) |
| **ANTIBACTERIALS** | | |
| *acetic acid 2% ear solution* **MO** | 2 | |
| *amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml, vial* **MO** | 3 | |
| *amoxicillin 125 mg, 250 mg, tab chew* **MO** | 1 | |
| *amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml, susp* **MO** | 1 | |
| *amoxicillin 250 mg, 500 mg, capsule* **MO** | 1 | |
| *amoxicillin 500 mg, 875 mg, tablet* **MO** | 1 | |
| *amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml, sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml, susp* **MO** | 2 | |
| *amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet* **MO** | 2 | |
| *ampicillin 250 mg, 500 mg, capsule* **MO** | 1 | |
| *ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg, vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial* **MO** | 3 | |
| *ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial* **MO** | 3 | |
| AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET **MO** | 4 | PA |
| *azithromycin 1 gm pwd packet* **MO** | 3 | |
| *azithromycin 100 mg/5 ml, 200 mg/5 ml, susp* **MO** | 3 | |
| *azithromycin 250 mg, 500 mg, 600 mg, tablet* **MO** | 2 | |
| *azithromycin i.v. 500 mg, vial* **MO** | 2 | |
| *aztreonam 1 gm vial* **MO** | 4 | |
| *aztreonam 2 gm vial* **DL** | 5 | |
| *bacitracin 50,000 unit, vial* **MO** | 1 | |
| BETHKIS 300 MG/4 ML, SOLUTION FOR NEBULIZATION **DL** | 5 | PA |
| BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE **MO** | 4 | |
| BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML, INTRAMUSCULAR SYRINGE **MO** | 4 | |
| *cefaclor 250 mg, 500 mg, capsule* **MO** | 2 | |
| *cefadroxil 250 mg/5 ml, 500 mg/5 ml, susp* **MO** | 2 | |
| *cefadroxil 500 mg, capsule* **MO** | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg, vial; cefazolin 10 gm vial* **MO** | 2 | |
| *cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose* **MO** | 2 | |
| *cefdinir 125 mg/5 ml, 250 mg/5 ml, susp* **MO** | 2 | |
| *cefdinir 300 mg, capsule* **MO** | 2 | |
| *cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram, vial* **MO** | 3 | |
| *cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml* **MO** | 3 | |
| *cefepime 1 gm injection; cefepime 2 gm injection* **MO** | 3 | |
| *cefixime 400 mg, capsule* **MO** | 4 | |
| *cefotaxime sodium 1 gm vial* **MO** | 2 | |
| *cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial* **MO** | 4 | |
| *cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag* **MO** | 4 | |
| *cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial* **MO** | 3 | |
| *cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag* **MO** | 3 | |
| *cefpodoxime 100 mg, 200 mg, tablet* **MO** | 3 | |
| *cefprozil 125 mg/5 ml, 250 mg/5 ml, susp* **MO** | 3 | |
| *cefprozil 250 mg, 500 mg, tablet* **MO** | 2 | |
| *ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial* **MO** | 4 | |
| *ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback* **MO** | 4 | |
| *ceftriaxone 1 gm add-vant vial; ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg, vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial* **MO** | 2 | |
| *ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag* **MO** | 3 | |
| *cefuroxime axetil 250 mg, 500 mg, tab* **MO** | 2 | |
| *cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg, vial; cefuroxime sod 7.5 gm vial* **MO** | 1 | |
| *cephalexin 125 mg/5 ml, 250 mg/5 ml, susp* **MO** | 2 | |
| *cephalexin 250 mg, 500 mg, capsule* **MO** | 1 | |
| *chloramphen na succ 1 gm vl* **MO** | 2 | |
| *ciprofloxacin hcl 100 mg, tab* **MO** | 4 | |
| *ciprofloxacin hcl 250 mg, 500 mg, 750 mg, tab* **MO** | 1 | |
| *ciprofloxacin 200 mg/100ml-d5w; ciprofloxacin 400 mg/200ml-d5w* **MO** | 2 | |
| *clarithromycin 125 mg/5 ml, 250 mg/5 ml, sus* **MO** | 3 | |
| *clarithromycin 250 mg, 500 mg, tablet* **MO** | 2 | |
| *clarithromycin er 500 mg, tab* **MO** | 2 | |
| CLEOCIN 100 MG, VAGINAL SUPPOSITORY **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *clindamycin hcl 150 mg, 300 mg, 75 mg, capsule* **MO** | 2 | |
| *clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml,-ns* **MO** | 3 | |
| *clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml,* **MO** | 3 | |
| *clindamycin pediatric 75 mg/5 ml, oral solution* **MO** | 4 | |
| *clindamycin 2% vaginal cream* **MO** | 3 | |
| *clindamycin ph 900 mg/6 ml vl* **MO** | 3 | |
| *colistimethate 150 mg, vial* **MO** | 4 | |
| *daptomycin 350 mg, 500 mg, vial* **DL** | 5 | |
| *demeclocycline 150 mg, tablet* **MO** | 4 | QL (240 per 30 days) |
| *demeclocycline 300 mg, tablet* **MO** | 4 | QL (120 per 30 days) |
| *dicloxacillin 250 mg, 500 mg, capsule* **MO** | 2 | |
| DIFICID 200 MG, TABLET **DL** | 5 | |
| DIFICID 40 MG/ML, ORAL SUSPENSION **DL** | 5 | |
| *doxy-100 100 mg, intravenous solution* **MO** | 3 | |
| *doxycycline hyclate 100 mg, 50 mg, cap* **MO** | 3 | |
| *doxycycline hyclate 100 mg, tab* **MO** | 3 | |
| *doxycycline hyclate 100 mg, vl* **MO** | 2 | |
| *doxycycline hyclate 20 mg, tab* **MO** | 2 | |
| *doxycycline 25 mg/5 ml, susp* **MO** | 4 | |
| *doxycycline mono 100 mg, 50 mg, 75 mg, tablet* **MO** | 3 | |
| *doxycycline mono 100 mg, 50 mg, cap* **MO** | 2 | |
| *ertapenem 1 gram, vial* **DL** | 5 | |
| ERYTHROCIN 500 MG, INTRAVENOUS SOLUTION **MO** | 4 | |
| *erythromycin dr 250 mg, cap* **MO** | 4 | |
| *gentamicin 0.1% cream* **MO** | 3 | |
| *gentamicin 0.1% ointment* **MO** | 2 | |
| *gentamicin 20 mg/2 ml, 40 mg/ml, vial; gentamicin 80 mg/2 ml vial* **MO** | 1 | |
| *gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml,; isoton gentamicin 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml,* **MO** | 1 | |
| *isoton gentamicin 100 mg/50 ml,* **MO** | 2 | |
| *gentamicin ped 20 mg/2 ml, vial* **MO** | 1 | |
| *gentamicin 10 mg/ml vial* **MO** | 1 | |
| *imipenem-cilastatin 250 mg, vl* **MO** | 3 | |
| *imipenem-cilastatin 500 mg, vl* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *levofloxacin 25 mg/ml solution; levofloxacin 750 mg/30 ml vial* **MO** | 4 | |
| *levofloxacin 250 mg, 500 mg, 750 mg, tablet* **MO** | 2 | |
| *levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml,-d5w* **MO** | 3 | |
| *lincomycin hcl 600 mg/2 ml vl* **MO** | 4 | |
| *linezolid 100 mg/5 ml, susp* **DL** | 5 | QL (1800 per 30 days) |
| *linezolid 600 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| *linezolid 600 mg/300 ml,-d5w* **MO** | 4 | |
| *linezolid 600mg/300ml-0.9%nacl* **MO** | 4 | |
| *meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg, vial* **MO** | 3 | |
| *meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50* **MO** | 3 | |
| *methenamine hipp 1 gm tablet* **MO** | 3 | |
| *metronidazole 0.75% cream* **MO** | 4 | |
| *metronidazole 0.75% lotion* **MO** | 4 | |
| *metronidazole 250 mg, 500 mg, tablet* **MO** | 2 | |
| *metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel* **MO** | 4 | |
| *metronidazole vaginal 0.75% gl* **MO** | 3 | |
| *metronidazole 500 mg/100 ml,* **MO** | 2 | |
| *minocycline 100 mg, 50 mg, 75 mg, capsule* **MO** | 2 | |
| *moxifloxacin hcl 400 mg, tablet* **MO** | 3 | |
| *nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial* **MO** | 4 | |
| *nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj* **DL** | 5 | |
| *neomycin 500 mg, tablet* **MO** | 3 | |
| *nitrofurantoin 25 mg/5 ml, susp* **DL** | 5 | |
| *nitrofurantoin mcr 100 mg, 50 mg, cap* **MO** | 3 | |
| *nitrofurantoin mono-mcr 100 mg,* **MO** | 3 | |
| NUZYRA 150 MG, TABLET **DL** | 5 | QL (30 per 14 days) |
| NUZYRA 150 MG,-7 DAY WITH LOAD **DL** | 5 | QL (30 per 14 days) |
| NUZYRA 150 MG, TABLET-7 DAY **DL** | 5 | QL (30 per 14 days) |
| *ofloxacin 300 mg, 400 mg, tablet* **MO** | 2 | |
| ORBACTIV 400 MG, INTRAVENOUS SOLUTION **DL** | 5 | QL (3 per 28 days) |
| *oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial* **MO** | 4 | |
| *oxacillin 10 gm vial* **DL** | 5 | |
| *oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj* **MO** | 4 | |
| *paromomycin 250 mg, capsule* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *pen g k 1 million unit/50 ml,* **MO** | 3 | |
| *pen g k 2 million unit/50 ml, 3 million unit/50 ml,* **MO** | 4 | |
| *penicillin gk 20 million unit,* **MO** | 4 | |
| *penicillin gk 5 million unit,* **MO** | 3 | |
| *pen g 1.2 million unit/2 ml,* **MO** | 4 | |
| *penicillin g 600,000 unit/1 ml* **DL** | 5 | |
| *penicillin g na 5 million unit,* **DL** | 5 | |
| *penicillin vk 125 mg/5 ml, 250 mg/5 ml, soln* **MO** | 2 | |
| *penicillin vk 250 mg, 500 mg, tablet* **MO** | 1 | |
| *pfizerpen-g 20 million unit, 5 million unit, solution for injection* **DL** | 5 | |
| *piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram,; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial* **MO** | 3 | |
| *polymyxin b sulfate vial* **MO** | 3 | |
| PRIMSOL 50 MG/5 ML, ORAL SOLUTION **MO** | 4 | |
| SIVEXTRO 200 MG, INTRAVENOUS SOLUTION **DL** | 5 | QL (6 per 28 days) |
| SIVEXTRO 200 MG, TABLET **DL** | 5 | QL (6 per 28 days) |
| *streptomycin sulf 1 gm vial* **DL** | 5 | |
| *sulfacetamide 10% eye ointment* **MO** | 2 | |
| *sulfacetamide sod 10% top susp* **MO** | 4 | QL (118 per 30 days) |
| *sulfadiazine 500 mg, tablet* **MO** | 4 | |
| *sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet* **MO** | 1 | |
| *sulfamethoxazole-tmp iv vial* **MO** | 4 | |
| *sulfamethoxazole-tmp susp* **MO** | 4 | |
| SUPRAX 400 MG, CAPSULE **MO** | 4 | |
| SYNERCID 500 MG, INTRAVENOUS SOLUTION **DL** | 5 | |
| TEFLARO 400 MG, 600 MG, INTRAVENOUS SOLUTION **DL** | 5 | |
| *tigecycline 50 mg, vial* **DL** | 5 | |
| *tinidazole 250 mg, 500 mg, tablet* **MO** | 3 | |
| *tobramycin 300 mg/4 ml, ampule* **DL** | 5 | PA |
| *tobramycin 10 mg/ml, 40 mg/ml, vial* **MO** | 1 | |
| *trimethoprim 100 mg, tablet* **MO** | 2 | |
| *vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg, vial; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg, vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial* **MO** | 4 | |
| *vancomycin hcl 125 mg, capsule* **MO** | 4 | PA,QL (120 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *vancomycin hcl 250 mg, capsule* **DL** | 5 | PA,QL (240 per 30 days) |
| *vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml,-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl* **MO** | 4 | |
| *vancomycin 1 gram/200 ml, 750 mg/150 ml, bag; vancomycin hcl 1g/200 ml bag* **MO** | 4 | |
| *vancomycin 1.25 gm/250 ml bag; vancomycin 1.25 gram/250 ml, 1.75 gram/350 ml, 750 mg/150 ml, bag; vancomycin 1.75 gm/350 ml bag* **MO** | 4 | |
| ZERBAXA 1.5 GRAM, INTRAVENOUS SOLUTION **DL** | 5 | |
| **Anticonvulsants** | | |
| APTIOM 200 MG, 400 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| APTIOM 600 MG, 800 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| BANZEL 200 MG, TABLET **DL** | 5 | PA,QL (480 per 30 days) |
| BANZEL 40 MG/ML, ORAL SUSPENSION **DL** | 5 | PA,QL (2760 per 30 days) |
| BANZEL 400 MG, TABLET **DL** | 5 | PA,QL (240 per 30 days) |
| BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| BRIVIACT 10 MG/ML, ORAL SOLUTION **DL** | 5 | PA,QL (600 per 30 days) |
| BRIVIACT 50 MG/5 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *carbamazepine 100 mg, tab chew* **MO** | 2 | |
| *carbamazepine 100 mg/5 ml, 200 mg/10 ml, susp; carbamazepine 200 mg/10ml susp* **MO** | 4 | |
| *carbamazepine 200 mg, tablet* **MO** | 2 | |
| *carbamazepine er 100 mg, 200 mg, 300 mg, cap* **MO** | 4 | |
| *carbamazepine er 100 mg, 200 mg, tablet* **MO** | 4 | QL (120 per 30 days) |
| *carbamazepine er 400 mg, tablet* **MO** | 4 | QL (225 per 30 days) |
| CELONTIN 300 MG, CAPSULE **MO** | 4 | |
| *clobazam 10 mg, 20 mg, tablet* **DL** | 4 | PA |
| *clobazam 2.5 mg/ml, suspension* **DL** | 4 | PA |
| DIACOMIT 250 MG, 500 MG, CAPSULE **DL** | 5 | PA,QL (180 per 30 days) |
| DIACOMIT 250 MG, 500 MG, ORAL POWDER PACKET **DL** | 5 | PA,QL (180 per 30 days) |
| DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT **DL** | 4 | |
| *diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg, rectal gel sys; diazepam 20 mg rectal gel syst* **DL** | 4 | |
| DILANTIN 30 MG, CAPSULE **MO** | 4 | |
| DILANTIN EXTENDED 100 MG, CAPSULE **MO** | 4 | |
| DILANTIN INFATABS 50 MG, CHEWABLE TABLET **MO** | 4 | |
| DILANTIN-125 125 MG/5 ML, ORAL SUSPENSION **MO** | 4 | |
| *divalproex dr 125 mg, cp(sprnk)* **MO** | 3 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *divalproex sod dr 125 mg, 250 mg, 500 mg, tab* **MO** | 2 | |
| *divalproex sod er 250 mg, 500 mg, tab* **MO** | 3 | |
| EPIDIOLEX 100 MG/ML, ORAL SOLUTION **DL** | 5 | PA |
| *epitol 200 mg, tablet* **MO** | 2 | |
| EPRONTIA 25 MG/ML, ORAL SOLUTION **MO** | 4 | PA,QL (480 per 30 days) |
| *ethosuximide 250 mg, capsule* **MO** | 3 | |
| *ethosuximide 250 mg/5 ml, soln* **MO** | 4 | |
| *felbamate 400 mg, 600 mg, tablet* **MO** | 4 | |
| *felbamate 600 mg/5 ml, susp* **DL** | 5 | |
| FINTEPLA 2.2 MG/ML, ORAL SOLUTION **DL** | 5 | PA,QL (360 per 30 days) |
| *fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml,; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml, vl* **MO** | 3 | |
| FYCOMPA 0.5 MG/ML, ORAL SUSPENSION **DL** | 5 | PA,QL (680 per 28 days) |
| FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| *gabapentin 100 mg, 300 mg, 400 mg, capsule* **MO** | 2 | QL (270 per 30 days) |
| *gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml), soln; gabapentin 300 mg/6 ml soln* **MO** | 4 | QL (2250 per 30 days) |
| *gabapentin 600 mg, 800 mg, tablet* **MO** | 2 | QL (180 per 30 days) |
| *lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, tablet* **MO** | 1 | |
| *lamotrigine 25 mg, 5 mg, disper tab; lamotrigine 25 mg, 5 mg, disper tablet* **MO** | 2 | |
| *lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg, tablet* **MO** | 4 | |
| *lamotrigine odt 100 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14), tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange)* **MO** | 4 | |
| *lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang* **MO** | 2 | |
| *levetiracetam 1,000 mg, 500 mg, 750 mg, tablet* **MO** | 2 | |
| *levetiracetam 100 mg/ml, soln* **MO** | 2 | |
| *levetiracetam 250 mg, tablet* **MO** | 2 | QL (60 per 30 days) |
| *levetiracetam 500 mg/5 ml soln* **MO** | 2 | QL (900 per 30 days) |
| *levetiracetam 500 mg/5 ml, vial* **MO** | 4 | |
| *levetiracetam er 500 mg, tablet* **MO** | 2 | QL (180 per 30 days) |
| *levetiracetam er 750 mg, tablet* **MO** | 2 | QL (120 per 30 days) |
| *levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100* **MO** | 2 | |
| NAYZILAM 5 MG/SPRAY (0.1 ML), NASAL SPRAY **DL** | 4 | QL (10 per 30 days) |
| *oxcarbazepine 150 mg, 300 mg, 600 mg, tablet* **MO** | 3 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *oxcarbazepine 300 mg/5 ml susp* **MO** | 4 | |
| PEGANONE 250 MG, TABLET **MO** | 4 | |
| *phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| *phenobarbital 15 mg, 60 mg, tablet* **MO** | 3 | QL (120 per 30 days) |
| *phenobarbital 20 mg/5 ml elix* **MO** | 4 | QL (1500 per 30 days) |
| *phenobarbital 30 mg, tablet* **MO** | 3 | QL (300 per 30 days) |
| PHENYTEK 200 MG, 300 MG, CAPSULE **MO** | 4 | |
| *phenytoin 100 mg/4 ml, 125 mg/5 ml, susp* **MO** | 2 | |
| *phenytoin 50 mg, tablet chew* **MO** | 2 | |
| *phenytoin 50 mg/ml, syringe* **MO** | 4 | |
| *phenytoin 50 mg/ml, vial* **MO** | 4 | |
| *phenytoin sod ext 100 mg, 200 mg, 300 mg, cap* **MO** | 2 | |
| *primidone 250 mg, 50 mg, tablet* **MO** | 2 | |
| *roweepra 1,000 mg, 500 mg, 750 mg, tablet* **MO** | 1 | |
| *roweepra xr 500 mg, tablet,extended release* **MO** | 2 | QL (180 per 30 days) |
| *roweepra xr 750 mg, tablet,extended release* **MO** | 2 | QL (120 per 30 days) |
| *rufinamide 200 mg, tablet* **DL** | 5 | PA,QL (480 per 30 days) |
| *rufinamide 40 mg/ml, suspension* **DL** | 5 | PA,QL (2760 per 30 days) |
| *rufinamide 400 mg, tablet* **DL** | 5 | PA,QL (240 per 30 days) |
| SPRITAM 1,000 MG, TABLET FOR ORAL SUSPENSION **MO** | 4 | ST,QL (90 per 30 days) |
| SPRITAM 250 MG, TABLET FOR ORAL SUSPENSION **MO** | 4 | ST,QL (360 per 30 days) |
| SPRITAM 500 MG, TABLET FOR ORAL SUSPENSION **MO** | 4 | ST,QL (180 per 30 days) |
| SPRITAM 750 MG, TABLET FOR ORAL SUSPENSION **MO** | 4 | ST,QL (120 per 30 days) |
| *subvenite 100 mg, 150 mg, 200 mg, 25 mg, tablet* **MO** | 2 | |
| *subvenite starter (blue) kit 25 mg (35), tablets in a dose pack* **MO** | 2 | |
| *subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack* **MO** | 2 | |
| *subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack* **MO** | 2 | |
| SYMPAZAN 10 MG, 20 MG, 5 MG, ORAL FILM **DL** | 5 | PA,QL (60 per 30 days) |
| *tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg, tablet* **MO** | 4 | |
| *topiramate 100 mg, 200 mg, 50 mg, tablet* **MO** | 2 | QL (120 per 30 days) |
| *topiramate 15 mg, 25 mg, sprinkle cap* **MO** | 2 | |
| *topiramate 25 mg, tablet* **MO** | 2 | QL (90 per 30 days) |
| *valproate sod 500 mg/5 ml vl* **MO** | 1 | |
| *valproic acid 250 mg, capsule* **MO** | 2 | |
| *valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml), soln; valproic acid 500 mg/10 ml sol* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML), NASAL SPRAY; VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY **DL** | 5 | QL (10 per 30 days) |
| *vigabatrin 500 mg, powder packt* **DL** | 5 | PA,QL (180 per 30 days) |
| *vigabatrin 500 mg, tablet* **DL** | 5 | PA,QL (180 per 30 days) |
| *vigadrone 500 mg, oral powder packet* **DL** | 5 | PA,QL (180 per 30 days) |
| VIMPAT 10 MG/ML, ORAL SOLUTION **MO** | 4 | QL (1395 per 30 days) |
| VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, TABLET **MO** | 4 | QL (60 per 30 days) |
| VIMPAT 200 MG/20 ML, INTRAVENOUS SOLUTION **MO** | 4 | |
| XCOPRI 100 MG, 50 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| XCOPRI 150 MG, 200 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| XCOPRI 250 MG DAILY DOSE PACK; XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS; XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS **DL** | 5 | PA,QL (56 per 28 days) |
| XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK **MO** | 4 | PA,QL (28 per 28 days) |
| XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK; XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK **DL** | 5 | PA,QL (28 per 28 days) |
| *zonisamide 100 mg, 25 mg, 50 mg, capsule* **MO** | 2 | |
| **Antidementia Agents** | | |
| *donepezil hcl 10 mg, 5 mg, tablet; donepezil hcl odt 10 mg, 5 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *donepezil hcl 10 mg, tablet* **MO** | 1 | QL (60 per 30 days) |
| *galantamine 4 mg/ml, oral soln* **MO** | 3 | QL (200 per 30 days) |
| *galantamine er 16 mg, 24 mg, 8 mg, capsule* **MO** | 3 | QL (30 per 30 days) |
| *galantamine hbr 12 mg, 4 mg, 8 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *memantine 5-10 mg, titration pk* **MO** | 2 | PA,QL (98 per 30 days) |
| *memantine hcl 10 mg, 5 mg, tablet* **MO** | 2 | PA,QL (60 per 30 days) |
| *memantine hcl 2 mg/ml, solution* **MO** | 3 | PA,QL (360 per 30 days) |
| *memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg, capsule* **MO** | 3 | PA,QL (30 per 30 days) |
| NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| NAMZARIC 7/14/21/28 MG-10 MG, CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK **MO** | 3 | QL (28 per 28 days) |
| *rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch* **MO** | 4 | QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *rivastigmine 1.5 mg, 3 mg, capsule* **MO** | 3 | QL (90 per 30 days) |
| *rivastigmine 4.5 mg, 6 mg, capsule* **MO** | 3 | QL (60 per 30 days) |
| **Antidepressants** | | |
| *amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tab* **MO** | 2 | |
| *amoxapine 100 mg, 150 mg, 25 mg, 50 mg, tablet* **MO** | 3 | |
| *bupropion hcl 100 mg, 75 mg, tablet* **MO** | 3 | QL (180 per 30 days) |
| *bupropion hcl sr 100 mg, tablet* **MO** | 3 | QL (120 per 30 days) |
| *bupropion hcl sr 150 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| *bupropion hcl sr 200 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *bupropion hcl xl 150 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| *bupropion hcl xl 300 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *citalopram hbr 10 mg, 40 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *citalopram hbr 10 mg/5 ml, soln* **MO** | 2 | |
| *citalopram hbr 20 mg, tablet* **MO** | 1 | QL (60 per 30 days) |
| *clomipramine 25 mg, 50 mg, 75 mg, capsule* **MO** | 4 | |
| *desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tablet* **MO** | 3 | |
| *desvenlafaxine succnt er 100 mg, 25 mg, 50 mg,; desvenlafaxine succnt er 100mg* **MO** | 3 | QL (30 per 30 days) |
| DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG, CAPSULE,DELAYED RELEASE **MO** | 4 | PA,QL (60 per 30 days) |
| *duloxetine hcl dr 20 mg, 30 mg, 60 mg, cap* **MO** | 2 | QL (60 per 30 days) |
| EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR, TRANSDERMAL 24 HOUR PATCH **DL** | 5 | QL (30 per 30 days) |
| *escitalopram 10 mg, tablet* **MO** | 1 | QL (45 per 30 days) |
| *escitalopram 20 mg, 5 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *escitalopram oxalate 5 mg/5 ml,* **MO** | 4 | QL (600 per 30 days) |
| FETZIMA 120 MG, 20 MG, 40 MG, 80 MG, CAPSULE,EXTENDED RELEASE **MO** | 4 | PA,QL (30 per 30 days) |
| FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK **MO** | 4 | PA,QL (28 per 28 days) |
| *fluoxetine 20 mg/5 ml solution* **MO** | 2 | |
| *fluoxetine dr 90 mg, capsule* **MO** | 3 | QL (4 per 28 days) |
| *fluoxetine hcl 10 mg, 40 mg, capsule* **MO** | 1 | QL (60 per 30 days) |
| *fluoxetine hcl 20 mg, capsule* **MO** | 1 | QL (120 per 30 days) |
| *fluvoxamine maleate 100 mg, 25 mg, 50 mg, tab* **MO** | 2 | QL (90 per 30 days) |
| *imipramine hcl 10 mg, 25 mg, 50 mg, tablet* **MO** | 3 | |
| *imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg, cap* **MO** | 4 | |
| *maprotiline 25 mg, 50 mg, 75 mg, tablet* **MO** | 3 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| MARPLAN 10 MG, TABLET MO | 4 | |
| *mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg, tablet* MO | 2 | |
| *mirtazapine 15 mg, 30 mg, 45 mg, odt* MO | 3 | QL (30 per 30 days) |
| *nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg, tablet* MO | 3 | |
| *nortriptyline 10 mg/5 ml, soln* MO | 4 | |
| *nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg, cap* MO | 4 | |
| *olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg,* MO | 4 | QL (30 per 30 days) |
| *paroxetine er 12.5 mg, 37.5 mg, tablet* MO | 4 | QL (60 per 30 days) |
| *paroxetine er 25 mg, tablet* MO | 4 | QL (90 per 30 days) |
| *paroxetine hcl 10 mg, 20 mg, tablet* MO | 2 | QL (30 per 30 days) |
| *paroxetine hcl 10 mg/5 ml, susp* MO | 4 | |
| *paroxetine hcl 30 mg, 40 mg, tablet* MO | 2 | QL (60 per 30 days) |
| PAXIL 10 MG/5 ML, ORAL SUSPENSION MO | 4 | |
| *perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab* MO | 3 | |
| *phenelzine sulfate 15 mg, tab* MO | 2 | |
| *protriptyline hcl 10 mg, 5 mg, tablet* MO | 4 | |
| *sertraline 20 mg/ml, oral conc* MO | 2 | |
| *sertraline hcl 100 mg, tablet* MO | 1 | QL (60 per 30 days) |
| *sertraline hcl 25 mg, 50 mg, tablet* MO | 1 | QL (90 per 30 days) |
| *tranylcypromine sulf 10 mg, tab* MO | 4 | |
| *trazodone 100 mg, 150 mg, 50 mg, tablet* MO | 1 | |
| *trazodone 300 mg, tablet* MO | 2 | |
| *trimipramine maleate 100 mg, 25 mg, 50 mg, cap; trimipramine maleate 100 mg, 25 mg, 50 mg, cp* MO | 4 | |
| TRINTELLIX 10 MG, 20 MG, 5 MG, TABLET MO | 4 | ST,QL (30 per 30 days) |
| *venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tablet* MO | 2 | |
| *venlafaxine hcl er 150 mg, cap* MO | 2 | QL (60 per 30 days) |
| *venlafaxine hcl er 37.5 mg, cap* MO | 2 | QL (30 per 30 days) |
| *venlafaxine hcl er 75 mg, cap* MO | 2 | QL (90 per 30 days) |
| VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG, TABLET MO | 4 | PA,QL (30 per 30 days) |
| ZULRESSO 5 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA,QL (100 per 365 days) |
| **Antiemetics** | | |
| *aprepitant 125 mg, 40 mg, capsule* MO | 4 | B vs D,QL (2 per 28 days) |
| *aprepitant 125-80-80 mg pack* MO | 4 | B vs D,QL (6 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *aprepitant 80 mg, capsule* **MO** | 4 | B vs D,QL (4 per 28 days) |
| *compro 25 mg, rectal suppository* **MO** | 4 | |
| *dronabinol 10 mg, 2.5 mg, 5 mg, capsule* **MO** | 4 | B vs D,QL (120 per 30 days) |
| *granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial* **MO** | 2 | |
| *granisetron hcl 1 mg, tablet* **MO** | 2 | B vs D,QL (28 per 28 days) |
| *granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial* **MO** | 2 | |
| *meclizine 12.5 mg, 25 mg, tablet* **MO** | 2 | |
| *metoclopramide 10 mg, 5 mg, tablet* **MO** | 1 | |
| *metoclopramide 10 mg/2 ml syr* **MO** | 1 | |
| *metoclopramide 10 mg/2 ml vial* **MO** | 1 | |
| *metoclopramide 5 mg/5 ml, soln* **MO** | 2 | |
| *ondansetron odt 4 mg, 8 mg, tablet* **MO** | 2 | B vs D,QL (90 per 30 days) |
| *ondansetron 4 mg/5 ml, solution* **MO** | 4 | B vs D,QL (450 per 30 days) |
| *ondansetron 40 mg/20 ml vial* **MO** | 4 | |
| *ondansetron hcl 24 mg, tablet* **MO** | 2 | B vs D,QL (30 per 30 days) |
| *ondansetron hcl 4 mg, 8 mg, tablet* **MO** | 1 | B vs D,QL (90 per 30 days) |
| *ondansetron hcl 4 mg/2 ml, syr* **MO** | 4 | |
| *ondansetron hcl 4 mg/2 ml, vial* **MO** | 4 | |
| *prochlorperazine 25 mg, supp* **MO** | 3 | |
| *prochlorperazine 10 mg/2 ml vl* **MO** | 4 | |
| *prochlorperazine 10 mg, 5 mg, tab; prochlorperazine 10 mg, 5 mg, tablet* **MO** | 1 | B vs D |
| *promethazine 12.5 mg, 25 mg, 50 mg, tablet* **MO** | 4 | |
| SANCUSO 3.1 MG/24 HOUR, TRANSDERMAL PATCH **MO** | 4 | QL (4 per 30 days) |
| *scopolamine 1 mg/3 day patch* **MO** | 3 | QL (10 per 30 days) |
| *trimethobenzamide 300 mg, cap* **MO** | 4 | B vs D |
| **Antifungals** | | |
| ABELCET 5 MG/ML, INTRAVENOUS SUSPENSION **DL** | 5 | B vs D |
| AMBISOME 50 MG, INTRAVENOUS SUSPENSION **DL** | 5 | B vs D |
| *amphotericin b 50 mg, vial* **MO** | 2 | B vs D |
| *caspofungin acetate 50 mg, 70 mg, vial* **DL** | 5 | |
| *ciclodan 8 %, topical solution* **MO** | 2 | QL (13.2 per 30 days) |
| *ciclopirox 0.77% cream* **MO** | 2 | QL (90 per 30 days) |
| *ciclopirox 0.77% gel* **MO** | 4 | QL (100 per 30 days) |
| *ciclopirox 0.77% topical susp* **MO** | 3 | QL (60 per 30 days) |
| *ciclopirox 8% solution* **MO** | 2 | QL (13.2 per 30 days) |
| *clotrimazole 1% solution* **MO** | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *clotrimazole 1% topical cream* **MO** | 2 | |
| *clotrimazole 10 mg, troche* **MO** | 2 | |
| *clotrimazole-betamethasone crm* **MO** | 3 | QL (180 per 30 days) |
| *clotrimazole-betamethasone lot* **MO** | 3 | QL (90 per 28 days) |
| CRESEMBA 186 MG, CAPSULE **DL** | 5 | PA,QL (180 per 30 days) |
| CRESEMBA 372 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *econazole nitrate 1% cream* **MO** | 4 | PA,QL (85 per 30 days) |
| ERAXIS(WATER DILUENT) 100 MG, INTRAVENOUS SOLUTION **DL** | 5 | |
| ERAXIS(WATER DILUENT) 50 MG, INTRAVENOUS SOLUTION **MO** | 4 | |
| *fluconazole 10 mg/ml, 40 mg/ml, susp* **MO** | 3 | |
| *fluconazole 100 mg, 150 mg, 200 mg, 50 mg, tablet* **MO** | 2 | |
| *fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml,* **MO** | 2 | |
| *flucytosine 250 mg, 500 mg, capsule* **DL** | 5 | |
| *griseofulvin 125 mg/5 ml, susp* **MO** | 3 | |
| *griseofulvin ultra 125 mg, 250 mg, tab* **MO** | 4 | |
| *itraconazole 100 mg, capsule* **MO** | 4 | QL (120 per 30 days) |
| *ketoconazole 2% cream* **MO** | 2 | QL (60 per 30 days) |
| *ketoconazole 2% shampoo* **MO** | 2 | QL (120 per 30 days) |
| *ketoconazole 200 mg, tablet* **MO** | 4 | PA |
| *micafungin 100 mg, 50 mg, vial* **DL** | 5 | |
| *miconazole-3 200 mg, vaginal suppository* **MO** | 3 | |
| NOXAFIL 100 MG, TABLET,DELAYED RELEASE **DL** | 5 | PA |
| NOXAFIL 200 MG/5 ML (40 MG/ML), ORAL SUSPENSION **DL** | 5 | PA,QL (840 per 28 days) |
| NOXAFIL 300 MG/16.7 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *nyamyc 100,000 unit/gram, topical powder* **MO** | 4 | PA |
| *nystatin 100,000 unit/gm cream* **MO** | 2 | |
| *nystatin 100,000 unit/gm oint* **MO** | 2 | |
| *nystatin 100,000 unit/gm powd* **MO** | 4 | PA |
| *nystatin 100,000 unit/ml, susp* **MO** | 2 | |
| *nystatin 500,000 unit, oral tab* **MO** | 2 | |
| *nystatin-triamcinolone cream* **MO** | 4 | |
| *nystatin-triamcinolone ointm* **MO** | 4 | |
| *nystop 100,000 unit/gram, topical powder* **MO** | 4 | PA |
| *posaconazole dr 100 mg, tablet* **DL** | 5 | PA |
| *terbinafine hcl 250 mg, tablet* **MO** | 1 | |
| *terconazole 0.4% cream; terconazole 0.8% cream* **MO** | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *terconazole 80 mg, suppository* **MO** | 3 | |
| *voriconazole 200 mg, 50 mg, tablet* **MO** | 3 | PA,QL (120 per 30 days) |
| *voriconazole 200 mg, vial* **DL** | 5 | PA |
| *voriconazole 40 mg/ml susp* **DL** | 5 | PA,QL (400 per 30 days) |
| **Antigout Agents** | | |
| *allopurinol 100 mg, 300 mg, tablet* **MO** | 1 | |
| MITIGARE 0.6 MG, CAPSULE **MO** | 3 | |
| *probenecid 500 mg, tablet* **MO** | 3 | |
| *probenecid-colchicine tablet* **MO** | 3 | |
| **Antimigraine Agents** | | |
| AIMOVIG AUTOINJECTOR 140 MG/ML, SUBCUTANEOUS AUTO-INJECTOR **MO** | 4 | PA,QL (1 per 30 days) |
| AIMOVIG AUTOINJECTOR 70 MG/ML, SUBCUTANEOUS AUTO-INJECTOR **MO** | 4 | PA,QL (2 per 30 days) |
| *dihydroergotamine 1 mg/ml, amp* **DL** | 5 | |
| *dihydroergotamine 4 mg/ml spry* **DL** | 5 | QL (8 per 30 days) |
| EMGALITY PEN 120 MG/ML, SUBCUTANEOUS PEN INJECTOR **MO** | 4 | PA,QL (2 per 30 days) |
| EMGALITY 120 MG/ML, SUBCUTANEOUS SYRINGE **MO** | 4 | PA,QL (2 per 30 days) |
| *ergotamine-caffeine 1-100mg tb* **MO** | 3 | QL (40 per 30 days) |
| *naratriptan hcl 1 mg, 2.5 mg, tablet* **MO** | 2 | QL (9 per 30 days) |
| *rizatriptan 10 mg, 5 mg, odt* **MO** | 3 | QL (12 per 30 days) |
| *rizatriptan 10 mg, 5 mg, tablet* **MO** | 2 | QL (12 per 30 days) |
| *sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray* **MO** | 4 | QL (12 per 30 days) |
| *sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml, cart* **MO** | 4 | QL (6 per 30 days) |
| *sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml, inject* **MO** | 4 | QL (6 per 30 days) |
| *sumatriptan 6 mg/0.5 ml, syrng* **MO** | 4 | QL (6 per 30 days) |
| *sumatriptan 6 mg/0.5 ml, vial* **MO** | 4 | QL (6 per 30 days) |
| *sumatriptan succ 100 mg, 25 mg, 50 mg, tablet* **MO** | 1 | QL (9 per 30 days) |
| **Antimyasthenic Agents** | | |
| *guanidine hcl 125 mg, tablet* **MO** | 3 | |
| *pyridostigmine br 30 mg, 60 mg, tablet* **MO** | 3 | |
| **Antimycobacterials** | | |
| CAPASTAT 1 GRAM, SOLUTION FOR INJECTION **MO** | 4 | |
| *cycloserine 250 mg, capsule* **DL** | 5 | |
| *dapsone 100 mg, 25 mg, tablet* **MO** | 3 | |
| *ethambutol hcl 100 mg, 400 mg, tablet* **MO** | 2 | |
| *isoniazid 100 mg, 300 mg, tablet* **MO** | 1 | |
| *isoniazid 100 mg/ml, vial* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *isoniazid 50 mg/5 ml, solution* **MO** | 3 | |
| PASER 4 GRAM, GRANULES DELAYED-RELEASE PACKET **MO** | 4 | |
| PRIFTIN 150 MG, TABLET **MO** | 4 | |
| *pyrazinamide 500 mg, tablet* **MO** | 4 | |
| *rifabutin 150 mg, capsule* **MO** | 4 | |
| *rifampin 150 mg, 300 mg, capsule* **MO** | 3 | |
| *rifampin iv 600 mg, vial* **DL** | 5 | |
| RIFATER TABLET **MO** | 4 | |
| SIRTURO 100 MG, TABLET **DL** | 5 | PA,QL (68 per 28 days) |
| SIRTURO 20 MG, TABLET **DL** | 5 | PA,QL (340 per 28 days) |
| TRECATOR 250 MG, TABLET **MO** | 4 | |
| **Antineoplastics** | | |
| *abiraterone acetate 250 mg, tab* **DL** | 5 | PA,QL (120 per 30 days) |
| ABRAXANE 100 MG, INTRAVENOUS SUSPENSION **DL** | 5 | PA |
| ADCETRIS 50 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml, intravenous solution* **MO** | 3 | B vs D |
| ADRIAMYCIN 50 MG, INTRAVENOUS SOLUTION **MO** | 3 | B vs D |
| AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| AFINITOR DISPERZ 2 MG, 3 MG, 5 MG, TABLET FOR ORAL SUSPENSION **DL** | 5 | PA |
| ALECENSA 150 MG, CAPSULE **DL** | 5 | PA,QL (240 per 30 days) |
| ALIMTA 100 MG, 500 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| ALIQOPA 60 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (3 per 28 days) |
| ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23), TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK **DL** | 5 | PA,QL (30 per 30 days) |
| ALUNBRIG 30 MG, TABLET **DL** | 5 | PA,QL (180 per 30 days) |
| *amifostine 500 mg, vial* **DL** | 5 | |
| *anastrozole 1 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| ARRANON 250 MG/50 ML, INTRAVENOUS SOLUTION **DL** | 5 | |
| *arsenic trioxide 10 mg/10ml vl; arsenic trioxide 12 mg/6 ml vl* **DL** | 5 | PA |
| ARZERRA 1,000 MG/50 ML, 100 MG/5 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (400 per 28 days) |
| ASPARLAS 750 UNIT/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| AVASTIN 25 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| *azacitidine 100 mg, vial* **DL** | 5 | PA |
| BALVERSA 3 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| BALVERSA 4 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BALVERSA 5 MG, TABLET DL | 5 | PA,QL (30 per 30 days) |
| BAVENCIO 20 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA |
| BELEODAQ 500 MG, INTRAVENOUS SOLUTION DL | 5 | PA |
| BENDEKA 25 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA |
| BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL | 5 | PA |
| *bexarotene 75 mg, capsule* DL | 5 | PA,QL (300 per 30 days) |
| *bicalutamide 50 mg, tablet* MO | 3 | QL (30 per 30 days) |
| BICNU 100 MG, INTRAVENOUS SOLUTION MO | 4 | |
| BLENREP 100 MG, INTRAVENOUS SOLUTION DL | 5 | PA |
| *bleomycin sulfate 15 unit, 30 unit, vial* MO | 3 | B vs D |
| *bortezomib 3.5 mg, iv vial* DL | 5 | PA |
| BOSULIF 100 MG, TABLET DL | 5 | PA,QL (120 per 30 days) |
| BOSULIF 400 MG, 500 MG, TABLET DL | 5 | PA,QL (30 per 30 days) |
| BRAFTOVI 50 MG, CAPSULE DL | 5 | PA,QL (120 per 30 days) |
