

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 109. 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 109.

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 107.

Your CarePlus plan has a contract with the Medicaid agency to provide additional coverage for certain prescription drugs that aren't normally covered in a Medicare prescription drug plan. These drugs are listed separately on page 108.

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, tab MO	3	
diclofenac sod ec 50 mg, 75 mg, tab MO	2	
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	4	
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	4	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	4	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	4	QL (2700 per 30 days)
hydrocodone-acetamin 7.5-325/15 DL	4	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 vial 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	4	
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	4	
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	4	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	2	
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	3	
lidocaine hcl 2% jelly uro-jet MO	2	
lidocaine viscous 2 %, mucosal solution MO	2	
lidocaine 0.5%-epi 1:200,000 MO	2	
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 vial 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	3	
naloxone 0.4 mg/ml, 1 mg/ml, carpject; 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	4	
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	3	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet MO	2	
ampicillin 250 mg, 500 mg, capsule MO	2	
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	4	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	4	
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	2	
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	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml, susp MO	3	
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	3	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml, susp MO	3	
cefdinir 300 mg, capsule MO	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram, vial MO	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml MO	4	
cefepime 1 gm injection; cefepime 2 gm injection MO	4	
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	4	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	4	
cefpodoxime 100 mg, 200 mg, tablet MO	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml, susp MO	3	
cefprozil 250 mg, 500 mg, tablet MO	3	
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	3	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag MO	3	
cefuroxime axetil 250 mg, 500 mg, tab MO	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg, vial; cefuroxime sod 7.5 gm vial MO	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml, susp MO	2	
cephalexin 250 mg, 500 mg, capsule MO	2	
chloramphen na succ 1 gm vl MO	3	
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	4	
clarithromycin 250 mg, 500 mg, tablet MO	3	
clarithromycin er 500 mg, tab MO	3	
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	4	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml, MO	4	
clindamycin pediatric 75 mg/5 ml, oral solution MO	4	
clindamycin 2% vaginal cream MO	4	
clindamycin ph 900 mg/6 ml vial MO	4	
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	4	
doxycycline hyclate 100 mg, 50 mg, cap MO	3	
doxycycline hyclate 100 mg, tab MO	3	
doxycycline hyclate 100 mg, vial MO	4	
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	4	
gentamicin 0.1% ointment MO	3	
gentamicin 20 mg/2 ml, 40 mg/ml, vial; gentamicin 80 mg/2 ml vial MO	2	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml, MO	2	
gentamicin ped 20 mg/2 ml, vial MO	2	
gentamicin 10 mg/ml vial MO	2	
imipenem-cilastatin 250 mg, 500 mg, vial MO	4	
levofloxacin 25 mg/ml solution; levofloxacin 750 mg/30 ml vial MO	4	
levofloxacin 250 mg, 500 mg, 750 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
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	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	4	
methenamine hipp 1 gm tablet MO	4	
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; metronidazole vaginal 0.75% gl MO	4	
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	4	
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	4	
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	
pen g k 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml, MO	4	
penicillin gk 20 million unit, 5 million unit, MO	4	
pen g 1.2 million unit/2 ml, 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
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	2	
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	4	
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	3	
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	2	
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)
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	

Need more information about the indicators displayed by the drug names? Please go to page 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 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}	3	
carbamazepine 100 mg/5 ml, 200 mg/10 ml, susp; carbamazepine 200 mg/10ml susp ^{MO}	4	
carbamazepine 200 mg, tablet ^{MO}	3	
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)
DIASSTAT 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	
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}	3	
EPRONTIA 25 MG/ML, ORAL SOLUTION ^{MO}	4	PA,QL (480 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
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, vial 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	3	QL (180 per 30 days)
levetiracetam er 750 mg, tablet MO	3	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	
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	2	
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	2	
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	2	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML), 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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg, capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg, tablet MO	4	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	4	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg, capsule MO	4	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)
rivastigmine 1.5 mg, 3 mg, capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg, capsule MO	4	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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	3	
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	3	
fluoxetine dr 90 mg, capsule MO	4	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	
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	4	QL (30 per 30 days)
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg, tablet MO	4	
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	
phenelzine sulfate 15 mg, tab MO	3	
protriptyline hcl 10 mg, 5 mg, tablet MO	4	
sertraline 20 mg/ml, oral conc MO	3	
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	3	
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)
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	3	
granisetron hcl 1 mg, tablet MO	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial MO	3	
meclizine 12.5 mg, 25 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
metoclopramide 10 mg, 5 mg, tablet MO	1	
metoclopramide 10 mg/2 ml syr MO	2	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/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	2	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	4	
prochlorperazine 10 mg/2 ml vl MO	4	
prochlorperazine 10 mg, 5 mg, tab; prochlorperazine 10 mg, 5 mg, tablet MO	2	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	4	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	4	QL (60 per 30 days)
ciclopirox 8% solution MO	2	QL (13.2 per 30 days)
clotrimazole 1% solution MO	3	
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	4	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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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, MO	2	
fluconazole-nacl 200 mg/100 ml, 400 mg/200 ml, MO	3	
flucytosine 250 mg, 500 mg, capsule DL	5	
griseofulvin 125 mg/5 ml, susp MO	4	
griseofulvin ultra 125 mg, 250 mg, tab MO	4	
itraconazole 100 mg, capsule MO	4	QL (120 per 30 days)
ketoconazole 2% cream MO	3	QL (60 per 30 days)
ketoconazole 2% shampoo MO	2	QL (120 per 30 days)
ketoconazole 200 mg, tablet MO	4	PA
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	3	
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	
terconazole 80 mg, suppository MO	4	
voriconazole 200 mg, 50 mg, tablet MO	4	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	

Need more information about the indicators displayed by the drug names? Please go to page 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
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	3	
isoniazid 100 mg, 300 mg, tablet MO	1	
isoniazid 100 mg/ml, vial MO	1	
isoniazid 50 mg/5 ml, solution MO	4	
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
<i>rifampin iv 600 mg, vial</i> 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)
TRECTOR 250 MG, TABLET MO	4	
Antineoplastics		
<i>abiraterone acetate 250 mg, tab</i> DL	5	PA,QL (120 per 30 days)
ABRAXANE 100 MG, INTRAVENOUS SUSPENSION DL	5	PA
ADCETRIS 50 MG, INTRAVENOUS SOLUTION DL	5	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml, intravenous solution</i> MO	4	B vs D
ADRIAMYCIN 50 MG, INTRAVENOUS SOLUTION MO	4	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)
<i>amifostine 500 mg, vial</i> DL	5	
<i>anastrozole 1 mg, tablet</i> MO	1	QL (30 per 30 days)
ARRANON 250 MG/50 ML, INTRAVENOUS SOLUTION DL	5	
<i>arsenic trioxide 10 mg/10ml vl; arsenic trioxide 12 mg/6 ml vl</i> 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)
<i>azacitidine 100 mg, vial</i> DL	5	PA
BALVERSA 3 MG, TABLET DL	5	PA,QL (90 per 30 days)
BALVERSA 4 MG, TABLET DL	5	PA,QL (60 per 30 days)
BALVERSA 5 MG, TABLET DL	5	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML, 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

Need more information about the indicators displayed by the drug names? Please go to page 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
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	3	
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
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

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	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	3	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)
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	3	
everolimus 2 mg, 3 mg, 5 mg, tab for susp 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
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	3	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, syringe 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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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, vial 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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
letrozole 2.5 mg, tablet MO	2	QL (30 per 30 days)
leucovorin cal 100 mg/10 ml vial 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, vial MO	4	
LEUKERAN 2 MG, TABLET MO	4	
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
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	3	
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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
<i>romidepsin 10 mg kit</i> 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)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, cap; sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, capsule</i> 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	4	
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)
<i>tamoxifen 10 mg, 20 mg, tablet</i> 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)
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)
<i>temsirolimus 25 mg vial</i> DL	5	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml, ampule</i> 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
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
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)

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

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	
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	
bromocriptine 2.5 mg, tablet MO	4	
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	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	3	
selegiline hcl 5 mg, tablet MO	3	
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)
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	
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	4	
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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	4	
olanzapine odt 10 mg, 5 mg, tablet MO	4	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg, tablet MO	4	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	4	
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	4	
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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg, capsule MO	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg, tablet MO	3	
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	2	
baclofen 5 mg, tablet MO	2	QL (90 per 30 days)
dantrolene sodium 100 mg, 50 mg, cap MO	4	
dantrolene sodium 25 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	2	
acyclovir 400 mg, 800 mg, tablet MO	2	
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	4	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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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)
<i>cidofovir 375 mg/5 ml vial</i> 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)
<i>didanosine dr 250 mg, 400 mg, capsule</i> MO	4	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)
<i>efavirenz 200 mg, capsule</i> MO	4	QL (120 per 30 days)
<i>efavirenz 50 mg, capsule</i> MO	4	QL (480 per 30 days)
<i>efavirenz 600 mg, tablet</i> MO	4	QL (30 per 30 days)
<i>efavir-emtri-tenof 600-200-300</i> DL	5	QL (30 per 30 days)
<i>efavir-lamiv-tenof 400-300-300; efavir-lamiv-tenof 600-300-300</i> DL	5	QL (30 per 30 days)
<i>emtricitabine 200 mg, capsule</i> MO	4	QL (30 per 30 days)
<i>emtricitabine-tenofv 100-150mg; emtricitabine-tenofv 133-200mg; emtricitabine-tenofv 167-250mg; emtricitabine-tenofv 200-300mg</i> 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)
<i>entecavir 0.5 mg, 1 mg, tablet</i> 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	
<i>etravirine 100 mg, tablet</i> DL	5	QL (120 per 30 days)
<i>etravirine 200 mg, tablet</i> DL	5	QL (60 per 30 days)
EVOTAZ 300 MG-150 MG TABLET DL	5	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg, tablet</i> MO	3	QL (90 per 30 days)
<i>fosamprenavir 700 mg, tablet</i> DL	5	QL (120 per 30 days)
FUZEON 90 MG, SUBCUTANEOUS SOLUTION DL	5	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg, vial; ganciclovir 500 mg/10 ml vial</i> 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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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-ritonavir 100-25mg tb MO	4	QL (300 per 30 days)
lopinavir-ritonavir 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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	
<i>ribavirin 200 mg, capsule</i> MO	3	QL (168 per 28 days)
<i>ribavirin 200 mg, tablet</i> MO	3	QL (168 per 28 days)
<i>rimantadine hcl 100 mg, tablet</i> MO	4	
<i>ritonavir 100 mg, tablet</i> 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)
<i>stavudine 15 mg, 20 mg, capsule</i> MO	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg, capsule</i> 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)
<i>tenofovir disop fum 300 mg, tb</i> 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)
<i>valacyclovir hcl 1 gram, 500 mg, tablet</i> MO	3	
<i>valganciclovir 450 mg, tablet</i> DL	5	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml,</i> DL	5	QL (1056 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN MO	4	QL (1200 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
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)
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
<i>lithium carbonate 300 mg, tab</i> MO	2	
<i>lithium carbonate er 300 mg, 450 mg, tb</i> MO	2	
<i>lithium 8 meq/5 ml, solution</i> MO	3	
Blood Glucose Regulators		
<i>acarbose 100 mg, 25 mg, 50 mg, tablet</i> 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)
<i>diazoxide 50 mg/ml, oral susp</i> DL	5	
FARXIGA 10 MG, 5 MG, TABLET MO	4	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE MO	3	
FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	
<i>glimepiride 1 mg, 2 mg, 4 mg, tablet</i> MO	1	
<i>glipizide 10 mg, 5 mg, tablet</i> MO	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg, tablet</i> MO	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg,</i> MO	1	
GLUCAGEN HYPOKIT 1 MG, INJECTION MO	3	
<i>glyburide 1.25 mg, 2.5 mg, 5 mg, tablet</i> MO	2	
<i>glyburide micro 1.5 mg, 3 mg, 6 mg, tab; glyburide micro 1.5 mg, 3 mg, 6 mg, tablet</i> MO	2	
<i>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,</i> 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)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	
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	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30), SUBCUTANEOUS MO	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN MO	3	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML, SUBCUTANEOUS SUSP MO	3	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN 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
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION MO	3	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDG MO	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION 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)
SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 24 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)
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)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML), SUBCUTANEOUS PEN MO	3	
TRADJENTA 5 MG, TABLET MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS PEN MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (15 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	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml, syr MO	4	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml, syr MO	4	QL (16.8 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
enoxaparin 300 mg/3 ml, vial MO	4	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml, syr MO	4	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 carpugt 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)
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)