| BRAFTOVI 75 MG, CAPSULE DL | 5 | PA,QL (180 per 30 days) |
| BRUKINSA 80 MG, CAPSULE DL | 5 | PA,QL (120 per 30 days) |
| *busulfan 60 mg/10 ml, vial* MO | 4 | |
| BUSULFEX 60 MG/10 ML, INTRAVENOUS SOLUTION MO | 4 | |
| CABOMETYX 20 MG, 40 MG, 60 MG, TABLET DL | 5 | PA,QL (30 per 30 days) |
| CALQUENCE 100 MG, CAPSULE DL | 5 | PA,QL (60 per 30 days) |
| CAPRELSA 100 MG, TABLET DL | 5 | PA,QL (60 per 30 days) |
| CAPRELSA 300 MG, TABLET DL | 5 | PA,QL (30 per 30 days) |
| *carboplatin 150 mg/15 ml vial* MO | 2 | |
| *carmustine 100 mg, vial* MO | 4 | |
| *cisplatin 100 mg/100 ml vial* MO | 4 | |
| *cladribine 10 mg/10 ml, vial* DL | 5 | B vs D |
| *clofarabine 20 mg/20 ml, vial* DL | 5 | |
| CLOLAR 20 MG/20 ML, INTRAVENOUS SOLUTION DL | 5 | |
| COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL | 5 | PA,QL (56 per 28 days) |
| COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL | 5 | PA,QL (112 per 28 days) |
| COMETRIQ 60 MG/DAY (20 MG X 3/DAY), CAPSULES DL | 5 | PA,QL (84 per 28 days) |
| COPIKTRA 15 MG, 25 MG, CAPSULE DL | 5 | PA,QL (56 per 28 days) |
| COSMEGEN 0.5 MG, INTRAVENOUS SOLUTION DL | 5 | |
| COTELLIC 20 MG, TABLET DL | 5 | PA,QL (63 per 28 days) |
| *cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg, vial; cyclophosphamide 2 gm vial* MO | 4 | B vs D |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CYCLOPHOSPHAMIDE 1 GM/5 ML VL **MO** | 4 | B vs D |
| *cyclophosphamide 25 mg, 50 mg, capsule* **MO** | 3 | B vs D |
| *cyclophosphamide 25 mg, 50 mg, tablet* **MO** | 3 | B vs D |
| CYRAMZA 10 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *cytarabine 20 mg/ml, vial* **MO** | 1 | B vs D |
| *cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml, vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial* **MO** | 1 | B vs D |
| *dacarbazine 100 mg, 200 mg, vial* **MO** | 4 | |
| *dactinomycin 500 mcg vial* **DL** | 5 | |
| DANYELZA 4 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (120 per 28 days) |
| DARZALEX 20 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| *daunorubicin 20 mg/4 ml vial* **MO** | 1 | |
| DAURISMO 100 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| DAURISMO 25 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| *decitabine 50 mg, vial* **DL** | 5 | PA |
| *dexrazoxane 250 mg, 500 mg, vial* **MO** | 4 | |
| DOCEFREZ 20 MG, INTRAVENOUS SOLUTION **MO** | 4 | |
| DOCEFREZ 80 MG, INTRAVENOUS SOLUTION **DL** | 5 | |
| *docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial* **MO** | 4 | |
| *doxorubicin 10 mg, 50 mg, vial* **MO** | 3 | B vs D |
| *doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml, vial; doxorubicin 150 mg/75 ml vial* **MO** | 2 | B vs D |
| *doxorubicin liposome 50mg/25ml* **DL** | 5 | PA |
| ELZONRIS 1,000 MCG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (10 per 21 days) |
| EMCYT 140 MG, CAPSULE **DL** | 5 | |
| EMPLICITI 300 MG, 400 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| ENHERTU 100 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *epirubicin 200 mg/100 ml, 50 mg, 50 mg/25 ml, vial; epirubicin hcl 200 mg/100 ml, 50 mg, 50 mg/25 ml, vial* **MO** | 4 | |
| ERBITUX 100 MG/50 ML, 200 MG/100 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| ERIVEDGE 150 MG, CAPSULE **DL** | 5 | PA,QL (28 per 28 days) |
| ERLEADA 60 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| *erlotinib hcl 100 mg, 150 mg, tablet* **DL** | 5 | PA,QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *erlotinib hcl 25 mg, tablet* **DL** | 5 | PA,QL (90 per 30 days) |
| ERWINAZE 10,000 UNIT, VIAL **DL** | 5 | PA |
| ETOPOPHOS 100 MG, INTRAVENOUS SOLUTION **MO** | 4 | |
| *etoposide 100 mg/5 ml vial* **MO** | 2 | |
| *everolimus 2 mg, 3 mg, 5 mg, tab for susp* **DL** | 5 | PA |
| EVOMELA 50 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *exemestane 25 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| EXKIVITY 40 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| FARYDAK 10 MG, 15 MG, 20 MG, CAPSULE **DL** | 5 | PA,QL (6 per 21 days) |
| *floxuridine 500 mg vial* **MO** | 1 | B vs D |
| *fludarabine 50 mg, 50 mg/2 ml, vial* **MO** | 4 | |
| *fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml, vial; fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml, vl* **MO** | 2 | B vs D |
| *flutamide 125 mg, capsule* **MO** | 4 | |
| FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA |
| FOTIVDA 0.89 MG, 1.34 MG, CAPSULE **DL** | 5 | PA,QL (21 per 28 days) |
| *fulvestrant 250 mg/5 ml, syring* **DL** | 5 | PA,QL (30 per 30 days) |
| GAVRETO 100 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| GAZYVA 1,000 MG/40 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (120 per 28 days) |
| *gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml), vial* **MO** | 4 | |
| GILOTRIF 20 MG, 30 MG, 40 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| HALAVEN 1 MG/2 ML (0.5 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA |
| HERCEPTIN 150 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (5 per 21 days) |
| *hydroxyurea 500 mg, capsule* **MO** | 2 | |
| IBRANCE 100 MG, 125 MG, 75 MG, CAPSULE **DL** | 5 | PA,QL (21 per 28 days) |
| IBRANCE 100 MG, 125 MG, 75 MG, TABLET **DL** | 5 | PA,QL (21 per 28 days) |
| ICLUSIG 10 MG, 30 MG, 45 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| ICLUSIG 15 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| *idarubicin hcl 20 mg/20 ml vl* **DL** | 5 | |
| IDHIFA 100 MG, 50 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial* **MO** | 3 | |
| *imatinib mesylate 100 mg, tab* **DL** | 5 | PA,QL (90 per 30 days) |
| *imatinib mesylate 400 mg, tab* **DL** | 5 | PA,QL (60 per 30 days) |
| IMBRUVICA 140 MG, CAPSULE **DL** | 5 | PA,QL (90 per 30 days) |
| IMBRUVICA 420 MG, 560 MG, TABLET **DL** | 5 | PA,QL (28 per 28 days) |
| IMBRUVICA 70 MG, CAPSULE **DL** | 5 | PA,QL (28 per 28 days) |
| IMFINZI 50 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| IMLYGIC 10EXP6 (1 MILLION) PFU/ML, SUSPENSION FOR INJECTION **DL** | 5 | PA,QL (4 per 365 days) |
| IMLYGIC 10EXP8 (100 MILLION) PFU/ML, SUSPENSION FOR INJECTION **DL** | 5 | PA,QL (8 per 28 days) |
| INLYTA 1 MG, TABLET **DL** | 5 | PA,QL (180 per 30 days) |
| INLYTA 5 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| INQOVI 35 MG-100 MG TABLET **DL** | 5 | PA,QL (5 per 28 days) |
| INREBIC 100 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| IRESSA 250 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| *irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml, vial; irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml, vl* **MO** | 4 | |
| ISTODAX 10 MG/2 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| IXEMPRA 15 MG, 45 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| JEMPERLI 50 MG/ML, INTRAVENOUS SOLUTION | 5 | PA,QL (20 per 42 days) |
| JEVTANA 10 MG/ML (FIRST DILUTION), INTRAVENOUS SOLUTION **DL** | 5 | PA |
| KADCYLA 100 MG, 160 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| KANJINTI 150 MG, 420 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| KEYTRUDA 25 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| KISQALI 200 MG/DAY (200 MG X 1), TABLET **DL** | 5 | PA,QL (21 per 28 days) |
| KISQALI 400 MG/DAY (200 MG X 2), TABLET **DL** | 5 | PA,QL (42 per 28 days) |
| KISQALI 600 MG/DAY (200 MG X 3), TABLET **DL** | 5 | PA,QL (63 per 28 days) |
| KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG, TABLET **DL** | 5 | PA,QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG, TABLET **DL** | 5 | PA,QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG, TABLET **DL** | 5 | PA,QL (91 per 28 days) |
| KOSELUGO 10 MG, CAPSULE **DL** | 5 | PA,QL (240 per 30 days) |
| KOSELUGO 25 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| KYPROLIS 10 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (6 per 28 days) |
| KYPROLIS 30 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (3 per 28 days) |
| KYPROLIS 60 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (12 per 28 days) |
| LENVIMA 10 MG/DAY (10 MG X 1), 4 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1), CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE **DL** | 5 | PA,QL (90 per 30 days) |
| LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2), CAPSULE **DL** | 5 | PA,QL (60 per 30 days) |
| *letrozole 2.5 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *leucovorin cal 100 mg/10 ml vl* **MO** | 2 | |
| *leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg, tab* **MO** | 2 | |
| *leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg, vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg, vl* **MO** | 3 | |
| LEUKERAN 2 MG, TABLET **MO** | 3 | |
| *levoleucovorin 10 mg/ml, 50 mg, vial; levoleucovorin 175 mg/17.5 ml* **DL** | 5 | PA |
| LEVULAN 20 %, TOPICAL SOLUTION **MO** | 4 | |
| LIBTAYO 50 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (7 per 21 days) |
| LONSURF 15 MG-6.14 MG TABLET **DL** | 5 | PA,QL (100 per 30 days) |
| LONSURF 20 MG-8.19 MG TABLET **DL** | 5 | PA,QL (80 per 30 days) |
| LORBRENA 100 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| LORBRENA 25 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| LUMAKRAS 120 MG, TABLET **DL** | 5 | PA,QL (240 per 30 days) |
| LUMOXITI 1 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| LYNPARZA 100 MG, 150 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT **DL** | 5 | PA |
| MATULANE 50 MG, CAPSULE **DL** | 5 | |
| MEKINIST 0.5 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| MEKINIST 2 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| MEKTOVI 15 MG, TABLET **DL** | 5 | PA,QL (180 per 30 days) |
| *melphalan 2 mg, tablet* **MO** | 4 | B vs D |
| *melphalan 50 mg, vial w-diluent* **MO** | 1 | |
| *mercaptopurine 50 mg, tablet* **MO** | 3 | |
| MESNEX 400 MG, TABLET **DL** | 5 | |
| *mitomycin 20 mg, 40 mg, 5 mg, vial* **DL** | 5 | |
| *mitoxantrone 30 mg/15 ml vial* **MO** | 3 | |
| MUTAMYCIN 20 MG, 40 MG, 5 MG, INTRAVENOUS SOLUTION **DL** | 5 | |
| MVASI 25 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION **DL** | 5 | PA |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NERLYNX 40 MG, TABLET DL | 5 | PA,QL (180 per 30 days) |
| NEXAVAR 200 MG, TABLET DL | 5 | PA,QL (120 per 30 days) |
| *nilutamide 150 mg, tablet* DL | 5 | QL (60 per 30 days) |
| NINLARO 2.3 MG, 3 MG, 4 MG, CAPSULE DL | 5 | PA,QL (3 per 28 days) |
| NIPENT 10 MG, INTRAVENOUS SOLUTION DL | 5 | |
| NUBEQA 300 MG, TABLET DL | 5 | PA,QL (120 per 30 days) |
| ODOMZO 200 MG, CAPSULE DL | 5 | PA,QL (30 per 30 days) |
| ONCASPAR 750 UNIT/ML, INJECTION SOLUTION DL | 5 | PA |
| ONIVYDE 4.3 MG/ML, INTRAVENOUS DISPERSION DL | 5 | PA |
| ONUREG 200 MG, 300 MG, TABLET DL | 5 | PA,QL (14 per 28 days) |
| OPDIVO 100 MG/10 ML, INTRAVENOUS SOLUTION DL | 5 | PA,QL (40 per 28 days) |
| OPDIVO 120 MG/12 ML, 240 MG/24 ML, INTRAVENOUS SOLUTION DL | 5 | PA,QL (48 per 28 days) |
| OPDIVO 40 MG/4 ML, INTRAVENOUS SOLUTION DL | 5 | PA,QL (16 per 28 days) |
| *oxaliplatin 100 mg, 100 mg/20 ml, 200 mg/40 ml, 50 mg, 50 mg/10 ml (5 mg/ml), vial; oxaliplatin 50 mg/10 ml vial* MO | 4 | |
| *paclitaxel 100 mg/16.7 ml vial* MO | 3 | |
| PADCEV 20 MG, INTRAVENOUS SOLUTION DL | 5 | PA,QL (21 per 28 days) |
| PADCEV 30 MG, INTRAVENOUS SOLUTION DL | 5 | PA,QL (15 per 28 days) |
| PANRETIN 0.1 %, TOPICAL GEL DL | 5 | |
| *paraplatin 10 mg/ml, intravenous solution* MO | 2 | |
| PEMAZYRE 13.5 MG, 4.5 MG, 9 MG, TABLET DL | 5 | PA,QL (14 per 21 days) |
| PEPAXTO 20 MG, VIAL DL | 5 | PA,QL (2 per 28 days) |
| PERJETA 420 MG/14 ML (30 MG/ML), INTRAVENOUS SOLUTION DL | 5 | PA |
| PIQRAY 200 MG/DAY (200 MG X 1), TABLET DL | 5 | PA,QL (28 per 28 days) |
| PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2), TABLET DL | 5 | PA,QL (56 per 28 days) |
| POLIVY 140 MG, INTRAVENOUS SOLUTION DL | 5 | PA,QL (2 per 21 days) |
| POLIVY 30 MG, INTRAVENOUS SOLUTION DL | 5 | PA,QL (8 per 21 days) |
| POMALYST 1 MG, 2 MG, 3 MG, 4 MG, CAPSULE DL | 5 | PA,QL (21 per 28 days) |
| PORTRAZZA 800 MG/50 ML (16 MG/ML), INTRAVENOUS SOLUTION DL | 5 | PA,QL (100 per 21 days) |
| POTELIGEO 4 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA |
| PROLEUKIN 22 MILLION UNIT, INTRAVENOUS SOLUTION DL | 5 | |
| PURIXAN 20 MG/ML, ORAL SUSPENSION DL | 5 | QL (300 per 30 days) |
| QINLOCK 50 MG, TABLET DL | 5 | PA,QL (90 per 30 days) |
| RETEVMO 40 MG, CAPSULE DL | 5 | PA,QL (180 per 30 days) |
| RETEVMO 80 MG, CAPSULE DL | 5 | PA,QL (120 per 30 days) |
| REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG, CAPSULE DL | 5 | PA,QL (28 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| RIABNI 10 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA |
| RITUXAN 10 MG/ML, CONCENTRATE,INTRAVENOUS DL | 5 | PA |
| RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL | 5 | PA,QL (46.8 per 28 days) |
| RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL | 5 | PA,QL (13.4 per 28 days) |
| *romidepsin 10 mg kit* DL | 5 | PA |
| ROMIDEPSIN 27.5 MG/5.5 ML VIAL DL | 5 | PA |
| ROZLYTREK 100 MG, 200 MG, CAPSULE DL | 5 | PA,QL (90 per 30 days) |
| RUBRACA 200 MG, 250 MG, 300 MG, TABLET DL | 5 | PA,QL (120 per 30 days) |
| RUXIENCE 10 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA |
| RYBREVANT 50 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA,QL (784 per 365 days) |
| RYDAPT 25 MG, CAPSULE DL | 5 | PA,QL (224 per 28 days) |
| RYLAZE 10 MG/0.5 ML, INTRAMUSCULAR SOLUTION DL | 5 | PA |
| SARCLISA 20 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA,QL (16 per 28 days) |
| SCEMBLIX 20 MG, TABLET DL | 5 | PA,QL (60 per 30 days) |
| SCEMBLIX 40 MG, TABLET DL | 5 | PA,QL (300 per 30 days) |
| SOLTAMOX 20 MG/10 ML, ORAL SOLUTION DL | 5 | |
| SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG, TABLET DL | 5 | PA,QL (60 per 30 days) |
| SPRYCEL 140 MG, TABLET DL | 5 | PA,QL (30 per 30 days) |
| SPRYCEL 20 MG, TABLET DL | 5 | PA,QL (90 per 30 days) |
| STIVARGA 40 MG, TABLET DL | 5 | PA,QL (84 per 28 days) |
| *sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, cap; sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, capsule* DL | 5 | PA,QL (28 per 28 days) |
| SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG, CAPSULE DL | 5 | PA,QL (28 per 28 days) |
| SYNRIBO 3.5 MG, SUBCUTANEOUS SOLUTION DL | 5 | PA,QL (28 per 28 days) |
| TABLOID 40 MG, TABLET MO | 3 | |
| TABRECTA 150 MG, 200 MG, TABLET DL | 5 | PA,QL (112 per 28 days) |
| TAFINLAR 50 MG, CAPSULE DL | 5 | PA,QL (180 per 30 days) |
| TAFINLAR 75 MG, CAPSULE DL | 5 | PA,QL (120 per 30 days) |
| TAGRISSO 40 MG, 80 MG, TABLET DL | 5 | PA,QL (30 per 30 days) |
| TALZENNA 0.25 MG, CAPSULE DL | 5 | PA,QL (90 per 30 days) |
| TALZENNA 1 MG, CAPSULE DL | 5 | PA,QL (30 per 30 days) |
| *tamoxifen 10 mg, 20 mg, tablet* MO | 2 | |
| TARGRETIN 1 %, TOPICAL GEL DL | 5 | PA |
| TARGRETIN 75 MG, CAPSULE DL | 5 | PA,QL (300 per 30 days) |
| TASIGNA 150 MG, 200 MG, 50 MG, CAPSULE DL | 5 | PA,QL (120 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TAZVERIK 200 MG, TABLET **DL** | 5 | PA,QL (240 per 30 days) |
| TECENTRIQ 1,200 MG/20 ML (60 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (20 per 21 days) |
| TECENTRIQ 840 MG/14 ML (60 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (28 per 28 days) |
| TEMODAR 100 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (27 per 30 days) |
| *temsirolimus 25 mg vial* **DL** | 5 | PA,QL (8 per 28 days) |
| *teniposide 50 mg/5 ml, ampule* **MO** | 4 | |
| TEPMETKO 225 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| THALOMID 100 MG, 200 MG, 50 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |
| THALOMID 150 MG, CAPSULE **DL** | 5 | PA,QL (60 per 30 days) |
| *thiotepa 100 mg, vial* **DL** | 5 | |
| *thiotepa 15 mg, vial* **MO** | 1 | |
| TIBSOVO 250 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| TIVDAK 40 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (5 per 21 days) |
| *topotecan hcl 1 mg/ml (1 ml), 4 mg, 4 mg/4 ml (1 mg/ml), vial; topotecan hcl 1 mg/ml vial; topotecan hcl 4 mg/4 ml vial* **DL** | 5 | |
| *toremifene citrate 60 mg, tab* **DL** | 5 | QL (30 per 30 days) |
| TRAZIMERA 150 MG, 420 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| TREANDA 100 MG, 25 MG, INTRAVENOUS POWDER FOR SOLUTION **DL** | 5 | PA |
| *tretinoin 10 mg, capsule* **DL** | 5 | |
| TRISENOX 2 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| TRODELVY 180 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| TRUSELTIQ 100 MG/DAY (100 MG X 1), CAPSULE **DL** | 5 | PA,QL (21 per 28 days) |
| TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), CAPSULE; TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE **DL** | 5 | PA,QL (42 per 28 days) |
| TRUSELTIQ 75 MG/DAY (25 MG X 3), CAPSULE **DL** | 5 | PA,QL (63 per 28 days) |
| TUKYSA 150 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| TUKYSA 50 MG, TABLET **DL** | 5 | PA,QL (300 per 30 days) |
| TURALIO 200 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| TYKERB 250 MG, TABLET **DL** | 5 | PA,QL (180 per 30 days) |
| UKONIQ 200 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| UNITUXIN 3.5 MG/ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| VALCHLOR 0.016 %, TOPICAL GEL **DL** | 5 | PA,QL (60 per 28 days) |
| *valrubicin 200 mg/5 ml vial* **DL** | 5 | PA,QL (80 per 28 days) |
| VALSTAR 40 MG/ML, INTRAVESICAL SOLUTION **DL** | 5 | PA,QL (80 per 28 days) |
| VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA |
| VELCADE 3.5 MG, SOLUTION FOR INJECTION **DL** | 5 | PA |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| VENCLEXTA 10 MG, TABLET **MO** | 3 | PA,QL (56 per 28 days) |
| VENCLEXTA 100 MG, TABLET **DL** | 5 | PA,QL (180 per 30 days) |
| VENCLEXTA 50 MG, TABLET **MO** | 3 | PA,QL (28 per 28 days) |
| VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK **DL** | 5 | PA,QL (42 per 28 days) |
| VERZENIO 100 MG, 150 MG, 200 MG, 50 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| *vinblastine 1 mg/ml, vial* **MO** | 3 | B vs D |
| *vincasar pfs 1 mg/ml, 2 mg/2 ml, intravenous solution* **MO** | 3 | B vs D |
| *vincristine 1 mg/ml, 2 mg/2 ml, vial* **MO** | 3 | B vs D |
| *vinorelbine 10 mg/ml, 50 mg/5 ml, vial* **MO** | 4 | |
| VISTOGARD 10 GRAM, ORAL GRANULES IN PACKET **DL** | 5 | QL (20 per 365 days) |
| VITRAKVI 100 MG, CAPSULE **DL** | 5 | PA,QL (60 per 30 days) |
| VITRAKVI 20 MG/ML, ORAL SOLUTION **DL** | 5 | PA,QL (300 per 30 days) |
| VITRAKVI 25 MG, CAPSULE **DL** | 5 | PA,QL (180 per 30 days) |
| VIZIMPRO 15 MG, 30 MG, 45 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| VOTRIENT 200 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION **DL** | 5 | PA |
| WELIREG 40 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| XALKORI 200 MG, 250 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| XOSPATA 40 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| XPOVIO 100 MG ONCE WEEKLY DOSE **DL** | 5 | PA,QL (20 per 28 days) |
| XPOVIO 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), TABLET; XPOVIO 40 MG ONCE WEEKLY DOSE; XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET **DL** | 5 | PA,QL (8 per 28 days) |
| XPOVIO 40 MG TWICE WEEKLY DOSE; XPOVIO 80 MG ONCE WEEKLY DOSE **DL** | 5 | PA,QL (16 per 28 days) |
| XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), TABLET **DL** | 5 | PA,QL (4 per 28 days) |
| XPOVIO 60 MG ONCE WEEKLY DOSE **DL** | 5 | PA,QL (12 per 28 days) |
| XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET **DL** | 5 | PA,QL (24 per 28 days) |
| XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET **DL** | 5 | PA,QL (32 per 28 days) |
| XTANDI 40 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| XTANDI 40 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| XTANDI 80 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA |
| YONDELIS 1 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML), INTRAVENOUS SOLUTION **DL** | 5 | PA |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ZANOSAR 1 GRAM, INTRAVENOUS SOLUTION MO | 4 | |
| ZEJULA 100 MG, CAPSULE DL | 5 | PA,QL (90 per 30 days) |
| ZELBORAF 240 MG, TABLET DL | 5 | PA,QL (240 per 30 days) |
| ZEPZELCA 4 MG, INTRAVENOUS SOLUTION DL | 5 | PA |
| ZIRABEV 25 MG/ML, INTRAVENOUS SOLUTION DL | 5 | PA |
| ZOLINZA 100 MG, CAPSULE DL | 5 | PA,QL (120 per 30 days) |
| ZYDELIG 100 MG, 150 MG, TABLET DL | 5 | PA,QL (60 per 30 days) |
| ZYKADIA 150 MG, TABLET DL | 5 | PA,QL (150 per 30 days) |
| ZYNLONTA 10 MG, INTRAVENOUS SOLUTION DL | 5 | PA |
| **Antiparasitics** | | |
| *albendazole 200 mg, tablet* DL | 5 | |
| *atovaquone 750 mg/5 ml, susp* DL | 5 | |
| *atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25* MO | 4 | |
| *chloroquine ph 250 mg, 500 mg, tablet* MO | 2 | |
| COARTEM 20 MG-120 MG TABLET MO | 4 | QL (24 per 30 days) |
| *hydroxychloroquine 100 mg, 200 mg, 300 mg, 400 mg, tab* MO | 2 | |
| *ivermectin 3 mg, tablet* MO | 3 | |
| KRINTAFEL 150 MG, TABLET MO | 3 | QL (4 per 180 days) |
| LAMPIT 120 MG, 30 MG, TABLET MO | 4 | |
| *mefloquine hcl 250 mg, tablet* MO | 2 | |
| NEBUPENT 300 MG, SOLUTION FOR INHALATION MO | 4 | B vs D |
| *nitazoxanide 500 mg, tablet* DL | 5 | QL (40 per 30 days) |
| PENTAM 300 MG, SOLUTION FOR INJECTION MO | 4 | |
| *pentamidine 300 mg, inhal powdr* MO | 4 | B vs D |
| *pentamidine 300 mg, vial* MO | 4 | |
| *praziquantel 600 mg, tablet* MO | 4 | |
| *primaquine 26.3 mg, tablet* MO | 3 | |
| *pyrimethamine 25 mg, tablet* DL | 5 | QL (90 per 30 days) |
| *quinine sulfate 324 mg, capsule* MO | 4 | PA,QL (42 per 7 days) |
| **Antiparkinson Agents** | | |
| *amantadine 100 mg, capsule* MO | 4 | |
| *amantadine 50 mg/5 ml, solution* MO | 3 | |
| APOKYN 10 MG/ML, SUBCUTANEOUS CARTRIDGE DL | 5 | PA,QL (84 per 28 days) |
| *benztropine 2 mg/2 ml ampule* MO | 4 | |
| *benztropine mes 0.5 mg, 1 mg, 2 mg, tab; benztropine mes 0.5 mg, 1 mg, 2 mg, tablet* MO | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *bromocriptine 2.5 mg, tablet* **MO** | 3 | |
| *carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg, odt* **MO** | 4 | |
| *carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab* **MO** | 3 | |
| *carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab* **MO** | 2 | |
| *carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta* **MO** | 4 | QL (240 per 30 days) |
| *carbidopa-levodopa 200 mg-enta* **MO** | 4 | |
| *entacapone 200 mg, tablet* **MO** | 3 | QL (300 per 30 days) |
| KYNMOBI 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG, SUBLINGUAL FILM; KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM **DL** | 5 | PA,QL (150 per 30 days) |
| NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR, TRANSDERMAL 24 HOUR PATCH **MO** | 4 | QL (30 per 30 days) |
| *pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, tablet* **MO** | 2 | |
| *rasagiline mesylate 0.5 mg, 1 mg, tab* **MO** | 3 | QL (30 per 30 days) |
| *ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg, tablet* **MO** | 2 | |
| RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE **MO** | 4 | ST,QL (360 per 30 days) |
| RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE **MO** | 4 | ST,QL (270 per 30 days) |
| RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE **MO** | 4 | ST,QL (300 per 30 days) |
| *selegiline hcl 5 mg, capsule* **MO** | 2 | |
| *selegiline hcl 5 mg, tablet* **MO** | 2 | |
| *trihexyphenidyl 2 mg, 5 mg, tablet* **MO** | 3 | |
| *trihexyphenidyl 2 mg/5 ml soln* **MO** | 3 | |
| **Antipsychotics** | | |
| ABILIFY MAINTENA 300 MG, 400 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE **DL** | 5 | QL (1 per 28 days) |
| ABILIFY MAINTENA 300 MG, 400 MG, SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE **DL** | 5 | QL (1 per 28 days) |
| *aripiprazole 1 mg/ml, solution* **DL** | 5 | QL (750 per 30 days) |
| *aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg, tablet* **MO** | 3 | |
| *aripiprazole odt 10 mg, 15 mg, tablet* **DL** | 5 | QL (60 per 30 days) |
| ARISTADA 1,064 MG/3.9 ML, SUSPENSION, EXTEND.REL. IM SYRINGE | 5 | QL (3.9 per 56 days) |
| ARISTADA 441 MG/1.6 ML, SUSPENSION, EXTEND.REL. IM SYRINGE **DL** | 5 | QL (1.6 per 28 days) |
| ARISTADA 662 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE **DL** | 5 | QL (2.4 per 28 days) |
| ARISTADA 882 MG/3.2 ML, SUSPENSION, EXTEND.REL. IM SYRINGE **DL** | 5 | QL (3.2 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ARISTADA INITIO 675 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE DL | 5 | QL (2.4 per 42 days) |
| *asenapine 10 mg, 2.5 mg, 5 mg, tablet sl* MO | 4 | PA,QL (60 per 30 days) |
| CAPLYTA 42 MG, CAPSULE DL | 5 | PA,QL (30 per 30 days) |
| *chlorpromazine 10 mg, 25 mg, tablet* MO | 4 | B vs D |
| *chlorpromazine 100 mg, 200 mg, 50 mg, tablet* MO | 4 | |
| *chlorpromazine 100 mg/ml, 30 mg/ml, conc* MO | 4 | |
| *chlorpromazine 25 mg/ml, amp* MO | 4 | |
| *clozapine 100 mg, tablet* MO | 3 | QL (270 per 30 days) |
| *clozapine 200 mg, tablet* MO | 3 | QL (135 per 30 days) |
| *clozapine 25 mg, tablet* MO | 3 | QL (1080 per 30 days) |
| *clozapine 50 mg, tablet* MO | 3 | |
| *clozapine odt 100 mg, tablet* MO | 4 | PA,QL (270 per 30 days) |
| *clozapine odt 12.5 mg, tablet* MO | 4 | PA |
| *clozapine odt 150 mg, tablet* MO | 4 | PA,QL (180 per 30 days) |
| *clozapine odt 200 mg, tablet* MO | 4 | PA,QL (135 per 30 days) |
| *clozapine odt 25 mg, tablet* MO | 4 | PA,QL (1080 per 30 days) |
| *droperidol 5 mg/2 ml vial* MO | 3 | |
| FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG, TABLET DL | 5 | PA,QL (60 per 30 days) |
| FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK DL | 4 | PA,QL (60 per 30 days) |
| *fluphenazine dec 125 mg/5 ml* MO | 4 | |
| *fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg, tablet* MO | 4 | |
| *fluphenazine 2.5 mg/5 ml, elix* MO | 3 | |
| *fluphenazine 2.5 mg/ml, vial* MO | 4 | |
| *fluphenazine 5 mg/ml, conc* MO | 4 | |
| *haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg, tablet* MO | 2 | |
| *haloperidol dec 100 mg/ml, 50 mg/ml, amp; haloperidol dec 100 mg/ml, 50 mg/ml, vial* MO | 3 | |
| *haloperidol lac 2 mg/ml, conc* MO | 2 | |
| *haloperidol lac 5 mg/ml, syring* MO | 2 | |
| *haloperidol lac 5 mg/ml, vial* MO | 2 | |
| INVEGA HAFYERA 1,092 MG/3.5 ML, INTRAMUSCULAR SYRINGE | 5 | QL (3.5 per 180 days) |
| INVEGA HAFYERA 1,560 MG/5 ML, INTRAMUSCULAR SYRINGE | 5 | QL (5 per 180 days) |
| INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML, INTRAMUSCULAR SYRINGE DL | 5 | QL (1.5 per 28 days) |
| INVEGA SUSTENNA 156 MG/ML, INTRAMUSCULAR SYRINGE DL | 5 | QL (1 per 28 days) |
| INVEGA SUSTENNA 39 MG/0.25 ML, INTRAMUSCULAR SYRINGE MO | 4 | QL (1.5 per 28 days) |
| INVEGA TRINZA 273 MG/0.875 ML, INTRAMUSCULAR SYRINGE | 5 | QL (0.875 per 90 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| INVEGA TRINZA 410 MG/1.315 ML, INTRAMUSCULAR SYRINGE | 5 | QL (1.315 per 90 days) |
| INVEGA TRINZA 546 MG/1.75 ML, INTRAMUSCULAR SYRINGE | 5 | QL (1.75 per 90 days) |
| INVEGA TRINZA 819 MG/2.625 ML, INTRAMUSCULAR SYRINGE | 5 | QL (2.625 per 90 days) |
| LATUDA 120 MG, 20 MG, 40 MG, 60 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| LATUDA 80 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| *loxapine 10 mg, 25 mg, 5 mg, 50 mg, capsule* **MO** | 2 | |
| LYBALVI 10 MG-10 MG TABLET; LYBALVI 15 MG-10 MG TABLET; LYBALVI 20 MG-10 MG TABLET; LYBALVI 5 MG-10 MG TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| *molindone hcl 10 mg, tablet* **MO** | 4 | PA,QL (240 per 30 days) |
| *molindone hcl 25 mg, tablet* **MO** | 4 | PA,QL (270 per 30 days) |
| *molindone hcl 5 mg, tablet* **MO** | 4 | PA,QL (360 per 30 days) |
| NUPLAZID 10 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| NUPLAZID 34 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |
| *olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg, tablet* **MO** | 3 | |
| *olanzapine 10 mg, vial* **MO** | 3 | |
| *olanzapine odt 10 mg, 5 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *olanzapine odt 15 mg, 20 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *paliperidone er 1.5 mg, 3 mg, 9 mg, tablet* **MO** | 4 | QL (30 per 30 days) |
| *paliperidone er 6 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| *perphenazine 16 mg, 2 mg, 4 mg, 8 mg, tablet* **MO** | 3 | |
| PERSERIS 120 MG, 90 MG, ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE **DL** | 5 | QL (1 per 28 days) |
| *pimozide 1 mg, 2 mg, tablet* **MO** | 3 | |
| *quetiapine er 150 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| *quetiapine er 200 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *quetiapine er 300 mg, 400 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *quetiapine er 50 mg, tablet* **MO** | 3 | QL (120 per 30 days) |
| *quetiapine fumarate 100 mg, tab* **MO** | 2 | QL (90 per 30 days) |
| *quetiapine fumarate 200 mg, 25 mg, 50 mg, tab* **MO** | 2 | QL (120 per 30 days) |
| *quetiapine fumarate 300 mg, 400 mg, tab* **MO** | 2 | QL (60 per 30 days) |
| REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE **MO** | 4 | QL (2 per 28 days) |
| RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE **DL** | 5 | QL (2 per 28 days) |
| *risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, odt* **MO** | 4 | QL (60 per 30 days) |
| *risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, tablet* **MO** | 1 | QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *risperidone 0.5 mg, odt* **MO** | 4 | QL (120 per 30 days) |
| *risperidone 0.5 mg, tablet* **MO** | 1 | QL (120 per 30 days) |
| *risperidone 1 mg/ml, solution* **MO** | 2 | |
| SAPHRIS 10 MG, 2.5 MG, 5 MG, SUBLINGUAL TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR, TRANSDERMAL 24 HOUR PATCH **DL** | 5 | PA,QL (30 per 30 days) |
| *thioridazine 10 mg, 100 mg, 25 mg, 50 mg, tablet* **MO** | 2 | |
| *thiothixene 1 mg, 10 mg, 2 mg, 5 mg, capsule* **MO** | 2 | |
| *trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg, tablet* **MO** | 2 | |
| VERSACLOZ 50 MG/ML, ORAL SUSPENSION **DL** | 5 | PA,QL (540 per 30 days) |
| VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK **MO** | 4 | PA |
| VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |
| *ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg, capsule* **MO** | 3 | |
| *ziprasidone 20 mg/ml vial* **MO** | 4 | |
| ZYPREXA RELPREVV 210 MG, INTRAMUSCULAR SUSPENSION **DL** | 5 | QL (4 per 28 days) |
| ZYPREXA RELPREVV 300 MG, INTRAMUSCULAR SUSPENSION **DL** | 5 | QL (2 per 28 days) |
| ZYPREXA RELPREVV 405 MG, INTRAMUSCULAR SUSPENSION **DL** | 5 | QL (1 per 28 days) |
| **Antispasticity Agents** | | |
| *baclofen 10 mg, 20 mg, tablet* **MO** | 1 | |
| *baclofen 5 mg, tablet* **MO** | 1 | QL (90 per 30 days) |
| *dantrolene sodium 100 mg, 25 mg, 50 mg, cap* **MO** | 3 | |
| *tizanidine hcl 2 mg, 4 mg, tablet* **MO** | 1 | |
| **ANTIVIRALS** | | |
| *abacavir 20 mg/ml, solution* **MO** | 4 | QL (960 per 30 days) |
| *abacavir 300 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| *abacavir-lamivudine 600-300 mg,* **MO** | 4 | QL (30 per 30 days) |
| *abacavir-lamivudine-zidov tab* **DL** | 5 | QL (60 per 30 days) |
| *acyclovir 200 mg, capsule* **MO** | 1 | |
| *acyclovir 400 mg, 800 mg, tablet* **MO** | 1 | |
| *acyclovir 5% ointment* **MO** | 4 | PA,QL (30 per 30 days) |
| *acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg, vial* **MO** | 2 | B vs D |
| *adefovir dipivoxil 10 mg, tab* **DL** | 5 | |
| APTIVUS 250 MG, CAPSULE **DL** | 5 | QL (120 per 30 days) |
| APTIVUS 100 MG/ML, SOLUTION **DL** | 5 | QL (285 per 28 days) |
| *atazanavir sulfate 150 mg, 200 mg, cap* **MO** | 4 | QL (60 per 30 days) |
| *atazanavir sulfate 300 mg, cap* **MO** | 4 | QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ATRIPLA 600 MG-200 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| BARACLUDE 0.05 MG/ML, ORAL SOLUTION MO | 4 | QL (630 per 30 days) |
| BIKTARVY 50 MG-200 MG-25 MG TABLET DL | 5 | QL (30 per 30 days) |
| CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE; CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE DL | 5 | QL (50 per 365 days) |
| *cidofovir 375 mg/5 ml vial* MO | 4 | |
| CIMDUO 300 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| COMPLERA 200 MG-25 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| CRIXIVAN 200 MG, CAPSULE MO | 3 | QL (450 per 30 days) |
| CRIXIVAN 400 MG, CAPSULE MO | 4 | QL (270 per 30 days) |
| DELSTRIGO 100 MG-300 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| DESCOVY 200 MG-25 MG TABLET DL | 5 | QL (30 per 30 days) |
| *didanosine dr 250 mg, 400 mg, capsule* MO | 3 | QL (30 per 30 days) |
| DOVATO 50 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| EDURANT 25 MG, TABLET DL | 5 | QL (30 per 30 days) |
| *efavirenz 200 mg, capsule* MO | 4 | QL (120 per 30 days) |
| *efavirenz 50 mg, capsule* MO | 4 | QL (480 per 30 days) |
| *efavirenz 600 mg, tablet* MO | 4 | QL (30 per 30 days) |
| *efavir-emtri-tenof 600-200-300* DL | 5 | QL (30 per 30 days) |
| *efavir-lamiv-tenof 400-300-300; efavir-lamiv-tenof 600-300-300* DL | 5 | QL (30 per 30 days) |
| *emtricitabine 200 mg, capsule* MO | 4 | QL (30 per 30 days) |
| *emtricitabine-tenofv 100-150mg; emtricitabine-tenofv 133-200mg; emtricitabine-tenofv 167-250mg; emtricitabine-tenofv 200-300mg* DL | 5 | QL (30 per 30 days) |
| EMTRIVA 10 MG/ML, ORAL SOLUTION MO | 4 | QL (680 per 28 days) |
| EMTRIVA 200 MG, CAPSULE MO | 4 | QL (30 per 30 days) |
| *entecavir 0.5 mg, 1 mg, tablet* MO | 4 | QL (30 per 30 days) |
| EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET DL | 5 | PA,QL (28 per 28 days) |
| EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET DL | 5 | PA,QL (56 per 28 days) |
| EPCLUSA 200 MG-50 MG TABLET; EPCLUSA 400 MG-100 MG TABLET DL | 5 | PA,QL (28 per 28 days) |
| EPIVIR HBV 25 MG/5 ML (5 MG/ML), ORAL SOLUTION MO | 4 | |
| *etravirine 100 mg, tablet* DL | 5 | QL (120 per 30 days) |
| *etravirine 200 mg, tablet* DL | 5 | QL (60 per 30 days) |
| EVOTAZ 300 MG-150 MG TABLET DL | 5 | QL (30 per 30 days) |
| *famciclovir 125 mg, 250 mg, 500 mg, tablet* MO | 2 | QL (90 per 30 days) |
| *fosamprenavir 700 mg, tablet* DL | 5 | QL (120 per 30 days) |
| FUZEON 90 MG, SUBCUTANEOUS SOLUTION DL | 5 | QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *ganciclovir 50 mg/ml, 500 mg, vial; ganciclovir 500 mg/10 ml vial* **DL** | 5 | B vs D |
| GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET **DL** | 5 | QL (30 per 30 days) |
| HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET **DL** | 5 | PA,QL (28 per 28 days) |
| HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET **DL** | 5 | PA,QL (56 per 28 days) |
| HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET **DL** | 5 | PA,QL (28 per 28 days) |
| INTELENCE 100 MG, 25 MG, TABLET **DL** | 5 | QL (120 per 30 days) |
| INTELENCE 200 MG, TABLET **DL** | 5 | QL (60 per 30 days) |
| INVIRASE 500 MG, TABLET **DL** | 5 | QL (120 per 30 days) |
| ISENTRESS 100 MG, CHEWABLE TABLET **DL** | 5 | QL (180 per 30 days) |
| ISENTRESS 100 MG, ORAL POWDER PACKET **MO** | 3 | QL (300 per 30 days) |
| ISENTRESS 25 MG, CHEWABLE TABLET **MO** | 4 | QL (180 per 30 days) |
| ISENTRESS 400 MG, TABLET **DL** | 5 | QL (120 per 30 days) |
| ISENTRESS HD 600 MG, TABLET **DL** | 5 | QL (60 per 30 days) |
| JULUCA 50 MG-25 MG TABLET **DL** | 5 | QL (30 per 30 days) |
| KALETRA 100 MG-25 MG TABLET **DL** | 4 | QL (300 per 30 days) |
| KALETRA 200 MG-50 MG TABLET **DL** | 5 | QL (150 per 30 days) |
| *lamivudine 10 mg/ml, oral soln* **MO** | 3 | QL (900 per 30 days) |
| *lamivudine 150 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| *lamivudine 300 mg, tablet* **MO** | 4 | QL (30 per 30 days) |
| *lamivudine hbv 100 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| *lamivudine-zidovudine tablet* **MO** | 4 | QL (60 per 30 days) |
| *ledipasvir-sofosbuvir 90-400mg* **DL** | 5 | PA,QL (28 per 28 days) |
| LEXIVA 50 MG/ML, ORAL SUSPENSION **MO** | 4 | QL (1575 per 28 days) |
| *lopinavir-ritonavir 80-20mg/ml* **MO** | 4 | |
| *lopinavir-ritonavr 100-25mg tb* **MO** | 4 | QL (300 per 30 days) |
| *lopinavir-ritonavr 200-50mg tb* **DL** | 5 | QL (150 per 30 days) |
| *nevirapine 200 mg, tablet* **MO** | 2 | QL (60 per 30 days) |
| *nevirapine 50 mg/5 ml, susp* **MO** | 4 | QL (1200 per 30 days) |
| *nevirapine er 100 mg, tablet* **MO** | 4 | QL (120 per 30 days) |
| *nevirapine er 400 mg, tablet* **MO** | 4 | QL (30 per 30 days) |
| NORVIR 100 MG, ORAL POWDER PACKET **MO** | 4 | QL (360 per 30 days) |
| NORVIR 80 MG/ML, ORAL SOLUTION **MO** | 4 | QL (480 per 30 days) |
| ODEFSEY 200 MG-25 MG-25 MG TABLET **DL** | 5 | QL (30 per 30 days) |
| *oseltamivir 6 mg/ml, suspension* **MO** | 4 | QL (1440 per 365 days) |
| *oseltamivir phos 30 mg, capsule* **MO** | 2 | QL (224 per 365 days) |
| *oseltamivir phos 45 mg, 75 mg, capsule* **MO** | 2 | QL (112 per 365 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| PIFELTRO 100 MG, TABLET DL | 5 | QL (60 per 30 days) |
| PREZCOBIX 800 MG-150 MG TABLET DL | 5 | QL (30 per 30 days) |
| PREZISTA 100 MG/ML, ORAL SUSPENSION DL | 5 | QL (360 per 30 days) |
| PREZISTA 150 MG, TABLET DL | 5 | QL (240 per 30 days) |
| PREZISTA 600 MG, TABLET DL | 5 | QL (60 per 30 days) |
| PREZISTA 75 MG, TABLET MO | 4 | QL (480 per 30 days) |
| PREZISTA 800 MG, TABLET DL | 5 | QL (30 per 30 days) |
| RELENZA DISKHALER 5 MG/ACTUATION, POWDER FOR INHALATION MO | 4 | QL (60 per 180 days) |
| RESCRIPTOR 200 MG, TABLET MO | 4 | QL (180 per 30 days) |
| RETROVIR 10 MG/ML, INTRAVENOUS SOLUTION MO | 4 | |
| REYATAZ 50 MG, ORAL POWDER PACKET MO | 4 | |
| RIBASPHERE RIBAPAK 600-400 MG; RIBASPHERE RIBAPAK 600-600 MG DL | 5 | |
| *ribavirin 200 mg, capsule* MO | 3 | QL (168 per 28 days) |
| *ribavirin 200 mg, tablet* MO | 3 | QL (168 per 28 days) |
| *rimantadine hcl 100 mg, tablet* MO | 3 | |
| *ritonavir 100 mg, tablet* MO | 3 | QL (360 per 30 days) |
| RUKOBIA 600 MG, TABLET,EXTENDED RELEASE DL | 5 | QL (60 per 30 days) |
| SELZENTRY 150 MG, 25 MG, TABLET DL | 5 | QL (240 per 30 days) |
| SELZENTRY 20 MG/ML, ORAL SOLUTION DL | 5 | QL (1800 per 30 days) |
| SELZENTRY 300 MG, 75 MG, TABLET DL | 5 | QL (120 per 30 days) |
| *stavudine 15 mg, 20 mg, capsule* MO | 3 | QL (120 per 30 days) |
| *stavudine 30 mg, 40 mg, capsule* MO | 3 | QL (60 per 30 days) |
| STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| SYMFI 600 MG-300 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| SYMFI LO 400 MG-300 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET DL | 5 | QL (30 per 30 days) |
| TEMIXYS 300 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| *tenofovir disop fum 300 mg, tb* MO | 4 | QL (30 per 30 days) |
| TIVICAY 10 MG, TABLET DL | 4 | QL (60 per 30 days) |
| TIVICAY 25 MG, 50 MG, TABLET DL | 5 | QL (60 per 30 days) |
| TIVICAY PD 5 MG, TABLET FOR ORAL SUSPENSION DL | 5 | QL (180 per 30 days) |
| TRIUMEQ 600 MG-50 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| TROGARZO 200 MG/1.33 ML (150 MG/ML), INTRAVENOUS SOLUTION DL | 5 | |
| TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET DL | 5 | QL (30 per 30 days) |
| TYBOST 150 MG, TABLET MO | 4 | QL (30 per 30 days) |
| *valacyclovir hcl 1 gram, 500 mg, tablet* MO | 3 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *valganciclovir 450 mg, tablet* DL | 5 | QL (120 per 30 days) |
| *valganciclovir hcl 50 mg/ml,* DL | 5 | QL (1056 per 30 days) |
| VIDEX 2 GM PEDIATRIC SOLN MO | 4 | QL (1200 per 30 days) |
| VIDEX EC 125 MG, CAPSULE MO | 4 | QL (90 per 30 days) |
| VIRACEPT 250 MG, TABLET DL | 5 | QL (300 per 30 days) |
| VIRACEPT 625 MG, TABLET DL | 5 | QL (120 per 30 days) |
| VIREAD 150 MG, 200 MG, 250 MG, TABLET DL | 5 | QL (30 per 30 days) |
| VIREAD 40 MG/SCOOP (40 MG/GRAM), ORAL POWDER DL | 5 | QL (240 per 30 days) |
| VOCABRIA 30 MG, TABLET DL | 5 | QL (30 per 30 days) |
| VOSEVI 400 MG-100 MG-100 MG TABLET DL | 5 | PA,QL (28 per 28 days) |
| XOFLUZA 20 MG, 40 MG, TABLET MO | 4 | QL (10 per 365 days) |
| XOFLUZA 80 MG, TABLET MO | 4 | QL (5 per 365 days) |
| *zidovudine 100 mg, capsule* MO | 4 | QL (180 per 30 days) |
| *zidovudine 300 mg, tablet* MO | 2 | QL (60 per 30 days) |
| *zidovudine 50 mg/5 ml syrup* MO | 3 | QL (1680 per 28 days) |
| ZIRGAN 0.15 %, EYE GEL MO | 4 | QL (5 per 30 days) |
| **Anxiolytics** | | |
| *alprazolam 0.25 mg, 0.5 mg, 1 mg, tablet* DL | 2 | QL (120 per 30 days) |
| *alprazolam 2 mg, tablet* DL | 2 | QL (150 per 30 days) |
| *buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg, tablet* MO | 2 | |
| *clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt* DL | 4 | |
| *clonazepam 0.5 mg, 1 mg, 2 mg tablet* DL | 3 | |
| *clorazepate 15 mg, 3.75 mg, 7.5 mg, tablet* DL | 4 | |
| *diazepam 10 mg, tablet* DL | 3 | QL (120 per 30 days) |
| *diazepam 2 mg, 5 mg, tablet* DL | 3 | QL (90 per 30 days) |
| *diazepam 5 mg/5 ml solution* DL | 4 | QL (1200 per 30 days) |
| *diazepam 5 mg/ml, oral conc* DL | 4 | QL (240 per 30 days) |
| *diazepam intensol 5 mg/ml, oral concentrate* DL | 4 | QL (240 per 30 days) |
| *doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, capsule* MO | 4 | |
| *doxepin 10 mg/ml, oral conc* MO | 4 | |
| *hydroxyzine 10 mg/5 ml, syrup* MO | 3 | |
| *hydroxyzine hcl 10 mg, 25 mg, 50 mg, tablet* MO | 3 | |
| *lorazepam 0.5 mg, 1 mg, tablet* DL | 2 | QL (90 per 30 days) |
| *lorazepam 2 mg, tablet* DL | 2 | QL (150 per 30 days) |
| *lorazepam 2 mg/ml, oral concent* DL | 3 | QL (150 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *lorazepam intensol 2 mg/ml, oral concentrate* **DL** | 3 | QL (150 per 30 days) |
| *oxazepam 10 mg, 15 mg, 30 mg, capsule* **DL** | 4 | |
| **Bipolar Agents** | | |
| *lithium carbonate 150 mg, 300 mg, 600 mg, cap* **MO** | 1 | |
| *lithium carbonate 300 mg, tab* **MO** | 1 | |
| *lithium carbonate er 300 mg, 450 mg, tb* **MO** | 2 | |
| *lithium 8 meq/5 ml, solution* **MO** | 3 | |
| **Blood Glucose Regulators** | | |
| *acarbose 100 mg, 25 mg, 50 mg, tablet* **MO** | 2 | |
| BAQSIMI 3 MG/ACTUATION, NASAL SPRAY **MO** | 3 | |
| BYDUREON 2 MG PEN INJECT **MO** | 4 | QL (4 per 28 days) |
| BYDUREON BCISE 2 MG/0.85 ML, SUBCUTANEOUS AUTO-INJECTOR **MO** | 4 | QL (3.4 per 28 days) |
| *diazoxide 50 mg/ml, oral susp* **DL** | 5 | |
| FARXIGA 10 MG, 5 MG, TABLET **MO** | 4 | QL (30 per 30 days) |
| *glimepiride 1 mg, 2 mg, 4 mg, tablet* **MO** | 1 | |
| *glipizide 10 mg, 5 mg, tablet* **MO** | 1 | |
| *glipizide er 10 mg, 2.5 mg, 5 mg, tablet* **MO** | 1 | |
| *glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg,* **MO** | 1 | |
| GLUCAGEN HYPOKIT 1 MG, INJECTION **MO** | 3 | |
| *glyburide 1.25 mg, 2.5 mg, 5 mg, tablet* **MO** | 2 | |
| *glyburide micro 1.5 mg, 3 mg, 6 mg, tab; glyburide micro 1.5 mg, 3 mg, 6 mg, tablet* **MO** | 2 | |
| *glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg,; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg,* **MO** | 2 | |
| GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET **MO** | 3 | QL (30 per 30 days) |
| GVOKE 1 MG/0.2 ML, SUBCUTANEOUS SOLUTION **MO** | 3 | |
| GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR **MO** | 3 | |
| GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR **MO** | 3 | |
| GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE **MO** | 3 | |
| GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE **MO** | 3 | |
| HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML, SUBCUTANEOUS SOLN **DL** | 5 | |
| HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML), SUBCUTANEOUS **DL** | 5 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET **MO** | 3 | QL (60 per 30 days) |
| INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (60 per 30 days) |
| INVOKANA 100 MG, 300 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET **MO** | 3 | QL (60 per 30 days) |
| JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE **MO** | 3 | QL (60 per 30 days) |
| JANUVIA 100 MG, 25 MG, 50 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| JARDIANCE 10 MG, 25 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET **MO** | 3 | QL (60 per 30 days) |
| JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (60 per 30 days) |
| JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE **MO** | 4 | QL (60 per 30 days) |
| KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE **MO** | 4 | QL (30 per 30 days) |
| *metformin hcl 1,000 mg, 500 mg, 850 mg, tablet* **MO** | 1 | |
| *metformin hcl er 500 mg, tablet* **MO** | 1 | QL (120 per 30 days) |
| *metformin hcl er 750 mg, tablet* **MO** | 1 | QL (60 per 30 days) |
| *nateglinide 120 mg, 60 mg, tablet* **MO** | 3 | |
| ONGLYZA 2.5 MG, 5 MG, TABLET **MO** | 4 | QL (30 per 30 days) |
| OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR **MO** | 3 | QL (1.5 per 28 days) |
| OZEMPIC 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), SUBCUTANEOUS PEN INJECTOR **MO** | 3 | QL (3 per 28 days) |
| *pioglitazone hcl 15 mg, 30 mg, 45 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| PROGLYCEM 50 MG/ML, ORAL SUSPENSION **DL** | 5 | |
| *repaglinide 0.5 mg, 1 mg, 2 mg, tablet* **MO** | 3 | |
| RYBELSUS 14 MG, 3 MG, 7 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| SYMLINPEN 120 2,700 MCG/2.7 ML, SUBCUTANEOUS PEN INJECTOR **DL** | 5 | QL (10.8 per 30 days) |
| SYMLINPEN 60 1,500 MCG/1.5 ML, SUBCUTANEOUS PEN INJECTOR **DL** | 5 | QL (10.5 per 28 days) |
| SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET **MO** | 3 | QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (60 per 30 days) |
| TRADJENTA 5 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO** | 3 | QL (60 per 30 days) |
| TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML, SUBCUTANEOUS PEN INJECTOR **MO** | 3 | QL (2 per 28 days) |
| VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR **MO** | 3 | QL (9 per 30 days) |
| VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR **MO** | 3 | QL (9 per 30 days) |
| XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE **MO** | 4 | QL (30 per 30 days) |
| XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE **MO** | 4 | QL (60 per 30 days) |
| **BLOOD PRODUCTS AND MODIFIERS** | | |
| AMICAR 250 MG/ML (25 %), ORAL SOLUTION **DL** | 5 | |
| *aminocaproic acid 0.25 gram/ml* **DL** | 5 | |
| *aminocaproic acid 1,000 mg, 500 mg, tab* **DL** | 5 | |
| *anagrelide hcl 0.5 mg, 1 mg, capsule* **MO** | 3 | |
| *aspirin-dipyridam er 25-200 mg,* **MO** | 4 | ST,QL (60 per 30 days) |
| BRILINTA 60 MG, 90 MG, TABLET **MO** | 3 | QL (60 per 30 days) |
| CABLIVI 11 MG, INJECTION KIT **DL** | 5 | PA,QL (30 per 30 days) |
| *cilostazol 100 mg, 50 mg, tablet* **MO** | 2 | |
| *clopidogrel 300 mg, tablet* **MO** | 2 | |
| *clopidogrel 75 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG, TABLET **MO** | 4 | |
| *dipyridamole 25 mg, 50 mg, 75 mg, tablet* **MO** | 4 | |
| ELIQUIS 2.5 MG, TABLET **MO** | 3 | QL (60 per 30 days) |
| ELIQUIS 5 MG, TABLET **MO** | 3 | QL (74 per 30 days) |
| ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK **MO** | 3 | QL (74 per 30 days) |
| *enoxaparin 100 mg/ml, 150 mg/ml, syringe* **MO** | 3 | QL (28 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml, syr* **MO** | 3 | QL (22.4 per 28 days) |
| *enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml, syr* **MO** | 3 | QL (16.8 per 28 days) |
| *enoxaparin 300 mg/3 ml, vial* **MO** | 3 | QL (84 per 28 days) |
| *enoxaparin 40 mg/0.4 ml, syr* **MO** | 3 | QL (11.2 per 28 days) |
| FULPHILA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (1.2 per 28 days) |
| *heparin 10,000 unit/10 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml, vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml, vl* **MO** | 3 | |
| *heparin 5,000 unit/ml carpujct* **MO** | 3 | |
| *heparin sod 20,000 unit/ml, vl* **MO** | 4 | |
| *heparin sod 5,000 unit/ml, syrg* **MO** | 3 | |
| *heparin 2,000 unit/2 ml vial; heparin sod 1,000 unit/ml, 5,000 unit/0.5 ml,* **MO** | 3 | |
| *heparin sod 5,000 unit/0.5 ml, 5,000 unit/ml,; heparin sod 5,000 unit/0.5 ml, 5,000 unit/ml, syrg* **MO** | 3 | |
| *jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet* **MO** | 1 | |
| MOZOBIL 24 MG/1.2 ML (20 MG/ML), SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (9.6 per 30 days) |
| NEULASTA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (1.2 per 28 days) |
| NEULASTA ONPRO 6 MG/0.6 ML, WITH WEARABLE SUBCUTANEOUS INJECTOR **DL** | 5 | PA,QL (1.2 per 28 days) |
| NEUPOGEN 300 MCG/0.5 ML, INJECTION SYRINGE **DL** | 5 | PA,QL (7 per 30 days) |
| NEUPOGEN 300 MCG/ML, INJECTION SOLUTION **DL** | 5 | PA,QL (14 per 30 days) |
| NEUPOGEN 480 MCG/0.8 ML, INJECTION SYRINGE **DL** | 5 | PA,QL (11.2 per 30 days) |
| NEUPOGEN 480 MCG/1.6 ML, INJECTION SOLUTION **DL** | 5 | PA,QL (22.4 per 30 days) |
| NIVESTYM 300 MCG/0.5 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (7 per 30 days) |
| NIVESTYM 300 MCG/ML, INJECTION SOLUTION **DL** | 5 | PA,QL (14 per 30 days) |
| NIVESTYM 480 MCG/0.8 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (11.2 per 30 days) |
| NIVESTYM 480 MCG/1.6 ML, INJECTION SOLUTION **DL** | 5 | PA,QL (22.4 per 30 days) |
| PRADAXA 110 MG, 150 MG, 75 MG, CAPSULE **MO** | 4 | QL (60 per 30 days) |
| *prasugrel 10 mg, 5 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| PROMACTA 12.5 MG, 75 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| PROMACTA 12.5 MG, ORAL POWDER PACKET **DL** | 5 | PA,QL (360 per 30 days) |
| PROMACTA 25 MG, ORAL POWDER PACKET **DL** | 5 | PA,QL (180 per 30 days) |
| PROMACTA 25 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| PROMACTA 50 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML, INJECTION SOLUTION **MO** | 4 | PA,QL (14 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tranexamic acid 650 mg, tablet* **MO** | 3 | QL (30 per 5 days) |
| UDENYCA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (1.2 per 28 days) |
| *warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet* **MO** | 1 | |
| XARELTO 10 MG, 20 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| XARELTO 15 MG, 2.5 MG, TABLET **MO** | 3 | QL (60 per 30 days) |
| XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK **MO** | 3 | QL (51 per 30 days) |
| ZARXIO 300 MCG/0.5 ML, INJECTION SYRINGE **DL** | 5 | PA,QL (7 per 30 days) |
| ZARXIO 480 MCG/0.8 ML, INJECTION SYRINGE **DL** | 5 | PA,QL (11.2 per 30 days) |
| ZIEXTENZO 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (1.2 per 28 days) |
| **Cardiovascular Agents** | | |
| *acebutolol 200 mg, 400 mg, capsule* **MO** | 2 | |
| *acetazolamide 125 mg, 250 mg, tablet* **MO** | 4 | |
| *acetazolamide er 500 mg, cap* **MO** | 3 | |
| *acetazolamide sod 500 mg, vial* **MO** | 1 | |
| *adenosine 12 mg/4 ml syringe* **MO** | 1 | |
| *adenosine 12 mg/4 ml vial* **MO** | 1 | |
| *aliskiren 150 mg, 300 mg, tablet* **MO** | 4 | QL (30 per 30 days) |
| *amiloride hcl 5 mg, tablet* **MO** | 3 | |
| *amiloride hcl-hctz 5-50 mg, tab* **MO** | 1 | |
| *amiodarone 150 mg/3 ml vial* **MO** | 2 | |
| *amiodarone 150 mg/3 ml, syringe* **MO** | 2 | |
| *amiodarone hcl 100 mg, tablet* **MO** | 4 | |
| *amiodarone hcl 200 mg, tablet* **MO** | 2 | |
| *amiodarone hcl 400 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| *amlodipine besylate 10 mg, tab* **MO** | 1 | QL (60 per 30 days) |
| *amlodipine besylate 2.5 mg, 5 mg, tab* **MO** | 1 | |
| *amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg,* **MO** | 4 | QL (30 per 30 days) |
| *amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg,; amlodipine-benazepril 2.5-10* **MO** | 1 | QL (60 per 30 days) |
| *amlodipine-benazepril 10-40 mg, 5-40 mg,* **MO** | 1 | QL (30 per 30 days) |
| *amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg,* **MO** | 3 | QL (30 per 30 days) |
| *amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg,* **MO** | 2 | QL (30 per 30 days) |
| *atenolol 100 mg, 25 mg, 50 mg, tablet* **MO** | 1 | |
| *atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *atorvastatin 10 mg, 20 mg, 40 mg, 80 mg, tablet* **MO** | 1 | |
| *benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg, tablet* **MO** | 1 | |
| *benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg, tab* **MO** | 2 | |
| BIDIL 20 MG-37.5 MG TABLET **MO** | 4 | QL (180 per 30 days) |
| *bisoprolol fumarate 10 mg, 5 mg, tab* **MO** | 2 | |
| *bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg, tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg, tb* **MO** | 1 | |
| *bumetanide 0.5 mg, 1 mg, 2 mg, tablet* **MO** | 2 | |
| *bumetanide 2.5 mg/10 ml vial* **MO** | 2 | |
| BYSTOLIC 10 MG, TABLET **MO** | 3 | QL (120 per 30 days) |
| BYSTOLIC 2.5 MG, 5 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| BYSTOLIC 20 MG, TABLET **MO** | 3 | QL (60 per 30 days) |
| *candesartan cilexetil 16 mg, 4 mg, 8 mg, tab; candesartan cilexetil 16 mg, 4 mg, 8 mg, tb* **MO** | 2 | QL (60 per 30 days) |
| *candesartan cilexetil 32 mg, tb* **MO** | 2 | QL (30 per 30 days) |
| *candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg, tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg, tb* **MO** | 2 | QL (30 per 30 days) |
| *captopril 100 mg, 12.5 mg, 25 mg, 50 mg, tablet* **MO** | 3 | |
| *captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg, tablet* **MO** | 3 | |
| *cartia xt 120 mg, 180 mg, 240 mg, capsule,extended release* **MO** | 2 | QL (60 per 30 days) |
| *cartia xt 300 mg, capsule,extended release* **MO** | 2 | QL (30 per 30 days) |
| *carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg, tablet* **MO** | 1 | |
| *carvedilol er 10 mg, 20 mg, 40 mg, 80 mg, capsule* **MO** | 4 | QL (30 per 30 days) |
| *chlorothiazide sod 500 mg, vial* **MO** | 1 | |
| *chlorthalidone 25 mg, 50 mg, tablet* **MO** | 2 | |
| *cholestyramine packet; cholestyramine powder* **MO** | 3 | |
| *cholestyramine light 4 gram, oral powder; cholestyramine light 4 gram, powder for susp in a packet* **MO** | 3 | |
| *cholestyramine light packet* **MO** | 3 | |
| *clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch* **MO** | 4 | QL (4 per 28 days) |
| *clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg, tablet* **MO** | 1 | |
| *colestipol hcl 1 gm tablet* **MO** | 3 | |
| *colestipol hcl granules* **MO** | 4 | QL (1000 per 30 days) |
| *colestipol hcl granules packet* **MO** | 4 | |
| CORLANOR 5 MG, 7.5 MG, TABLET **MO** | 4 | PA,QL (60 per 30 days) |
| CORLOPAM 10 MG/ML, INTRAVENOUS SOLUTION **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| DEMSER 250 MG, CAPSULE DL | 5 | |
| *digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg), tablet* MO | 2 | QL (30 per 30 days) |
| *digox 125 mcg (0.125 mg), 250 mcg (0.25 mg), tablet* MO | 2 | QL (30 per 30 days) |
| *digoxin 125 mcg tablet; digoxin 250 mcg tablet* MO | 2 | QL (30 per 30 days) |
| *dilt-xr 120 mg, 180 mg, 240 mg, capsule, extended release* MO | 2 | QL (60 per 30 days) |
| *diltiazem 100 mg, add-van vial* MO | 4 | |
| *diltiazem 120 mg, 30 mg, 60 mg, 90 mg, tablet* MO | 2 | |
| *diltiazem 125 mg/25 ml vial* MO | 2 | |
| *diltiazem 12hr er 120 mg, cap* MO | 2 | QL (90 per 30 days) |
| *diltiazem 12hr er 60 mg, 90 mg, cap* MO | 2 | QL (180 per 30 days) |
| *diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg, cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg, cap* MO | 2 | QL (60 per 30 days) |
| *diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg, cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg, cap* MO | 2 | QL (30 per 30 days) |
| *diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg, cp* MO | 2 | QL (60 per 30 days) |
| DIURIL 250 MG/5 ML, ORAL SUSPENSION MO | 4 | |
| *dofetilide 125 mcg, 250 mcg, 500 mcg, capsule* MO | 4 | |
| *doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg, tab* MO | 2 | |
| *droxidopa 100 mg, 200 mg, capsule* DL | 5 | PA,QL (90 per 30 days) |
| *droxidopa 300 mg, capsule* DL | 5 | PA,QL (180 per 30 days) |
| *enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tablet* MO | 1 | |
| *enalapril-hctz 10-25 mg, 5-12.5 mg, tab; enalapril-hctz 10-25 mg, 5-12.5 mg, tablet* MO | 1 | |
| *enalaprilat 2.5 mg/2 ml vial* MO | 1 | |
| ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO | 3 | QL (60 per 30 days) |
| *eplerenone 25 mg, 50 mg, tablet* MO | 3 | |
| *ethacrynate sodium 50 mg, vial* MO | 4 | |
| *ezetimibe 10 mg, tablet* MO | 2 | QL (30 per 30 days) |
| *ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg,* MO | 2 | QL (30 per 30 days) |
| *felodipine er 10 mg, 2.5 mg, 5 mg, tablet* MO | 2 | QL (30 per 30 days) |
| *fenofibrate 160 mg, tablet* MO | 2 | QL (30 per 30 days) |
| *fenofibrate 54 mg, tablet* MO | 2 | QL (60 per 30 days) |
| *fenofibrate 130 mg, 43 mg, capsule* MO | 4 | ST,QL (30 per 30 days) |
| *fenofibrate 134 mg, 200 mg, capsule* MO | 3 | QL (30 per 30 days) |
| *fenofibrate 67 mg, capsule* MO | 3 | QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *fenofibrate 145 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *fenofibrate 48 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *fenofibric acid 105 mg, 35 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *flecainide acetate 100 mg, 150 mg, 50 mg, tab* **MO** | 3 | |
| *fosinopril sodium 10 mg, 20 mg, 40 mg, tab* **MO** | 1 | |
| *fosinopril-hctz 10-12.5 mg, 20-12.5 mg, tab* **MO** | 2 | |
| *furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml), solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln* **MO** | 2 | |
| *furosemide 100 mg/10 ml syring* **MO** | 2 | |
| *furosemide 20 mg, 40 mg, 80 mg, tablet* **MO** | 1 | |
| *gemfibrozil 600 mg, tablet* **MO** | 1 | QL (60 per 30 days) |
| *guanfacine 1 mg, 2 mg, tablet* **MO** | 2 | |
| *hydralazine 10 mg, 100 mg, 25 mg, 50 mg, tablet* **MO** | 2 | |
| *hydralazine 20 mg/ml, vial* **MO** | 4 | |
| *hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tb* **MO** | 1 | |
| *hydrochlorothiazide 12.5 mg, cp* **MO** | 1 | |
| *ibutilide fum 1 mg/10 ml vial* **MO** | 1 | |
| *indapamide 1.25 mg, 2.5 mg, tablet* **MO** | 1 | |
| *irbesartan 150 mg, 300 mg, 75 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *irbesartan-hctz 150-12.5 mg, tb* **MO** | 1 | QL (60 per 30 days) |
| *irbesartan-hctz 300-12.5 mg, tb* **MO** | 1 | QL (30 per 30 days) |
| *isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg, tab* **MO** | 2 | |
| *isosorbide mononit 10 mg, 20 mg, tab* **MO** | 1 | |
| *isosorbide mononit er 120 mg,* **MO** | 2 | |
| *isosorbide mononit er 30 mg, 60 mg, tb* **MO** | 1 | |
| *isradipine 2.5 mg, 5 mg, capsule* **MO** | 3 | |
| ISUPREL 0.2 MG/ML, INJECTION SOLUTION **MO** | 4 | |
| *labetalol hcl 100 mg, 200 mg, 300 mg, tablet* **MO** | 2 | |
| *labetalol hcl 100 mg/20 ml vl* **MO** | 4 | |
| *lidocaine hcl 2% vial* **MO** | 2 | |
| *lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln* **MO** | 1 | |
| LIPOFEN 150 MG, CAPSULE **MO** | 4 | QL (30 per 30 days) |
| LIPOFEN 50 MG, CAPSULE **MO** | 4 | QL (60 per 30 days) |
| *lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg, tablet* **MO** | 1 | |
| *lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab* **MO** | 1 | |
| *losartan potassium 100 mg, 25 mg, 50 mg, tab* **MO** | 1 | QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg, tab* **MO** | 1 | QL (60 per 30 days) |
| *lovastatin 10 mg, 20 mg, 40 mg, tablet* **MO** | 1 | |
| *mannitol 10% iv solution* **MO** | 1 | |
| *mannitol 20% iv solution* **MO** | 1 | |
| *mannitol 25% vial* **MO** | 2 | |
| *mannitol 5% iv solution* **MO** | 1 | |
| *methazolamide 25 mg, 50 mg, tablet* **MO** | 4 | |
| *methyldopa 250 mg, 500 mg, tablet* **MO** | 1 | |
| *methyldopa-hctz 250-15 mg, 250-25 mg, tab* **MO** | 3 | |
| *metolazone 10 mg, 2.5 mg, 5 mg, tablet* **MO** | 2 | |
| *metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg, tab* **MO** | 1 | QL (60 per 30 days) |
| *metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg, tab* **MO** | 2 | |
| *metoprolol 5 mg/5 ml, carpuject* **MO** | 1 | |
| *metoprolol tart 5 mg/5 ml, vial* **MO** | 3 | |
| *metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tb* **MO** | 1 | |
| *metyrosine 250 mg, capsule* **DL** | 5 | |
| *midodrine hcl 10 mg, 2.5 mg, 5 mg, tablet* **MO** | 3 | |
| *minoxidil 10 mg, 2.5 mg, tablet* **MO** | 2 | |
| *moexipril hcl 15 mg, 7.5 mg, tablet* **MO** | 2 | |
| MULTAQ 400 MG, TABLET **MO** | 3 | QL (60 per 30 days) |
| *nadolol 20 mg, 40 mg, 80 mg, tablet* **MO** | 3 | |
| *nebivolol 10 mg, tablet* **MO** | 3 | QL (120 per 30 days) |
| *nebivolol 2.5 mg, 5 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *nebivolol 20 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| NEXLETOL 180 MG, TABLET **MO** | 3 | PA,QL (30 per 30 days) |
| NEXLIZET 180 MG-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), INTRAVENOUS SOLUTION **MO** | 4 | |
| *niacin er 1,000 mg, 500 mg, 750 mg, tablet* **MO** | 4 | |
| *niacor 500 mg, tablet* **MO** | 3 | |
| *nifedipine er 30 mg, 60 mg, 90 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *nimodipine 30 mg, capsule* **MO** | 4 | |
| *nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg, tablet* **MO** | 4 | QL (30 per 30 days) |
| *nisoldipine er 25.5 mg, 30 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| *nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr, patch* **MO** | 2 | QL (30 per 30 days) |
| *nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg, tablet sl* **MO** | 3 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *nitroglycerin 0.4 mg/hr, patch* **MO** | 2 | QL (60 per 30 days) |
| *nitroglycerin 400 mcg spray* **MO** | 4 | |
| *nitroglycerin 5 mg/ml vial* **MO** | 1 | |
| *ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w* **MO** | 2 | |
| NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG, SUBLINGUAL TABLET **MO** | 3 | |
| *norepinephrine 4 mg/4 ml vial* **MO** | 1 | |
| NORTHERA 100 MG, 200 MG, CAPSULE **DL** | 5 | PA,QL (90 per 30 days) |
| NORTHERA 300 MG, CAPSULE **DL** | 5 | PA,QL (180 per 30 days) |
| *olmesartan medoxomil 20 mg, 40 mg, 5 mg, tab* **MO** | 2 | QL (30 per 30 days) |
| *olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg,; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5* **MO** | 4 | QL (30 per 30 days) |
| *olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg, tab* **MO** | 1 | QL (30 per 30 days) |
| *omega-3 ethyl esters 1 gm cap* **MO** | 4 | QL (120 per 30 days) |
| OSMITROL 10 %, INTRAVENOUS SOLUTION **MO** | 4 | |
| OSMITROL 15 %, INTRAVENOUS SOLUTION **MO** | 4 | |
| OSMITROL 20 %, INTRAVENOUS SOLUTION **MO** | 4 | |
| OSMITROL 5 %, INTRAVENOUS SOLUTION **MO** | 4 | |
| PACERONE 100 MG, TABLET **MO** | 4 | |
| *pacerone 200 mg, tablet* **MO** | 2 | |
| PACERONE 400 MG, TABLET **MO** | 4 | QL (60 per 30 days) |
| *pentoxifylline er 400 mg, tab* **MO** | 2 | |
| *perindopril erbumine 2 mg, 4 mg, 8 mg, tab* **MO** | 2 | |
| *pindolol 10 mg, 5 mg, tablet* **MO** | 3 | |
| *pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg, tab* **MO** | 1 | |
| *prazosin 1 mg, 2 mg, 5 mg, capsule* **MO** | 2 | |
| *prevalite 4 gram, oral powder; prevalite 4 gram, powder for susp in a packet* **MO** | 3 | |
| *procainamide 1,000 mg/10 ml vl; procainamide 1,000 mg/2 ml vl* **MO** | 1 | |
| *propafenone hcl 150 mg, 225 mg, 300 mg, tab; propafenone hcl 150 mg, 225 mg, 300 mg, tablet* **MO** | 3 | |
| *propafenone hcl er 225 mg, 325 mg, cap* **MO** | 4 | QL (60 per 30 days) |
| *propafenone hcl er 425 mg, cap* **MO** | 4 | |
| *propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml), vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln* **MO** | 2 | |
| *propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet* **MO** | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *propranolol er 120 mg, 160 mg, 60 mg, 80 mg, capsule* **MO** | 2 | |
| *propranolol-hctz 40-25 mg, 80-25 mg, tab* **MO** | 3 | |
| *quinapril 10 mg, 20 mg, 40 mg, 5 mg, tablet* **MO** | 1 | |
| *quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab* **MO** | 2 | |
| *quinidine sulfate 200 mg, 300 mg, tab* **MO** | 1 | |
| *ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg, capsule* **MO** | 1 | |
| *ranolazine er 1,000 mg, 500 mg, tablet* **MO** | 3 | QL (120 per 30 days) |
| REPATHA PUSHTRONEX 420 MG/3.5 ML, SUBCUTANEOUS WEARABLE INJECTOR **MO** | 3 | PA,QL (3.5 per 28 days) |
| REPATHA SURECLICK 140 MG/ML, SUBCUTANEOUS PEN INJECTOR **MO** | 3 | PA,QL (3 per 28 days) |
| REPATHA SYRINGE 140 MG/ML, SUBCUTANEOUS SYRINGE **MO** | 3 | PA,QL (3 per 28 days) |
| RESECTISOL 5% SOLUTION **MO** | 4 | |
| *rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg, tab* **MO** | 1 | |
| *simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg, tablet* **MO** | 1 | |
| *sorine 120 mg, 160 mg, 240 mg, 80 mg, tablet* **MO** | 2 | |
| *sotalol 120 mg, 160 mg, 240 mg, 80 mg, tablet* **MO** | 2 | |
| *sotalol af 120 mg, 160 mg, 80 mg, tablet* **MO** | 2 | |
| *spironolactone-hctz 25-25 tab* **MO** | 2 | |
| *spironolactone 100 mg, 25 mg, 50 mg, tablet* **MO** | 1 | |
| *taztia xt 120 mg, 180 mg, 240 mg, capsule,extended release* **MO** | 2 | QL (60 per 30 days) |
| *taztia xt 300 mg, 360 mg, capsule,extended release* **MO** | 2 | QL (30 per 30 days) |
| TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET **MO** | 3 | QL (30 per 30 days) |
| *telmisartan 20 mg, 40 mg, tablet* **MO** | 2 | QL (30 per 30 days) |
| *telmisartan 80 mg, tablet* **MO** | 2 | QL (60 per 30 days) |
| *telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg,; telmisartan-amlodipine 80-10* **MO** | 4 | QL (30 per 30 days) |
| *telmisartan-hctz 40-12.5 mg, 80-25 mg, tab; telmisartan-hctz 40-12.5 mg, 80-25 mg, tb* **MO** | 4 | ST,QL (30 per 30 days) |
| *telmisartan-hctz 80-12.5 mg, tb* **MO** | 4 | ST,QL (60 per 30 days) |
| *terazosin 1 mg, 10 mg, 2 mg, 5 mg, capsule* **MO** | 1 | |
| *tiadylt er 120 mg, 180 mg, 240 mg, capsule,extended release* **MO** | 2 | QL (60 per 30 days) |
| *tiadylt er 300 mg, 360 mg, 420 mg, capsule,extended release* **MO** | 2 | QL (30 per 30 days) |
| *timolol maleate 10 mg, 20 mg, 5 mg, tablet* **MO** | 4 | |
| *torsemide 10 mg, 100 mg, 20 mg, 5 mg, tablet* **MO** | 2 | |
| *trandolapril 1 mg, 2 mg, 4 mg, tablet* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg,* **MO** | 3 | |
| *triamterene-hctz 37.5-25 mg, 75-50 mg, tab; triamterene-hctz 37.5-25 mg, 75-50 mg, tb* **MO** | 1 | |
| *triamterene-hctz 37.5-25 mg, cp* **MO** | 1 | |
| *triklo 1 gm capsule* **MO** | 4 | QL (120 per 30 days) |
| *valsartan 160 mg, 320 mg, 40 mg, 80 mg, tablet* **MO** | 1 | QL (60 per 30 days) |
| *valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg, tab* **MO** | 1 | QL (30 per 30 days) |
| VASCEPA 0.5 GRAM, CAPSULE **MO** | 3 | QL (240 per 30 days) |
| VASCEPA 1 GRAM, CAPSULE **MO** | 3 | QL (120 per 30 days) |
| *verapamil 10 mg/4 ml syringe* **MO** | 1 | |
| *verapamil 10 mg/4 ml vial* **MO** | 1 | |
| *verapamil 120 mg, 40 mg, 80 mg, tablet* **MO** | 1 | QL (120 per 30 days) |
| *verapamil er 120 mg, 180 mg, 240 mg, tablet* **MO** | 1 | |
| *verapamil er pm 100 mg, 200 mg, 300 mg, capsule* **MO** | 2 | |
| *verapamil sr 120 mg, 180 mg, 240 mg, capsule* **MO** | 2 | |
| *verapamil sr 360 mg, capsule* **MO** | 2 | QL (60 per 30 days) |
| ZYPITAMAG 2 MG, 4 MG, TABLET **MO** | 3 | ST,QL (30 per 30 days) |
| **Central Nervous System Agents** | | |
| *atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg, capsule* **MO** | 3 | QL (60 per 30 days) |
| *atomoxetine hcl 100 mg, 60 mg, 80 mg, capsule* **MO** | 3 | QL (30 per 30 days) |
| AUSTEDO 12 MG, 9 MG, TABLET **DL** | 5 | PA,QL (120 per 30 days) |
| AUSTEDO 6 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| BETASERON 0.3 MG, SUBCUTANEOUS KIT **DL** | 5 | PA,QL (15 per 30 days) |
| COPAXONE 20 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (30 per 30 days) |
| COPAXONE 40 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (12 per 28 days) |
| *dalfampridine er 10 mg, tablet* **MO** | 3 | PA,QL (60 per 30 days) |
| *dexmethylphenidate 10 mg, 2.5 mg, 5 mg, tab* **MO** | 3 | QL (60 per 30 days) |