Need more information about the indicators displayed by the drug names? Please go to page 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
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	2	
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	2	
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	
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
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}	3	QL (60 per 30 days)
candesartan cilexetil 32 mg, tb ^{MO}	3	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}	3	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}	2	
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	
DEMSEK 250 MG, CAPSULE ^{DL}	5	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	2	
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	4	
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)
fenofibrate 145 mg, tablet MO	3	QL (30 per 30 days)
fenofibrate 48 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
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 syringe 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	3	
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	4	
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)
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
mannitol 10% iv solution MO	2	
mannitol 20% iv solution MO	2	
mannitol 25% vial MO	2	
mannitol 5% iv solution MO	2	
methazolamide 25 mg, 50 mg, tablet MO	4	
methyl dopa 250 mg, 500 mg, tablet MO	2	
methyl dopa-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, carpject 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	4	
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	
nitroglycerin 0.4 mg/hr, patch MO	2	QL (60 per 30 days)
nitroglycerin 400 mcg spray 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
nitroglycerin 5 mg/ml vial MO	2	
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	2	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, vial MO	2	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet MO	2	
propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln MO	3	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg, capsule MO	3	
propranolol-hctz 40-25 mg, 80-25 mg, tab 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
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	2	
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	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg, 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
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	2	
verapamil 10 mg/4 ml vial MO	2	
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	2	
verapamil er pm 100 mg, 200 mg, 300 mg, capsule MO	3	
verapamil sr 120 mg, 180 mg, 240 mg, capsule MO	3	
verapamil sr 360 mg, capsule MO	3	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)
dextroamp-amphetamin 30 mg, tab 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
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	4	
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	4	
triamcinolone 0.1% paste MO	3	
DERMATOLOGICAL AGENTS		
acutane 10 mg, 20 mg, 30 mg, capsule MO	4	QL (60 per 30 days)
acutane 40 mg, capsule MO	4	QL (120 per 30 days)
acitretin 10 mg, capsule MO	4	PA,QL (90 per 30 days)
acitretin 17.5 mg, capsule MO	4	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acitretin 25 mg, capsule MO	4	PA
adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump MO	4	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	4	QL (90 per 30 days)
betamethasone va 0.1% cream MO	2	QL (180 per 30 days)
betamethasone va 0.1% lotion MO	3	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	4	QL (100 per 30 days)
betamethasone dp aug 0.05% lot MO	4	QL (120 per 30 days)
betamethasone dp aug 0.05% oin MO	4	QL (100 per 30 days)
calcipotriene 0.005% cream MO	4	PA,QL (120 per 30 days)
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
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	4	QL (60 per 30 days)
clindamycin ph 1% solution MO	4	QL (60 per 30 days)
clindamycin phos 1% pledget MO	2	
clindamycin phosp 1% lotion MO	4	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	3	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)
cormax 0.05% solution MO	4	QL (100 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
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	3	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	4	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	4	QL (120 per 30 days)
fluocinonide 0.05% gel MO	4	QL (120 per 30 days)
fluocinonide 0.05% ointment MO	4	QL (120 per 30 days)
fluocinonide 0.05% solution MO	4	QL (120 per 30 days)
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	3	
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)
isotretinoin 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
<i>lindane 1% shampoo</i> MO	4	QL (60 per 30 days)
LOCOID LIPOCREAM 0.1 %, TOPICAL MO	4	QL (240 per 30 days)
<i>malathion 0.5% lotion</i> MO	4	
<i>methoxsalen 10 mg, softgel</i> DL	5	
<i>mometasone furoate 0.1% cream</i> MO	2	QL (180 per 30 days)
<i>mometasone furoate 0.1% oint</i> MO	2	QL (180 per 30 days)
<i>mometasone furoate 0.1% soln</i> MO	2	QL (180 per 30 days)
<i>mupirocin 2% ointment</i> MO	2	
<i>myorisan 10 mg, 20 mg, 30 mg, capsule</i> MO	4	QL (60 per 30 days)
<i>myorisan 40 mg, capsule</i> MO	4	QL (120 per 30 days)
<i>permethrin 5% cream</i> 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)
<i>pimecrolimus 1% cream</i> MO	4	QL (100 per 30 days)
<i>podofilox 0.5% topical soln</i> MO	4	QL (7 per 30 days)
<i>procto-med hc 2.5 %, topical cream perineal applicator</i> MO	4	QL (60 per 30 days)
<i>procto-pak 1 %, topical cream perineal applicator</i> MO	2	QL (28.4 per 30 days)
<i>proctosol hc 2.5 %, topical cream perineal applicator</i> MO	4	QL (60 per 30 days)
<i>proctozone-hc 2.5 %, topical cream perineal applicator</i> 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)
<i>selenium sulfide 2.5% lotion</i> MO	2	QL (120 per 30 days)
<i>silver sulfadiazine 1% cream</i> MO	2	
SSD 1 %, TOPICAL CREAM MO	2	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	3	QL (420 per 30 days)
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> MO	4	QL (200 per 30 days)
<i>tazarotene 0.1% cream</i> MO	3	PA,QL (120 per 30 days)
TAZORAC 0.05 %, 0.1 %, TOPICAL GEL MO	4	PA,QL (200 per 30 days)
<i>tretinoin 0.01% gel</i> MO	3	PA,QL (45 per 30 days)
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> MO	4	PA,QL (45 per 30 days)
<i>tretinoin 0.025% gel; tretinoin 0.05% gel</i> MO	4	PA,QL (45 per 30 days)
UVADEX 20 MCG/ML, INJECTION SOLUTION MO	4	
<i>zenatane 10 mg, 20 mg, 30 mg, capsule</i> MO	4	QL (60 per 30 days)
<i>zenatane 40 mg, capsule</i> MO	4	QL (120 per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN 10 %, 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
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
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> MO	4	
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> MO	4	
<i>calcium acetate 667 mg, gelcap</i> MO	3	
<i>calcium acetate 667 mg, tablet</i> MO	3	
<i>calcium chloride 10% abboject</i> MO	1	
<i>calcium chloride 10% vial</i> MO	1	
<i>calcium gluc 1,000mg/50ml-nacl</i> MO	1	
<i>calcium gluc 10,000 mg/100 ml</i> 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
CLINIMIX 8 % IN 10 % 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 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	2	
dextrose 2.5%-0.45% nacl iv MO	2	
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	2	
dextrose 10%-water iv solution MO	2	
dextrose 20%-water iv soln MO	2	
dextrose 25%-water syringe MO	2	
dextrose 30%-water iv soln MO	2	
dextrose 40%-water iv soln MO	2	
dextrose 5%-water iv soln MO	2	
dextrose 5%-lr iv solution MO	2	
dextrose 5%-0.2% nacl iv soln MO	2	
dextrose 5%-0.3% nacl iv 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
dextrose 50%-water syringe MO	2	
dextrose 50%-water vial MO	2	
dextrose 70%-water iv soln MO	2	
dextrose 5%-electrolyte 48 MO	2	
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	2	
levocarnitine 330 mg, tablet MO	4	
levocarnitine 1 g/10 ml soln MO	4	
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	2	
magnesium sulfate 50% vial MO	2	
magnesium sulf 1 g/100 ml-d5w MO	2	
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag MO	2	
magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml MO	2	
NEONATAL COMPLETE 29 MG-1 MG TABLET MO	4	
NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET MO	4	
NEONATAL-DHA 29 MG-1 MG-200 MG-500 MG ORAL PACK MO	4	
NEPHRAMINE 5.4% IV 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
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	2	
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	2	
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	2	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer MO	2	
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	2	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l, iv sol; kcl 20 meq in d5w-0.225% nacl MO	2	
kcl 20 meq in d5w-0.3% nacl MO	2	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	2	
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	
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	

Need more information about the indicators displayed by the drug names? Please go to page 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
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	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> MO	4	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	4	
<i>preplus 27 mg iron-1 mg tablet</i> MO	4	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	4	B vs D
<i>ringer's iv solution</i> MO	1	
<i>se-natal 19 chewable 29 mg iron-1 mg tablet</i> 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	2	
sodium chloride 5% iv soln MO	2	
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
<i>trientine hcl 250 mg, capsule</i> DL	5	QL (240 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg, tablet</i> MO	4	
<i>triveen-duo dha 29 mg-1 mg-400 mg oral pack</i> MO	4	
TROPHAMINE 10 %, 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
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	4	
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	2	
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)
loperamide 2 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
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	2	
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	3	
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
<i>nitisinone 10 mg, 2 mg, 5 mg, capsule DL</i>	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	
<i>sapropterin 100 mg, 500 mg, powder pkt DL</i>	5	PA
<i>sapropterin 100 mg, tablet DL</i>	5	PA
<i>sodium phenylbutyrate powder DL</i>	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		
<i>alfuzosin hcl er 10 mg, tablet MO</i>	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, tablet MO	3	
bethanechol 50 mg, tablet MO	4	
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	3	
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	4	
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	3	
dexamethasone 10 mg/ml, syringe 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	