| *dextroamphetamine 10 mg, tab* **MO** | 4 | QL (180 per 30 days) |
| *dextroamphetamine 15 mg, tab* **MO** | 4 | QL (120 per 30 days) |
| *dextroamphetamine 20 mg, tab* **MO** | 4 | QL (90 per 30 days) |
| *dextroamphetamine 30 mg, tab* **MO** | 4 | QL (60 per 30 days) |
| *dextroamphetamine 5 mg, tab* **MO** | 4 | QL (150 per 30 days) |
| *dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab* **MO** | 3 | QL (90 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dextroamp-amphetamin 30 mg, tab* **MO** | 3 | QL (60 per 30 days) |
| FIRDAPSE 10 MG, TABLET **DL** | 5 | PA,QL (240 per 30 days) |
| GILENYA 0.25 MG, 0.5 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |
| *glatiramer 20 mg/ml, syringe* **DL** | 5 | PA,QL (30 per 30 days) |
| *glatiramer 40 mg/ml, syringe* **DL** | 5 | PA,QL (12 per 28 days) |
| *glatopa 20 mg/ml, subcutaneous syringe* **DL** | 5 | PA,QL (30 per 30 days) |
| *glatopa 40 mg/ml, subcutaneous syringe* **DL** | 5 | PA,QL (12 per 28 days) |
| *guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg, tablet* **MO** | 2 | QL (30 per 30 days) |
| *methylphenidate 10 mg, 20 mg, 5 mg, tablet* **MO** | 3 | QL (90 per 30 days) |
| *methylphenidate er 10 mg, tab* **MO** | 4 | QL (180 per 30 days) |
| *methylphenidate er 20 mg, tab* **MO** | 4 | QL (90 per 30 days) |
| NUEDEXTA 20 MG-10 MG CAPSULE **DL** | 5 | PA,QL (60 per 30 days) |
| *pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg, capsule* **MO** | 3 | QL (90 per 30 days) |
| *pregabalin 20 mg/ml, solution* **MO** | 3 | QL (900 per 30 days) |
| *pregabalin 225 mg, 300 mg, capsule* **MO** | 3 | QL (60 per 30 days) |
| *riluzole 50 mg, tablet* **MO** | 3 | |
| RUZURGI 10 MG, TABLET **DL** | 5 | PA,QL (300 per 30 days) |
| SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG, TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK **MO** | 3 | QL (60 per 30 days) |
| TECFIDERA 120 MG (14)- 240 MG (46), 240 MG, CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE **DL** | 5 | PA,QL (60 per 30 days) |
| TECFIDERA 120 MG, CAPSULE,DELAYED RELEASE **DL** | 5 | PA,QL (14 per 30 days) |
| *tetrabenazine 12.5 mg, tablet* **DL** | 5 | PA,QL (240 per 30 days) |
| *tetrabenazine 25 mg, tablet* **DL** | 5 | PA,QL (120 per 30 days) |
| **Dental & Oral Agents** | | |
| *cevimeline hcl 30 mg, capsule* **MO** | 4 | |
| *chlorhexidine 0.12% rinse* **MO** | 1 | |
| *oralone 0.1 %, dental paste* **MO** | 3 | |
| *paroex oral rinse 0.12 %, mouthwash* **MO** | 1 | |
| *periogard 0.12 %, mouthwash* **MO** | 1 | |
| *pilocarpine hcl 5 mg, 7.5 mg, tablet* **MO** | 3 | |
| *triamcinolone 0.1% paste* **MO** | 3 | |
| **DERMATOLOGICAL AGENTS** | | |
| *accutane 10 mg, 20 mg, 30 mg, capsule* **MO** | 4 | QL (60 per 30 days) |
| *accutane 40 mg, capsule* **MO** | 4 | QL (120 per 30 days) |
| *acitretin 10 mg, capsule* **MO** | 4 | PA,QL (90 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *acitretin 17.5 mg, capsule* **MO** | 4 | PA,QL (60 per 30 days) |
| *acitretin 25 mg, capsule* **MO** | 4 | PA |
| *adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump* **MO** | 3 | QL (45 per 30 days) |
| *ammonium lactate 12% cream* **MO** | 2 | |
| *ammonium lactate 12% lotion* **MO** | 2 | |
| *amnesteem 10 mg, 20 mg, capsule* **MO** | 4 | QL (60 per 30 days) |
| *amnesteem 40 mg, capsule* **MO** | 4 | QL (120 per 30 days) |
| *azelaic acid 15% gel* **MO** | 4 | ST,QL (50 per 30 days) |
| *betamethasone dp 0.05% crm* **MO** | 3 | QL (90 per 30 days) |
| *betamethasone dp 0.05% lot* **MO** | 3 | QL (120 per 30 days) |
| *betamethasone dp 0.05% oint* **MO** | 3 | QL (90 per 30 days) |
| *betamethasone va 0.1% cream* **MO** | 2 | QL (180 per 30 days) |
| *betamethasone va 0.1% lotion* **MO** | 2 | QL (120 per 30 days) |
| *betamethasone valer 0.1% ointm* **MO** | 2 | QL (180 per 30 days) |
| *betamethasone dp aug 0.05% crm* **MO** | 2 | QL (100 per 30 days) |
| *betamethasone dp aug 0.05% gel* **MO** | 3 | QL (100 per 30 days) |
| *betamethasone dp aug 0.05% lot* **MO** | 3 | QL (120 per 30 days) |
| *betamethasone dp aug 0.05% oin* **MO** | 3 | QL (100 per 30 days) |
| *calcipotriene 0.005% cream* **MO** | 4 | PA,QL (120 per 30 days) |
| *calcipotriene 0.005% solution* **MO** | 4 | QL (60 per 30 days) |
| *calcipotriene-betameth dp susp* **MO** | 3 | QL (420 per 30 days) |
| CARAC 0.5 %, TOPICAL CREAM **DL** | 5 | PA,QL (60 per 30 days) |
| *claravis 10 mg, 20 mg, 30 mg, capsule* **MO** | 4 | QL (60 per 30 days) |
| *claravis 40 mg, capsule* **MO** | 4 | QL (120 per 30 days) |
| CLINDAGEL 1 %, TOPICAL GEL, ONCE DAILY **DL** | 5 | PA,QL (75 per 30 days) |
| *clindamycin ph 1% gel* **MO** | 3 | QL (60 per 30 days) |
| *clindamycin ph 1% solution* **MO** | 3 | QL (60 per 30 days) |
| *clindamycin phos 1% pledget* **MO** | 2 | |
| *clindamycin phosp 1% lotion* **MO** | 3 | QL (60 per 30 days) |
| *clindamycin phosphate 1% gel* **MO** | 4 | PA,QL (75 per 30 days) |
| *clobetasol 0.05% cream* **MO** | 4 | QL (120 per 30 days) |
| *clobetasol 0.05% gel* **MO** | 4 | QL (120 per 28 days) |
| *clobetasol 0.05% ointment* **MO** | 4 | QL (120 per 28 days) |
| *clobetasol 0.05% solution* **MO** | 2 | QL (100 per 30 days) |
| *clobetasol 0.05% topical lotn* **MO** | 4 | QL (240 per 28 days) |
| *clobetasol emollient 0.05% crm* **MO** | 4 | QL (120 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *cormax 0.05% solution* **MO** | 4 | QL (100 per 30 days) |
| CORTISPORIN CREAM **MO** | 4 | |
| *desonide 0.05% cream* **MO** | 4 | QL (240 per 30 days) |
| *desonide 0.05% ointment* **MO** | 4 | QL (240 per 30 days) |
| *desoximetasone 0.25% cream* **MO** | 2 | QL (120 per 30 days) |
| *desoximetasone 0.25% ointment* **MO** | 4 | QL (120 per 30 days) |
| *diclofenac sodium 3% gel* **MO** | 3 | PA |
| ENSTILAR 0.005 %-0.064 % TOPICAL FOAM **MO** | 4 | QL (120 per 30 days) |
| *ery pads 2 %, topical swab* **MO** | 3 | QL (60 per 30 days) |
| *erythromycin 2% solution* **MO** | 3 | QL (120 per 30 days) |
| *fluocinolone 0.01% body oil* **MO** | 4 | QL (118.28 per 30 days) |
| *fluocinolone 0.01% cream; fluocinolone 0.025% cream* **MO** | 4 | QL (120 per 30 days) |
| *fluocinolone 0.01% solution* **MO** | 4 | QL (180 per 30 days) |
| *fluocinolone 0.025% ointment* **MO** | 4 | QL (120 per 30 days) |
| *fluocinolone 0.01% scalp oil* **MO** | 4 | QL (118.28 per 30 days) |
| *fluocinonide 0.05% cream* **MO** | 3 | QL (120 per 30 days) |
| *fluocinonide 0.05% gel* **MO** | 4 | QL (120 per 30 days) |
| *fluocinonide 0.05% ointment* **MO** | 4 | QL (120 per 30 days) |
| *fluocinonide 0.05% solution* **MO** | 4 | QL (120 per 30 days) |
| *fluocinonide-e 0.05 %, topical cream* **MO** | 4 | QL (120 per 30 days) |
| *fluocinonide-e 0.05% cream* **MO** | 4 | QL (120 per 30 days) |
| *fluorouracil 0.5% cream* **DL** | 5 | QL (60 per 30 days) |
| *fluorouracil 2% topical soln; fluorouracil 5% topical soln* **MO** | 2 | |
| *fluorouracil 5% cream* **MO** | 4 | |
| *fluticasone prop 0.005% oint* **MO** | 2 | QL (240 per 30 days) |
| *fluticasone prop 0.05% cream* **MO** | 2 | QL (240 per 30 days) |
| *hydrocortisone 1% cream* **MO** | 2 | QL (28.4 per 30 days) |
| *hydrocortisone 1% cream; hydrocortisone 2.5% cream* **MO** | 2 | QL (240 per 30 days) |
| *hydrocortisone 1% ointment; hydrocortisone 2.5% ointment* **MO** | 2 | QL (240 per 30 days) |
| *hydrocortisone 10 mg, 20 mg, 5 mg, tablet* **MO** | 2 | |
| *hydrocortisone 2.5% cream* **MO** | 4 | QL (60 per 30 days) |
| *hydrocortisone 2.5% lotion* **MO** | 2 | QL (236 per 30 days) |
| *hydrocortisone val 0.2% cream* **MO** | 4 | QL (240 per 30 days) |
| *hydrocortisone val 0.2% ointmt* **MO** | 4 | QL (240 per 30 days) |
| *imiquimod 5% cream packet* **MO** | 3 | QL (12 per 30 days) |
| *isotretinoin 10 mg, 20 mg, 30 mg, capsule* **MO** | 4 | QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *isotretinoin 40 mg, capsule* **MO** | 4 | QL (120 per 30 days) |
| *lindane 1% shampoo* **MO** | 4 | QL (60 per 30 days) |
| LOCOID LIPOCREAM 0.1 %, TOPICAL **MO** | 4 | QL (240 per 30 days) |
| *malathion 0.5% lotion* **MO** | 4 | |
| *methoxsalen 10 mg, softgel* **DL** | 5 | |
| *mometasone furoate 0.1% cream* **MO** | 2 | QL (180 per 30 days) |
| *mometasone furoate 0.1% oint* **MO** | 2 | QL (180 per 30 days) |
| *mometasone furoate 0.1% soln* **MO** | 2 | QL (180 per 30 days) |
| *mupirocin 2% ointment* **MO** | 2 | |
| *myorisan 10 mg, 20 mg, 30 mg, capsule* **MO** | 4 | QL (60 per 30 days) |
| *myorisan 40 mg, capsule* **MO** | 4 | QL (120 per 30 days) |
| *permethrin 5% cream* **MO** | 3 | |
| PICATO 0.015 %, TOPICAL GEL **MO** | 4 | QL (3 per 30 days) |
| PICATO 0.05 %, TOPICAL GEL **MO** | 4 | QL (2 per 30 days) |
| *pimecrolimus 1% cream* **MO** | 4 | QL (100 per 30 days) |
| *podofilox 0.5% topical soln* **MO** | 4 | QL (7 per 30 days) |
| *procto-med hc 2.5 %, topical cream perineal applicator* **MO** | 4 | QL (60 per 30 days) |
| *procto-pak 1 %, topical cream perineal applicator* **MO** | 2 | QL (28.4 per 30 days) |
| *proctosol hc 2.5 %, topical cream perineal applicator* **MO** | 4 | QL (60 per 30 days) |
| *proctozone-hc 2.5 %, topical cream perineal applicator* **MO** | 4 | QL (60 per 30 days) |
| REGRANEX 0.01 %, TOPICAL GEL **DL** | 5 | PA |
| SANTYL 250 UNIT/GRAM, TOPICAL OINTMENT **MO** | 3 | QL (180 per 30 days) |
| *selenium sulfide 2.5% lotion* **MO** | 1 | QL (120 per 30 days) |
| *silver sulfadiazine 1% cream* **MO** | 2 | |
| SSD 1 %, TOPICAL CREAM **MO** | 2 | |
| TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION **MO** | 3 | QL (420 per 30 days) |
| *tacrolimus 0.03% ointment; tacrolimus 0.1% ointment* **MO** | 4 | QL (200 per 30 days) |
| *tazarotene 0.1% cream* **MO** | 3 | PA,QL (120 per 30 days) |
| TAZORAC 0.05 %, 0.1 %, TOPICAL GEL **MO** | 4 | PA,QL (200 per 30 days) |
| *tretinoin 0.01% gel; tretinoin 0.05% gel* **MO** | 3 | PA,QL (45 per 30 days) |
| *tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream* **MO** | 3 | PA,QL (45 per 30 days) |
| *tretinoin 0.025% gel* **MO** | 4 | PA,QL (45 per 30 days) |
| UVADEX 20 MCG/ML, INJECTION SOLUTION **MO** | 4 | |
| *zenatane 10 mg, 20 mg, 30 mg, capsule* **MO** | 4 | QL (60 per 30 days) |
| *zenatane 40 mg, capsule* **MO** | 4 | QL (120 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| AMINOSYN 10 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN 7 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN 8.5 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN 8.5 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN II 10 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN II 15 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN II 7 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN II 8.5 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN II 8.5 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN M 3.5 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN-HBC 7% INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN-PF 10 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN-PF 7 %, (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| AMINOSYN-RF 5.2 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| *bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release* **MO** | 4 | |
| *c-nate dha 28 mg iron-1 mg-200 mg capsule* **MO** | 4 | |
| *calcium acetate 667 mg, gelcap* **MO** | 2 | |
| *calcium acetate 667 mg, tablet* **MO** | 2 | |
| *calcium chloride 10% abboject* **MO** | 1 | |
| *calcium chloride 10% vial* **MO** | 1 | |
| *calcium gluc 1,000mg/50ml-nacl* **MO** | 1 | |
| *calcium gluc 10,000 mg/100 ml* **MO** | 1 | |
| CARBAGLU 200 MG, DISPERSIBLE TABLET **DL** | 5 | PA |
| CHEMET 100 MG, CAPSULE **DL** | 5 | |
| CLINIMIX 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 5%-25% SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 4.25%-25% SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 4.25 %, IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 5 %, IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 2.75 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 4.25 %, IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 5 %, IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 5%-25% SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINISOL SF 15 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| CLINOLIPID 20 %, INTRAVENOUS EMULSION **MO** | 4 | B vs D |
| *clovique 250 mg, capsule* **DL** | 5 | QL (240 per 30 days) |
| *complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack* **MO** | 4 | |
| *dextrose 10%-0.45% nacl iv sol* **MO** | 1 | |
| *dextrose 2.5%-0.45% nacl iv* **MO** | 1 | |
| *dextrose 5%-0.9% nacl iv soln* **MO** | 2 | |
| *dextrose 5%-0.45% nacl iv soln* **MO** | 2 | |
| *deferasirox 125 mg, 180 mg, 250 mg, 360 mg, 500 mg, 90 mg, tablet; deferasirox 125 mg, 180 mg, 250 mg, 360 mg, 500 mg, 90 mg, tb for susp* **DL** | 5 | PA |
| DEPEN TITRATABS 250 MG, TABLET **DL** | 5 | |
| *dextrose 10%-0.2% nacl iv soln* **MO** | 1 | |
| *dextrose 10%-water iv solution* **MO** | 1 | |
| *dextrose 20%-water iv soln* **MO** | 1 | |
| *dextrose 25%-water syringe* **MO** | 1 | |
| *dextrose 30%-water iv soln* **MO** | 1 | |
| *dextrose 40%-water iv soln* **MO** | 1 | |
| *dextrose 5%-water iv soln* **MO** | 2 | |
| *dextrose 5%-lr iv solution* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *dextrose 5%-0.2% nacl iv soln* MO | 1 | |
| *dextrose 5%-0.3% nacl iv soln* MO | 1 | |
| *dextrose 50%-water syringe* MO | 2 | |
| *dextrose 50%-water vial* MO | 1 | |
| *dextrose 70%-water iv soln* MO | 2 | |
| *dextrose 5%-electrolyte 48* MO | 1 | |
| FREAMINE HBC 6.9% IV SOLN MO | 4 | B vs D |
| FREAMINE III 10% IV SOLN. MO | 4 | B vs D |
| GLYCOPHOS 1 MMOL/ML, INTRAVENOUS SOLUTION MO | 1 | |
| HEPATAMINE 8% IV SOLUTION MO | 4 | B vs D |
| INTRALIPID 20 %, 30 %, INTRAVENOUS EMULSION MO | 4 | B vs D |
| IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO | 4 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO | 4 | |
| ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO | 4 | |
| ISOLYTE-P IN 5 %, DEXTROSE INTRAVENOUS SOLUTION MO | 4 | |
| ISOLYTE-S INTRAVENOUS SOLUTION MO | 4 | |
| K-TAB 10 MEQ, 20 MEQ, 8 MEQ, TABLET,EXTENDED RELEASE MO | 4 | |
| KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO | 4 | B vs D |
| *kionex 15 gm/60 ml suspension* MO | 3 | |
| KLOR-CON 10 MEQ, TABLET,EXTENDED RELEASE MO | 2 | |
| KLOR-CON 8 MEQ, TABLET,EXTENDED RELEASE MO | 2 | |
| *klor-con m10 meq, tablet,extended release* MO | 2 | |
| KLOR-CON M15 MEQ, TABLET,EXTENDED RELEASE MO | 2 | |
| *klor-con m20 meq, tablet,extended release* MO | 2 | |
| *lactated ringers injection* MO | 1 | |
| *levocarnitine 330 mg, tablet* MO | 2 | |
| *levocarnitine 1 g/10 ml soln* MO | 3 | |
| LOKELMA 10 GRAM, 5 GRAM, ORAL POWDER PACKET MO | 3 | QL (30 per 30 days) |
| *m-natal plus 27 mg iron-1 mg tablet* MO | 4 | |
| *magnesium sulfate 50% syringe* MO | 1 | |
| *magnesium sulfate 50% vial* MO | 1 | |
| *magnesium sulf 1 g/100 ml-d5w* MO | 1 | |
| *magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag* MO | 1 | |
| *magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml* MO | 1 | |
| NEONATAL COMPLETE 29 MG-1 MG TABLET MO | 4 | |
| NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET MO | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| NEONATAL-DHA 29 MG-1 MG-200 MG-500 MG ORAL PACK MO | 4 | |
| NEPHRAMINE 5.4% IV SOLUTION MO | 4 | B vs D |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO | 4 | |
| NORMOSOL-R INTRAVENOUS SOLUTION MO | 4 | |
| NORMOSOL-R IN 5 %, DEXTROSE INTRAVENOUS SOLUTION MO | 4 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO | 4 | |
| NUTRILIPID 20 %, INTRAVENOUS EMULSION MO | 4 | B vs D |
| O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO | 4 | |
| *penicillamine 250 mg, tablet* DL | 5 | |
| PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO | 4 | B vs D |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO | 4 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION MO | 4 | |
| PLENAMINE 15 %, INTRAVENOUS SOLUTION MO | 4 | B vs D |
| *potassium acet 100 meq/50 ml* MO | 1 | |
| *d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l, iv sol; kcl 20 meq in d5w-0.45% nacl* MO | 1 | |
| *potassium cl 10% (20 meq/15ml)* MO | 4 | QL (1125 per 30 days) |
| *potassium cl 20 meq/10 ml conc* MO | 2 | |
| *potassium cl 20% (40 meq/15ml)* MO | 4 | |
| *potassium cl er 10 meq, 15 meq, 20 meq, tablet* MO | 2 | |
| *potassium cl er 10 meq, 20 meq, 8 meq, tablet* MO | 2 | |
| *potassium cl er 10 meq, 8 meq, capsule* MO | 2 | |
| *potassium cl 20 meq/1,000ml-ns; potassium cl 40 meq/1,000ml-ns* MO | 1 | |
| *d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l, iv solution; kcl 20 meq/l, 30 meq/l, 40 meq/l, in d5w solution; kcl 40 meq in d5w solution* MO | 1 | |
| *kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer* MO | 1 | |
| *potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml, sol* MO | 2 | |
| *potassium cl 20 meq-0.45% nacl* MO | 3 | |
| *d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l, iv sol; kcl 20 meq in d5w-0.225% nacl* MO | 1 | |
| *kcl 20 meq in d5w-0.3% nacl* MO | 1 | |
| *kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9%* MO | 1 | |
| *potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg), tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab* MO | 3 | |
| *pr natal 400 29 mg-1 mg-400 mg oral pack* MO | 4 | |
| *pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release* MO | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *pr natal 430 29 mg iron-1 mg-430 mg oral pack* **MO** | 4 | |
| *pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release* **MO** | 4 | |
| PREMASOL 10 %, INTRAVENOUS SOLUTION **MO** | 1 | B vs D |
| PREMASOL 6% IV SOLUTION **MO** | 1 | B vs D |
| PRENATA 29 MG IRON-1 MG CHEWABLE TABLET **MO** | 4 | |
| PRENATABS FA 29 MG-1 MG TABLET **MO** | 4 | |
| *prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet* **MO** | 4 | |
| PRENATE ELITE 26 MG IRON-1 MG TABLET **MO** | 4 | |
| *preplus 27 mg iron-1 mg tablet* **MO** | 4 | |
| PROCALAMINE 3% INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| PROSOL 20 % INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| *ringer's iv solution* **MO** | 1 | |
| *se-natal 19 chewable 29 mg iron-1 mg tablet* **MO** | 4 | |
| *sevelamer 0.8 gm powder packet* **DL** | 5 | QL (540 per 30 days) |
| *sevelamer 2.4 gm powder packet* **DL** | 5 | QL (180 per 30 days) |
| *sevelamer carbonate 800 mg, tab* **MO** | 4 | QL (540 per 30 days) |
| SMOFLIPID 20 %, INTRAVENOUS EMULSION **MO** | 4 | B vs D |
| *sodium acetate 200 meq/100 ml* **MO** | 1 | |
| *sodium bicarb 8.4% abboject* **MO** | 4 | |
| *sodium chloride 100 meq/40 ml* **MO** | 2 | |
| *saline 0.45% soln-excel con* **MO** | 2 | |
| *sodium chloride 0.45% soln* **MO** | 2 | |
| *sodium chloride 0.9% solution* **MO** | 2 | |
| *sodium chloride 0.9% vial* **MO** | 2 | |
| *sodium chloride 3% iv soln* **MO** | 1 | |
| *sodium chloride 5% iv soln* **MO** | 1 | |
| *sodium lactate 50 meq/10 ml vl* **MO** | 1 | |
| *sodium phosphate 45 mmol/15 ml* **MO** | 1 | |
| *sod polystyren sulf 15 g/60 ml* **MO** | 3 | |
| *sodium polystyrene sulf powder* **MO** | 3 | |
| SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION **MO** | 3 | |
| SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA **MO** | 3 | |
| TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION **MO** | 4 | |
| TRAVASOL 10 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| *trientine hcl 250 mg, capsule* **DL** | 5 | QL (240 per 30 days) |
| *trinatal rx 1 60 mg iron-1 mg, tablet* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *triveen-duo dha 29 mg-1 mg-400 mg oral pack* **MO** | 4 | |
| TROPHAMINE 10 %, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| TROPHAMINE 6% IV SOLUTION **MO** | 4 | B vs D |
| *virt-c dha 35 mg-1 mg-200 mg capsule* **MO** | 4 | |
| *virt-nate dha 28 mg iron-1 mg-200 mg capsule* **MO** | 4 | |
| *westab plus 27 mg iron-1 mg tablet* **MO** | 4 | |
| **Gastrointestinal Agents** | | |
| *lansoprazol-amoxicil-clarithro* **MO** | 4 | ST |
| CHENODAL 250 MG, TABLET **DL** | 5 | PA |
| *cimetidine 200 mg, 300 mg, 400 mg, 800 mg, tablet* **MO** | 2 | |
| *cimetidine 300 mg/5 ml, soln* **MO** | 2 | |
| *constulose 10 gram/15 ml, oral solution* **MO** | 2 | |
| DEXILANT 30 MG, 60 MG, CAPSULE, DELAYED RELEASE **MO** | 4 | QL (30 per 30 days) |
| *dicyclomine 10 mg, capsule* **MO** | 2 | |
| *dicyclomine 10 mg/5 ml, soln* **MO** | 3 | |
| *dicyclomine 20 mg, tablet* **MO** | 2 | |
| *diphenoxylat-atrop 2.5-0.025/5* **MO** | 4 | |
| *diphenoxylate-atrop 2.5-0.025* **MO** | 4 | |
| *enulose 10 gram/15 ml, oral solution* **MO** | 2 | |
| *esomeprazole mag dr 20 mg, 40 mg, cap* **MO** | 3 | QL (60 per 30 days) |
| *famotidine 20 mg, 40 mg, tablet* **MO** | 2 | |
| *famotidine 40 mg/4 ml vial* **MO** | 2 | |
| *famotidine 40 mg/5 ml susp* **MO** | 4 | |
| *famotidine 20 mg/2 ml, vial* **MO** | 2 | |
| *famotidine 20 mg piggyback* **MO** | 1 | |
| GATTEX 30-VIAL 5 MG, SUBCUTANEOUS KIT **DL** | 5 | PA |
| GATTEX ONE-VIAL 5 MG, SUBCUTANEOUS KIT **DL** | 5 | PA |
| *gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution* **MO** | 2 | |
| *gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution* **MO** | 2 | |
| *gavilyte-n 420 gram, oral solution* **MO** | 2 | |
| *generlac 10 gram/15 ml, oral solution* **MO** | 2 | |
| *glycopyrrolate 0.2 mg/ml, vial* **MO** | 4 | |
| *glycopyrrolate 1 mg, 2 mg, tablet* **MO** | 3 | |
| *lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution* **MO** | 2 | |
| *lansoprazole dr 15 mg, 30 mg, capsule* **MO** | 3 | QL (60 per 30 days) |
| LINZESS 145 MCG, 290 MCG, 72 MCG, CAPSULE **MO** | 3 | QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *loperamide 2 mg, capsule* **MO** | 2 | |
| *methscopolamine brom 2.5 mg, 5 mg, tab; methscopolamine brom 2.5 mg, 5 mg, tb* **MO** | 4 | |
| *misoprostol 100 mcg, 200 mcg, tablet* **MO** | 3 | |
| MOVANTIK 12.5 MG, 25 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (30 per 30 days) |
| *nizatidine 15 mg/ml solution* **MO** | 4 | |
| *nizatidine 150 mg, 300 mg, capsule* **MO** | 1 | |
| *omeppi 20 mg-1,100 mg capsule; omeppi 40 mg-1,100 mg capsule* **MO** | 4 | ST,QL (30 per 30 days) |
| *omeprazole dr 10 mg, 20 mg, 40 mg, capsule* **MO** | 1 | QL (60 per 30 days) |
| *omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap* **MO** | 4 | ST,QL (30 per 30 days) |
| *pantoprazole sod dr 20 mg, 40 mg, tab* **MO** | 1 | QL (60 per 30 days) |
| *pantoprazole sodium 40 mg, vial* **MO** | 2 | |
| *peg-3350 and electrolytes soln* **MO** | 2 | |
| *peg 3350-electrolyte solution* **MO** | 2 | |
| PYLERA 140 MG-125 MG-125 MG CAPSULE **MO** | 4 | QL (120 per 30 days) |
| *rabeprazole sod dr 20 mg, tab* **MO** | 3 | QL (60 per 30 days) |
| RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SOLUTION **MO** | 4 | QL (36 per 30 days) |
| RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SYRINGE **MO** | 4 | QL (36 per 28 days) |
| RELISTOR 150 MG, TABLET **MO** | 4 | QL (90 per 30 days) |
| RELISTOR 8 MG/0.4 ML, SUBCUTANEOUS SYRINGE **MO** | 4 | QL (12 per 30 days) |
| *sucralfate 1 gm tablet* **MO** | 2 | |
| SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION **MO** | 3 | |
| SUTAB 1.479-0.188-0.225 GRAM TABLET **MO** | 4 | |
| *trilyte with flavor packets* **MO** | 2 | |
| *ursodiol 250 mg, tablet* **MO** | 3 | |
| *ursodiol 500 mg, tablet* **MO** | 4 | |
| XIFAXAN 200 MG, TABLET **DL** | 5 | PA,QL (9 per 30 days) |
| XIFAXAN 550 MG, TABLET **DL** | 5 | PA,QL (84 per 28 days) |
| **GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| CERDELGA 84 MG, CAPSULE **DL** | 5 | PA |
| CEREZYME 400 UNIT, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| CHOLBAM 250 MG, 50 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE **MO** | 3 | |
| CRYSVITA 10 MG/ML, 20 MG/ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (2 per 28 days) |
| CRYSVITA 30 MG/ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (6 per 28 days) |
| CYSTADANE 1 GRAM/1.7 ML, ORAL POWDER **DL** | 5 | |
| CYSTAGON 150 MG, 50 MG, CAPSULE **MO** | 4 | |
| ELELYSO 200 UNIT, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| EVRYSDI 0.75 MG/ML, ORAL SOLUTION **DL** | 5 | PA,QL (240 per 30 days) |
| KUVAN 100 MG, 500 MG, ORAL POWDER PACKET **DL** | 5 | PA |
| KUVAN 100 MG, SOLUBLE TABLET **DL** | 5 | PA |
| LUMIZYME 50 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| NAGLAZYME 5 MG/5 ML, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *nitisinone 10 mg, 2 mg, 5 mg, capsule* **DL** | 5 | |
| PROLASTIN-C 1,000 MG (+/-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+/-)/20 ML, INTRAVENOUS POWDER FOR SOLUTION **DL** | 5 | PA |
| REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML), INTRAMUSCULAR SOLUTION **DL** | 5 | |
| *sapropterin 100 mg, 500 mg, powder pkt* **DL** | 5 | PA |
| *sapropterin 100 mg, tablet* **DL** | 5 | PA |
| *sodium phenylbutyrate powder* **DL** | 5 | |
| STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| SUCRAID 8,500 UNIT/ML, ORAL SOLUTION **DL** | 5 | |
| VYNDAMAX 61 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |
| VYNDAQEL 20 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE **MO** | 4 | |
| ZOKINVY 50 MG, 75 MG, CAPSULE **DL** | 5 | PA,QL (120 per 30 days) |
| **Genitourinary Agents** | | |
| *alfuzosin hcl er 10 mg, tablet* **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *bethanechol 10 mg, 25 mg, 5 mg, 50 mg, tablet* **MO** | 3 | |
| *darifenacin er 15 mg, 7.5 mg, tablet* **MO** | 4 | ST,QL (30 per 30 days) |
| *dutasteride 0.5 mg, capsule* **MO** | 3 | QL (30 per 30 days) |
| *dutasteride-tamsulosin 0.5-0.4* **MO** | 4 | QL (30 per 30 days) |
| ELMIRON 100 MG, CAPSULE **DL** | 5 | QL (90 per 30 days) |
| *finasteride 5 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *flavoxate hcl 100 mg, tablet* **MO** | 2 | |
| GEMTESA 75 MG, TABLET **MO** | 4 | QL (30 per 30 days) |
| MYRBETRIQ 25 MG, 50 MG, TABLET,EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| MYRBETRIQ 8 MG/ML, ORAL SUSPENSION,EXTENDED RELEASE **MO** | 3 | QL (300 per 30 days) |
| *oxybutynin 5 mg, tablet* **MO** | 2 | |
| *oxybutynin 5 mg/5 ml, syrup* **MO** | 2 | |
| *oxybutynin cl er 10 mg, 15 mg, 5 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *solifenacin 10 mg, 5 mg, tablet* **MO** | 2 | QL (30 per 30 days) |
| *tamsulosin hcl 0.4 mg, capsule* **MO** | 2 | |
| THIOLA 100 MG, TABLET **DL** | 5 | |
| *tiopronin 100 mg, tablet* **DL** | 5 | |
| *tolterodine tart er 2 mg, 4 mg, cap* **MO** | 4 | QL (30 per 30 days) |
| *tolterodine tartrate 1 mg, 2 mg, tab* **MO** | 4 | QL (60 per 30 days) |
| TOVIAZ 4 MG, 8 MG, TABLET,EXTENDED RELEASE **MO** | 3 | QL (30 per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | |
| *a-hydrocort 100 mg, vial* **MO** | 1 | |
| ARISTOSPAN 20 MG/ML, VIAL **MO** | 4 | |
| ARISTOSPAN 5 MG/ML, VIAL **MO** | 4 | |
| *betamethasone sp-ac 30 mg/5 ml* **MO** | 3 | |
| *cortisone 25 mg, tablet* **MO** | 3 | |
| *dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg, tablet* **MO** | 2 | |
| *dexamethasone 0.5 mg/5 ml, elx* **MO** | 2 | |
| *dexamethasone 0.5 mg/5 ml, liq* **MO** | 2 | |
| *dexamethasone intensol 1 mg/ml, drops (concentrate)* **MO** | 2 | |
| *dexamethasone 10 mg/ml, syring* **MO** | 2 | |
| *dexamethasone 10 mg/ml, vial* **MO** | 2 | |
| *dexamethasone 10 mg/ml, 4 mg/ml, vial* **MO** | 2 | |
| *dexamethasone 4 mg/ml, syringe* **MO** | 2 | |
| *fludrocortisone 0.1 mg, tablet* **MO** | 2 | |
| MEDROL 2 MG, TABLET **MO** | 4 | B vs D |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg, tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg, tablet* **MO** | 2 | B vs D |
| *methylprednisolone 4 mg, dosepk* **MO** | 2 | |
| *methylprednisolone 40 mg/ml, 80 mg/ml, vl* **MO** | 2 | |
| *methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg,; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, vl* **MO** | 4 | |
| *prednisolone 15 mg/5 ml, soln* **MO** | 2 | |
| *prednisolone 15 mg/5 ml soln; prednisolone 5 mg/5 ml soln* **MO** | 2 | |
| *prednisolone 20 mg/5 ml soln* **MO** | 4 | |
| *prednisolone sod ph 25 mg/5 ml* **MO** | 3 | |
| *prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg, tablet* **MO** | 1 | B vs D |
| *prednisone 10 mg, 5 mg, tab dose pack* **MO** | 2 | |
| *prednisone 5 mg/5 ml, solution* **MO** | 2 | B vs D |
| *prednisone intensol 5 mg/ml, oral concentrate* **MO** | 3 | B vs D |
| SOLU-MEDROL 2 GRAM, INTRAVENOUS SOLUTION **MO** | 4 | |
| SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML, INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML, SOLUTION FOR INJECTION **MO** | 4 | |
| *triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream* **MO** | 2 | |
| *triamcinolone 0.025% lotion; triamcinolone 0.1% lotion* **MO** | 3 | |
| *triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment* **MO** | 2 | |
| *triderm 0.1 %, 0.5 %, topical cream* **MO** | 2 | |
| VERIPRED 20 20 MG/5 ML (4 MG/ML), ORAL SOLUTION **MO** | 4 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)** | | |
| CHORIONIC GONAD 10,000 UNIT, VL **DL** | 5 | PA |
| *desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr* **MO** | 3 | QL (25 per 30 days) |
| *desmopressin ac 4 mcg/ml, vial* **MO** | 3 | |
| *desmopressin acetate 0.1 mg, tb* **MO** | 4 | QL (180 per 30 days) |
| *desmopressin acetate 0.2 mg, tb* **MO** | 4 | |
| EGRIFTA SV 2 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (30 per 30 days) |
| INCRELEX 10 MG/ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS CARTRIDGE **DL** | 5 | PA |
| OMNITROPE 5.8 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| STIMATE 1.5 MG/ML NASAL SPRAY **DL** | 5 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | |
| *afirmelle 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *altavera (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *alyacen 1/35 (28) 1 mg-35 mcg tablet* **MO** | 4 | |
| *alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet* **MO** | 4 | |
| *amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet* **MO** | 4 | |
| *amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *amethia lo tablet* **MO** | 4 | QL (91 per 90 days) |
| *amethyst (28) 90 mcg-20 mcg tablet* **MO** | 4 | |
| ANADROL-50 TABLET **DL** | 5 | |
| *apri 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet* **MO** | 4 | |
| *ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *aubra 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *aubra eq 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet* **MO** | 4 | |
| *aurovela 1/20 (21) 1 mg-20 mcg tablet* **MO** | 4 | |
| *aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet* **MO** | 4 | |
| *aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *aviane 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *ayuna 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet* **MO** | 4 | |
| *balziva (28) 0.4 mg-35 mcg tablet* **MO** | 4 | |
| *bekyree 28 day tablet* **MO** | 4 | |
| *blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet* **MO** | 4 | |
| *blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *briellyn 0.4 mg-35 mcg tablet* **MO** | 4 | |
| *camila 0.35 mg, tablet* **MO** | 4 | |
| *camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet* **MO** | 4 | |
| *charlotte 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet* **MO** | 4 | |
| *chateal (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *chateal eq (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL **MO** | 4 | QL (8 per 28 days) |
| *cryselle (28) 0.3 mg-30 mcg tablet* **MO** | 4 | |
| *cyclafem 1/35 (28) 1 mg-35 mcg tablet* **MO** | 4 | |
| *cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet* **MO** | 4 | |
| *cyred 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *cyred eq 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *danazol 100 mg, 200 mg, 50 mg, capsule* **MO** | 4 | |
| *dasetta 1/35 (28) 1 mg-35 mcg tablet* **MO** | 4 | |
| *dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet* **MO** | 4 | |
| *daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *deblitane 0.35 mg, tablet* **MO** | 4 | |
| DEPO-ESTRADIOL 5 MG/ML, INTRAMUSCULAR OIL **MO** | 2 | QL (5 per 30 days) |
| DEPO-PROVERA 400 MG/ML, VIAL **MO** | 4 | |
| DEPO-SUBQ PROVERA 104 104 MG/0.65 ML, SUBCUTANEOUS SYRINGE **MO** | 4 | QL (0.65 per 90 days) |
| *desogestr-eth estrad eth estra* **MO** | 4 | |
| *desogestrel-ee 0.15-0.03 mg, tb* **MO** | 4 | |
| *dolishale 90 mcg-20 mcg (28) tablet* **MO** | 4 | |
| *dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr, transdermal patch* **MO** | 3 | QL (8 per 28 days) |
| *drospirenone-ee 3-0.02 mg, 3-0.03 mg, tab* **MO** | 4 | |
| DUAVEE 0.45 MG-20 MG TABLET **MO** | 4 | PA,QL (30 per 30 days) |
| *elinest 0.3 mg-30 mcg tablet* **MO** | 4 | |
| ELLA 30 MG, TABLET **MO** | 3 | QL (1 per 30 days) |
| *eluryng 0.12 mg-0.015 mg/24 hr vaginal ring* **MO** | 4 | QL (1 per 28 days) |
| *emoquette 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| ENDOMETRIN 100 MG, VAGINAL INSERT **DL** | 5 | |
| *enpresse 50-30 (6)/75-40(5)/125-30(10) tablet* **MO** | 4 | |
| *enskyce 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *errin 0.35 mg, tablet* **MO** | 4 | |
| *estradiol 0.01% cream* **MO** | 3 | |
| *estradiol 0.025 mg patch(1/wk); estradiol 0.0375mg patch(1/wk); estradiol 0.05 mg patch (1/wk); estradiol 0.06 mg patch (1/wk); estradiol 0.075 mg patch(1/wk); estradiol 0.1 mg patch (1/wk)* **MO** | 2 | QL (4 per 28 days) |
| *estradiol 0.025 mg patch(2/wk); estradiol 0.0375mg patch(2/wk); estradiol 0.05 mg patch (2/wk); estradiol 0.075 mg patch(2/wk); estradiol 0.1 mg patch (2/wk)* **MO** | 3 | QL (8 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *estradiol 0.5 mg, 1 mg, 2 mg, tablet* **MO** | 1 | |
| *estradiol 10 mcg, vaginal insrt* **MO** | 3 | |
| *estradiol valerate 100 mg/5 ml; estradiol valerate 200 mg/5 ml* **MO** | 4 | |