Need more information about the indicators displayed by the drug names? Please go to page 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
MEDROL 2 MG, TABLET MO	4	B vs D
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, vial MO	2	
methylprednisolone ss 1 gm vial; methylprednisolone ss 1,000 mg, 125 mg, 40 mg,; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, vial MO	4	
prednisolone 15 mg/5 ml, soln MO	2	
prednisolone 15 mg/5 ml soln MO	2	
prednisolone 20 mg/5 ml soln MO	4	
prednisolone 5 mg/5 ml soln; 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	3	B vs D
prednisone intensol 5 mg/ml, oral concentrate MO	4	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, VIAL DL	5	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr MO	4	QL (25 per 30 days)
desmopressin ac 4 mcg/ml, vial MO	4	
desmopressin acetate 0.1 mg, tb MO	3	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	3	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	3	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	4	
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	3	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
luteria (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	4	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MO	4	
mono-lynyah 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
pimtrex (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	3	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	
sroryx 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	3	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	3	
liothyronine sod 10 mcg/ml, vial 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
<i>liothyronine sod 25 mcg, 5 mcg, 50 mcg, tab</i> 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)		
<i>cabergoline 0.5 mg, tablet</i> 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
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> 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)
<i>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</i> MO	4	PA
<i>octreotide acet 0.05 mg/ml vl</i> MO	3	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> 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	3	
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	
DENGVAIXIA (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
ENVARUSUS 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	4	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	3	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
<i>sirolimus 0.5 mg, 1 mg, 2 mg, tablet</i> MO	4	B vs D
<i>sirolimus 1 mg/ml, solution</i> 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
<i>tacrolimus 0.5 mg, 1 mg, 5 mg, capsule (ir)</i> MO	4	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	4	
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	4	QL (60 per 30 days)
cinacalcet hcl 90 mg, tablet MO	4	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, vial MO	4	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR DL	3	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	3	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", 0.5 ML 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)
<i>lactated ringers irrigation</i> MO	2	
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	
<i>methylergonovine 0.2 mg/ml amp</i> 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	
<i>protamine 250 mg/25 ml vial</i> MO	1	
PURE COMFORT ALCOHOL PADS MO	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 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 vial 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 SAFEPAK-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 SAFEPAK-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	3	
bacitracin 500 unit/gm ophth MO	4	
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}	3	
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}	4	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}	3	
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}	3	
neomyc-polym-dexamet eye ointm ^{MO}	2	
neomyc-polym-dexameth eye drop ^{MO}	2	
neomyc-polym-gramicid eye drop ^{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
neomycin-poly-hc eye drops ^{MO}	4	
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}	3	
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}	4	
travoprost 0.004% eye drop ^{MO}	3	QL (2.5 per 25 days)
trifluridine 1% eye drops ^{MO}	4	
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}	4	
neomycin-polymyxin-hc ear soln ^{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
neomycin-polymyxin-hc ear susp ^{MO}	3	
ofloxacin 0.3% ear drops ^{MO}	3	
Respiratory Tract/Pulmonary Agents		
acetylcysteine 10% vial; acetylcysteine 20% vial ^{MO}	4	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}	2	
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}	3	QL (30 per 25 days)
azelastine 0.15% nasal spray ^{MO}	4	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-inject; 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERECTILE DYSFUNCTION		
<i>sildenafil 100 mg, 25 mg, 50 mg, tablet</i> ED,MO	1	QL (6 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).

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 Through Medicaid Program

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CUSTOM DRUGS		
<i>folic acid 1 mg, tablet</i> MO	1	
<i>folic acid 5 mg/ml, vial</i> MO	1	

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

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

Index

A

a-hydrocort... 72	adenosine... 52	alyacen 7/7/7 (28)... 74
abacavir... 42	adriamycin... 28	alyq... 103
abacavir-lamivudine... 42	ADVAIR DISKUS... 103	amabelz... 74
abacavir-lamivudine-zidovudine... 42	ADVAIR HFA... 103	amantadine hcl... 38
ABELCET... 25	ADVOCATE PEN NEEDLE... 88	AMBISOME... 25
ABILIFY MAINTENA... 39	ADVOCATE SYRINGES... 88	ambrisentan... 103
abiraterone... 28	AFINITOR DISPERZ... 28	amethia lo... 74
ABOUTTIME PEN NEEDLE... 88	AFINITOR... 28	amethia... 74
ABRAXANE... 28	afirmelle... 74	amethyst (28)... 74
acamprosate... 13	AIMOVIG AUTOINJECTOR... 27	AMICAR... 50
acarbose... 47	ak-poly-bac... 100	amifostine crystalline... 28
accutane... 60	AKTEN (PF)... 100	amikacin... 14
acebutolol... 52	albendazole... 38	amiloride... 52
acetaminophen-codeine... 10	albuterol sulfate... 103	amiloride-hydrochlorothiazide... 52
acetazolamide sodium... 52	ALCAINE... 100	aminocaproic acid... 50
acetazolamide... 52	ALCOHOL PADS... 88	aminophylline... 103
acetic acid... 14, 88	ALCOHOL PREP PADS... 88	AMINOSYN II 10 %... 64
acetylcysteine... 88, 103	ALCOHOL SWABS... 88	AMINOSYN II 15 %... 64
acitretin... 60, 61	ALCOHOL WIPES... 89	AMINOSYN II 7 %... 64
ACTHIB (PF)... 82	ALECENSA... 28	AMINOSYN II 8.5 %... 64
ACTIMMUNE... 82	alendronate... 87	AMINOSYN II 8.5 %-ELECTROLYTES... 64
acyclovir sodium... 42	alfuzosin... 71	AMINOSYN M 3.5 %... 64
acyclovir... 42	ALIMTA... 28	AMINOSYN 10 %... 63
ADACEL(TDAP ADOLESN/ADULT)(PF)... 82	ALIQOPA... 28	AMINOSYN 7 % WITH ELECTROLYTES... 64
adapalene... 61	aliskiren... 52	AMINOSYN 8.5 %... 64
ADCETRIS... 28	allopurinol... 26	AMINOSYN 8.5 %-ELECTROLYTES... 64
adefovir... 42	ALPHAGAN P... 100	AMINOSYN-HBC 7%... 64
ADEMPAS... 103	alprazolam... 46	AMINOSYN-PF 10 %... 64
	altavera (28)... 74	
	ALUNBRIG... 28	
	alyacen 1/35 (28)... 74	

AMINOSYN-PF 7 % (SULFITE-FREE)... 64	aripiprazole... 39	aurovela 24 fe... 74
AMINOSYN-RF 5.2 %... 64	ARISTADA INITIO... 39	AUSTEDO... 59
amiodarone... 52	ARISTADA... 39	AUTOJECT 2 INJECTION DEVICE... 89
amitriptyline... 22	ARISTOSPAN INTRA-ARTICULAR... 72	AUTOPEN 1 TO 21 UNITS... 89
amlodipine... 52	ARISTOSPAN INTRALESIONAL... 72	AUTOPEN 2 TO 42 UNITS... 89
amlodipine-atorvastatin... 52	ARMOUR THYROID... 80	AVASTIN... 28
amlodipine-benazepril... 52	ARNUITY ELLIPTA... 103	aviane... 74
amlodipine-olmesartan... 52	ARRANON... 28	ayuna... 74
amlodipine-valsartan... 52	arsenic trioxide... 28	AYVAKIT... 28
ammonium lactate... 61	ARZERRA... 28	azacitidine... 28
amnestem... 61	asenapine maleate... 39	azathioprine... 82
amoxapine... 22	ashlyna... 74	azelaic acid... 61
amoxicil-clarithromy-lansopraz... 69	ASPARLAS... 28	azelastine... 100, 103
amoxicillin... 14	aspirin-dipyridamole... 50	azithromycin... 14
amoxicillin-pot clavulanate... 14	ASSURE ID DUO-SHIELD... 89	aztreonam... 14
amphotericin b... 25	ASSURE ID INSULIN SAFETY... 89	azurette (28)... 74
ampicillin sodium... 14	ASSURE ID PEN NEEDLE... 89	B
ampicillin... 14	atazanavir... 42	bacitracin... 14, 100
ampicillin-sulbactam... 14	atenolol... 52	bacitracin-polymyxin b... 100
ANADROL-50... 74	atenolol-chlorthalidone... 52	baclofen... 42
anagrelide... 50	atomoxetine... 59	BAL IN OIL... 89
anastrozole... 28	atorvastatin... 52	bal-care dha... 64
APOKYN... 38	atovaquone... 38	balsalazide... 87
apraclonidine... 100	atovaquone-proguanil... 38	BALVERSA... 28
aprepitant... 24	ATRIPLA... 42	balziva (28)... 74
apri... 74	atropine... 100	BAND-AID GAUZE PADS... 89
APTIOM... 19	aubra eq... 74	BANZEL... 19
APTIVUS (WITH VITAMIN E)... 42	aubra... 74	BAQSIMI... 47
APTIVUS... 42	AUGMENTIN... 14	BARACLUDE... 42
aranelle (28)... 74	aurovela fe 1.5/30 (28)... 74	BAVENCIO... 28
ARCALYST... 82	aurovela fe 1-20 (28)... 74	BCG VACCINE, LIVE (PF)... 82
arformoterol... 103	aurovela 1.5/30 (21)... 74	BD ALCOHOL SWABS... 89
	aurovela 1/20 (21)... 74	

BD AUTOSHIELD DUO PEN NEEDLE... 89	benazepril... 52	bortezomib... 29
BD ECLIPSE LUER-LOK... 89	benazepril-hydrochlorothiazide... 53	bosentan... 103
BD INSULIN SYRINGE (HALF UNIT)... 89	BENDEKA... 28	BOSULIF... 29
BD INSULIN SYRINGE MICRO-FINE... 89	BENLYSTA... 82	BRAFTOVI... 29
BD INSULIN SYRINGE SAFETY-LOK... 89	benztropine... 38	BREO ELLIPTA... 103
BD INSULIN SYRINGE SLIP TIP... 89	BESPONSA... 28	BREZTRI AEROSPHERE... 103
BD INSULIN SYRINGE U-500... 89	BETADINE OPHTHALMIC PREP... 100	briellyn... 74
BD INSULIN SYRINGE ULTRA-FINE... 89	betamethasone acet,sod phos... 72	BRILINTA... 50
BD INSULIN SYRINGE... 89	betamethasone dipropionate... 61	brimonidine... 101
BD LO-DOSE MICRO-FINE IV... 89	betamethasone valerate... 61	BRIVIACT... 19
BD LO-DOSE ULTRA-FINE... 89	betamethasone, augmented... 61	bromocriptine... 38
BD NANO 2ND GEN PEN NEEDLE... 89	BETASERON... 59	BROVANA... 103
BD SAFETYGLIDE INSULIN SYRINGE... 89	betaxolol... 101	BRUKINSA... 29
BD SAFETYGLIDE SYRINGE... 89	bethanechol chloride... 72	budesonide... 87, 103
BD ULTRA-FINE MICRO PEN NEEDLE... 89	BETHKIS... 14	bumetanide... 53
BD ULTRA-FINE MINI PEN NEEDLE... 89	BEVESPI AEROSPHERE... 103	bupivacaine (pf)... 12
BD ULTRA-FINE NANO PEN NEEDLE... 89	bexarotene... 29	bupivacaine hcl... 13
BD ULTRA-FINE ORIG PEN NEEDLE... 89	BEXSERO... 82	buprenorphine hcl... 13
BD ULTRA-FINE SHORT PEN NEEDLE... 90	bicalutamide... 29	buprenorphine... 10
BD VEO INSULIN SYR (HALF UNIT)... 90	BICILLIN C-R... 14	buprenorphine-naloxone... 13
BD VEO INSULIN SYRINGE UF... 90	BICILLIN L-A... 14	bupropion hcl (smoking deter)... 13
bekyree (28)... 74	BICNU... 29	bupropion hcl... 22, 23
BELBUCA... 10	BIDIL... 53	buspirone... 46
BELEODAQ... 28	BIKTARVY... 42	busulfan... 29
BELSOMRA... 106	bisoprolol fumarate... 53	BUSULFEX... 29
	bisoprolol-hydrochlorothiazide... 53	butalbital-acetaminop-caf-cod... 10
	BLNREP... 29	butalbital-acetaminophen-caff... 10
	bleomycin... 29	butorphanol... 10
	blisovi fe 1.5/30 (28)... 74	BYDUREON BCISE... 47
	blisovi fe 1/20 (28)... 74	BYDUREON... 47
	blisovi 24 fe... 74	BYSTOLIC... 53
	BOOSTRIX TDAP... 82	
	BORDERED GAUZE... 90	C
		c-nate dha... 64

CABENUVA... 43	CAREFINE PEN NEEDLE... 90	ceftriaxone... 15
cabergoline... 81	CARETOUCH ALCOHOL PREP PAD... 90	cefuroxime axetil... 15
CABLIVI... 50	CARETOUCH INSULIN SYRINGE... 90	cefuroxime sodium... 15
CABOMETYX... 29	CARETOUCH PEN NEEDLE... 90	celecoxib... 10
caffeine citrate... 90	carisoprodol... 106	CELLCEPT INTRAVENOUS... 83
calcipotriene... 61	carmustine... 29	CELLCEPT... 82
calcipotriene-betamethasone... 61	carteolol... 101	CELONTIN... 19
calcitonin (salmon)... 87	cartia xt... 53	cephalexin... 15
calcitriol... 87	carvedilol phosphate... 53	CERDELGA... 70
calcium acetate(phosphat bind)... 64	carvedilol... 53	CEREZYME... 70
calcium chloride... 64	caspofungin... 25	cetirizine... 104
calcium disodium versenate... 90	CAYSTON... 103	cevimeline... 60
calcium gluc in nacl, iso-osm... 64	caziant (28)... 74	CHANTIX CONTINUING MONTH BOX... 13
calcium gluconate... 64	cefaclor... 14	CHANTIX STARTING MONTH BOX... 13
CALQUENCE... 29	cefadroxil... 14	CHANTIX... 13
camila... 74	cefazolin in dextrose (iso-os)... 15	charlotte 24 fe... 74
camrese lo... 74	cefazolin... 15	chateal (28)... 74
camrese... 74	cefdinir... 15	chateal eq (28)... 74
candesartan... 53	cefepime in dextrose 5 %... 15	CHEMET... 64
candesartan-hydrochlorothiazid... 53	cefepime in dextrose,iso-osm... 15	CHENODAL... 69
CAPASTAT... 27	cefepime... 15	chloramphenicol sod succinate... 15
CAPLYTA... 39	cefixime... 15	chlorhexidine gluconate... 60
CAPRELSA... 29	cefotaxime... 15	chloroquine phosphate... 38
captopril... 53	cefotetan in dextrose, iso-osm... 15	chlorothiazide sodium... 53
captopril-hydrochlorothiazide... 53	cefotetan... 15	chlorpromazine... 39, 40
CARAC... 61	cefoxitin in dextrose, iso-osm... 15	chlorthalidone... 53
CARBAGLU... 64	cefoxitin... 15	CHOLBAM... 70
carbamazepine... 19	cefpodoxime... 15	cholestyramine (with sugar)... 53
carbidopa-levodopa... 38	cefprozil... 15	cholestyramine light... 53
carbidopa-levodopa-entacapone... 39	ceftazidime in d5w... 15	cholestyramine-aspartame... 53
carboplatin... 29	ceftazidime... 15	CHORIONIC GONADOTROPIN, HUMAN... 73
	ceftriaxone in dextrose,iso-os... 15	

ciclodan... 25	CLINIMIX E 5%/D20W SULFIT FREE... 65	clopidogrel... 50
ciclopirox... 25	CLINIMIX E 5%/D25W SULFIT FREE... 65	clorazepate dipotassium... 46
cidofovir... 43	CLINIMIX E 8%-D10W SULFITEFREE... 65	clotrimazole... 25
cilostazol... 50	CLINIMIX E 8%-D14W SULFITEFREE... 65	clotrimazole-betamethasone... 25
CILOXAN... 101	CLINIMIX 4.25%-D25W SULF-FREE... 64	clovique... 65
CIMDUO... 43	CLINIMIX 4.25%/D10W SULF FREE... 64	clozapine... 40
cimetidine hcl... 69	CLINIMIX 4.25%/D5W SULFIT FREE... 64	COARTEM... 38
cimetidine... 69	CLINIMIX 5%-D20W(SULFITE-FREE)... 64	colestipol... 53
cinacalcet... 87	CLINIMIX 5%/D15W SULFITE FREE... 64	colistin (colistimethate na)... 16
CIPRODEX... 102	CLINIMIX 5%/D25W SULFITE-FREE... 64	colocort... 87
ciprofloxacin hcl... 15, 101, 102	CLINIMIX 6%-D5W (SULFITE-FREE)... 64	COMBIGAN... 101
ciprofloxacin in 5 % dextrose... 15	CLINIMIX 8%-D10W(SULFITE-FREE)... 64	COMBIPATCH... 75
ciprofloxacin-dexamethasone... 102	CLINISOL SF 15 %... 65	COMBIVENT RESPIMAT... 104
cisplatin... 29	CLINOLIPID... 65	COMETRIQ... 29
citalopram... 23	clobazam... 19	COMFORT EZ INSULIN SYRINGE... 90
cladribine... 29	clobetasol... 61	COMFORT EZ PEN NEEDLES... 90
claravis... 61	clobetasol-emollient... 61	COMFORT TOUCH PEN NEEDLE... 90
clarithromycin... 15	clofarabine... 29	COMPLERA... 43
CLEOCIN... 15	CLOLAR... 29	complete natal dha... 65
CLICKFINE PEN NEEDLE... 90	clomipramine... 23	compro... 24
CLINDAGEL... 61	clonazepam... 46	constulose... 69
clindamycin hcl... 16	clonidine hcl... 53	COPAXONE... 59
clindamycin in 0.9 % sod chlor... 16	clonidine... 53	COPIKTRA... 29
clindamycin in 5 % dextrose... 16		CORLANOR... 53
clindamycin pediatric... 16		CORLOPAM... 53
clindamycin phosphate... 16, 61		cormax... 61
CLINIMIX E 2.75%/D5W SULF FREE... 65		cortisone... 72
CLINIMIX E 4.25%/D10W SUL FREE... 65		CORTISPORIN... 62
CLINIMIX E 4.25%/D5W SULF FREE... 65		COSENTYX (2 SYRINGES)... 83
CLINIMIX E 5%/D15W SULFIT FREE... 65		COSENTYX PEN (2 PENS)... 83
		COSENTYX PEN... 83
		COSENTYX... 83
		COSMEGEN... 29

COTELLIC... 29
 COUMADIN... 50
 CREON... 71
 CRESEMBA... 25
 CRIXIVAN... 43
 cromolyn... 101, 104
 cryselle (28)... 75
 CRYSVITA... 71
 CURITY ALCOHOL SWABS... 91
 CURITY GAUZE... 91
 cyclofem 1/35 (28)... 75
 cyclofem 7/7/7 (28)... 75
 cyclobenzaprine... 106
 cyclophosphamide... 29
 cycloserine... 27
 cyclosporine modified... 83
 cyclosporine... 83
 cyproheptadine... 104
 CYRAMZA... 29
 cyred eq... 75
 cyred... 75
 CYSTADANE... 71
 CYSTAGON... 71
 CYSTARAN... 101
 cytarabine (pf)... 30
 cytarabine... 29

D

dacarbazine... 30
 dactinomycin... 30
 dalfampridine... 59
 DALIRESP... 104
 danazol... 75
 dantrolene... 42

DANYELZA... 30
 dapson... 27
 DAPTACEL (DTAP PEDIATRIC) (PF)... 83
 daptomycin... 16
 darifenacin... 72
 DARZALEX FASPRO... 30
 DARZALEX... 30
 dasetta 1/35 (28)... 75
 dasetta 7/7/7 (28)... 75
 daunorubicin... 30
 DAURISMO... 30
 daysee... 75
 deblitane... 75
 decitabine... 30
 deferasirox... 65
 DELSTRIGO... 43
 demeclocycline... 16
 DEMSER... 53
 DENG VAXIA (PF)... 83
 DEPEN TITRATABS... 65
 DEPO-ESTRADIOL... 75
 DEPO-PROVERA... 75
 DEPO-SUBQ PROVERA 104... 75
 DERMACEA... 91
 DESCOVY... 43
 desipramine... 23
 desloratadine... 104
 desmopressin... 73
 desog-e.estradiol/e.estradiol... 75
 desogestrel-ethinyl estradiol... 75
 desonide... 62
 desoximetasone... 62

desvenlafaxine succinate... 23
 dexamethasone intensol... 72
 dexamethasone sodium phos (pf)... 72
 dexamethasone sodium phosphate... 72, 101
 dexamethasone... 72
 DEXILANT... 69
 dexmethylphenidate... 59
 dexrazoxane hcl... 30
 dextroamphetamine... 59
 dextroamphetamine-amphetamine... 59
 dextrose 10 % and 0.2 % nacl... 65
 dextrose 10 % in water (d10w)... 65
 dextrose 20 % in water (d20w)... 65
 dextrose 25 % in water (d25w)... 65
 dextrose 30 % in water (d30w)... 65
 dextrose 40 % in water (d40w)... 65
 dextrose 5 % in water (d5w)... 65
 dextrose 5 %-lactated ringers... 65
 dextrose 5%-0.2 % sod chloride... 65
 dextrose 5%-0.3 % sod.chloride... 65
 dextrose 50 % in water (d50w)... 66
 dextrose 70 % in water (d70w)... 66
 DIACOMIT... 19
 DIASTAT ACUDIAL... 19
 diazepam intensol... 46
 diazepam... 19, 46
 diazoxide... 47
 diclofenac epolamine... 10
 diclofenac sodium... 10, 62, 101