| *estradiol-noreth 0.5-0.1 mg, 1-0.5 mg, tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg, tb* **MO** | 3 | |
| ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING **MO** | 4 | QL (1 per 90 days) |
| ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET **MO** | 4 | |
| *ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg* **MO** | 4 | |
| *etonogestrel-ee vaginal ring* **MO** | 4 | QL (1 per 28 days) |
| *falmina (28) 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *femynor 0.25 mg-35 mcg tablet* **MO** | 4 | |
| *gianvi 3 mg-0.02 mg tablet* **MO** | 4 | |
| *hailey 1.5 mg-30 mcg tablet* **MO** | 4 | |
| *hailey 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet* **MO** | 4 | |
| *hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *heather 0.35 mg, tablet* **MO** | 4 | |
| *iclevia 0.15 mg-30 mcg (91), tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *incassia 0.35 mg, tablet* **MO** | 4 | |
| *introvale 0.15-0.03 mg tablet* **MO** | 4 | QL (91 per 90 days) |
| *isibloom 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *jaimiess 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *jasmiel (28) 3 mg-0.02 mg tablet* **MO** | 4 | |
| *jencycla 0.35 mg, tablet* **MO** | 4 | |
| *jolessa 0.15 mg-30 mcg (91), tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *juleber 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *junel 1.5/30 (21) 1.5 mg-30 mcg tablet* **MO** | 4 | |
| *junel 1/20 (21) 1 mg-20 mcg tablet* **MO** | 4 | |
| *junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *junel fe 24 1 mg-20 mcg (24)/75 mg (4), tablet* **MO** | 4 | |
| *kalliga 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet* **MO** | 4 | |
| *kelnor 1-50 (28) 1 mg-50 mcg tablet* **MO** | 4 | |
| *kelnor 1/35 (28) 1 mg-35 mcg tablet* **MO** | 4 | |
| *kurvelo (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *levono-e estrad 0.15-0.03-0.01; levonor-e estrad 0.1-0.02-0.01; levonorg 0.15mg-ee 20-25-30mcg* **MO** | 4 | QL (91 per 90 days) |
| *larin 1.5/30 (21) 1.5 mg-30 mcg tablet* **MO** | 4 | |
| *larin 1/20 (21) 1 mg-20 mcg tablet* **MO** | 4 | |
| *larin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet* **MO** | 4 | |
| *larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *larissia 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet* **MO** | 4 | |
| *lessina 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet* **MO** | 4 | |
| *levonor-eth estrad triphasic* **MO** | 4 | |
| *levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03* **MO** | 4 | |
| *levonor-eth estrad 0.15-0.03* **MO** | 4 | QL (91 per 90 days) |
| *levora-28 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *lillow (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *lo-zumandimine (28) 3 mg-0.02 mg tablet* **MO** | 4 | |
| LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET **MO** | 4 | |
| LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET **MO** | 4 | |
| LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7), TABLET **MO** | 4 | |
| LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7), TABLET **MO** | 4 | |
| *lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *loryna (28) 3 mg-0.02 mg tablet* **MO** | 4 | |
| *low-ogestrel (28) 0.3 mg-30 mcg tablet* **MO** | 4 | |
| *lutera (28) 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *lyleq 0.35 mg, tablet* **MO** | 4 | |
| *lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr, transdermal patch* **MO** | 3 | QL (8 per 28 days) |
| *lyza 0.35 mg, tablet* **MO** | 4 | |
| *marlissa (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *medroxyprogesterone 10 mg, 2.5 mg, 5 mg, tab* **MO** | 2 | |
| *medroxyprogesterone 150 mg/ml,* **MO** | 2 | QL (1 per 90 days) |
| *megestrol 20 mg, 40 mg, tablet* **MO** | 2 | |
| *megestrol 625 mg/5 ml susp* **MO** | 4 | |
| *megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml* **MO** | 3 | |
| MENEST 0.3 MG, 0.625 MG, 1.25 MG, TABLET **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| METHITEST 10 MG, TABLET DL | 5 | |
| *microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet* MO | 4 | |
| *microgestin 1/20 (21) 1 mg-20 mcg tablet* MO | 4 | |
| *microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet* MO | 4 | |
| *microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet* MO | 4 | |
| *microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* MO | 4 | |
| *mili 0.25 mg-35 mcg tablet* MO | 4 | |
| *mimvey 1 mg-0.5 mg tablet* MO | 3 | |
| MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MO | 4 | |
| *mono-linyah 0.25 mg-35 mcg tablet* MO | 4 | |
| NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO | 4 | |
| *necon 0.5/35 (28) 0.5 mg-35 mcg tablet* MO | 4 | |
| *nikki (28) 3 mg-0.02 mg tablet* MO | 4 | |
| *nora-be 0.35 mg, tablet* MO | 4 | |
| *noret-estr-fe 0.4-0.035(21)-75* MO | 4 | |
| *norethindrone 0.35 mg, tablet* MO | 4 | |
| *norethin-ee 1.5-0.03 mg(21) tb; norethind-eth estrad 1-0.02 mg* MO | 4 | |
| *norethindrone 5 mg, tablet* MO | 3 | |
| *noreth-ee-fe 1-0.02(21)-75 tab; noreth-ee-fe 1.5-0.03mg(21)-75* MO | 4 | |
| *noreth-ee-fe 1-0.02(24)-75 chw* MO | 4 | |
| *norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg* MO | 4 | |
| *norlyda 0.35 mg, tablet* MO | 4 | |
| *nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet* MO | 4 | |
| *nortrel 1/35 (21) 1 mg-35 mcg tablet* MO | 4 | |
| *nortrel 1/35 (28) 1 mg-35 mcg tablet* MO | 4 | |
| *nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet* MO | 4 | |
| *nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet* MO | 4 | |
| *nymyo 0.25 mg-35 mcg tablet* MO | 4 | |
| *ocella 3 mg-0.03 mg tablet* MO | 4 | |
| *ogestrel tablet* MO | 4 | |
| *orsythia 0.1 mg-20 mcg tablet* MO | 4 | |
| ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO | 4 | |
| OSPHENA 60 MG, TABLET MO | 3 | PA |
| *oxandrolone 10 mg, tablet* DL | 5 | PA,QL (60 per 30 days) |
| *oxandrolone 2.5 mg, tablet* MO | 4 | PA,QL (120 per 30 days) |
| *philith 0.4 mg-35 mcg tablet* MO | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet* **MO** | 4 | |
| *pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet* **MO** | 4 | |
| *portia 28 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG, TABLET **MO** | 4 | |
| PREMARIN 0.625 MG/GRAM, VAGINAL CREAM **MO** | 3 | |
| *previfem 0.25 mg-35 mcg tablet* **MO** | 4 | |
| *progesterone 500 mg/10 ml vial* **MO** | 3 | |
| *progesterone 100 mg, 200 mg, capsule* **MO** | 3 | |
| QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK **MO** | 4 | QL (91 per 90 days) |
| *raloxifene hcl 60 mg, tablet* **MO** | 2 | QL (30 per 30 days) |
| *reclipsen (28) 0.15 mg-0.03 mg tablet* **MO** | 4 | |
| *rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *setlakin 0.15 mg-30 mcg (91), tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| *sharobel 0.35 mg, tablet* **MO** | 4 | |
| *simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet* **MO** | 4 | |
| *simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack* **MO** | 4 | QL (91 per 90 days) |
| SLYND 4 MG (28), TABLET **MO** | 4 | |
| *sprintec (28) 0.25 mg-35 mcg tablet* **MO** | 4 | |
| *sronyx 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *syeda 3 mg-0.03 mg tablet* **MO** | 4 | |
| *tarina 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet* **MO** | 4 | |
| *tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet* **MO** | 4 | |
| *testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump* **MO** | 3 | PA,QL (150 per 30 days) |
| *testosterone 1.62%(1.25 g) pkt* **MO** | 3 | PA,QL (37.5 per 30 days) |
| *testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml,* **MO** | 3 | |
| *testosteron enan 1,000 mg/5 ml* **MO** | 2 | QL (24 per 90 days) |
| *tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet* **MO** | 4 | |
| *tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet* **MO** | 4 | |
| *tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet* **MO** | 4 | |
| *tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet* **MO** | 4 | |
| *tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet* **MO** | 4 | |
| *tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet* **MO** | 4 | |
| *tri-lo-mili 0.18/0.215/0.25 mg-25 mcg, tablet* **MO** | 4 | |
| *tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet* **MO** | 4 | |
| *tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet* **MO** | 4 | |
| *tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet* **MO** | 4 | |
| *tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet* **MO** | 4 | |
| *tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet* **MO** | 4 | |
| *tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg, tablet* **MO** | 4 | |
| *trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet* **MO** | 4 | |
| *tulana 0.35 mg, tablet* **MO** | 4 | |
| TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET **MO** | 4 | |
| *velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet* **MO** | 4 | |
| *vestura (28) 3 mg-0.02 mg tablet* **MO** | 4 | |
| *vienva 0.1 mg-20 mcg tablet* **MO** | 4 | |
| *viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet* **MO** | 4 | |
| *volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet* **MO** | 4 | |
| *vyfemla (28) 0.4 mg-35 mcg tablet* **MO** | 4 | |
| *vylibra 0.25 mg-35 mcg tablet* **MO** | 4 | |
| *wera (28) 0.5 mg-35 mcg tablet* **MO** | 4 | |
| *wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet* **MO** | 4 | |
| *xulane 150 mcg-35 mcg/24 hr transdermal patch* **MO** | 4 | QL (3 per 28 days) |
| YAZ (28) 3 MG-0.02 MG TABLET **MO** | 4 | |
| *zafemy 150 mcg-35 mcg/24 hr transdermal patch* **MO** | 4 | QL (3 per 28 days) |
| *zarah 3 mg-0.03 mg tablet* **MO** | 4 | |
| *zovia 1-35 (28) 1 mg-35 mcg tablet* **MO** | 4 | |
| *zovia 1/35e (28) 1 mg-35 mcg tablet* **MO** | 4 | |
| *zumandimine (28) 3 mg-0.03 mg tablet* **MO** | 4 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG, TABLET **MO** | 3 | |
| 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** | 3 | |
| *levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg, tablet* **MO** | 1 | |
| *levothyroxine 100 mcg, 200 mcg, 500 mcg, vial* **MO** | 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 | |
| *liothyronine sod 10 mcg/ml, vl* **MO** | 3 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *liothyronine sod 25 mcg, 5 mcg, 50 mcg, tab* **MO** | 3 | |
| SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET **MO** | 3 | |
| UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET **MO** | 3 | |
| **Hormonal Agents, Suppressant (Adrenal)** | | |
| LYSODREN 500 MG, TABLET **DL** | 5 | |
| **Hormonal Agents, Suppressant (Pituitary)** | | |
| *cabergoline 0.5 mg, tablet* **MO** | 4 | QL (16 per 28 days) |
| ELIGARD 7.5 MG (1 MONTH), SUBCUTANEOUS SYRINGE **MO** | 4 | PA |
| ELIGARD 22.5 MG, (3 MONTH) SUBCUTANEOUS SYRINGE **MO** | 4 | PA |
| ELIGARD 30 MG, (4 MONTH) SUBCUTANEOUS SYRINGE **MO** | 4 | PA |
| ELIGARD 45 MG, (6 MONTH) SUBCUTANEOUS SYRINGE **MO** | 4 | PA |
| FIRMAGON 120 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| FIRMAGON KIT WITH DILUENT SYRINGE 120 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| FIRMAGON KIT WITH DILUENT SYRINGE 80 MG, SUBCUTANEOUS SOLUTION **MO** | 4 | PA |
| *leuprolide 2wk 14 mg/2.8 ml kt* **MO** | 4 | |
| LUPRON DEPOT 3.75 MG, INTRAMUSCULAR SYRINGE KIT **MO** | 4 | PA,QL (1 per 30 days) |
| LUPRON DEPOT 7.5 MG, INTRAMUSCULAR SYRINGE KIT **DL** | 5 | PA,QL (1 per 30 days) |
| LUPRON DEPOT 11.25 MG, 22.5 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT **MO** | 4 | PA,QL (1 per 90 days) |
| LUPRON DEPOT 30 MG, (4 MONTH) INTRAMUSCULAR SYRINGE KIT **MO** | 4 | PA,QL (1 per 112 days) |
| LUPRON DEPOT 45 MG, (6 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | PA,QL (1 per 168 days) |
| LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED), INTRAMUSCULAR KIT **DL** | 5 | PA,QL (1 per 28 days) |
| LUPRON DEPOT-PED 11.25 MG, 30 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | PA,QL (1 per 90 days) |
| *octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, vl* **MO** | 4 | PA |
| *octreotide acet 0.05 mg/ml vl* **MO** | 3 | PA |
| *octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr* **MO** | 4 | PA |
| ORGOVYX 120 MG, TABLET **DL** | 5 | PA,QL (32 per 30 days) |
| SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG, INTRAMUSCULAR SUSP,EXTENDED RELEASE **DL** | 5 | PA |
| SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML), SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (60 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| SOMATULINE DEPOT 120 MG/0.5 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (0.5 per 28 days) |
| SOMATULINE DEPOT 60 MG/0.2 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (0.2 per 28 days) |
| SOMATULINE DEPOT 90 MG/0.3 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (0.3 per 28 days) |
| SOMAVERT 10 MG, 15 MG, 20 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (60 per 30 days) |
| SOMAVERT 25 MG, 30 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (30 per 30 days) |
| SYNAREL 2 MG/ML, NASAL SPRAY **DL** | 5 | |
| TRELSTAR 11.25 MG, 22.5 MG, INTRAMUSCULAR SUSPENSION | 5 | PA |
| TRELSTAR 3.75 MG, INTRAMUSCULAR SUSPENSION **DL** | 5 | PA |
| ZOLADEX 10.8 MG, SUBCUTANEOUS IMPLANT **MO** | 4 | PA,QL (1 per 84 days) |
| ZOLADEX 3.6 MG, SUBCUTANEOUS IMPLANT **MO** | 4 | PA,QL (1 per 28 days) |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| *methimazole 10 mg, 5 mg, tablet* **MO** | 2 | |
| *propylthiouracil 50 mg, tablet* **MO** | 2 | |
| **IMMUNOLOGICAL AGENTS** | | |
| ACTHIB (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION **DL** | 4 | |
| ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE **DL** | 3 | |
| ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP **DL** | 3 | |
| ARCALYST 220 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA |
| *azathioprine 50 mg, tablet* **MO** | 2 | B vs D |
| BCG VACCINE (TICE STRAIN) VIAL **DL** | 4 | |
| BENLYSTA 120 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (20 per 28 days) |
| BENLYSTA 200 MG/ML, SUBCUTANEOUS AUTO-INJECTOR **DL** | 5 | PA,QL (8 per 28 days) |
| BENLYSTA 200 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (8 per 28 days) |
| BENLYSTA 400 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (6 per 28 days) |
| BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE **DL** | 4 | |
| BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION **DL** | 3 | |
| BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE **DL** | 3 | |
| CELLCEPT 200 MG/ML, ORAL SUSPENSION **DL** | 5 | B vs D |
| CELLCEPT 250 MG, CAPSULE **DL** | 5 | B vs D |
| CELLCEPT 500 MG, TABLET **DL** | 5 | B vs D |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CELLCEPT INTRAVENOUS 500 MG, INTRAVENOUS SOLUTION **MO** | 4 | B vs D |
| COSENTYX 150 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (8 per 28 days) |
| COSENTYX 75 MG/0.5 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (2 per 28 days) |
| COSENTYX 300 MG/2 SYRINGES (150 MG/ML,) SUBCUTANEOUS **DL** | 5 | PA,QL (8 per 28 days) |
| COSENTYX PEN 150 MG/ML, SUBCUTANEOUS **DL** | 5 | PA,QL (8 per 28 days) |
| COSENTYX PEN 300 MG/2 PENS (150 MG/ML,) SUBCUTANEOUS **DL** | 5 | PA,QL (8 per 28 days) |
| *cyclosporine 100 mg, 25 mg, capsule* **MO** | 4 | B vs D |
| *cyclosporine modified 100 mg, 25 mg, 50 mg,* **MO** | 4 | B vs D |
| *cyclosporine modified 100mg/ml* **MO** | 4 | B vs D |
| DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP **DL** | 4 | |
| DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML, SUBCUTANEOUS SUSPENSION **MO** | 4 | |
| DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR **DL** | 5 | PA,QL (3.42 per 28 days) |
| DUPIXENT 300 MG/2 ML, SUBCUTANEOUS PEN INJECTOR **DL** | 5 | PA,QL (6 per 28 days) |
| DUPIXENT 100 MG/0.67 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (1.34 per 28 days) |
| DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (3.42 per 28 days) |
| DUPIXENT 300 MG/2 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (6 per 28 days) |
| ENBREL 25 MG (1 ML), 25 MG/0.5 ML, SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (8 per 28 days) |
| ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE; ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML), SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (8 per 28 days) |
| ENBREL MINI 50 MG/ML (1 ML), SUBCUTANEOUS CARTRIDGE **DL** | 5 | PA,QL (8 per 28 days) |
| ENBREL SURECLICK 50 MG/ML (1 ML), SUBCUTANEOUS PEN INJECTOR **DL** | 5 | PA,QL (8 per 28 days) |
| ENGERIX-B (PF) 20 MCG/ML, INTRAMUSCULAR SUSPENSION **DL** | 4 | B vs D |
| ENGERIX-B (PF) 20 MCG/ML, INTRAMUSCULAR SYRINGE **DL** | 4 | B vs D |
| ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | B vs D |
| ENVARSUS XR 0.75 MG, 1 MG, 4 MG, TABLET,EXTENDED RELEASE **MO** | 4 | PA |
| *everolimus 0.25 mg, tablet* | 5 | B vs D,QL (60 per 30 days) |
| *everolimus 0.5 mg, tablet* **DL** | 5 | B vs D,QL (120 per 30 days) |
| *everolimus 0.75 mg, tablet* **DL** | 5 | B vs D,QL (60 per 30 days) |
| GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %), INJECTION SOLUTION **DL** | 5 | PA |
| GARDASIL 9 (PF) 0.5 ML, INTRAMUSCULAR SUSPENSION **DL** | 4 | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) 0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | QL (1.5 per 365 days) |
| *gengraf 100 mg, 25 mg, capsule* **MO** | 4 | B vs D |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *gengraf 100 mg/ml, oral solution* **MO** | 4 | B vs D |
| HAEGARDA 2,000 UNIT, 3,000 UNIT, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (24 per 28 days) |
| HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | |
| HIBERIX (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION **DL** | 4 | |
| HUMIRA 10 MG/0.2 ML, SYRINGE **DL** | 5 | PA,QL (2 per 28 days) |
| HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SUBCUTANEOUS SYRINGE KIT; HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SYRINGE **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA PEN 40 MG/0.8 ML, SUBCUTANEOUS KIT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, SUBCUT KIT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML, SUBCUT KT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA(CF) 10 MG/0.1 ML, SUBCUTANEOUS SYRINGE KIT **DL** | 5 | PA,QL (2 per 28 days) |
| HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, SUBCUTANEOUS SYRINGE KIT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML, SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML, SUBCUT SYRINGE KIT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML, SUBCUTANEOUS KIT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML, SUBCUT KT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML, SUBCUT KIT **DL** | 5 | PA,QL (6 per 28 days) |
| HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT **DL** | 5 | PA,QL (6 per 28 days) |
| IMOVAX RABIES VACCINE (PF) 2.5 UNIT, INTRAMUSCULAR SOLUTION **DL** | 3 | B vs D |
| INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE **DL** | 4 | |
| INFANRIX DTAP VIAL **DL** | 4 | |
| INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), SOLUTION FOR INJECTION **MO** | 3 | PA |
| INTRON A 18 MILLION UNIT/3 ML; INTRON A 25 MILLION UNIT/2.5ML **DL** | 5 | PA |
| IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION **DL** | 4 | |
| IXIARO (PF) 6 MCG/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | |
| KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR **DL** | 5 | PA,QL (2.28 per 28 days) |
| KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (2.28 per 28 days) |
| KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | |
| KINRIX VIAL **DL** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *leflunomide 10 mg, 20 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML, SUBCUTANEOUS SOLUTION **DL** | 4 | |
| MENACTRA (PF) 4 MCG/0.5 ML, INTRAMUSCULAR SOLUTION **DL** | 4 | |
| MENQUADFI (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION **MO** | 4 | |
| MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT **DL** | 4 | |
| *methotrexate 2.5 mg, tablet* **MO** | 2 | B vs D |
| *methotrexate 50 mg/2 ml vial* **MO** | 1 | |
| *methotrexate 1 gm vial* **MO** | 2 | |
| *methotrexate 50 mg/2 ml vial* **MO** | 1 | |
| MONJUVI 200 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *mycophenolate 200 mg/ml, susp* **MO** | 4 | B vs D |
| *mycophenolate 250 mg, capsule* **MO** | 2 | B vs D |
| *mycophenolate 500 mg, tablet* **MO** | 3 | B vs D |
| *mycophenolate 500 mg, vial* **MO** | 4 | B vs D |
| *mycophenolic acid dr 180 mg, 360 mg, tb* **MO** | 4 | B vs D |
| MYFORTIC 180 MG, TABLET,DELAYED RELEASE **MO** | 4 | B vs D |
| MYFORTIC 360 MG, TABLET,DELAYED RELEASE **DL** | 5 | B vs D |
| PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE **DL** | 4 | |
| PEDVAX HIB (PF) 7.5 MCG/0.5 ML, INTRAMUSCULAR SOLUTION **DL** | 4 | |
| PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT; PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT **DL** | 4 | |
| PROGRAF 0.2 MG, 1 MG, ORAL GRANULES IN PACKET **MO** | 4 | B vs D |
| PROGRAF 0.5 MG, 1 MG, 5 MG, CAPSULE **MO** | 4 | B vs D |
| PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION **DL** | 4 | |
| QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION **DL** | 4 | |
| RABAVERT (PF) 2.5 UNIT, INTRAMUSCULAR SUSPENSION **DL** | 3 | B vs D |
| RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION **DL** | 4 | B vs D |
| RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | B vs D |
| REZUROCK 200 MG, TABLET **DL** | 5 | PA,QL (30 per 30 days) |
| RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML, INJECTION SYRINGE **DL** | 5 | |
| RIDAURA 3 MG, CAPSULE **DL** | 5 | |
| RINVOQ 15 MG, TABLET,EXTENDED RELEASE **DL** | 5 | PA,QL (30 per 30 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ROTARIX 10EXP6 CCID50/ML, SUSPENSION **DL** | 4 | |
| ROTATEQ VACCINE 2 ML, ORAL SOLUTION **DL** | 4 | |
| RUCONEST 2,100 UNIT, INTRAVENOUS SOLUTION **DL** | 5 | PA,QL (8 per 28 days) |
| SANDIMMUNE 100 MG/ML, ORAL SOLUTION **MO** | 4 | B vs D |
| SHINGRIX (PF) 50 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION, KIT **DL** | 4 | QL (2 per 999 days) |
| SIMULECT 10 MG, 20 MG, INTRAVENOUS SOLUTION **DL** | 5 | B vs D |
| *sirolimus 0.5 mg, 1 mg, 2 mg, tablet* **MO** | 4 | B vs D |
| *sirolimus 1 mg/ml, solution* **MO** | 4 | B vs D |
| SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT; SKYRIZI 150 MG/ML, 150MG/1.66ML(75 MG/0.83 ML X2), SUBCUTANEOUS SYRINGE | 5 | PA,QL (6 per 365 days) |
| SKYRIZI 150 MG/ML, SUBCUTANEOUS PEN INJECTOR | 5 | PA,QL (6 per 365 days) |
| SKYRIZI 75 MG/0.83 ML, SUBCUTANEOUS SYRINGE | 5 | PA,QL (9.96 per 365 days) |
| STELARA 90 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (3 per 84 days) |
| SYLATRON 200 MCG, 300 MCG, KIT **DL** | 5 | PA,QL (4 per 28 days) |
| SYLVANT 100 MG, 400 MG, INTRAVENOUS SOLUTION **DL** | 5 | PA |
| *tacrolimus 0.5 mg, 1 mg, 5 mg, capsule (ir)* **MO** | 3 | B vs D |
| TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION **DL** | 4 | |
| TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION **DL** | 4 | |
| TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE **DL** | 4 | |
| DIPHTHERIA-TETANUS TOXOIDS-PED **DL** | 4 | |
| TICOVAC 2.4 MCG/0.5 ML, INTRAMUSCULAR SYRINGE **MO** | 4 | |
| TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG, TABLET **MO** | 4 | B vs D |
| TRUMENBA 120 MCG/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | |
| TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE **DL** | 4 | |
| TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SOLUTION **DL** | 4 | |
| TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SYRINGE **DL** | 4 | |
| VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SUSPENSION **DL** | 4 | |
| VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SYRINGE **DL** | 4 | |
| VARIVAX (PF) 1,350 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION **DL** | 3 | |
| VARIZIG 125 UNIT/1.2 ML, INTRAMUSCULAR SOLUTION **DL** | 5 | PA,QL (12 per 30 days) |
| WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML, INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION **DL** | 5 | B vs D |
| XATMEP 2.5 MG/ML, ORAL SOLUTION **MO** | 4 | PA |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| XOLAIR 150 MG, SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (8 per 28 days) |
| XOLAIR 150 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (8 per 28 days) |
| XOLAIR 75 MG/0.5 ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (4 per 28 days) |
| YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION **DL** | 4 | |
| ZORTRESS 1 MG, TABLET **DL** | 5 | B vs D,QL (60 per 30 days) |
| ZOSTAVAX (PF) 19,400 UNIT/0.65 ML, SUBCUTANEOUS SUSPENSION **DL** | 4 | QL (1 per 365 days) |
| **Inflammatory Bowel Disease Agents** | | |
| *balsalazide disodium 750 mg, cp* **MO** | 3 | |
| *budesonide ec 3 mg, capsule* **MO** | 4 | PA |
| *budesonide er 9 mg, tablet* **DL** | 5 | PA,QL (30 per 30 days) |
| *colocort 100 mg/60 ml, enema* **MO** | 3 | |
| *hydrocortisone 100 mg/60 ml,* **MO** | 3 | |
| *mesalamine 4 gm/60 ml enema* **MO** | 4 | QL (1800 per 30 days) |
| *mesalamine dr 1.2 gm tablet* **MO** | 4 | QL (120 per 30 days) |
| *sulfasalazine 500 mg, tablet; sulfasalazine dr 500 mg, tab* **MO** | 2 | |
| **Metabolic Bone Disease Agents** | | |
| *alendronate sodium 10 mg, 5 mg, tab; alendronate sodium 10 mg, 5 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *alendronate sodium 35 mg, 70 mg, tab* **MO** | 1 | QL (4 per 28 days) |
| *calcitonin-salmon 200 units sp* **MO** | 3 | QL (3.7 per 28 days) |
| *calcitriol 0.25 mcg, 0.5 mcg, capsule* **MO** | 2 | |
| *calcitriol 1 mcg/ml, ampul* **MO** | 2 | |
| *calcitriol 1 mcg/ml, solution* **MO** | 4 | |
| *cinacalcet hcl 30 mg, 60 mg, tablet* **MO** | 3 | QL (60 per 30 days) |
| *cinacalcet hcl 90 mg, tablet* **MO** | 3 | QL (120 per 30 days) |
| *doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg, cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg, capsule* **MO** | 4 | |
| *doxercalciferol 4 mcg/2 ml, vl* **MO** | 4 | |
| FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR **DL** | 4 | PA,QL (2.48 per 28 days) |
| HECTOROL 2 MCG/ML, VIAL **MO** | 3 | |
| *ibandronate 3 mg/3 ml, syringe* **MO** | 4 | PA,QL (3 per 90 days) |
| *ibandronate 3 mg/3 ml, vial* **MO** | 4 | PA,QL (3 per 90 days) |
| *ibandronate sodium 150 mg, tab* **MO** | 2 | QL (1 per 28 days) |
| NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE, SUBCUTANEOUS CARTRIDGE **DL** | 5 | PA,QL (2 per 28 days) |
| *pamidronate 30 mg/10 ml vial* **MO** | 1 | B vs D,QL (30 per 21 days) |
| *pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial* **MO** | 1 | B vs D,QL (10 per 21 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *paricalcitol 1 mcg, 2 mcg, capsule* **MO** | 4 | QL (30 per 30 days) |
| *paricalcitol 2 mcg/ml, vial* **MO** | 3 | QL (24 per 30 days) |
| *paricalcitol 4 mcg, capsule* **MO** | 4 | QL (12 per 30 days) |
| *paricalcitol 5 mcg/ml, vial* **MO** | 3 | QL (48 per 28 days) |
| PROLIA 60 MG/ML, SUBCUTANEOUS SYRINGE **MO** | 4 | QL (1 per 180 days) |
| RAYALDEE 30 MCG, CAPSULE,EXTENDED RELEASE **DL** | 5 | QL (60 per 30 days) |
| *risedronate sod dr 35 mg, tab* **MO** | 4 | QL (4 per 28 days) |
| *risedronate sodium 150 mg, tab* **MO** | 3 | QL (1 per 30 days) |
| *risedronate sodium 30 mg, 5 mg, tab; risedronate sodium 30 mg, 5 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *risedronate sodium 35 mg, tab* **MO** | 3 | QL (4 per 28 days) |
| TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR **MO** | 4 | PA,QL (1.56 per 30 days) |
| XGEVA 120 MG/1.7 ML (70 MG/ML), SUBCUTANEOUS SOLUTION **DL** | 5 | PA,QL (1.7 per 28 days) |
| *zoledronic acid 4 mg/100 ml,* **MO** | 4 | B vs D,QL (300 per 21 days) |
| *zoledronic acid 4 mg, vial* **MO** | 4 | B vs D |
| *zoledronic acid 4 mg/5 ml, vial* **MO** | 4 | B vs D,QL (15 per 21 days) |
| *zoledronic acid 5 mg/100 ml,* **MO** | 1 | PA,QL (100 per 365 days) |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| 1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE **MO** | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE **MO** | 1 | |
| ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", **MO** | 1 | |
| *acetic acid 0.25% irrig soln* **MO** | 2 | |
| *acetylcysteine 6 gram/30 ml vl* **MO** | 4 | |
| ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32", **MO** | 1 | |
| ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," **MO** | 1 | |
| ALCOHOL PADS **MO** | 1 | |
| ALCOHOL PREP PADS **MO** | 1 | |
| ALCOHOL 70% SWABS **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ALCOHOL WIPES MO | 1 | |
| ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE MO | 1 | |
| ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", SYRINGE MO | 1 | |
| ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16", MO | 1 | |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO | 1 | |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO | 1 | |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO | 1 | |
| BAL IN OIL 100 MG/ML, INTRAMUSCULAR SOLUTION MO | 4 | |
| BAND-AID GAUZE PADS 2" X 2" BANDAGE MO | 1 | |
| BD ALCOHOL SWABS MO | 1 | |
| BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16", MO | 1 | |
| BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2", SYRINGE MO | 1 | |
| BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", MO | 1 | |
| BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16", MO | 1 | |
| BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2", MO | 1 | |
| BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2", MO | 1 | |
| BD INSULIN SYRINGE SLIP TIP 1 ML, MO | 1 | |
| BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64", MO | 1 | |
| BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16,; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16," MO | 1 | |
| BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2", SYRINGE MO | 1 | |
| BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2", SYRINGE MO | 1 | |
| BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32", MO | 1 | |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", MO | 1 | |
| BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8", MO | 1 | |
| BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4", MO | 1 | |
| BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16", MO | 1 | |
| BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32", MO | 1 | |
| BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2", MO | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16", **MO** | 1 | |
| BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", **MO** | 1 | |
| BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64", **MO** | 1 | |
| BORDERED GAUZE 2" X 2" BANDAGE **MO** | 1 | |
| *caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial* **MO** | 1 | |
| *calcium disodium versenate 200 mg/ml, injection solution* **MO** | 1 | |
| CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", **MO** | 1 | |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS **MO** | 1 | |
| CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"; CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" **MO** | 1 | |
| CARETOUCH PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32", **MO** | 1 | |
| CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32", **MO** | 1 | |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2",; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"," **MO** | 1 | |
| COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32", **MO** | 1 | |
| COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32", **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| CURITY ALCOHOL SWABS **MO** | 1 | |
| CURITY GAUZE 2" X 2" BANDAGE **MO** | 1 | |
| DERMACEA 2" X 2" BANDAGE **MO** | 1 | |
| DOJOLVI 8.3 KCAL/ML, ORAL LIQUID **DL** | 5 | PA |
| DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64",; DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64" **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,; 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," **MO** | 1 | |
| DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64", **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", **MO** | 1 | |
| DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", **MO** | 1 | |
| DROXIA 200 MG, 300 MG, 400 MG, CAPSULE **MO** | 3 | |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS **MO** | 1 | |
| EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16",; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"," **MO** | 1 | |
| EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32", **MO** | 1 | |
| EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64", **MO** | 1 | |
| EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32", **MO** | 1 | |
| EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", NEEDLE **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| EASY TOUCH ALCOHOL PREP PADS **MO** | 1 | |
| EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", **MO** | 1 | |
| EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", **MO** | 1 | |
| EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2",; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"," **MO** | 1 | |
| EASY TOUCH LUER LOCK INSULIN 1 ML, SYRINGE **MO** | 1 | |
| EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16", **MO** | 1 | |
| EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16", **MO** | 1 | |
| EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", **MO** | 1 | |
| EASY TOUCH UNI-SLIP 1 ML, SYRINGE **MO** | 1 | |
| EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"," SYRINGE **MO** | 1 | |
| *flumazenil 0.1 mg/ml, vial* **MO** | 4 | |
| FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," SYRINGE **MO** | 1 | |
| GAUZE PADS 2"X2" **MO** | 1 | |
| GAUZE PAD 2" X 2" BANDAGE **MO** | 1 | |