diclofenac-misoprostol... 10	doxercalciferol... 87	EASY COMFORT PEN NEEDLES... 91
dicloxacillin... 16	doxorubicin... 30	EASY GLIDE INSULIN SYRINGE... 91
dicyclomine... 69	doxorubicin, peg-liposomal... 30	EASY GLIDE PEN NEEDLE... 91
didanosine... 43	doxy-100... 16	EASY TOUCH ALCOHOL PREP PADS... 92
DIFICID... 16	doxycycline hyclate... 16	EASY TOUCH FLIPLOCK INSULIN... 92
digitek... 53	doxycycline monohydrate... 16	EASY TOUCH INSULIN SAFETY SYR... 92
digox... 54	DRIZALMA SPRINKLE... 23	EASY TOUCH INSULIN SYRINGE... 92
digoxin... 54	dronabinol... 24	EASY TOUCH LUER LOCK INSULIN... 92
dihydroergotamine... 27	droperidol... 40	EASY TOUCH PEN NEEDLE... 92
DILANTIN EXTENDED... 19	DROPLET INSULIN SYR(HALF UNIT)... 91	EASY TOUCH SAFETY PEN NEEDLE... 92
DILANTIN INFATABS... 19	DROPLET INSULIN SYRINGE... 91	EASY TOUCH SHEATHLOCK INSULIN... 92
DILANTIN... 19	DROPLET MICRON PEN NEEDLE... 91	EASY TOUCH UNI-SLIP... 92
DILANTIN-125... 19	DROPLET PEN NEEDLE... 91	EASY TOUCH... 91
dilt-xr... 54	DROPSAFE PEN NEEDLE... 91	ec-naproxen... 10
diltiazem hcl... 54	drospirenone-ethinyl estradiol... 75	econazole... 25
diphenhydramine hcl... 104	DROXIA... 91	EDURANT... 43
diphenoxylate-atropine... 69	droxidopa... 54	efavirenz... 43
dipyridamole... 50	DUAVEE... 75	efavirenz-emtricitabin-tenofov... 43
disulfiram... 13	duloxetine... 23	efavirenz-lamivu-tenofov disop... 43
DIURIL... 54	DUPIXENT PEN... 83	EGRIFTA SV... 73
divalproex... 19	DUPIXENT SYRINGE... 83	electrolyte-48 in d5w... 66
DOCEFREZ... 30	DUREZOL... 101	ELELYSO... 71
docetaxel... 30	dutasteride... 72	ELIGARD (3 MONTH)... 81
dofetilide... 54	dutasteride-tamsulosin... 72	ELIGARD (4 MONTH)... 81
DOJOLVI... 91	d10 %-0.45 % sodium chloride... 65	ELIGARD (6 MONTH)... 81
dolishale... 75	d2.5 %-0.45 % sodium chloride... 65	ELIGARD... 81
donepezil... 22	d5 % and 0.9 % sodium chloride... 65	elinest... 75
dorzolamide... 101	d5 %-0.45 % sodium chloride... 65	ELIQUIS DVT-PE TREAT 30D START... 50
dorzolamide-timolol... 101		ELIQUIS... 50
dotti... 75		
DOVATO... 43		
doxazosin... 54		
doxepin... 46		

E

ELLA... 75	EPCLUSA... 43	ethynodiol diac-eth estradiol... 76
ELMIRON... 72	EPIDIOLEX... 19	etodolac... 10
eluryng... 75	epinephrine... 104	etonogestrel-ethinyl estradiol... 76
ELZONRIS... 30	epirubicin... 30	ETOPOPHOS... 30
EMCYT... 30	epitol... 19	etoposide... 30
EMGALITY PEN... 27	EPIVIR HBV... 43	etravirine... 43
EMGALITY SYRINGE... 27	eplerenone... 54	EUTHYROX... 80
emoquette... 75	epoprostenol (glycine)... 104	everolimus (antineoplastic)... 30
EMPLICITI... 30	EPRONTIA... 19	everolimus (immunosuppressive)... 83
EMSAM... 23	ERAXIS(WATER DILUENT)... 26	EVOMELA... 31
emtricitabine... 43	ERBITUX... 30	EVOTAZ... 43
emtricitabine-tenofovir (tdf)... 43	ergotamine-caffeine... 27	EVRYSDI... 71
EMTRIVA... 43	ERIVEDGE... 30	EXEL INSULIN... 92
enalapril maleate... 54	ERLEADA... 30	exemestane... 31
enalapril-hydrochlorothiazide... 54	erlotinib... 30	EXKIVITY... 31
enalaprilat... 54	errin... 75	ezetimibe... 54
ENBREL MINI... 83	ertapenem... 16	ezetimibe-simvastatin... 54
ENBREL SURECLICK... 83	ERWINAZE... 30	
ENBREL... 83	ery pads... 62	F
endocet... 10	ERYTHROCIN... 16	falmina (28)... 76
ENDOMETRIN... 75	erythromycin with ethanol... 62	famciclovir... 43
ENGERIX-B (PF)... 83	erythromycin... 16, 101	famotidine (pf)... 69
ENGERIX-B PEDIATRIC (PF)... 83	ESBRIET... 104	famotidine (pf)-nacl (iso-os)... 69
ENHERTU... 30	escitalopram oxalate... 23	famotidine... 69
enoxaparin... 50, 51	esomeprazole magnesium... 69	FANAPT... 40
enpresse... 75	estradiol valerate... 76	FARXIGA... 47
enskyce... 75	estradiol... 75, 76	FARYDAK... 31
ENSTILAR... 62	estradiol-norethindrone acet... 76	FASENRA PEN... 104
entacapone... 39	ESTRING... 76	felbamate... 20
entecavir... 43	ESTROSTEP FE-28... 76	felodipine... 54
ENTRESTO... 54	ethacrynate sodium... 54	femynor... 76
enulose... 69	ethambutol... 27	fenofibrate micronized... 54
ENVARUSUS XR... 83	ethosuximide... 20	fenofibrate nanocrystallized... 54

fenofibrate... 54	fluorouracil... 31, 62	GARDASIL 9 (PF)... 83
fenofibric acid... 55	fluoxetine... 23	gatifloxacin... 101
fentanyl citrate (pf)... 10	fluphenazine decanoate... 40	GATTEX ONE-VIAL... 69
fentanyl citrate... 10	fluphenazine hcl... 40	GATTEX 30-VIAL... 69
fentanyl... 10	flurbiprofen sodium... 101	GAUZE BANDAGE... 92
FETZIMA... 23	flurbiprofen... 10	GAUZE PAD... 92
FIASP FLEXTOUCH U-100 INSULIN... 47	flutamide... 31	gavilyte-c... 69
FIASP PENFILL U-100 INSULIN... 47	fluticasone propion-salmeterol... 104	gavilyte-g... 69
FIASP U-100 INSULIN... 47	fluticasone propionate... 62, 104	gavilyte-n... 69
finasteride... 72	fluvoxamine... 23	GAVRETO... 31
FINTEPLA... 20	folic acid... 108	GAZYVA... 31
FIRDAPSE... 60	FOLOTYN... 31	gemcitabine... 31
FIRMAGON KIT W DILUENT SYRINGE... 81	formoterol fumarate... 104	gemfibrozil... 55
FIRMAGON... 81	FORTEO... 87	GEMTESA... 72
flavoxate... 72	fosamprenavir... 43	generlac... 69
flecainide... 55	fosinopril... 55	gengraf... 83, 84
FLOVENT DISKUS... 104	fosinopril-hydrochlorothiazide... 55	gentak... 101
FLOVENT HFA... 104	fosphenytoin... 20	gentamicin in nacl (iso-osm)... 16
floxuridine... 31	FOTIVDA... 31	gentamicin sulfate (ped) (pf)... 16
fluconazole in nacl (iso-osm)... 26	FREAMINE HBC 6.9 %... 66	gentamicin sulfate (pf)... 16
fluconazole... 26	FREAMINE III 10 %... 66	gentamicin... 16, 101
flucytosine... 26	FREESTYLE PRECISION... 92	GENVOYA... 43
fludarabine... 31	FULPHILA... 51	gianvi (28)... 76
fludrocortisone... 72	fulvestrant... 31	GILENYA... 60
flumazenil... 92	furosemide... 55	GILOTRIF... 31
flunisolide... 104	FUZEON... 43	glatiramer... 60
fluocinolone and shower cap... 62	FYCOMPA... 20	glatopa... 60
fluocinolone... 62		glimepiride... 47
fluocinonide... 62	G	glipizide... 47
fluocinonide-e... 62	gabapentin... 20	glipizide-metformin... 47
fluocinonide-emollient... 62	galantamine... 22	GLUCAGEN HYPOKIT... 47
fluorometholone... 101	GAMUNEX-C... 83	glyburide micronized... 47
	ganciclovir sodium... 43	glyburide... 47

glyburide-metformin... 47

GLYCOPHOS... 66

glycopyrrolate... 69

GLYXAMBI... 47

granisetron (pf)... 24

granisetron hcl... 24

griseofulvin microsize... 26

griseofulvin ultramicrosize... 26

guanfacine... 55, 60

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... 84

hailey fe 1.5/30 (28)... 76

hailey fe 1/20 (28)... 76

hailey 24 fe... 76

hailey... 76

HALAVEN... 31

haloperidol decanoate... 40

haloperidol lactate... 40

haloperidol... 40

HARVONI... 43, 44

HAVRIX (PF)... 84

HEALTHWISE INSULIN SYRINGE... 93

HEALTHWISE PEN NEEDLE... 93

HEALTHY ACCENTS UNIFINE
PENTIP... 93

heather... 76

HECTOROL... 87

heparin (porcine)... 51

heparin, porcine (pf)... 51

HEPATAMINE 8%... 66

HERCEPTIN HYLECTA... 31

HERCEPTIN... 31

HETLIOZ LQ... 106

HETLIOZ... 106

HIBERIX (PF)... 84

HUMIRA PEN CROHNS-UC-HS
START... 84

HUMIRA PEN PSOR-UEVITS-ADOL
HS... 84

HUMIRA PEN... 84

HUMIRA... 84

HUMIRA(CF) PEDI CROHNS
STARTER... 84

HUMIRA(CF) PEN CROHNS-UC-HS...
84

HUMIRA(CF) PEN PEDIATRIC UC... 84

HUMIRA(CF) PEN PSOR-UV-ADOL
HS... 84

HUMIRA(CF) PEN... 84

HUMIRA(CF)... 84

HUMULIN R U-500 (CONC)

INSULIN... 47

HUMULIN R U-500 (CONC)