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

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

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

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 **MO** | 1 | |
| LITHOSTAT 250 MG, TABLET **DL** | 5 | |
| MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", **MO** | 1 | |
| MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16", **MO** | 1 | |
| MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", **MO** | 1 | |
| MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4", **MO** | 1 | |
| MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", **MO** | 1 | |
| MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", **MO** | 1 | |
| *methylergonovine 0.2 mg/ml amp* **MO** | 3 | |
| MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32", **MO** | 1 | |
| MINI ULTRA-THIN II 31 GAUGE X 3/16", NEEDLE **MO** | 1 | |
| MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2", **MO** | 1 | |
| MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2",; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2","; MONOJECT INSULIN SYRINGE 1 ML **MO** | 1 | |
| MONOJECT SYRINGE 1/2 ML 28 GAUGE, **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE, SYRINGE MO | 1 | |
| NOVOFINE 32 32 GAUGE X 1/4", NEEDLE MO | 1 | |
| NOVOFINE AUTOCOVER 30 GAUGE X 1/3", NEEDLE MO | 1 | |
| NOVOFINE PLUS 32 GAUGE X 1/6", NEEDLE MO | 1 | |
| NOVOPEN ECHO SUBCUTANEOUS MO | 1 | |
| NOVOTWIST 32 GAUGE X 1/5", NEEDLE MO | 1 | |
| OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE MO | 3 | |
| OMNIPOD INSULIN MANAGEMENT MO | 3 | |
| OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE MO | 3 | |
| PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", MO | 1 | |
| COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; KRO PEN NEEDLE 4MM X 33G; PEN NEEDLE 12MM 29G; PEN NEEDLE 30G X 8MM; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G; RELION PEN NEEDLE 31G 6MM MO | 1 | |
| PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE MO | 1 | |
| PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO | 1 | |
| PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO | 1 | |
| PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32", MO | 1 | |
| PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", MO | 1 | |
| PRIALT 100 MCG/ML, 25 MCG/ML, INTRATHECAL SOLUTION DL | 5 | PA |
| PRO COMFORT ALCOHOL PADS MO | 1 | |
| PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," MO | 1 | |
| PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", MO | 1 | |
| PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", MO | 1 | |
| *protamine 250 mg/25 ml vial* MO | 1 | |
| PURE COMFORT ALCOHOL PADS MO | 1 | |
| PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", MO | 1 | |
| RECTIV 0.4 % (W/W), OINTMENT MO | 4 | QL (30 per 30 days) |
| RELI ON 31G X 1/4" NEEDLES MO | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| RELION PEN NEEDLES 32GX5/32" MO | 1 | |
| RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION MO | 4 | |
| *ribavirin 6 gm inhalation vial* DL | 5 | B vs D |
| *ringers irrigation solution* MO | 1 | |
| SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", MO | 1 | |
| SAFETY PEN NEEDLE 31 GAUGE X 3/16", MO | 1 | |
| SECURESAFE PEN NEEDLE 30 GAUGE X 5/16", MO | 1 | |
| *sod phenylacet-sod benzoate vl* DL | 5 | |
| *sodium chloride 0.9% irrig.* MO | 2 | |
| *sorbitol-mannitol irrig* MO | 1 | |
| SURE COMFORT ALCOHOL PREP PADS MO | 1 | |
| SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2", MO | 1 | |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4",; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"," MO | 1 | |
| SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", MO | 1 | |
| SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", MO | 1 | |
| SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", MO | 1 | |
| SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2",; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"," MO | 1 | |
| SURE-PREP ALCOHOL PREP PADS MO | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TECHLITE INS SYR 1 ML 30GX8MM; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16,; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16," **MO** | 1 | |
| TECHLITE 0.3 ML 30GX12MM (1/2); TECHLITE 0.5 ML 29GX12MM (1/2); TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", **MO** | 1 | |
| TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", **MO** | 1 | |
| TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8", **MO** | 1 | |
| THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8", **MO** | 1 | |
| TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", NEEDLE **MO** | 1 | |
| TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," SYRINGE **MO** | 1 | |
| TRUE COMFORT ALCOHOL PADS **MO** | 1 | |
| TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16,; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16," **MO** | 1 | |
| TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32", **MO** | 1 | |
| TRUE COMFORT PRO ALCOHOL PADS **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16",; TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"," **MO** | 1 | |
| TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"," SYRINGE **MO** | 1 | |
| TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", **MO** | 1 | |
| ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, SYRINGE; ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16," SYRINGE **MO** | 1 | |
| ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4", **MO** | 1 | |
| ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4", **MO** | 1 | |
| ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", **MO** | 1 | |
| ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", **MO** | 1 | |
| ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16", **MO** | 1 | |
| ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", **MO** | 1 | |
| ULTILET ALCOHOL SWAB **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"; ULTILET INSULIN SYRINGE 1/2 ML 29 **MO** | 1 | |
| ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32", **MO** | 1 | |
| ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", **MO** | 1 | |
| ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 **MO** | 1 | |
| ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", **MO** | 1 | |
| ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", **MO** | 1 | |
| ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", **MO** | 1 | |
| ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32", **MO** | 1 | |
| ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," **MO** | 1 | |
| ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16", NEEDLE **MO** | 1 | |
| ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2", **MO** | 1 | |
| ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", **MO** | 1 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," **MO** | 1 | |
| ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", **MO** | 1 | |
| UNIFINE PEN NEEDLE 32 GAUGE X 5/32", **MO** | 1 | |
| UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE **MO** | 1 | |
| UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16", NEEDLE **MO** | 1 | |
| UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE **MO** | 1 | |
| UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16", NEEDLE **MO** | 1 | |
| UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE **MO** | 1 | |
| V-GO 20 DEVICE **MO** | 3 | |
| V-GO 30 DEVICE **MO** | 3 | |
| V-GO 40 DEVICE **MO** | 3 | |
| VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16", **MO** | 1 | |
| VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", **MO** | 1 | |
| VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32", **MO** | 1 | |
| *sterile water for irrigation* **MO** | 2 | |
| WEBCOL TOPICAL PADS **MO** | 1 | |
| **Ophthalmic Agents** | | |
| *ak-poly-bac 500 unit-10,000 unit/gram eye ointment* **MO** | 2 | |
| AKTEN (PF) 3.5 %, EYE GEL **MO** | 4 | |
| ALCAINE 0.5 %, EYE DROPS **MO** | 2 | |
| ALPHAGAN P 0.1 %, EYE DROPS **MO** | 3 | |
| *apraclonidine hcl 0.5% drops* **MO** | 3 | |
| *atropine 1% eye drops* **MO** | 2 | |
| *azelastine hcl 0.05% drops* **MO** | 2 | |
| *bacitracin 500 unit/gm ophth* **MO** | 3 | |
| *bacitracin-polymyxin eye oint* **MO** | 2 | |
| BETADINE OPHTHALMIC PREP 5 %, SOLUTION **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *betaxolol hcl 0.5% eye drop* **MO** | 2 | |
| *brimonidine 0.2% eye drop* **MO** | 2 | |
| *brimonidine tartrate 0.15% drp* **MO** | 3 | |
| *carteolol hcl 1% eye drops* **MO** | 1 | |
| CILOXAN 0.3 %, EYE OINTMENT **MO** | 4 | |
| *ciprofloxacin 0.3% eye drop* **MO** | 1 | |
| COMBIGAN 0.2 %-0.5 % EYE DROPS **MO** | 3 | QL (5 per 25 days) |
| *cromolyn 4% eye drops* **MO** | 1 | |
| CYSTARAN 0.44 %, EYE DROPS **DL** | 5 | PA,QL (60 per 28 days) |
| *dexamethasone 0.1% eye drop* **MO** | 2 | |
| *diclofenac 0.1% eye drops* **MO** | 2 | |
| *dorzolamide hcl 2% eye drops* **MO** | 1 | QL (10 per 30 days) |
| *dorzolamide-timolol eye drops* **MO** | 1 | QL (10 per 30 days) |
| DUREZOL 0.05 %, EYE DROPS **MO** | 3 | |
| *erythromycin 0.5% eye ointment* **MO** | 2 | |
| *fluorometholone 0.1% drops* **MO** | 3 | |
| *flurbiprofen 0.03% eye drop* **MO** | 2 | |
| *gatifloxacin 0.5% eye drops* **MO** | 3 | QL (2.5 per 25 days) |
| *gentak 0.3 % (3 mg/gram), eye ointment* **MO** | 2 | |
| *gentamicin 0.3% eye drop* **MO** | 2 | |
| ILEVRO 0.3 %, EYE DROPS,SUSPENSION **MO** | 3 | QL (3 per 30 days) |
| *ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution* **MO** | 2 | |
| *latanoprost 0.005% eye drops* **MO** | 1 | QL (5 per 25 days) |
| *levobunolol 0.5% eye drops* **MO** | 1 | |
| LOTEMAX SM 0.38 %, EYE GEL DROPS **MO** | 4 | |
| LUMIGAN 0.01 %, EYE DROPS **MO** | 3 | QL (2.5 per 25 days) |
| *metipranolol 0.3% eye drops* **MO** | 2 | |
| *moxifloxacin 0.5% eye drops* **MO** | 3 | |
| NATACYN 5 %, EYE DROPS,SUSPENSION **MO** | 4 | |
| *neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment* **MO** | 2 | |
| *neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment* **MO** | 3 | |
| *neo-bacit-poly-hc eye ointment* **MO** | 3 | |
| *neomyc-bacit-polymix eye oint* **MO** | 2 | |
| *neomyc-polym-dexamet eye ointm* **MO** | 2 | |
| *neomyc-polym-dexameth eye drop* **MO** | 2 | |
| *neomyc-polym-gramicid eye drop* **MO** | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *neomycin-poly-hc eye drops* **MO** | 3 | |
| *ofloxacin 0.3% eye drops* **MO** | 2 | |
| *olopatadine hcl 0.1% eye drops* **MO** | 3 | ST |
| *olopatadine hcl 0.2% eye drop* **MO** | 2 | |
| PAZEO 0.7% EYE DROPS **MO** | 3 | QL (2.5 per 25 days) |
| PHOSPHOLINE IODIDE 0.125% **MO** | 4 | |
| *pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops* **MO** | 3 | |
| *polycin 500 unit-10,000 unit/gram eye ointment* **MO** | 2 | |
| *polymyxin b-tmp eye drops* **MO** | 1 | |
| PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION **MO** | 4 | |
| PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT **MO** | 4 | |
| *prednisolone ac 1% eye drop* **MO** | 3 | |
| *prednisolone sod 1% eye drop* **MO** | 2 | |
| *proparacaine 0.5% eye drops* **MO** | 2 | |
| RESTASIS 0.05 %, EYE DROPS IN A DROPPERETTE **MO** | 3 | QL (60 per 30 days) |
| RESTASIS MULTIDOSE 0.05 %, EYE DROPS **MO** | 3 | QL (5.5 per 25 days) |
| RHOPRESSA 0.02 %, EYE DROPS **MO** | 3 | ST,QL (2.5 per 25 days) |
| ROCKLATAN 0.02 %-0.005 % EYE DROPS **MO** | 3 | ST,QL (2.5 per 25 days) |
| *sulfacetamide 10% eye drops* **MO** | 2 | |
| *sulf-pred 10-0.23% eye drops* **MO** | 2 | |
| *timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution* **MO** | 4 | |
| *timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops* **MO** | 1 | |
| *timolol maleate 0.5% eye drop* **MO** | 1 | |
| *tobramycin 0.3% eye drop* **MO** | 2 | |
| *tobramycin-dexameth ophth susp* **MO** | 2 | |
| *travoprost 0.004% eye drop* **MO** | 3 | QL (2.5 per 25 days) |
| *trifluridine 1% eye drops* **MO** | 3 | |
| VYZULTA 0.024 %, EYE DROPS **MO** | 4 | QL (5 per 30 days) |
| **Otic Agents** | | |
| CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION **MO** | 4 | |
| *ciprofloxacin 0.2% otic soln* **MO** | 4 | |
| *ciproflox-dexameth otic susp* **MO** | 4 | |
| *hydrocortison-acetic acid soln* **MO** | 3 | |
| *neomycin-polymyxin-hc ear soln* **MO** | 2 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *neomycin-polymyxin-hc ear susp* **MO** | 2 | |
| *ofloxacin 0.3% ear drops* **MO** | 3 | |
| **Respiratory Tract/Pulmonary Agents** | | |
| *acetylcysteine 10% vial; acetylcysteine 20% vial* **MO** | 3 | B vs D |
| ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION **MO** | 3 | QL (60 per 30 days) |
| ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER **MO** | 3 | QL (12 per 30 days) |
| *albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml, sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml, solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml, sol; albuterol sul 2.5 mg/3 ml soln* **MO** | 2 | B vs D |
| *albuterol hfa 90 mcg inhaler* **MO** | 3 | QL (36 per 30 days) |
| *albuterol sulf 2 mg/5 ml, syrup* **MO** | 1 | |
| *albuterol sulfate 2 mg, tab* **MO** | 4 | QL (120 per 30 days) |
| *albuterol sulfate 4 mg, tab* **MO** | 4 | |
| *albuterol sulfate er 4 mg, 8 mg, tab* **MO** | 4 | |
| *alyq 20 mg, tablet* **MO** | 4 | PA,QL (60 per 30 days) |
| *ambrisentan 10 mg, 5 mg, tablet* **DL** | 5 | PA,QL (30 per 30 days) |
| *aminophylline 250 mg/10 ml, 500 mg/20 ml, vl* **MO** | 2 | |
| *arformoterol 15 mcg/2 ml, soln* **DL** | 5 | PA,QL (120 per 30 days) |
| ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION **MO** | 3 | QL (30 per 30 days) |
| *azelastine 0.1% (137 mcg) spry* **MO** | 2 | QL (30 per 25 days) |
| *azelastine 0.15% nasal spray* **MO** | 3 | QL (30 per 25 days) |
| BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER **MO** | 4 | QL (10.7 per 30 days) |
| *bosentan 125 mg, 62.5 mg, tablet* **DL** | 5 | PA,QL (60 per 30 days) |
| BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION **MO** | 3 | QL (60 per 30 days) |
| BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | QL (10.7 per 30 days) |
| BROVANA 15 MCG/2 ML, SOLUTION FOR NEBULIZATION **DL** | 5 | PA,QL (120 per 30 days) |
| *budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, susp* **MO** | 4 | B vs D |
| CAYSTON 75 MG/ML, SOLUTION FOR NEBULIZATION **DL** | 5 | PA,QL (84 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *cetirizine hcl 1 mg/ml, soln* **MO** | 2 | QL (300 per 30 days) |
| COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION **MO** | 4 | QL (4 per 20 days) |
| *cromolyn 100 mg/5 ml, oral conc* **MO** | 4 | |
| *cromolyn 20 mg/2 ml, neb soln* **DL** | 5 | B vs D |
| *cyproheptadine 2 mg/5 ml, syrup* **MO** | 4 | |
| *cyproheptadine 4 mg, tablet* **MO** | 4 | |
| DALIRESP 250 MCG, TABLET **MO** | 3 | QL (28 per 365 days) |
| DALIRESP 500 MCG, TABLET **MO** | 3 | QL (30 per 30 days) |
| *desloratadine 5 mg, tablet* **MO** | 3 | QL (30 per 30 days) |
| *diphenhydramine 50 mg/ml, vial* **MO** | 4 | |
| *epinephrine 0.15 mg auto-injct; epinephrine 0.3 mg auto-inject* **MO** | 3 | QL (4 per 30 days) |
| *epoprostenol sodium 0.5 mg, 1.5 mg, vl* **DL** | 5 | PA |
| ESBRIET 267 MG, CAPSULE **DL** | 5 | PA,QL (270 per 30 days) |
| ESBRIET 267 MG, TABLET **DL** | 5 | PA,QL (270 per 30 days) |
| ESBRIET 801 MG, TABLET **DL** | 5 | PA,QL (90 per 30 days) |
| FASENRA PEN 30 MG/ML, SUBCUTANEOUS AUTO-INJECTOR | 5 | PA,QL (1 per 28 days) |
| FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION **MO** | 3 | QL (60 per 30 days) |
| FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION, AEROSOL INHALER **MO** | 3 | QL (24 per 30 days) |
| FLOVENT HFA 44 MCG/ACTUATION, AEROSOL INHALER **MO** | 3 | QL (10.6 per 30 days) |
| *flunisolide 0.025% spray* **MO** | 3 | QL (50 per 30 days) |
| *fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50* **MO** | 3 | QL (60 per 30 days) |
| *fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14* **MO** | 3 | QL (1 per 30 days) |
| *fluticasone prop 50 mcg spray* **MO** | 2 | QL (16 per 30 days) |
| *formoterol 20 mcg/2 ml, neb vl* **MO** | 4 | PA,QL (120 per 30 days) |
| *hydroxyzine pam 100 mg, 25 mg, 50 mg, cap* **MO** | 3 | |
| *ipratropium 0.03% spray* **MO** | 2 | QL (30 per 30 days) |
| *ipratropium 0.06% spray* **MO** | 2 | QL (45 per 30 days) |
| *ipratropium br 0.02% soln* **MO** | 2 | B vs D |
| *iprat-albut 0.5-3(2.5) mg/3 ml* **MO** | 2 | B vs D |
| KALYDECO 150 MG, TABLET **DL** | 5 | PA,QL (60 per 30 days) |
| KALYDECO 25 MG, 50 MG, 75 MG, ORAL GRANULES IN PACKET **DL** | 5 | PA,QL (56 per 28 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| *levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml, sol; levalbuterol conc 1.25 mg/0.5* **MO** | 4 | B vs D |
| *levalbuterol tar hfa 45mcg inh* **MO** | 4 | ST,QL (30 per 30 days) |
| *levocetirizine 5 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *metaproterenol 10 mg/5 ml, syr* **MO** | 4 | |
| *mometasone furoate 50 mcg spry* **MO** | 4 | ST,QL (34 per 30 days) |
| *montelukast sod 10 mg, tablet* **MO** | 1 | QL (30 per 30 days) |
| *montelukast sod 4 mg, 5 mg, tab chew* **MO** | 2 | QL (30 per 30 days) |
| *montelukast sod 4 mg, granules* **MO** | 4 | QL (30 per 30 days) |
| NASONEX 50 MCG/ACTUATION, SPRAY **MO** | 4 | ST,QL (34 per 30 days) |
| NUCALA 100 MG/ML, SUBCUTANEOUS AUTO-INJECTOR **DL** | 5 | PA,QL (3 per 28 days) |
| NUCALA 100 MG/ML, SUBCUTANEOUS SYRINGE **DL** | 5 | PA,QL (3 per 28 days) |
| OFEV 100 MG, 150 MG, CAPSULE **DL** | 5 | PA,QL (60 per 30 days) |
| ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET **DL** | 5 | PA,QL (56 per 28 days) |
| ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET **DL** | 5 | PA,QL (112 per 28 days) |
| PERFOROMIST 20 MCG/2 ML, SOLUTION FOR NEBULIZATION **MO** | 4 | PA,QL (120 per 30 days) |
| PULMOZYME 1 MG/ML, SOLUTION FOR INHALATION **DL** | 5 | B vs D |
| *sildenafil 10 mg/ml, oral susp* **DL** | 5 | PA,QL (180 per 30 days) |
| *sildenafil 20 mg, tablet* **MO** | 3 | PA,QL (90 per 30 days) |
| SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION **MO** | 3 | QL (4 per 28 days) |
| SPIRIVA WITH HANDIHALER 18 MCG, AND INHALATION CAPSULES **MO** | 3 | QL (30 per 30 days) |
| STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION **MO** | 3 | QL (4 per 28 days) |
| STRIVERDI RESPIMAT 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION **MO** | 3 | QL (4 per 30 days) |
| SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER **MO** | 3 | QL (10.2 per 30 days) |
| SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML, INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML, INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) **MO** | 3 | QL (4 per 30 days) |
| *tadalafil 20 mg, tablet* **MO** | 4 | PA,QL (60 per 30 days) |
| *theophylline er 100 mg, 200 mg, 300 mg, tab; theophylline er 100 mg, 200 mg, 300 mg, tablet* **MO** | 4 | |
| *theophylline er 400 mg, 600 mg, tablet* **MO** | 4 | |
| *theophylline er 450 mg, tab* **MO** | 4 | QL (30 per 30 days) |
| *theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml, d5w* **MO** | 4 | |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| TOBI PODHALER 28 MG, CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, INHALE CAP **DL** | 5 | PA,QL (224 per 28 days) |
| TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION; TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION **MO** | 3 | QL (60 per 30 days) |
| TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS; TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N), TABLETS **DL** | 5 | PA,QL (84 per 28 days) |
| VENTAVIS 10 MCG/ML, SOLUTION FOR NEBULIZATION **DL** | 5 | PA,QL (150 per 30 days) |
| VENTAVIS 20 MCG/ML, SOLUTION FOR NEBULIZATION **DL** | 5 | PA,QL (90 per 30 days) |
| VENTOLIN HFA 90 MCG/ACTUATION, AEROSOL INHALER **MO** | 3 | QL (36 per 30 days) |
| *wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation* **MO** | 3 | QL (60 per 30 days) |
| *zafirlukast 10 mg, 20 mg, tablet* **MO** | 4 | QL (60 per 30 days) |
| **Skeletal Muscle Relaxants** | | |
| *carisoprodol 350 mg, tablet* **MO** | 4 | QL (120 per 30 days) |
| *cyclobenzaprine 10 mg, 5 mg, tablet* **MO** | 2 | |
| *methocarbamol 500 mg, 750 mg, tablet* **MO** | 2 | |
| *vanadom 350 mg, tablet* **MO** | 4 | QL (120 per 30 days) |
| **SLEEP DISORDER AGENTS** | | |
| BELSOMRA 10 MG, TABLET **MO** | 3 | QL (60 per 30 days) |
| BELSOMRA 15 MG, 20 MG, TABLET **MO** | 3 | QL (30 per 30 days) |
| BELSOMRA 5 MG, TABLET **MO** | 3 | QL (120 per 30 days) |
| HETLIOZ 20 MG, CAPSULE **DL** | 5 | PA,QL (30 per 30 days) |
| HETLIOZ LQ 4 MG/ML, ORAL SUSPENSION **DL** | 5 | PA,QL (158 per 30 days) |
| *modafinil 100 mg, 200 mg, tablet* **MO** | 3 | PA,QL (60 per 30 days) |
| *temazepam 15 mg, 30 mg, capsule* **DL** | 4 | QL (30 per 30 days) |
| XYREM 500 MG/ML, ORAL SOLUTION **DL** | 5 | PA,QL (540 per 30 days) |
| *zolpidem tartrate 10 mg, 5 mg, tablet* **MO** | 2 | QL (30 per 30 days) |

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

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

| CarePlus Coverage of Additional Prescription Drugs<br>DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **ERECTILE DYSFUNCTION** | | |
| *sildenafil 100 mg, 25 mg, 50 mg, tablet* **ED,MO** | 1 | QL (6 per 30 days) |
| **Insulin Savings Program Select Insulins** | | |
| FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN | 3 | |
| FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE | 3 | |
| FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION | 2 | |
| LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN | 3 | |
| LANTUS U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION | 2 | |
| LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN | 3 | |
| LEVEMIR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION | 2 | |
| NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30), SUBCUTANEOUS | 2 | |
| NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION | 2 | |
| NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN | 3 | |
| NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML, SUBCUTANEOUS SUSP | 2 | |
| NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN | 3 | |
| NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION | 2 | |
| NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS | 3 | |
| NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION | 2 | |
| NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN | 3 | |
| NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDG | 3 | |
| NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION | 2 | |
| SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN | 3 | QL (15 per 24 days) |

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

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

| DRUG NAME | TIER | UTILIZATION MANAGEMENT REQUIREMENTS |
|---|---|---|
| **Insulin Savings Program Select Insulins** | | |
| TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN | 3 | |
| TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML), SUBCUTANEOUS PEN | 3 | |
| TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN | 3 | |
| TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS PEN | 3 | |
| TRESIBA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION | 2 | |
| XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN | 3 | QL (15 per 30 days) |

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

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

# Index


**A**

a-hydrocort... 71

abacavir... 42

abacavir-lamivudine... 42

abacavir-lamivudine-zidovudine... 42

ABELCET... 25

ABILIFY MAINTENA... 39

abiraterone... 28

ABOUTTIME PEN NEEDLE... 87

ABRAXANE... 28

acamprosate... 13

acarbose... 47

accutane... 59

acebutolol... 51

acetaminophen-codeine... 10

acetazolamide sodium... 51

acetazolamide... 51

acetic acid... 14, 87

acetylcysteine... 87, 102

acitretin... 59, 60

ACTHIB (PF)... 81

ACTIMMUNE... 81

acyclovir sodium... 42

acyclovir... 42

ADACEL(TDAP ADOLESN/ADULT)(PF)... 81

adapalene... 60

ADCETRIS... 28

adefovir... 42

ADEMPAS... 102

adenosine... 51

adriamycin... 28

ADVAIR DISKUS... 102

ADVAIR HFA... 102

ADVOCATE PEN NEEDLE... 87

ADVOCATE SYRINGES... 87

AFINITOR DISPERZ... 28

AFINITOR... 28

afirmelle... 73

AIMOVIG AUTOINJECTOR... 27

ak-poly-bac... 99

AKTEN (PF)... 99

albendazole... 38

albuterol sulfate... 102

ALCAINE... 99

ALCOHOL PADS... 87

ALCOHOL PREP PADS... 87

ALCOHOL SWABS... 87

ALCOHOL WIPES... 88

ALECENSA... 28

alendronate... 86

alfuzosin... 70

ALIMTA... 28

ALIQOPA... 28

aliskiren... 51

allopurinol... 27

ALPHAGAN P... 99

alprazolam... 46

altavera (28)... 73

ALUNBRIG... 28

alyacen 1/35 (28)... 73

alyacen 7/7/7 (28)... 73

alyq... 102

amabelz... 73

amantadine hcl... 38

AMBISOME... 25

ambrisentan... 102

amethia lo... 73

amethia... 73

amethyst (28)... 73

AMICAR... 49

amifostine crystalline... 28

amikacin... 14

amiloride... 51

amiloride-hydrochlorothiazide... 51

aminocaproic acid... 49

aminophylline... 102

AMINOSYN II 10 %... 63

AMINOSYN II 15 %... 63

AMINOSYN II 7 %... 63

AMINOSYN II 8.5 %... 63

AMINOSYN II 8.5 %-ELECTROLYTES... 63

AMINOSYN M 3.5 %... 63

AMINOSYN 10 %... 63

AMINOSYN 7 % WITH ELECTROLYTES... 63

AMINOSYN 8.5 %... 63

AMINOSYN 8.5 %-ELECTROLYTES... 63

AMINOSYN-HBC 7%... 63

AMINOSYN-PF 10 %... 63

AMINOSYN-PF 7 % (SULFITE-FREE)... 63
AMINOSYN-RF 5.2 %... 63
amiodarone... 51
amitriptyline... 23
amlodipine... 51
amlodipine-atorvastatin... 51
amlodipine-benazepril... 51
amlodipine-olmesartan... 51
amlodipine-valsartan... 51
ammonium lactate... 60
amnesteem... 60
amoxapine... 23
amoxicil-clarithromy-lansopraz... 68
amoxicillin... 14
amoxicillin-pot clavulanate... 14
amphotericin b... 25
ampicillin sodium... 14
ampicillin... 14
ampicillin-sulbactam... 14
ANADROL-50... 73
anagrelide... 49
anastrozole... 28
APOKYN... 38
apraclonidine... 99
aprepitant... 24, 25
apri... 73
APTIOM... 19
APTIVUS (WITH VITAMIN E)... 42
APTIVUS... 42
aranelle (28)... 73
ARCALYST... 81
arformoterol... 102
aripiprazole... 39
ARISTADA INITIO... 40
ARISTADA... 39
ARISTOSPAN INTRA-ARTICULAR... 71
ARISTOSPAN INTRALESIONAL... 71
ARMOUR THYROID... 79
ARNUITY ELLIPTA... 102
ARRANON... 28
arsenic trioxide... 28
ARZERRA... 28
asenapine maleate... 40
ashlyna... 73
ASPARLAS... 28
aspirin-dipyridamole... 49
ASSURE ID DUO-SHIELD... 88
ASSURE ID INSULIN SAFETY... 88
ASSURE ID PEN NEEDLE... 88
atazanavir... 42
atenolol... 51
atenolol-chlorthalidone... 51
atomoxetine... 58
atorvastatin... 52
atovaquone... 38
atovaquone-proguanil... 38
ATRIPLA... 43
atropine... 99
aubra eq... 73
aubra... 73
AUGMENTIN... 14
aurovela fe 1.5/30 (28)... 73
aurovela fe 1-20 (28)... 73
aurovela 1.5/30 (21)... 73
aurovela 1/20 (21)... 73
aurovela 24 fe... 73
AUSTEDO... 58
AUTOJECT 2 INJECTION DEVICE... 88
AUTOPEN 1 TO 21 UNITS... 88
AUTOPEN 2 TO 42 UNITS... 88
AVASTIN... 28
aviane... 73
ayuna... 73
AYVAKIT... 28
azacitidine... 28
azathioprine... 81
azelaic acid... 60
azelastine... 99, 102
azithromycin... 14
aztreonam... 14
azurette (28)... 73

**B**

bacitracin... 14, 99
bacitracin-polymyxin b... 99
baclofen... 42
BAL IN OIL... 88
bal-care dha... 63
balsalazide... 86
BALVERSA... 28, 29
balziva (28)... 73
BAND-AID GAUZE PADS... 88
BANZEL... 19
BAQSIMI... 47
BARACLUDE... 43
BAVENCIO... 29
BCG VACCINE, LIVE (PF)... 81
BD ALCOHOL SWABS... 88

BD AUTOSHIELD DUO PEN NEEDLE... 88
BD ECLIPSE LUER-LOK... 88
BD INSULIN SYRINGE (HALF UNIT)... 88
BD INSULIN SYRINGE MICRO-FINE... 88
BD INSULIN SYRINGE SAFETY-LOK... 88
BD INSULIN SYRINGE SLIP TIP... 88
BD INSULIN SYRINGE U-500... 88
BD INSULIN SYRINGE ULTRA-FINE... 88
BD INSULIN SYRINGE... 88
BD LO-DOSE MICRO-FINE IV... 88
BD LO-DOSE ULTRA-FINE... 88
BD NANO 2ND GEN PEN NEEDLE... 88
BD SAFETYGLIDE INSULIN SYRINGE... 88
BD SAFETYGLIDE SYRINGE... 88
BD ULTRA-FINE MICRO PEN NEEDLE... 88
BD ULTRA-FINE MINI PEN NEEDLE... 88
BD ULTRA-FINE NANO PEN NEEDLE... 88
BD ULTRA-FINE ORIG PEN NEEDLE... 88
BD ULTRA-FINE SHORT PEN NEEDLE... 89
BD VEO INSULIN SYR (HALF UNIT)... 89
BD VEO INSULIN SYRINGE UF... 89
bekyree (28)... 73
BELBUCA... 10
BELEODAQ... 29
BELSOMRA... 105
benazepril... 52
benazepril-hydrochlorothiazide... 52
BENDEKA... 29
BENLYSTA... 81
benztropine... 38
BESPONSA... 29
BETADINE OPHTHALMIC PREP... 99
betamethasone acet,sod phos... 71
betamethasone dipropionate... 60
betamethasone valerate... 60
betamethasone, augmented... 60
BETASERON... 58
betaxolol... 100
bethanechol chloride... 71
BETHKIS... 14
BEVESPI AEROSPHERE... 102
bexarotene... 29
BEXSERO... 81
bicalutamide... 29
BICILLIN C-R... 14
BICILLIN L-A... 14
BICNU... 29
BIDIL... 52
BIKTARVY... 43
bisoprolol fumarate... 52
bisoprolol-hydrochlorothiazide... 52
BLENREP... 29
bleomycin... 29
blisovi fe 1.5/30 (28)... 73
blisovi fe 1/20 (28)... 73
blisovi 24 fe... 73
BOOSTRIX TDAP... 81
BORDERED GAUZE... 89
bortezomib... 29
bosentan... 102
BOSULIF... 29
BRAFTOVI... 29
BREO ELLIPTA... 102
BREZTRI AEROSPHERE... 102
briellyn... 73
BRILINTA... 49
brimonidine... 100
BRIVIACT... 19
bromocriptine... 39
BROVANA... 102
BRUKINSA... 29
budesonide... 86, 102
bumetanide... 52
bupivacaine (pf)... 12
bupivacaine hcl... 13
buprenorphine hcl... 13
buprenorphine... 10
buprenorphine-naloxone... 13
bupropion hcl (smoking deter)... 13
bupropion hcl... 23
buspirone... 46
busulfan... 29
BUSULFEX... 29
butalbital-acetaminop-caf-cod... 10
butalbital-acetaminophen-caff... 10
butorphanol... 10
BYDUREON BCISE... 47
BYDUREON... 47
BYSTOLIC... 52

**C**

c-nate dha... 63

CABENUVA... 43
cabergoline... 80
CABLIVI... 49
CABOMETYX... 29
caffeine citrate... 89
calcipotriene... 60
calcipotriene-betamethasone... 60
calcitonin (salmon)... 86
calcitriol... 86
calcium acetate(phosphat bind)... 63
calcium chloride... 63
calcium disodium versenate... 89
calcium gluc in nacl, iso-osm... 63
calcium gluconate... 63
CALQUENCE... 29
camila... 73
camrese lo... 73
camrese... 73
candesartan... 52
candesartan-hydrochlorothiazid... 52
CAPASTAT... 27
CAPLYTA... 40
CAPRELSA... 29
captopril... 52
captopril-hydrochlorothiazide... 52
CARAC... 60
CARBAGLU... 63
carbamazepine... 19
carbidopa-levodopa... 39
carbidopa-levodopa-entacapone... 39
carboplatin... 29
CAREFINE PEN NEEDLE... 89
CARETOUCH ALCOHOL PREP PAD... 89
CARETOUCH INSULIN SYRINGE... 89
CARETOUCH PEN NEEDLE... 89
carisoprodol... 105
carmustine... 29
carteolol... 100
cartia xt... 52
carvedilol phosphate... 52
carvedilol... 52
caspofungin... 25
CAYSTON... 102
caziant (28)... 73
cefaclor... 14
cefadroxil... 14
cefazolin in dextrose (iso-os)... 15
cefazolin... 15
cefdinir... 15
cefepime in dextrose 5 %... 15
cefepime in dextrose,iso-osm... 15
cefepime... 15
cefixime... 15
cefotaxime... 15
cefotetan in dextrose, iso-osm... 15
cefotetan... 15
cefoxitin in dextrose, iso-osm... 15
cefoxitin... 15
cefpodoxime... 15
cefprozil... 15
ceftazidime in d5w... 15
ceftazidime... 15
ceftriaxone in dextrose,iso-os... 15
ceftriaxone... 15
cefuroxime axetil... 15
cefuroxime sodium... 15
celecoxib... 10
CELLCEPT INTRAVENOUS... 82
CELLCEPT... 81
CELONTIN... 19
cephalexin... 15
CERDELGA... 69
CEREZYME... 69
cetirizine... 103
cevimeline... 59
CHANTIX CONTINUING MONTH BOX... 13
CHANTIX STARTING MONTH BOX... 13
CHANTIX... 13
charlotte 24 fe... 73
chateal (28)... 73
chateal eq (28)... 73
CHEMET... 63
CHENODAL... 68
chloramphenicol sod succinate... 15
chlorhexidine gluconate... 59
chloroquine phosphate... 38
chlorothiazide sodium... 52
chlorpromazine... 40
chlorthalidone... 52
CHOLBAM... 69
cholestyramine (with sugar)... 52
cholestyramine light... 52
cholestyramine-aspartame... 52
CHORIONIC GONADOTROPIN, HUMAN... 72

ciclodan... 25
ciclopirox... 25
cidofovir... 43
cilostazol... 49
CILOXAN... 100
CIMDUO... 43
cimetidine hcl... 68
cimetidine... 68
cinacalcet... 86
CIPRODEX... 101
ciprofloxacin hcl... 15, 100, 101
ciprofloxacin in 5 % dextrose... 15
ciprofloxacin-dexamethasone... 101
cisplatin... 29
citalopram... 23
cladribine... 29
claravis... 60
clarithromycin... 15
CLEOCIN... 15
CLICKFINE PEN NEEDLE... 89
CLINDAGEL... 60
clindamycin hcl... 16
clindamycin in 0.9 % sod chlor... 16
clindamycin in 5 % dextrose... 16
clindamycin pediatric... 16
clindamycin phosphate... 16, 60
CLINIMIX E 2.75%/D5W SULF FREE... 64
CLINIMIX E 4.25%/D10W SUL FREE... 64
CLINIMIX E 4.25%/D5W SULF FREE... 64
CLINIMIX E 5%/D15W SULFIT FREE... 64
CLINIMIX E 5%/D20W SULFIT FREE... 64
CLINIMIX E 5%/D25W SULFIT FREE... 64
CLINIMIX E 8%-D10W SULFITEFREE... 64
CLINIMIX E 8%-D14W SULFITEFREE... 64
CLINIMIX 4.25%-D25W SULF-FREE... 63
CLINIMIX 4.25%/D10W SULF FREE... 63
CLINIMIX 4.25%/D5W SULFIT FREE... 63
CLINIMIX 5%-D20W(SULFITE-FREE)... 63
CLINIMIX 5%/D15W SULFITE FREE... 63
CLINIMIX 5%/D25W SULFITE-FREE... 63
CLINIMIX 6%-D5W (SULFITE-FREE)... 63
CLINIMIX 8%-D10W(SULFITE-FREE)... 64
CLINIMIX 8%-D14W(SULFITE-FREE)... 64
CLINISOL SF 15 %... 64
CLINOLIPID... 64
clobazam... 19
clobetasol... 60
clobetasol-emollient... 60
clofarabine... 29
CLOLAR... 29
clomipramine... 23
clonazepam... 46
clonidine hcl... 52
clonidine... 52
clopidogrel... 49
clorazepate dipotassium... 46
clotrimazole... 25, 26
clotrimazole-betamethasone... 26
clovique... 64
clozapine... 40
COARTEM... 38
colestipol... 52
colistin (colistimethate na)... 16
colocort... 86
COMBIGAN... 100
COMBIPATCH... 74
COMBIVENT RESPIMAT... 103
COMETRIQ... 29
COMFORT EZ INSULIN SYRINGE... 89
COMFORT EZ PEN NEEDLES... 89
COMFORT TOUCH PEN NEEDLE... 89
COMPLERA... 43
complete natal dha... 64
compro... 25
constulose... 68
COPAXONE... 58
COPIKTRA... 29
CORLANOR... 52
CORLOPAM... 52
cormax... 61
cortisone... 71
CORTISPORIN... 61
COSENTYX (2 SYRINGES)... 82
COSENTYX PEN (2 PENS)... 82
COSENTYX PEN... 82
COSENTYX... 82
COSMEGEN... 29

COTELLIC... 29
COUMADIN... 49
CREON... 70
CRESEMBA... 26
CRIXIVAN... 43
cromolyn... 100, 103
cryselle (28)... 74
CRYSVITA... 70
CURITY ALCOHOL SWABS... 90
CURITY GAUZE... 90
cyclafem 1/35 (28)... 74
cyclafem 7/7/7 (28)... 74
cyclobenzaprine... 105
cyclophosphamide... 29, 30
cycloserine... 27
cyclosporine modified... 82
cyclosporine... 82
cyproheptadine... 103
CYRAMZA... 30
cyred eq... 74
cyred... 74
CYSTADANE... 70
CYSTAGON... 70
CYSTARAN... 100
cytarabine (pf)... 30
cytarabine... 30

**D**

dacarbazine... 30
dactinomycin... 30
dalfampridine... 58
DALIRESP... 103
danazol... 74
dantrolene... 42
DANYELZA... 30
dapsone... 27
DAPTACEL (DTAP PEDIATRIC) (PF)... 82
daptomycin... 16
darifenacin... 71
DARZALEX FASPRO... 30
DARZALEX... 30
dasetta 1/35 (28)... 74
dasetta 7/7/7 (28)... 74
daunorubicin... 30
DAURISMO... 30
daysee... 74
deblitane... 74
decitabine... 30
deferasirox... 64
DELSTRIGO... 43
demeclocycline... 16
DEMSER... 53
DENGVAXIA (PF)... 82
DEPEN TITRATABS... 64
DEPO-ESTRADIOL... 74
DEPO-PROVERA... 74
DEPO-SUBQ PROVERA 104... 74
DERMACEA... 90
DESCOVY... 43
desipramine... 23
desloratadine... 103
desmopressin... 72
desog-e.estradiol/e.estradiol... 74
desogestrel-ethinyl estradiol... 74
desonide... 61
desoximetasone... 61
desvenlafaxine succinate... 23
dexamethasone intensol... 71
dexamethasone sodium phos (pf)... 71
dexamethasone sodium phosphate... 71, 100
dexamethasone... 71
DEXILANT... 68
dexmethylphenidate... 58
dexrazoxane hcl... 30
dextroamphetamine... 58
dextroamphetamine-amphetamine... 58, 59
dextrose 10 % and 0.2 % nacl... 64
dextrose 10 % in water (d10w)... 64
dextrose 20 % in water (d20w)... 64
dextrose 25 % in water (d25w)... 64
dextrose 30 % in water (d30w)... 64
dextrose 40 % in water (d40w)... 64
dextrose 5 % in water (d5w)... 64
dextrose 5 %-lactated ringers... 64
dextrose 5%-0.2 % sod chloride... 65
dextrose 5%-0.3 % sod.chloride... 65
dextrose 50 % in water (d50w)... 65
dextrose 70 % in water (d70w)... 65
DIACOMIT... 19
DIASTAT ACUDIAL... 19
diazepam intensol... 46
diazepam... 19, 46
diazoxide... 47
diclofenac epolamine... 10
diclofenac sodium... 10, 61, 100

diclofenac-misoprostol... 10
dicloxacillin... 16
dicyclomine... 68
didanosine... 43
DIFICID... 16
digitek... 53
digox... 53
digoxin... 53
dihydroergotamine... 27
DILANTIN EXTENDED... 19
DILANTIN INFATABS... 19
DILANTIN... 19
DILANTIN-125... 19
dilt-xr... 53
diltiazem hcl... 53
diphenhydramine hcl... 103
diphenoxylate-atropine... 68
dipyridamole... 49
disulfiram... 13
DIURIL... 53
divalproex... 19, 20
DOCEFREZ... 30
docetaxel... 30
dofetilide... 53
DOJOLVI... 90
dolishale... 74
donepezil... 22
dorzolamide... 100
dorzolamide-timolol... 100
dotti... 74
DOVATO... 43
doxazosin... 53
doxepin... 46
doxercalciferol... 86
doxorubicin... 30
doxorubicin, peg-liposomal... 30
doxy-100... 16
doxycycline hyclate... 16
doxycycline monohydrate... 16
DRIZALMA SPRINKLE... 23
dronabinol... 25
droperidol... 40
DROPLET INSULIN SYR(HALF UNIT)... 90
DROPLET INSULIN SYRINGE... 90
DROPLET MICRON PEN NEEDLE... 90
DROPLET PEN NEEDLE... 90
DROPSAFE PEN NEEDLE... 90
drospirenone-ethinyl estradiol... 74
DROXIA... 90
droxidopa... 53
DUAVEE... 74
duloxetine... 23
DUPIXENT PEN... 82
DUPIXENT SYRINGE... 82
DUREZOL... 100
dutasteride... 71
dutasteride-tamsulosin... 71
d10 %-0.45 % sodium chloride... 64
d2.5 %-0.45 % sodium chloride... 64
d5 % and 0.9 % sodium chloride... 64
d5 %-0.45 % sodium chloride... 64

**E**

EASY COMFORT ALCOHOL PAD... 90
EASY COMFORT INSULIN SYRINGE... 90
EASY COMFORT PEN NEEDLES... 90
EASY GLIDE INSULIN SYRINGE... 90
EASY GLIDE PEN NEEDLE... 90
EASY TOUCH ALCOHOL PREP PADS... 91
EASY TOUCH FLIPLOCK INSULIN... 91
EASY TOUCH INSULIN SAFETY SYR... 91
EASY TOUCH INSULIN SYRINGE... 91
EASY TOUCH LUER LOCK INSULIN... 91
EASY TOUCH PEN NEEDLE... 91
EASY TOUCH SAFETY PEN NEEDLE... 91
EASY TOUCH SHEATHLOCK INSULIN... 91
EASY TOUCH UNI-SLIP... 91
EASY TOUCH... 90
ec-naproxen... 10
econazole... 26
EDURANT... 43
efavirenz... 43
efavirenz-emtricitabin-tenofov... 43
efavirenz-lamivu-tenofov disop... 43
EGRIFTA SV... 72
electrolyte-48 in d5w... 65
ELELYSO... 70
ELIGARD (3 MONTH)... 80
ELIGARD (4 MONTH)... 80
ELIGARD (6 MONTH)... 80
ELIGARD... 80
elinest... 74
ELIQUIS DVT-PE TREAT 30D START... 49
ELIQUIS... 49

ELLA... 74
ELMIRON... 71
eluryng... 74
ELZONRIS... 30
EMCYT... 30
EMGALITY PEN... 27
EMGALITY SYRINGE... 27
emoquette... 74
EMPLICITI... 30
EMSAM... 23
emtricitabine... 43
emtricitabine-tenofovir (tdf)... 43
EMTRIVA... 43
enalapril maleate... 53
enalapril-hydrochlorothiazide... 53
enalaprilat... 53
ENBREL MINI... 82
ENBREL SURECLICK... 82
ENBREL... 82
endocet... 10
ENDOMETRIN... 74
ENGERIX-B (PF)... 82
ENGERIX-B PEDIATRIC (PF)... 82
ENHERTU... 30
enoxaparin... 49, 50
enpresse... 74
enskyce... 74
ENSTILAR... 61
entacapone... 39
entecavir... 43
ENTRESTO... 53
enulose... 68
ENVARSUS XR... 82
EPCLUSA... 43
EPIDIOLEX... 20
epinephrine... 103
epirubicin... 30
epitol... 20
EPIVIR HBV... 43
eplerenone... 53
epoprostenol (glycine)... 103
EPRONTIA... 20
ERAXIS(WATER DILUENT)... 26
ERBITUX... 30
ergotamine-caffeine... 27
ERIVEDGE... 30
ERLEADA... 30
erlotinib... 30, 31
errin... 74
ertapenem... 16
ERWINAZE... 31
ery pads... 61
ERYTHROCIN... 16
erythromycin with ethanol... 61
erythromycin... 16, 100
ESBRIET... 103
escitalopram oxalate... 23
esomeprazole magnesium... 68
estradiol valerate... 75
estradiol... 74, 75
estradiol-norethindrone acet... 75
ESTRING... 75
ESTROSTEP FE-28... 75
ethacrynate sodium... 53
ethambutol... 27
ethosuximide... 20
ethynodiol diac-eth estradiol... 75
etodolac... 10
etonogestrel-ethinyl estradiol... 75
ETOPOPHOS... 31
etoposide... 31
etravirine... 43
EUTHYROX... 79
everolimus (antineoplastic)... 31
everolimus (immunosuppressive)... 82
EVOMELA... 31
EVOTAZ... 43
EVRYSDI... 70
EXEL INSULIN... 91
exemestane... 31
EXKIVITY... 31
ezetimibe... 53
ezetimibe-simvastatin... 53

**F**

falmina (28)... 75
famciclovir... 43
famotidine (pf)... 68
famotidine (pf)-nacl (iso-os)... 68
famotidine... 68
FANAPT... 40
FARXIGA... 47
FARYDAK... 31
FASENRA PEN... 103
felbamate... 20
felodipine... 53
femynor... 75
fenofibrate micronized... 53
fenofibrate nanocrystallized... 54

fenofibrate... 53
fenofibric acid... 54
fentanyl citrate (pf)... 10
fentanyl citrate... 10
fentanyl... 10
FETZIMA... 23
FIASP FLEXTOUCH U-100 INSULIN... 106
FIASP PENFILL U-100 INSULIN... 106
FIASP U-100 INSULIN... 106
finasteride... 71
FINTEPLA... 20
FIRDAPSE... 59
FIRMAGON KIT W DILUENT SYRINGE... 80
FIRMAGON... 80
flavoxate... 71
flecainide... 54
FLOVENT DISKUS... 103
FLOVENT HFA... 103
floxuridine... 31
fluconazole in nacl (iso-osm)... 26
fluconazole... 26
flucytosine... 26
fludarabine... 31
fludrocortisone... 71
flumazenil... 91
flunisolide... 103
fluocinolone and shower cap... 61
fluocinolone... 61
fluocinonide... 61
fluocinonide-e... 61
fluocinonide-emollient... 61
fluorometholone... 100
fluorouracil... 31, 61
fluoxetine... 23
fluphenazine decanoate... 40
fluphenazine hcl... 40
flurbiprofen sodium... 100
flurbiprofen... 10
flutamide... 31
fluticasone propion-salmeterol... 103
fluticasone propionate... 61, 103
fluvoxamine... 23
FOLOTYN... 31
formoterol fumarate... 103
FORTEO... 86
fosamprenavir... 43
fosinopril... 54
fosinopril-hydrochlorothiazide... 54
fosphenytoin... 20
FOTIVDA... 31
FREAMINE HBC 6.9 %... 65
FREAMINE III 10 %... 65
FREESTYLE PRECISION... 91
FULPHILA... 50
fulvestrant... 31
furosemide... 54
FUZEON... 43
FYCOMPA... 20

**G**

gabapentin... 20
galantamine... 22
GAMUNEX-C... 82
ganciclovir sodium... 44
GARDASIL 9 (PF)... 82
gatifloxacin... 100
GATTEX ONE-VIAL... 68
GATTEX 30-VIAL... 68
GAUZE BANDAGE... 91
GAUZE PAD... 91
gavilyte-c... 68
gavilyte-g... 68
gavilyte-n... 68
GAVRETO... 31
GAZYVA... 31
gemcitabine... 31
gemfibrozil... 54
GEMTESA... 71
generlac... 68
gengraf... 82, 83
gentak... 100
gentamicin in nacl (iso-osm)... 16
gentamicin sulfate (ped) (pf)... 16
gentamicin sulfate (pf)... 16
gentamicin... 16, 100
GENVOYA... 44
gianvi (28)... 75
GILENYA... 59
GILOTRIF... 31
glatiramer... 59
glatopa... 59
glimepiride... 47
glipizide... 47
glipizide-metformin... 47
GLUCAGEN HYPOKIT... 47
glyburide micronized... 47
glyburide... 47
glyburide-metformin... 47

GLYCOPHOS... 65
glycopyrrolate... 68
GLYXAMBI... 47
granisetron (pf)... 25
granisetron hcl... 25
griseofulvin microsize... 26
griseofulvin ultramicrosize... 26
guanfacine... 54, 59
guanidine... 27
GVOKE HYPOPEN 1-PACK... 47
GVOKE HYPOPEN 2-PACK... 47
GVOKE PFS 1-PACK SYRINGE... 47
GVOKE PFS 2-PACK SYRINGE... 47
GVOKE... 47

**H**

HAEGARDA... 83
hailey fe 1.5/30 (28)... 75
hailey fe 1/20 (28)... 75
hailey 24 fe... 75
hailey... 75
HALAVEN... 31
haloperidol decanoate... 40
haloperidol lactate... 40
haloperidol... 40
HARVONI... 44
HAVRIX (PF)... 83
HEALTHWISE INSULIN SYRINGE... 92
HEALTHWISE PEN NEEDLE... 92
HEALTHY ACCENTS UNIFINE PENTIP... 92
heather... 75
HECTOROL... 86
heparin (porcine)... 50
heparin, porcine (pf)... 50
HEPATAMINE 8%... 65
HERCEPTIN HYLECTA... 31
HERCEPTIN... 31
HETLIOZ LQ... 105
HETLIOZ... 105
HIBERIX (PF)... 83
HUMIRA PEN CROHNS-UC-HS START... 83
HUMIRA PEN PSOR-UVEITS-ADOL HS... 83
HUMIRA PEN... 83
HUMIRA... 83
HUMIRA(CF) PEDI CROHNS STARTER... 83
HUMIRA(CF) PEN CROHNS-UC-HS... 83
HUMIRA(CF) PEN PEDIATRIC UC... 83
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 83
HUMIRA(CF) PEN... 83
HUMIRA(CF)... 83
HUMULIN R U-500 (CONC) INSULIN... 47
HUMULIN R U-500 (CONC) KWIKPEN... 47
hydralazine... 54
hydrochlorothiazide... 54
hydrocodone-acetaminophen... 10, 11
hydrocodone-ibuprofen... 11
hydrocortisone valerate... 61
hydrocortisone... 61, 86
hydrocortisone-acetic acid... 101
hydromorphone (pf)... 11
hydromorphone... 11
hydroxychloroquine... 38
hydroxyurea... 31
hydroxyzine hcl... 46
hydroxyzine pamoate... 103

**I**

ibandronate... 86
IBRANCE... 31
ibu... 11
ibuprofen... 11
ibutilide fumarate... 54
iclevia... 75
ICLUSIG... 31
idarubicin... 31
IDHIFA... 31
ifosfamide... 32
ILEVRO... 100
imatinib... 32
IMBRUVICA... 32
IMFINZI... 32
imipenem-cilastatin... 16
imipramine hcl... 23
imipramine pamoate... 23
imiquimod... 61
IMLYGIC... 32
IMOVAX RABIES VACCINE (PF)... 83
incassia... 75
INCONTROL ALCOHOL PADS... 92
INCONTROL PEN NEEDLE... 92
INCRELEX... 72
indapamide... 54
indomethacin... 11
INFANRIX (DTAP) (PF)... 83

INLYTA... 32
INQOVI... 32
INREBIC... 32
INSULIN SYR/NDL U100 HALF MARK... 92
INSULIN SYRINGE MICROFINE... 92
INSULIN SYRINGE NEEDLELESS... 92
INSULIN SYRINGE... 92
INSULIN SYRINGE-NEEDLE U-100... 92
INSUPEN... 92
INTELENCE... 44
INTRALIPID... 65
INTRON A... 83
introvale... 75
INVEGA HAFYERA... 40
INVEGA SUSTENNA... 40
INVEGA TRINZA... 40, 41
INVIRASE... 44
INVOKAMET XR... 48
INVOKAMET... 48
INVOKANA... 48
IONOSOL-B IN D5W... 65
IONOSOL-MB IN D5W... 65
IPOL... 83
ipratropium bromide... 103
ipratropium-albuterol... 103
irbesartan... 54
irbesartan-hydrochlorothiazide... 54
IRESSA... 32
irinotecan... 32
ISENTRESS HD... 44
ISENTRESS... 44
isibloom... 75
ISOLYTE S PH 7.4... 65
ISOLYTE-P IN 5 % DEXTROSE... 65
ISOLYTE-S... 65
isoniazid... 27, 28
isosorbide dinitrate... 54
isosorbide mononitrate... 54
isotretinoin... 61, 62
isradipine... 54
ISTODAX... 32
ISUPREL... 54
itraconazole... 26
IV PREP WIPES... 92
ivermectin... 38
IXEMPRA... 32
IXIARO (PF)... 83

**J**

jaimiess... 75
JAKAFI... 32
jantoven... 50
JANUMET XR... 48
JANUMET... 48
JANUVIA... 48
JARDIANCE... 48
jasmiel (28)... 75
JEMPERLI... 32
jencycla... 75
JENTADUETO XR... 48
JENTADUETO... 48
JEVTANA... 32
jolessa... 75
juleber... 75
JULUCA... 44
junel fe 1.5/30 (28)... 75
junel fe 1/20 (28)... 75
junel fe 24... 75
junel 1.5/30 (21)... 75
junel 1/20 (21)... 75