KWIKPEN... 47

hydralazine... 55

hydrochlorothiazide... 55

hydrocodone-acetaminophen... 10,
11

hydrocodone-ibuprofen... 11

hydrocortisone valerate... 62

hydrocortisone... 62, 87

hydrocortisone-acetic acid... 102

hydromorphone (pf)... 11

hydromorphone... 11

hydroxychloroquine... 38

hydroxyurea... 31

hydroxyzine hcl... 46

hydroxyzine pamoate... 104

I

ibandronate... 87

IBRANCE... 31

ibu... 11

ibuprofen... 11

ibutilide fumarate... 55

iclevia... 76

ICLUSIG... 31

idarubicin... 31

IDHIFA... 31

ifosfamide... 31

ILEVRO... 101

imatinib... 31

IMBRUVICA... 31, 32

IMFINZI... 32

imipenem-cilastatin... 16

imipramine hcl... 23

imipramine pamoate... 23

imiquimod... 62

IMLYGIC... 32

IMOVAX RABIES VACCINE (PF)... 84

incassia... 76

INCONTROL ALCOHOL PADS... 93

INCONTROL PEN NEEDLE... 93

INCRELEX... 73

indapamide... 55

indomethacin... 11

INFANRIX (DTAP) (PF)... 84	isibloom... 76	june fe 1.5/30 (28)... 76
INLYTA... 32	ISOLYTE S PH 7.4... 66	june fe 1/20 (28)... 76
INQOVI... 32	ISOLYTE-P IN 5 % DEXTROSE... 66	june fe 24... 76
INREBIC... 32	ISOLYTE-S... 66	june 1.5/30 (21)... 76
INSULIN SYR/NDL U100 HALF MARK... 93	isoniazid... 27	june 1/20 (21)... 76
INSULIN SYRINGE MICROFINE... 93	isosorbide dinitrate... 55	K
INSULIN SYRINGE NEEDLELESS... 93	isosorbide mononitrate... 55	K-TAB... 66
INSULIN SYRINGE... 93	isotretinoin... 62	KABIVEN... 66
INSULIN SYRINGE-NEEDLE U-100... 93	isradipine... 55	KADCYLA... 32
INSUPEN... 93	ISTODAX... 32	KALETRA... 44
INTELENCE... 44	ISUPREL... 55	kalliga... 76
INTRALIPID... 66	itraconazole... 26	KALYDECO... 104
INTRON A... 84	IV PREP WIPES... 93	KANJINTI... 32
introvale... 76	ivermectin... 38	kariva (28)... 76
INVEGA HAFYERA... 40	IXEMPRA... 32	kelnor 1-50 (28)... 76
INVEGA SUSTENNA... 40	IXIARO (PF)... 84	kelnor 1/35 (28)... 76
INVEGA TRINZA... 40	J	ketoconazole... 26
INVIRASE... 44	jaimiess... 76	ketoprofen... 11
INVOKAMET XR... 48	JAKAFI... 32	ketorolac... 11, 101
INVOKAMET... 48	jantoven... 51	KEVZARA... 84
INVOKANA... 48	JANUMET XR... 48	KEYTRUDA... 32
IONOSOL-B IN D5W... 66	JANUMET... 48	KINRIX (PF)... 84
IONOSOL-MB IN D5W... 66	JANUVIA... 48	kionex (with sorbitol)... 66
IPOL... 84	JARDIANCE... 48	KISQALI FEMARA CO-PACK... 32
ipratropium bromide... 104	jasmie (28)... 76	KISQALI... 32
ipratropium-albuterol... 104	JEMPERLI... 32	klor-con m10... 66
irbesartan... 55	jencycla... 76	KLOR-CON M15... 66
irbesartan-hydrochlorothiazide... 55	JENTADUETO XR... 48	klor-con m20... 66
IRESSA... 32	JENTADUETO... 48	KLOR-CON 10... 66
irinotecan... 32	JEVTANA... 32	KLOR-CON 8... 66
ISENTRESS HD... 44	jolessa... 76	KOMBIGLYZE XR... 48
ISENTRESS... 44	juleber... 76	KORLYM... 93
	JULUCA... 44	KOSELUGO... 32

KRINTAFEL... 38	LEUKERAN... 33	lidocaine-prilocaine... 13
kurvelo (28)... 76	leuprolide... 81	lillo (28)... 77
KUVAN... 71	levalbuterol hcl... 105	lincomycin... 17
KYNMOBI... 39	levalbuterol tartrate... 105	lindane... 63
KYPROLIS... 32	LEVEMIR FLEXTOUCH U-100 INSULN... 48	linezolid in dextrose 5%... 17
L	LEVEMIR U-100 INSULIN... 48	linezolid... 17
l norgest/e.estradiol-e.estradiol... 77	levetiracetam in nacl (iso-os)... 20	linezolid-0.9% sodium chloride... 17
labetalol... 55	levetiracetam... 20	LINZESS... 69
lactated ringers... 66, 93	LEVO-T... 80	liothyronine... 80, 81
lactulose... 69	levobunolol... 101	LIPOFEN... 55
lamivudine... 44	levocarnitine (with sugar)... 66	lisinopril... 55
lamivudine-zidovudine... 44	levocarnitine... 66	lisinopril-hydrochlorothiazide... 55
lamotrigine... 20	levocetirizine... 105	LITE TOUCH INSULIN PEN NEEDLES... 93
LAMPIT... 38	levofloxacin in d5w... 17	LITE TOUCH INSULIN SYRINGE... 94
lansoprazole... 69	levofloxacin... 16	lithium carbonate... 46, 47
LANTUS SOLOSTAR U-100 INSULIN... 48	levoleucovorin calcium... 33	lithium citrate... 47
LANTUS U-100 INSULIN... 48	levonorgestrel... 77	LITHOSTAT... 94
larin fe 1.5/30 (28)... 77	levonorgestrel-eth estradiol triphasic... 77	lo-zumandimine (28)... 77
larin fe 1/20 (28)... 77	levonorgestrel-ethinyl estradiol... 77	LOCOID LIPOCREAM... 63
larin 1.5/30 (21)... 77	levora-28... 77	LOESTRIN FE 1.5/30 (28-DAY)... 77
larin 1/20 (21)... 77	levothyroxine... 80	LOESTRIN FE 1/20 (28-DAY)... 77
larin 24 fe... 77	LEVOXYL... 80	LOESTRIN 1.5/30 (21)... 77
larissia... 77	LEVULAN... 33	LOESTRIN 1/20 (21)... 77
latanoprost... 101	LEXIVA... 44	lojaimiess... 77
LATUDA... 40	LIBTAYO... 33	LOKELMA... 66
ledipasvir-sofosbuvir... 44	lidocaine (pf) in d7.5w... 13	LONSURF... 33
leena 28... 77	lidocaine (pf)... 55	loperamide... 69
leflunomide... 85	lidocaine hcl... 13	lopinavir-ritonavir... 44
LENVIMA... 32	lidocaine in 5 % dextrose (pf)... 55	lorazepam intensol... 46
lessina... 77	lidocaine viscous... 13	lorazepam... 46
letrozole... 33	lidocaine... 13	LORBRENA... 33
leucovorin calcium... 33	lidocaine-epinephrine... 13	loryna (28)... 77

losartan... 55	mannitol 10 %... 56	meropenem-0.9% sodium chloride... 17
losartan-hydrochlorothiazide... 55	mannitol 20 %... 56	mesalamine... 87
LOTEMAX SM... 101	mannitol 25 %... 56	MESNEX... 33
lovastatin... 55	mannitol 5 %... 56	metaproterenol... 105
low-ogestrel (28)... 77	maprotiline... 23	metformin... 48
loxapine succinate... 41	marlissa (28)... 77	methadone intensol... 11
LUMAKRAS... 33	MARPLAN... 23	methadone... 11
LUMIGAN... 101	MARQIBO... 33	methazolamide... 56
LUMIZYME... 71	MATULANE... 33	methenamine hippurate... 17
LUMOXITI... 33	MAXI-COMFORT INSULIN SYRINGE... 94	methimazole... 82
LUPRON DEPOT (3 MONTH)... 81	MAXICOMFORT II PEN NEEDLE... 94	METHITEST... 78
LUPRON DEPOT (4 MONTH)... 81	MAXICOMFORT INSULIN SYRINGE... 94	methocarbamol... 106
LUPRON DEPOT (6 MONTH)... 81	MAXICOMFORT SAFETY PEN NEEDLE... 94	methotrexate sodium (pf)... 85
LUPRON DEPOT... 81	meclizine... 24	methotrexate sodium... 85
LUPRON DEPOT-PED (3 MONTH)... 81	MEDROL... 73	methoxsalen... 63
LUPRON DEPOT-PED... 81	medroxyprogesterone... 77	methscopolamine... 70
lutea (28)... 77	mefloquine... 38	methyl dopa... 56
LYBALVI... 41	megestrol... 77	methyl dopa-hydrochlorothiazide... 56
lyleq... 77	MEKINIST... 33	methyl ergonovine... 94
lyllana... 77	MEKTOVI... 33	methylphenidate hcl... 60
LYNPARZA... 33	meloxicam... 11	methylprednisolone acetate... 73
LYSODREN... 81	melphalan hcl... 33	methylprednisolone sodium succ... 73
lyza... 77	melphalan... 33	methylprednisolone... 73
M		
M-M-R II (PF)... 85	memantine... 22	metipranolol... 101
m-natal plus... 66	MENACTRA (PF)... 85	metoclopramide hcl... 25
MAGELLAN INSULIN SAFETY SYRNG... 94	MENEST... 77	metolazone... 56
MAGELLAN SYRINGE... 94	MENQUADFI (PF)... 85	metoprolol succinate... 56
magnesium sulfate in d5w... 66	MENVEO A-C-Y-W-135-DIP (PF)... 85	metoprolol ta-hydrochlorothiaz... 56
magnesium sulfate in water... 66	mercaptopurine... 33	metoprolol tartrate... 56
magnesium sulfate... 66	meropenem... 17	metronidazole in nacl (iso-os)... 17
malathion... 63		