**K**

K-TAB... 65
KABIVEN... 65
KADCYLA... 32
KALETRA... 44
kalliga... 75
KALYDECO... 103
KANJINTI... 32
kariva (28)... 75
kelnor 1-50 (28)... 75
kelnor 1/35 (28)... 75
ketoconazole... 26
ketoprofen... 11
ketorolac... 11, 100
KEVZARA... 83
KEYTRUDA... 32
KINRIX (PF)... 83
kionex (with sorbitol)... 65
KISQALI FEMARA CO-PACK... 32
KISQALI... 32
klor-con m10... 65
KLOR-CON M15... 65
klor-con m20... 65
KLOR-CON 10... 65
KLOR-CON 8... 65
KOMBIGLYZE XR... 48
KORLYM... 92
KOSELUGO... 32
KRINTAFEL... 38

kurvelo (28)... 75
KUVAN... 70
KYNMOBI... 39
KYPROLIS... 32

**L**

l norgest/e.estradiol-e.estrad... 76
labetalol... 54
lactated ringers... 65, 92
lactulose... 68
lamivudine... 44
lamivudine-zidovudine... 44
lamotrigine... 20
LAMPIT... 38
lansoprazole... 68
LANTUS SOLOSTAR U-100 INSULIN... 106
LANTUS U-100 INSULIN... 106
larin fe 1.5/30 (28)... 76
larin fe 1/20 (28)... 76
larin 1.5/30 (21)... 76
larin 1/20 (21)... 76
larin 24 fe... 76
larissia... 76
latanoprost... 100
LATUDA... 41
ledipasvir-sofosbuvir... 44
leena 28... 76
leflunomide... 84
LENVIMA... 32, 33
lessina... 76
letrozole... 33
leucovorin calcium... 33
LEUKERAN... 33
leuprolide... 80
levalbuterol hcl... 104
levalbuterol tartrate... 104
LEVEMIR FLEXTOUCH U-100 INSULN... 106
LEVEMIR U-100 INSULIN... 106
levetiracetam in nacl (iso-os)... 20
levetiracetam... 20
LEVO-T... 79
levobunolol... 100
levocarnitine (with sugar)... 65
levocarnitine... 65
levocetirizine... 104
levofloxacin in d5w... 17
levofloxacin... 17
levoleucovorin calcium... 33
levonest (28)... 76
levonorg-eth estrad triphasic... 76
levonorgestrel-ethinyl estrad... 76
levora-28... 76
levothyroxine... 79
LEVOXYL... 79
LEVULAN... 33
LEXIVA... 44
LIBTAYO... 33
lidocaine (pf) in d7.5w... 13
lidocaine (pf)... 54
lidocaine hcl... 13
lidocaine in 5 % dextrose (pf)... 54
lidocaine viscous... 13
lidocaine... 13
lidocaine-epinephrine... 13
lidocaine-prilocaine... 13
lillow (28)... 76
lincomycin... 17
lindane... 62
linezolid in dextrose 5%... 17
linezolid... 17
linezolid-0.9% sodium chloride... 17
LINZESS... 68
liothyronine... 79, 80
LIPOFEN... 54
lisinopril... 54
lisinopril-hydrochlorothiazide... 54
LITE TOUCH INSULIN PEN NEEDLES... 92
LITE TOUCH INSULIN SYRINGE... 93
lithium carbonate... 47
lithium citrate... 47
LITHOSTAT... 93
lo-zumandimine (28)... 76
LOCOID LIPOCREAM... 62
LOESTRIN FE 1.5/30 (28-DAY)... 76
LOESTRIN FE 1/20 (28-DAY)... 76
LOESTRIN 1.5/30 (21)... 76
LOESTRIN 1/20 (21)... 76
lojaimiess... 76
LOKELMA... 65
LONSURF... 33
loperamide... 69
lopinavir-ritonavir... 44
lorazepam intensol... 47
lorazepam... 46
LORBRENA... 33
loryna (28)... 76
losartan... 54

losartan-hydrochlorothiazide... 55
LOTEMAX SM... 100
lovastatin... 55
low-ogestrel (28)... 76
loxapine succinate... 41
LUMAKRAS... 33
LUMIGAN... 100
LUMIZYME... 70
LUMOXITI... 33
LUPRON DEPOT (3 MONTH)... 80
LUPRON DEPOT (4 MONTH)... 80
LUPRON DEPOT (6 MONTH)... 80
LUPRON DEPOT... 80
LUPRON DEPOT-PED (3 MONTH)... 80
LUPRON DEPOT-PED... 80
lutera (28)... 76
LYBALVI... 41
lyleq... 76
lyllana... 76
LYNPARZA... 33
LYSODREN... 80
lyza... 76

**M**

M-M-R II (PF)... 84
m-natal plus... 65
MAGELLAN INSULIN SAFETY SYRNG... 93
MAGELLAN SYRINGE... 93
magnesium sulfate in d5w... 65
magnesium sulfate in water... 65
magnesium sulfate... 65
malathion... 62
mannitol 10 %... 55
mannitol 20 %... 55
mannitol 25 %... 55
mannitol 5 %... 55
maprotiline... 23
marlissa (28)... 76
MARPLAN... 24
MARQIBO... 33
MATULANE... 33
MAXI-COMFORT INSULIN SYRINGE... 93
MAXICOMFORT II PEN NEEDLE... 93
MAXICOMFORT INSULIN SYRINGE... 93
MAXICOMFORT SAFETY PEN NEEDLE... 93
meclizine... 25
MEDROL... 71
medroxyprogesterone... 76
mefloquine... 38
megestrol... 76
MEKINIST... 33
MEKTOVI... 33
meloxicam... 11
melphalan hcl... 33
melphalan... 33
memantine... 22
MENACTRA (PF)... 84
MENEST... 76
MENQUADFI (PF)... 84
MENVEO A-C-Y-W-135-DIP (PF)... 84
mercaptopurine... 33
meropenem... 17
meropenem-0.9% sodium chloride... 17
mesalamine... 86
MESNEX... 33
metaproterenol... 104
metformin... 48
methadone intensol... 11
methadone... 11
methazolamide... 55
methenamine hippurate... 17
methimazole... 81
METHITEST... 77
methocarbamol... 105
methotrexate sodium (pf)... 84
methotrexate sodium... 84
methoxsalen... 62
methscopolamine... 69
methyldopa... 55
methyldopa-hydrochlorothiazide... 55
methylergonovine... 93
methylphenidate hcl... 59
methylprednisolone acetate... 72
methylprednisolone sodium succ... 72
methylprednisolone... 72
metipranolol... 100
metoclopramide hcl... 25
metolazone... 55
metoprolol succinate... 55
metoprolol ta-hydrochlorothiaz... 55
metoprolol tartrate... 55
metronidazole in nacl (iso-os)... 17
metronidazole... 17
metyrosine... 55

micafungin... 26
miconazole-3... 26
MICRODOT INSULIN PEN NEEDLE... 93
microgestin fe 1.5/30 (28)... 77
microgestin fe 1/20 (28)... 77
microgestin 1.5/30 (21)... 77
microgestin 1/20 (21)... 77
microgestin 24 fe... 77
midodrine... 55
mili... 77
mimvey... 77
MINI ULTRA-THIN II... 93
minocycline... 17
minoxidil... 55
MIRCETTE (28)... 77
mirtazapine... 24
misoprostol... 69
MITIGARE... 27
mitomycin... 33
mitoxantrone... 33
modafinil... 105
moexipril... 55
molindone... 41
mometasone... 62, 104
MONJUVI... 84
mono-linyah... 77
MONOJECT INSULIN SAFETY SYRING... 93
MONOJECT INSULIN SYRINGE... 93
MONOJECT SYRINGE... 93
MONOJECT ULTRA COMFORT INSULIN... 94
montelukast... 104
morphine concentrate... 12
morphine... 11, 12
MOVANTIK... 69
moxifloxacin... 17, 100
MOZOBIL... 50
MULTAQ... 55
mupirocin... 62
MUTAMYCIN... 33
MVASI... 33
MYALEPT... 69
mycophenolate mofetil (hcl)... 84
mycophenolate mofetil... 84
mycophenolate sodium... 84
MYFORTIC... 84
MYLOTARG... 33
myorisan... 62
MYRBETRIQ... 71

**N**

nabumetone... 12
nadolol... 55
nafcillin in dextrose iso-osm... 17
nafcillin... 17
NAGLAZYME... 70
naloxone... 13
naltrexone... 13
NAMZARIC... 22
naproxen sodium... 12
naproxen... 12
naratriptan... 27
NARCAN... 13
NASONEX... 104
NATACYN... 100
NATAZIA... 77
nateglinide... 48
NATPARA... 86
NAYZILAM... 20
nebivolol... 55
NEBUPENT... 38
necon 0.5/35 (28)... 77
nefazodone... 24
neo-polycin hc... 100
neo-polycin... 100
neomycin... 17
neomycin-bacitracin-poly-hc... 100
neomycin-bacitracin-polymyxin... 100
neomycin-polymyxin b-dexameth... 100
neomycin-polymyxin-gramicidin... 100
neomycin-polymyxin-hc... 101, 102
NEONATAL COMPLETE... 65
NEONATAL PLUS VITAMIN... 65
NEONATAL-DHA... 66
NEPHRAMINE 5.4 %... 66
NERLYNX... 34
NEULASTA ONPRO... 50
NEULASTA... 50
NEUPOGEN... 50
NEUPRO... 39
nevirapine... 44
NEXAVAR... 34
NEXLETOL... 55
NEXLIZET... 55
NEXTERONE... 55
niacin... 55
niacor... 55

NICOTROL NS... 13
nifedipine... 55
nikki (28)... 77
nilutamide... 34
nimodipine... 55
NINLARO... 34
NIPENT... 34
nisoldipine... 55
nitazoxanide... 38
nitisinone... 70
nitrofurantoin macrocrystal... 17
nitrofurantoin monohyd/m-cryst... 17
nitrofurantoin... 17
nitroglycerin in 5 % dextrose... 56
nitroglycerin... 55, 56
NITROSTAT... 56
NIVESTYM... 50
nizatidine... 69
nora-be... 77
norepinephrine bitartrate... 56
noreth-ethinyl estradiol-iron... 77
norethindrone (contraceptive)... 77
norethindrone ac-eth estradiol... 77
norethindrone acetate... 77
norethindrone-e.estradiol-iron... 77
norgestimate-ethinyl estradiol... 77
norlyda... 77
NORMOSOL-M IN 5 % DEXTROSE... 66
NORMOSOL-R IN 5 % DEXTROSE... 66
NORMOSOL-R PH 7.4... 66
NORMOSOL-R... 66
NORTHERA... 56
nortrel 0.5/35 (28)... 77
nortrel 1/35 (21)... 77
nortrel 1/35 (28)... 77
nortrel 7/7/7 (28)... 77
nortriptyline... 24
NORVIR... 44
NOVOFINE AUTOCOVER... 94
NOVOFINE PLUS... 94
NOVOFINE 32... 94
NOVOLIN N FLEXPEN... 106
NOVOLIN N NPH U-100 INSULIN... 106
NOVOLIN R FLEXPEN... 106
NOVOLIN R REGULAR U-100 INSULN... 106
NOVOLIN 70-30 FLEXPEN U-100... 106
NOVOLIN 70/30 U-100 INSULIN... 106
NOVOLOG FLEXPEN U-100 INSULIN... 106
NOVOLOG MIX 70-30 U-100 INSULN... 106
NOVOLOG MIX 70-30FLEXPEN U-100... 106
NOVOLOG PENFILL U-100 INSULIN... 106
NOVOLOG U-100 INSULIN ASPART... 106
NOVOPEN ECHO... 94
NOVOTWIST... 94
NOXAFIL... 26
NUBEQA... 34
NUCALA... 104
NUEDEXTA... 59
NUPLAZID... 41
NUTRILIPID... 66
NUZYRA (7 DAY WITH LOAD DOSE)... 17
NUZYRA (7 DAY)... 17
NUZYRA... 17
nyamyc... 26
nylia 7/7/7 (28)... 77
nymyo... 77
nystatin... 26
nystatin-triamcinolone... 26
nystop... 26

**0**

O-CAL PRENATAL... 66
ocella... 77
octreotide acetate... 80
ODEFSEY... 44
ODOMZO... 34
OFEV... 104
ofloxacin... 17, 101, 102
ogestrel (28)... 77
olanzapine... 41
olanzapine-fluoxetine... 24
olmesartan... 56
olmesartan-amlodipin-hcthiazid... 56
olmesartan-hydrochlorothiazide... 56
olopatadine... 101
omega-3 acid ethyl esters... 56
omeppi... 69
omeprazole... 69
omeprazole-sodium bicarbonate... 69
OMNIPOD DASH 5 PACK POD... 94

OMNIPOD INSULIN MANAGEMENT... 94
OMNIPOD INSULIN REFILL... 94
OMNITROPE... 72
ONCASPAR... 34
ondansetron hcl (pf)... 25
ondansetron hcl... 25
ondansetron... 25
ONGLYZA... 48
ONIVYDE... 34
ONUREG... 34
OPDIVO... 34
oralone... 59
ORBACTIV... 17
ORGOVYX... 80
ORKAMBI... 104
orsythia... 77
ORTHO-NOVUM 7/7/7 (28)... 77
oseltamivir... 44
OSMITROL 10 %... 56
OSMITROL 15 %... 56
OSMITROL 20 %... 56
OSMITROL 5 %... 56
OSPHENA... 77
oxacillin in dextrose(iso-osm)... 17
oxacillin... 17
oxaliplatin... 34
oxandrolone... 77
oxazepam... 47
oxcarbazepine... 20, 21
oxybutynin chloride... 71
oxycodone... 12
oxycodone-acetaminophen... 12
oxycodone-aspirin... 12
OZEMPIC... 48

**P**

PACERONE... 56
paclitaxel... 34
PADCEV... 34
paliperidone... 41
pamidronate... 86
PANRETIN... 34
pantoprazole... 69
paraplatin... 34
paricalcitol... 87
paroex oral rinse... 59
paromomycin... 17
paroxetine hcl... 24
PASER... 28
PAXIL... 24
PAZEO... 101
PEDIARIX (PF)... 84
PEDVAX HIB (PF)... 84
peg 3350-electrolytes... 69
peg-electrolyte soln... 69
PEGANONE... 21
PEMAZYRE... 34
PEN NEEDLE... 94
PEN NEEDLE, DIABETIC... 94
penicillamine... 66
penicillin g pot in dextrose... 18
penicillin g potassium... 18
penicillin g procaine... 18
penicillin g sodium... 18
penicillin v potassium... 18
PENTACEL (PF)... 84
PENTAM... 38
pentamidine... 38
PENTIPS... 94
pentoxifylline... 56
PEPAXTO... 34
PERFOROMIST... 104
PERIKABIVEN... 66
perindopril erbumine... 56
periogard... 59
PERJETA... 34
permethrin... 62
perphenazine... 41
perphenazine-amitriptyline... 24
PERSERIS... 41
pfizerpen-g... 18
phenelzine... 24
phenobarbital... 21
PHENYTEK... 21
phenytoin sodium extended... 21
phenytoin sodium... 21
phenytoin... 21
philith... 77
PHOSPHOLINE IODIDE... 101
PHYSIOLYTE... 94
PHYSIOSOL IRRIGATION... 94
PICATO... 62
PIFELTRO... 45
pilocarpine hcl... 59, 101
pimecrolimus... 62
pimozide... 41
pimtrea (28)... 78
pindolol... 56
pioglitazone... 48

PIP PEN NEEDLE... 94
piperacillin-tazobactam... 18
PIQRAY... 34
pirmella... 78
piroxicam... 12
PLASMA-LYTE A... 66
PLASMA-LYTE 148... 66
PLENAMINE... 66
podofilox... 62
POLIVY... 34
polocaine... 13
polocaine-mpf... 13
polycin... 101
polymyxin b sulf-trimethoprim... 101
polymyxin b sulfate... 18
POMALYST... 34
portia 28... 78
PORTRAZZA... 34
posaconazole... 26
potassium acetate... 66
potassium chlorid-d5-0.45%nacl... 66
potassium chloride in lr-d5... 66
potassium chloride in water... 66
potassium chloride in 0.9%nacl... 66
potassium chloride in 5 % dex... 66
potassium chloride... 66
potassium chloride-d5-0.2%nacl... 66
potassium chloride-d5-0.3%nacl... 66
potassium chloride-d5-0.9%nacl... 66
potassium chloride-0.45 % nacl... 66
potassium citrate... 66
POTELIGEO... 34
pr natal 400 ec... 66
pr natal 400... 66
pr natal 430 ec... 67
pr natal 430... 67
PRADAXA... 50
pramipexole... 39
prasugrel... 50
pravastatin... 56
praziquantel... 38
prazosin... 56
PRED-G S.O.P.... 101
PRED-G... 101
prednisolone acetate... 101
prednisolone sodium phosphate... 72, 101
prednisolone... 72
prednisone intensol... 72
prednisone... 72
pregabalin... 59
PREMARIN... 78
PREMASOL 10 %... 67
PREMASOL 6 %... 67
PRENATA... 67
PRENATABS FA... 67
prenatal plus (calcium carb)... 67
PRENATE ELITE... 67
preplus... 67
prevalite... 56
PREVENT DROPSAFE PEN NEEDLE... 94
previfem... 78
PREZCOBIX... 45
PREZISTA... 45
PRIALT... 94
PRIFTIN... 28
primaquine... 38
primidone... 21
primlev... 12
PRIMSOL... 18
PRO COMFORT ALCOHOL PADS... 94
PRO COMFORT INSULIN SYRINGE... 94
PRO COMFORT PEN NEEDLE... 94
probenecid... 27
probenecid-colchicine... 27
procainamide... 56
PROCALAMINE 3%... 67
prochlorperazine edisylate... 25
prochlorperazine maleate... 25
prochlorperazine... 25
procto-med hc... 62
procto-pak... 62
proctosol hc... 62
proctozone-hc... 62
PRODIGY INSULIN SYRINGE... 94
progesterone micronized... 78
progesterone... 78
PROGLYCEM... 48
PROGRAF... 84
PROLASTIN-C... 70
prolate... 12
PROLEUKIN... 34
PROLIA... 87

PROMACTA... 50
promethazine... 25
propafenone... 56
proparacaine... 101
propranolol... 56, 57
propranolol-hydrochlorothiazid... 57
propylthiouracil... 81
PROQUAD (PF)... 84
PROSOL 20 %... 67
protamine... 94
protriptyline... 24
PULMOZYME... 104
PURE COMFORT ALCOHOL PADS... 94
PURE COMFORT PEN NEEDLE... 94
PURIXAN... 34
PYLERA... 69
pyrazinamide... 28
pyridostigmine bromide... 27
pyrimethamine... 38

**Q**

QINLOCK... 34
QUADRACEL (PF)... 84
QUARTETTE... 78
quetiapine... 41
quinapril... 57
quinapril-hydrochlorothiazide... 57
quinidine sulfate... 57
quinine sulfate... 38

**R**

RABAVERT (PF)... 84
rabeprazole... 69
raloxifene... 78
ramipril... 57
ranolazine... 57
rasagiline... 39
RAYALDEE... 87
reclipsen (28)... 78
RECOMBIVAX HB (PF)... 84
RECTIV... 94
REGRANEX... 62
RELENZA DISKHALER... 45
RELION NEEDLES... 94
RELION PEN NEEDLES... 95
RELISTOR... 69
RENACIDIN... 95
repaglinide... 48
REPATHA PUSHTRONEX... 57
REPATHA SURECLICK... 57
REPATHA SYRINGE... 57
RESCRIPTOR... 45
RESECTISOL... 57
RESTASIS MULTIDOSE... 101
RESTASIS... 101
RETACRIT... 50
RETEVMO... 34
RETROVIR... 45
REVCOVI... 70
REVLIMID... 34
REXULTI... 41
REYATAZ... 45
REZUROCK... 84
RHOPHYLAC... 84
RHOPRESSA... 101
RIABNI... 35
RIBASPHERE RIBAPAK... 45
ribavirin... 45, 95
RIDAURA... 84
rifabutin... 28
rifampin... 28
RIFATER... 28
riluzole... 59
rimantadine... 45
ringer's... 67, 95
RINVOQ... 84
risedronate... 87
RISPERDAL CONSTA... 41
risperidone... 41, 42
ritonavir... 45
RITUXAN HYCELA... 35
RITUXAN... 35
rivastigmine tartrate... 23
rivastigmine... 22
rivelsa... 78
rizatriptan... 27
ROCKLATAN... 101
romidepsin... 35
ropinirole... 39
ropivacaine (pf)... 13
rosuvastatin... 57
ROTARIX... 85
ROTATEQ VACCINE... 85
roweepra xr... 21
roweepra... 21
ROZLYTREK... 35
RUBRACA... 35
RUCONEST... 85
rufinamide... 21
RUKOBIA... 45
RUXIENCE... 35

RUZURGI... 59
RYBELSUS... 48
RYBREVANT... 35
RYDAPT... 35
RYLAZE... 35
RYTARY... 39

**S**

SAFESNAP INSULIN SYRINGE... 95
SAFETY PEN NEEDLE... 95
SANCUSO... 25
SANDIMMUNE... 85
SANDOSTATIN LAR DEPOT... 80
SANTYL... 62
SAPHRIS... 42
sapropterin... 70
SARCLISA... 35
SAVELLA... 59
SCEMBLIX... 35
scopolamine base... 25
se-natal 19 chewable... 67
SECUADO... 42
SECURESAFE PEN NEEDLE... 95
selegiline hcl... 39
selenium sulfide... 62
SELZENTRY... 45
sertraline... 24
setlakin... 78
sevelamer carbonate... 67
sharobel... 78
SHINGRIX (PF)... 85
SIGNIFOR... 80
sildenafil (pulm.hypertension)... 104
sildenafil... 106
silver sulfadiazine... 62
simliya (28)... 78
simpesse... 78
SIMULECT... 85
simvastatin... 57
sirolimus... 85
SIRTURO... 28
SIVEXTRO... 18
SKYRIZI... 85
SLYND... 78
SMOFLIPID... 67
sodium acetate... 67
sodium benzoate-sod phenylacet... 95
sodium bicarbonate... 67
sodium chloride 0.45 %... 67
sodium chloride 0.9 %... 67
sodium chloride 3 %... 67
sodium chloride 5 %... 67
sodium chloride... 67, 95
sodium lactate... 67
sodium phenylbutyrate... 70
sodium phosphate... 67
sodium polystyrene (sorb free)... 67
sodium polystyrene sulfonate... 67
solifenacin... 71
SOLIQUA 100/33... 106
SOLTAMOX... 35
SOLU-MEDROL (PF)... 72
SOLU-MEDROL... 72
SOMATULINE DEPOT... 81
SOMAVERT... 81
sorbitol-mannitol... 95
sorine... 57
sotalol af... 57
sotalol... 57
SPIRIVA RESPIMAT... 104
SPIRIVA WITH HANDIHALER... 104
spironolacton-hydrochlorothiaz... 57
spironolactone... 57
sprintec (28)... 78
SPRITAM... 21
SPRYCEL... 35
SPS (WITH SORBITOL)... 67
sronyx... 78
SSD... 62
stavudine... 45
STELARA... 85
STIMATE... 72
STIOLTO RESPIMAT... 104
STIVARGA... 35
STRENSIQ... 70
streptomycin... 18
STRIBILD... 45
STRIVERDI RESPIMAT... 104
subvenite starter (blue) kit... 21
subvenite starter (green) kit... 21
subvenite starter (orange) kit... 21
subvenite... 21
SUCRAID... 70
sucralfate... 69
sulfacetamide sodium (acne)... 18
sulfacetamide sodium... 18, 101
sulfacetamide-prednisolone... 101
sulfadiazine... 18

sulfamethoxazole-trimethoprim... 18
sulfasalazine... 86
sulindac... 12
sumatriptan succinate... 27
sumatriptan... 27
sunitinib... 35
SUPRAX... 18
SUPREP BOWEL PREP KIT... 69
SURE COMFORT ALCOHOL PREP PADS... 95
SURE COMFORT INS. SYR. U-100... 95
SURE COMFORT INSULIN SYRINGE... 95
SURE COMFORT PEN NEEDLE... 95
SURE COMFORT SAFETY PEN NEEDLE... 95
SURE-FINE PEN NEEDLES... 95
SURE-JECT INSULIN SYRINGE... 95
SURE-PREP ALCOHOL PREP PADS... 95
SUTAB... 69
SUTENT... 35
syeda... 78
SYLATRON... 85
SYLVANT... 85
SYMBICORT... 104
SYMFI LO... 45
SYMFI... 45
SYMJEPI... 104
SYMLINPEN 120... 48
SYMLINPEN 60... 48
SYMPAZAN... 21
SYMTUZA... 45
SYNAREL... 81
SYNERCID... 18
SYNJARDY XR... 49
SYNJARDY... 48
SYNRIBO... 35
SYNTHROID... 80

**T**

TABLOID... 35
TABRECTA... 35
TACLONEX... 62
tacrolimus... 62, 85
tadalafil (pulm. hypertension)... 104
TAFINLAR... 35
TAGRISSO... 35
TALZENNA... 35
tamoxifen... 35
tamsulosin... 71
TARGRETIN... 35
tarina fe 1-20 eq (28)... 78
tarina fe 1/20 (28)... 78
tarina 24 fe... 78
TASIGNA... 35
tazarotene... 62
TAZORAC... 62
taztia xt... 57
TAZVERIK... 36
TDVAX... 85
TECENTRIQ... 36
TECFIDERA... 59
TECHLITE INSULIN SYRINGE... 96
TECHLITE INSULN SYR(HALF UNIT)... 96
TECHLITE PEN NEEDLE... 96
TEFLARO... 18
TEKTURNA HCT... 57
telmisartan... 57
telmisartan-amlodipine... 57
telmisartan-hydrochlorothiazid... 57
temazepam... 105
TEMIXYS... 45
TEMODAR... 36
temsirolimus... 36
teniposide... 36
TENIVAC (PF)... 85
tenofovir disoproxil fumarate... 45
TEPMETKO... 36
terazosin... 57
terbinafine hcl... 26
terconazole... 26, 27
TERUMO INSULIN SYRINGE... 96
testosterone cypionate... 78
testosterone enanthate... 78
testosterone... 78
TETANUS,DIPHTHERIA TOX PED(PF)... 85
tetrabenazine... 59
THALOMID... 36
theophylline in dextrose 5 %... 104
theophylline... 104
THINPRO INSULIN SYRINGE... 96
THIOLA... 71
thioridazine... 42
thiotepa... 36
thiothixene... 42
tiadylt er... 57
tiagabine... 21
TIBSOVO... 36

TICOVAC... 85
tigecycline... 18
tilia fe... 78
timolol maleate (pf)... 101
timolol maleate... 57, 101
tinidazole... 18
tiopronin... 71
TIVDAK... 36
TIVICAY PD... 45
TIVICAY... 45
tizanidine... 42
TOBI PODHALER... 105
tobramycin sulfate... 18
tobramycin... 18, 101
tobramycin-dexamethasone... 101
tolterodine... 71
TOPCARE CLICKFINE... 96
TOPCARE ULTRA COMFORT... 96
topiramate... 21
topotecan... 36
toremifene... 36
torsemide... 57
TOUJEO MAX U-300 SOLOSTAR... 107
TOUJEO SOLOSTAR U-300 INSULIN... 107
TOVIAZ... 71
TPN ELECTROLYTES... 67
TRADJENTA... 49
tramadol... 12
tramadol-acetaminophen... 12
trandolapril... 57
trandolapril-verapamil... 58
tranexamic acid... 51
tranylcypromine... 24
TRAVASOL 10 %... 67
travoprost... 101
TRAZIMERA... 36
trazodone... 24
TREANDA... 36
TRECATOR... 28
TRELEGY ELLIPTA... 105
TRELSTAR... 81
TRESIBA FLEXTOUCH U-100... 107
TRESIBA FLEXTOUCH U-200... 107
TRESIBA U-100 INSULIN... 107
tretinoin (antineoplastic)... 36
tretinoin... 62
TREXALL... 85
tri femynor... 78
tri-legest fe... 78
tri-linyah... 78
tri-lo-estarylla... 78
tri-lo-marzia... 78
tri-lo-mili... 78
tri-lo-sprintec... 78
tri-mili... 78
tri-nymyo... 79
tri-previfem (28)... 79
tri-sprintec (28)... 79
tri-vylibra lo... 79
tri-vylibra... 79
triamcinolone acetonide... 59, 72
triamterene-hydrochlorothiazid... 58
triderm... 72
trientine... 67
trifluoperazine... 42
trifluridine... 101
trihexyphenidyl... 39
TRIJARDY XR... 49
TRIKAFTA... 105
triklo... 58
trilyte with flavor packets... 69
trimethobenzamide... 25
trimethoprim... 18
trimipramine... 24
trinatal rx 1... 67
TRINTELLIX... 24
TRISENOX... 36
TRIUMEQ... 45
triveen-duo dha... 68
trivora (28)... 79
TRODELVY... 36
TROGARZO... 45
TROPHAMINE 10 %... 68
TROPHAMINE 6%... 68
TRUE COMFORT ALCOHOL PADS... 96
TRUE COMFORT INSULIN SYRINGE... 96
TRUE COMFORT PEN NEEDLE... 96
TRUE COMFORT PRO ALCOHOL PADS... 96
TRUE COMFORT PRO INS SYRINGE... 97
TRUEPLUS INSULIN... 97
TRUEPLUS PEN NEEDLE... 97
TRULICITY... 49
TRUMENBA... 85
TRUSELTIQ... 36
TRUVADA... 45

TUKYSA... 36
tulana... 79
TURALIO... 36
TWINRIX (PF)... 85
TYBLUME... 79
TYBOST... 45
TYKERB... 36
TYMLOS... 87
TYPHIM VI... 85

**U**

UDENYCA... 51
UKONIQ... 36
ULTICARE INSULIN SYRINGE... 97
ULTICARE INSULN SYR(HALF UNIT)... 97
ULTICARE PEN NEEDLE... 97
ULTICARE SAFETY PEN NEEDLE... 97
ULTICARE... 97
ULTIGUARD SAFEPACK-INSULIN SYR... 97
ULTIGUARD SAFEPACK-PEN NEEDLE... 97
ULTILET ALCOHOL SWAB... 97
ULTILET INSULIN SYRINGE... 98
ULTILET PEN NEEDLE... 98
ULTRA CMFT INS SYR (HALF UNIT)... 98
ULTRA COMFORT INSULIN SYRINGE... 98
ULTRA FLO INSUL SYR(HALF UNIT)... 98
ULTRA FLO INSULIN SYRINGE... 98
ULTRA FLO PEN NEEDLE... 98
ULTRA THIN PEN NEEDLE... 98
ULTRA-THIN II (SHORT) INS SYR... 98
ULTRA-THIN II (SHORT) PEN NDL... 98
ULTRA-THIN II INS PEN NEEDLES... 98
ULTRA-THIN II INSULIN SYRINGE... 98
ULTRACARE INSULIN SYRINGE... 99
ULTRACARE PEN NEEDLE... 99
UNIFINE PEN NEEDLE... 99
UNIFINE PENTIPS MAXFLOW... 99
UNIFINE PENTIPS PLUS MAXFLOW... 99
UNIFINE PENTIPS PLUS... 99
UNIFINE PENTIPS... 99
UNIFINE SAFECONTROL... 99
UNITHROID... 80
UNITUXIN... 36
ursodiol... 69
UVADEX... 62

**V**

V-GO 20... 99
V-GO 30... 99
V-GO 40... 99
valacyclovir... 45
VALCHLOR... 36
valganciclovir... 46
valproate sodium... 21
valproic acid (as sodium salt)... 21
valproic acid... 21
valrubicin... 36
valsartan... 58
valsartan-hydrochlorothiazide... 58
VALSTAR... 36
VALTOCO... 22
vanadom... 105
vancomycin in dextrose 5 %... 19
vancomycin in 0.9 % sodium chl... 19
vancomycin... 18, 19
vancomycin-water inject (peg)... 19
VANISHPOINT INSULIN SYRINGE... 99
VANISHPOINT SYRINGE... 99
VAQTA (PF)... 85
varenicline... 13
VARIVAX (PF)... 85
VARIZIG... 85
VASCEPA... 58
VECTIBIX... 36
VELCADE... 36
velivet triphasic regimen (28)... 79
VENCLEXTA STARTING PACK... 37
VENCLEXTA... 37
venlafaxine... 24
VENTAVIS... 105
VENTOLIN HFA... 105
verapamil... 58
VERIFINE PEN NEEDLE... 99
VERIPRED 20... 72
VERSACLOZ... 42
VERZENIO... 37
vestura (28)... 79
VICTOZA 2-PAK... 49
VICTOZA 3-PAK... 49
VIDEX EC... 46
VIDEX 2 GRAM PEDIATRIC... 46
vienva... 79

vigabatrin... 22
vigadrone... 22
VIIBRYD... 24
VIMPAT... 22
vinblastine... 37
vincasar pfs... 37
vincristine... 37
vinorelbine... 37
viorele (28)... 79
VIRACEPT... 46
VIREAD... 46
virt-c dha... 68
virt-nate dha... 68
VISTOGARD... 37
VITRAKVI... 37
VIVITROL... 13
VIZIMPRO... 37
VOCABRIA... 46
volnea (28)... 79
voriconazole... 27
VOSEVI... 46
VOTRIENT... 37
VRAYLAR... 42
vyfemla (28)... 79
vylibra... 79
VYNDAMAX... 70
VYNDAQEL... 70
VYXEOS... 37
VYZULTA... 101

**W**

warfarin... 51
water for irrigation, sterile... 99
WEBCOL... 99
WELIREG... 37
wera (28)... 79
westab plus... 68
WINRHO SDF... 85
wixela inhub... 105
wymzya fe... 79

**X**

XALKORI... 37
XARELTO DVT-PE TREAT 30D START... 51
XARELTO... 51
XATMEP... 85
XCOPRI MAINTENANCE PACK... 22
XCOPRI TITRATION PACK... 22
XCOPRI... 22
XGEVA... 87
XIFAXAN... 69
XIGDUO XR... 49
XOFLUZA... 46
XOLAIR... 86
XOSPATA... 37
XPOVIO... 37
XTAMPZA ER... 12
XTANDI... 37
xulane... 79
XULTOPHY 100/3.6... 107
XYREM... 105

**Y**

YAZ (28)... 79
YERVOY... 37
YF-VAX (PF)... 86
YONDELIS... 37

**Z**

zafemy... 79
zafirlukast... 105
ZALTRAP... 37
ZANOSAR... 38
zarah... 79
ZARXIO... 51
ZEJULA... 38
ZELBORAF... 38
zenatane... 62
ZENPEP... 70
ZEPZELCA... 38
ZERBAXA... 19
zidovudine... 46
ZIEXTENZO... 51
ziprasidone hcl... 42
ziprasidone mesylate... 42
ZIRABEV... 38
ZIRGAN... 46
ZOKINVY... 70
ZOLADEX... 81
zoledronic ac-mannitol-0.9nacl... 87
zoledronic acid... 87
zoledronic acid-mannitol-water... 87
ZOLINZA... 38
zolpidem... 105
zonisamide... 22
ZORTRESS... 86
ZOSTAVAX (PF)... 86
zovia 1-35 (28)... 79
zovia 1/35e (28)... 79
ZUBSOLV... 13, 14

ZULRESSO... 24

zumandimine (28)... 79

ZYDELIG... 38

ZYKADIA... 38

ZYNLONTA... 38

ZYPITAMAG... 58

ZYPREXA RELPREVV... 42

1ST TIER UNIFINE PENTIPS PLUS... 87

1ST TIER UNIFINE PENTIPS... 87

# IMPORTANT!

**At CarePlus, it is important you are treated fairly.**
CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. CarePlus complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance with:

  **CarePlus Health Plans, Inc. Attention: Member Services Department.**
  11430 NW 20th Street, Suite 300. Miami, FL 33172
  If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

**Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)**
CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge, are available to you.**
**1-800-794-5907 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。
**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.
**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.
**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
**ગુજરાતી (Gujarati):** નઃશૂલ્ક ભાષા સહાય સેવાઓ પ્રાપ્ત કરવા માટે ઉપરોક્ત નંબર પર કૉલ કરો.
**ภาษาไทย (Thai):** โทรไปยังหมายเลขที่ระบุข้างต้นเพื่อรับบริการช่วยเหลือด้านภาษาฟรี.
**Diné Bizaad (Navajo):** Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.
**العربية (Arabic):**
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

# Notes

# Notes

CarePlus HEALTH PLANS

CarePlusHealthPlans.com

CarePlusHealthPlans.com

H1019-076, 092, 099, 104

This formulary was updated on 12/03/2021. For more recent information or other questions, please contact CarePlus Member Services, at **1-800-794-5907** or for TTY users, **711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail message after-hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day, or visit **www.CarePlusHealthPlans.com**.