metronidazole... 17	MONOJECT ULTRA COMFORT INSULIN... 95	NASONEX... 105
metyrosine... 56	montelukast... 105	NATACYN... 101
micafungin... 26	morphine concentrate... 12	NATAZIA... 78
miconazole-3... 26	morphine... 11, 12	nateglinide... 48
MICRODOT INSULIN PEN NEEDLE... 94	MOVANTIK... 70	NATPARA... 87
microgestin fe 1.5/30 (28)... 78	moxifloxacin... 17, 101	NAYZILAM... 20
microgestin fe 1/20 (28)... 78	MOZOBIL... 51	nebivolol... 56
microgestin 1.5/30 (21)... 78	MULTAQ... 56	NEBUPENT... 38
microgestin 1/20 (21)... 78	mupirocin... 63	necon 0.5/35 (28)... 78
microgestin 24 fe... 78	MUTAMYCIN... 33	nefazodone... 23
midodrine... 56	MVASI... 33	neo-polycin hc... 101
mili... 78	MYALEPT... 70	neo-polycin... 101
mimvey... 78	mycophenolate mofetil (hcl)... 85	neomycin... 17
MINI ULTRA-THIN II... 94	mycophenolate mofetil... 85	neomycin-bacitracin-poly-hc... 101
minocycline... 17	mycophenolate sodium... 85	neomycin-bacitracin-polymyxin... 101
minoxidil... 56	MYFORTIC... 85	neomycin-polymyxin b-dexameth... 101
MIRCETTE (28)... 78	MYLOTARG... 33	neomycin-polymyxin-gramicidin... 101
mirtazapine... 23	myorisan... 63	neomycin-polymyxin-hc... 102, 103
misoprostol... 70	MYRBETRIQ... 72	NEONATAL COMPLETE... 66
MITIGARE... 27	N	NEONATAL PLUS VITAMIN... 66
mitomycin... 33	nabumetone... 12	NEONATAL-DHA... 66
mitoxantrone... 33	nadolol... 56	NEPHRAMINE 5.4 %... 66
modafinil... 106	nafcillin in dextrose iso-osm... 17	NERLYNX... 33
moexipril... 56	nafcillin... 17	NEULASTA ONPRO... 51
molindone... 41	NAGLAZYME... 71	NEULASTA... 51
mometasone... 63, 105	naloxone... 13	NEUPOGEN... 51
MONJUVI... 85	naltrexone... 13	NEUPRO... 39
mono-lynyah... 78	NAMZARIC... 22	nevirapine... 44
MONOJECT INSULIN SAFETY SYRING... 94	naproxen sodium... 12	NEXAVAR... 33
MONOJECT INSULIN SYRINGE... 94	naproxen... 12	NEXLETOL... 56
MONOJECT SYRINGE... 94	naratriptan... 27	NEXLIZET... 56
	NARCAN... 13	

NEXTERONE... 56	NORMOSOL-R PH 7.4... 67	NUCALA... 105
niacin... 56	NORMOSOL-R... 67	NUDEXTA... 60
niacor... 56	NORTHERA... 57	NUPLAZID... 41
NICOTROL NS... 13	nortrel 0.5/35 (28)... 78	NUTRILIPID... 67
nifedipine... 56	nortrel 1/35 (21)... 78	NUZYRA (7 DAY WITH LOAD DOSE)... 17
nikki (28)... 78	nortrel 1/35 (28)... 78	NUZYRA (7 DAY)... 17
nilutamide... 33	nortrel 7/7/7 (28)... 78	NUZYRA... 17
nimodipine... 56	nortriptyline... 23	nyamyc... 26
NINLARO... 33	NORVIR... 44	nylia 7/7/7 (28)... 78
NIPENT... 33	NOVOFINE AUTOCOVER... 95	nymyo... 78
nisoldipine... 56	NOVOFINE PLUS... 95	nystatin... 26
nitazoxanide... 38	NOVOFINE 32... 95	nystatin-triamcinolone... 26
nitisinone... 71	NOVOLIN N FLEXPEN... 48	nystop... 26
nitrofurantoin macrocrystal... 17	NOVOLIN N NPH U-100 INSULIN... 48	O
nitrofurantoin monohyd/m-cryst... 17	NOVOLIN R FLEXPEN... 48	O-CAL PRENATAL... 67
nitrofurantoin... 17	NOVOLIN R REGULAR U-100 INSULIN... 49	ocella... 78
nitroglycerin in 5 % dextrose... 57	NOVOLIN 70-30 FLEXPEN U-100... 48	octreotide acetate... 81
nitroglycerin... 56, 57	NOVOLIN 70/30 U-100 INSULIN... 48	ODEFSEY... 44
NITROSTAT... 57	NOVOLOG FLEXPEN U-100 INSULIN... 49	ODOMZO... 34
NIVESTYM... 51	NOVOLOG MIX 70-30 U-100 INSULIN... 49	OFEV... 105
nizatidine... 70	NOVOLOG MIX 70-30FLEXPEN U-100... 49	ofloxacin... 17, 102, 103
nora-be... 78	NOVOLOG PENFILL U-100 INSULIN... 49	ogestrel (28)... 78
norepinephrine bitartrate... 57	NOVOLOG U-100 INSULIN ASPART... 49	olanzapine... 41
noreth-ethinyl estradiol-iron... 78	NOVOPEN ECHO... 95	olanzapine-fluoxetine... 23
norethindrone (contraceptive)... 78	NOVOTWIST... 95	olmesartan... 57
norethindrone ac-eth estradiol... 78	NOXAFIL... 26	olmesartan-amlodipin-hcthiaid... 57
norethindrone acetate... 78	NUBEQA... 33	olmesartan-hydrochlorothiazide... 57
norethindrone-e.estradiol-iron... 78		olopatadine... 102
norgestimate-ethinyl estradiol... 78		omega-3 acid ethyl esters... 57
norlyda... 78		omeppi... 70
NORMOSOL-M IN 5 % DEXTROSE... 67		omeprazole... 70
NORMOSOL-R IN 5 % DEXTROSE... 67		

omeprazole-sodium bicarbonate... 70	oxycodone... 12	penicillin v potassium... 18
OMNIPOD DASH 5 PACK POD... 95	oxycodone-acetaminophen... 12	PENTACEL (PF)... 85
OMNIPOD INSULIN MANAGEMENT... 95	oxycodone-aspirin... 12	PENTAM... 38
OMNIPOD INSULIN REFILL... 95	OZEMPIC... 49	pentamidine... 38
	P	PENTIPS... 95
OMNITROPE... 73	PACERONE... 57	pentoxifylline... 57
ONCASPAR... 34	paclitaxel... 34	PEPAXTO... 34
ondansetron hcl (pf)... 25	PADCEV... 34	PERFOROMIST... 105
ondansetron hcl... 25	paliperidone... 41	PERIKABIVEN... 67
ondansetron... 25	pamidronate... 87	perindopril erbumine... 57
ONGLYZA... 49	PANRETIN... 34	periogard... 60
ONIVYDE... 34	pantoprazole... 70	PERJETA... 34
ONUREG... 34	paraplatin... 34	permethrin... 63
OPDIVO... 34	paricalcitol... 88	perphenazine... 41
oralone... 60	paroex oral rinse... 60	perphenazine-amitriptyline... 24
ORBACTIV... 17	paromomycin... 17	PERSERIS... 41
ORGOVYX... 81	paroxetine hcl... 24	pfizerpen-g... 18
ORKAMBI... 105	PASER... 27	phenelzine... 24
orsythia... 78	PAXIL... 24	phenobarbital... 20, 21
ORTHO-NOVUM 7/7/7 (28)... 78	PAZEO... 102	PHENYTEK... 21
oseltamivir... 44	PEDIARIX (PF)... 85	phenytoin sodium extended... 21
OSMITROL 10 %... 57	PEDVAX HIB (PF)... 85	phenytoin sodium... 21
OSMITROL 15 %... 57	peg 3350-electrolytes... 70	phenytoin... 21
OSMITROL 20 %... 57	peg-electrolyte soln... 70	philith... 78
OSMITROL 5 %... 57	PEGANONE... 20	PHOSPHOLINE IODIDE... 102
OSPHENA... 78	PEMAZYRE... 34	PHYSIOLYTE... 95
oxacillin in dextrose(iso-osm)... 17	PEN NEEDLE... 95	PHYSIOSOL IRRIGATION... 95
oxacillin... 17	PEN NEEDLE, DIABETIC... 95	PICATO... 63
oxaliplatin... 34	penicillamine... 67	PIFELTRO... 44
oxandrolone... 78	penicillin g pot in dextrose... 17	pilocarpine hcl... 60, 102
oxazepam... 46	penicillin g potassium... 17	pimecrolimus... 63
oxcarbazepine... 20	penicillin g procaine... 17, 18	pimozide... 41
oxybutynin chloride... 72	penicillin g sodium... 18	pimtrea (28)... 79

pindolol... 57	potassium chloride-d5-0.9%nacl... 67	PREVENT DROPSAFE PEN NEEDLE... 95
pioglitazone... 49	potassium chloride-0.45 % nacl... 67	previfem... 79
PIP PEN NEEDLE... 95	potassium citrate... 67	PREZCOBIX... 44
piperacillin-tazobactam... 18	POTELIGEO... 34	PREZISTA... 44, 45
PIQRAY... 34	pr natal 400 ec... 67	PRIALT... 95
pirmella... 79	pr natal 400... 67	PRIFTIN... 27
piroxicam... 12	pr natal 430 ec... 67	primaquine... 38
PLASMA-LYTE A... 67	pr natal 430... 67	primidone... 21
PLASMA-LYTE 148... 67	PRADAXA... 51	primlev... 12
PLENAMINE... 67	pramipexole... 39	PRIMSOL... 18
podofilox... 63	prasugrel... 51	PRO COMFORT ALCOHOL PADS... 95
POLIVY... 34	pravastatin... 57	PRO COMFORT INSULIN SYRINGE... 95
polocaine... 13	praziquantel... 38	PRO COMFORT PEN NEEDLE... 95
polocaine-mpf... 13	prazosin... 57	probenecid... 27
polycin... 102	PRED-G S.O.P.... 102	probenecid-colchicine... 27
polymyxin b sulf-trimethoprim... 102	PRED-G... 102	procainamide... 57
polymyxin b sulfate... 18	prednisolone acetate... 102	PROCALAMINE 3%... 68
POMALYST... 34	prednisolone sodium phosphate... 73, 102	prochlorperazine edisylate... 25
portia 28... 79	prednisolone... 73	prochlorperazine maleate... 25
PORTRAZZA... 34	prednisone intensol... 73	prochlorperazine... 25
posaconazole... 26	prednisone... 73	procto-med hc... 63
potassium acetate... 67	pregabalin... 60	procto-pak... 63
potassium chlorid-d5-0.45%nacl... 67	PREMARIN... 79	proctosol hc... 63
potassium chloride in lr-d5... 67	PREMASOL 10 %... 68	proctozone-hc... 63
potassium chloride in water... 67	PREMASOL 6 %... 68	PRODIGY INSULIN SYRINGE... 95
potassium chloride in 0.9%nacl... 67	PRENATA... 68	progesterone micronized... 79
potassium chloride in 5 % dex... 67	PRENATABS FA... 68	progesterone... 79
potassium chloride... 67	prenatal plus (calcium carb)... 68	PROGLYCEM... 49
potassium chloride-d5-0.2%nacl... 67	PRENATE ELITE... 68	PROGRAF... 85
potassium chloride-d5-0.3%nacl... 67	preplus... 68	PROLASTIN-C... 71
	prevalite... 57	prolate... 12

PROLEUKIN... 34	raloxifene... 79	RIBASPHERE RIBAPAK... 45
PROLIA... 88	ramipril... 58	ribavirin... 45, 96
PROMACTA... 51	ranolazine... 58	RIDAURA... 85
promethazine... 25	rasagiline... 39	rifabutin... 27
propafenone... 57	RAYALDEE... 88	rifampin... 27, 28
proparacaine... 102	reclipsen (28)... 79	RIFATER... 28
propranolol... 57	RECOMBIVAX HB (PF)... 85	riluzole... 60
propranolol-hydrochlorothiazid... 57	RECTIV... 95	rimantadine... 45
propylthiouracil... 82	REGRANEX... 63	ringer's... 68, 96
PROQUAD (PF)... 85	RELENZA DISKHALER... 45	RINVOQ... 85
PROSOL 20 %... 68	RELION NEEDLES... 95	risedronate... 88
protamine... 95	RELION PEN NEEDLES... 96	RISPERDAL CONSTA... 41
protriptyline... 24	RELISTOR... 70	risperidone... 41
PULMOZYME... 105	RENACIDIN... 96	ritonavir... 45
PURE COMFORT ALCOHOL PADS... 95	repaglinide... 49	RITUXAN HYCELA... 34
PURE COMFORT PEN NEEDLE... 95	REPATHA PUSHTRONEX... 58	RITUXAN... 34
PURIXAN... 34	REPATHA SURECLICK... 58	rivastigmine tartrate... 22
PYLERA... 70	REPATHA SYRINGE... 58	rivastigmine... 22
pyrazinamide... 27	RESCRIPTOR... 45	rivelsa... 79
pyridostigmine bromide... 27	RESECTISOL... 58	rizatriptan... 27
pyrimethamine... 38	RESTASIS MULTIDOSE... 102	ROCKLATAN... 102
Q	RESTASIS... 102	romidepsin... 35
QINLOCK... 34	RETACRIT... 51	ropinirole... 39
QUADRACEL (PF)... 85	RETEVMO... 34	ropivacaine (pf)... 13
QUARTETTE... 79	RETROVIR... 45	rosuvastatin... 58
quetiapine... 41	REVCovi... 71	ROTARIX... 86
quinapril... 58	REVLIMID... 34	ROTATEQ VACCINE... 86
quinapril-hydrochlorothiazide... 58	REXULTI... 41	roweepra xr... 21
quinidine sulfate... 58	REYATAZ... 45	roweepra... 21
quinine sulfate... 38	REZUROCK... 85	ROZLYTREK... 35
R	RHOPHYLAC... 85	RUBRACA... 35
RABAVERT (PF)... 85	RHOPRESSA... 102	RUCONEST... 86
rabeprazole... 70	RIABNI... 34	rufinamide... 21

RUKOBIA... 45	sildenafil (pulm.hypertension)... 105	SOMAVERT... 82
RUXIENCE... 35	sildenafil... 107	sorbitol-mannitol... 96
RUZURGI... 60	silver sulfadiazine... 63	sorine... 58
RYBELSUS... 49	simliya (28)... 79	sotalol af... 58
RYBREVANT... 35	simpesse... 79	sotalol... 58
RYDAPT... 35	SIMULECT... 86	SPIRIVA RESPIMAT... 105
RYLAZE... 35	simvastatin... 58	SPIRIVA WITH HANDIHALER... 105
RYTARY... 39	sirolimus... 86	spironolacton-hydrochlorothiaz... 58
S	SIRTURO... 28	spironolactone... 58
SAFESNAP INSULIN SYRINGE... 96	SIVEXTRO... 18	sprintec (28)... 79
SAFETY PEN NEEDLE... 96	SKYRIZI... 86	SPRITAM... 21
SANCUSO... 25	SLYND... 79	SPRYCEL... 35
SANDIMMUNE... 86	SMOFLIPID... 68	SPS (WITH SORBITOL)... 68
SANDOSTATIN LAR DEPOT... 81	sodium acetate... 68	sronyx... 79
SANTYL... 63	sodium benzoate-sod phenylacet... 96	SSD... 63
SAPHRIS... 41	sodium bicarbonate... 68	stavudine... 45
sapropterin... 71	sodium chloride 0.45 %... 68	STELARA... 86
SARCLISA... 35	sodium chloride 0.9 %... 68	STIMATE... 73
SAVELLA... 60	sodium chloride 3 %... 68	STIOLTO RESPIMAT... 105
SCEMBLIX... 35	sodium chloride 5 %... 68	STIVARGA... 35
scopolamine base... 25	sodium chloride... 68, 96	STRENSIQ... 71
se-natal 19 chewable... 68	sodium lactate... 68	streptomycin... 18
SECUADO... 42	sodium phenylbutyrate... 71	STRIBILD... 45
SECURESAFE PEN NEEDLE... 96	sodium phosphate... 68	STRIVERDI RESPIMAT... 105
selegiline hcl... 39	sodium polystyrene (sorb free)... 68	subvenite starter (blue) kit... 21
selenium sulfide... 63	sodium polystyrene sulfonate... 68	subvenite starter (green) kit... 21
SELZENTRY... 45	solifenacin... 72	subvenite starter (orange) kit... 21
sertraline... 24	SOLQUA 100/33... 49	subvenite... 21
setlakin... 79	SOLTAMOX... 35	SUCRAID... 71
sevelamer carbonate... 68	SOLU-MEDROL (PF)... 73	sucrafate... 70
sharobel... 79	SOLU-MEDROL... 73	sulfacetamide sodium (acne)... 18
SHINGRIX (PF)... 86	SOMATULINE DEPOT... 82	sulfacetamide sodium... 18, 102
SIGNIFOR... 81		

sulfacetamide-prednisolone... 102	SYMTUZA... 45	TECHLITE PEN NEEDLE... 97
sulfadiazine... 18	SYNAREL... 82	TEFLARO... 18
sulfamethoxazole-trimethoprim... 18	SYNERCID... 18	TEKTURN HCT... 58
sulfasalazine... 87	SYNJARDY XR... 49	telmisartan... 58
sulindac... 12	SYNJARDY... 49	telmisartan-amlodipine... 58
sumatriptan succinate... 27	SYNRIBO... 35	telmisartan-hydrochlorothiazid... 58
sumatriptan... 27	SYNTHROID... 81	temazepam... 106
sunitinib... 35	T	TEMIXYS... 45
SUPRAX... 18	TABLOID... 35	TEMODAR... 35
SUPREP BOWEL PREP KIT... 70	TABRECTA... 35	temsirolimus... 35
SURE COMFORT ALCOHOL PREP PADS... 96	TACLONEX... 63	teniposide... 35
SURE COMFORT INS. SYR. U-100... 96	tacrolimus... 63, 86	TENIVAC (PF)... 86
SURE COMFORT INSULIN SYRINGE... 96	tadalafil (pulm. hypertension)... 105	tenofovir disoproxil fumarate... 45
SURE COMFORT PEN NEEDLE... 96	TAFINLAR... 35	TEPMETKO... 36
SURE COMFORT SAFETY PEN NEEDLE... 96	TAGRISSO... 35	terazosin... 58
SURE-FINE PEN NEEDLES... 96	TALZENNA... 35	terbinafine hcl... 26
SURE-JECT INSULIN SYRINGE... 96	tamoxifen... 35	terconazole... 26
SURE-PREP ALCOHOL PREP PADS... 96	tamsulosin... 72	TERUMO INSULIN SYRINGE... 97
SUTAB... 70	TARGRETIN... 35	testosterone cypionate... 79
SUTENT... 35	tarina fe 1-20 eq (28)... 79	testosterone enanthate... 79
syeda... 79	tarina fe 1/20 (28)... 79	testosterone... 79
SYLATRON... 86	tarina 24 fe... 79	TETANUS,DIPHThERIA TOX PED(PF)... 86
SYLVANT... 86	TASIGNA... 35	tetrabenazine... 60
SYMBICORT... 105	tazarotene... 63	THALOMID... 36
SYMFI LO... 45	TAZORAC... 63	theophylline in dextrose 5 %... 105
SYMFI... 45	taztia xt... 58	theophylline... 105
SYMJEPI... 105	TAZVERIK... 35	THINPRO INSULIN SYRINGE... 97
SYMLINPEN 120... 49	TDVAX... 86	THIOLA... 72
SYMLINPEN 60... 49	TECENTRIQ... 35	thioridazine... 42
SYMPAZAN... 21	TECFIDERA... 60	thiotepa... 36
	TECHLITE INSULIN SYRINGE... 97	thiothixene... 42
	TECHLITE INSULN SYR(HALF UNIT)... 97	tiadylt er... 58

tiagabine... 21	trandolapril-verapamil... 58	triderm... 73
TIBSOVO... 36	tranexamic acid... 51	trientine... 68
TICOVAC... 86	tranylcypromine... 24	trifluoperazine... 42
tigecycline... 18	TRAVASOL 10 %... 68	trifluridine... 102
tilia fe... 79	travoprost... 102	trihexyphenidyl... 39
timolol maleate (pf)... 102	TRAZIMERA... 36	TRIJARDY XR... 50
timolol maleate... 58, 102	trazodone... 24	TRIKAFTA... 106
tinidazole... 18	TREANDA... 36	triklo... 59
tiopronin... 72	TRECTOR... 28	trilyte with flavor packets... 70
TIVDAK... 36	TRELEGY ELLIPTA... 106	trimethobenzamide... 25
TIVICAY PD... 45	TRELSTAR... 82	trimethoprim... 18
TIVICAY... 45	TRESIBA FLEXTOUCH U-100... 49	trimipramine... 24
tizanidine... 42	TRESIBA FLEXTOUCH U-200... 49	trinatal rx 1... 68
TOBI PODHALER... 106	TRESIBA U-100 INSULIN... 49	TRINTELLIX... 24
tobramycin sulfate... 18	tretinoin (antineoplastic)... 36	TRISENOX... 36
tobramycin... 18, 102	tretinoin... 63	TRIUMEQ... 45
tobramycin-dexamethasone... 102	TREXALL... 86	triveen-duo dha... 68
tolterodine... 72	tri femynor... 79	trivora (28)... 80
TOPCARE CLICKFINE... 97	tri-legest fe... 79	TRODELVY... 36
TOPCARE ULTRA COMFORT... 97	tri-lynyah... 79	TROGARZO... 45
topiramate... 21	tri-lo-estarylla... 79	TROPHAMINE 10 %... 68
topotecan... 36	tri-lo-marzia... 79	TROPHAMINE 6%... 69
toremifene... 36	tri-lo-mili... 79	TRUE COMFORT ALCOHOL PADS... 97
toremide... 58	tri-lo-sprintec... 79	TRUE COMFORT INSULIN SYRINGE... 97
TOUJEO MAX U-300 SOLOSTAR... 49	tri-mili... 79	TRUE COMFORT PEN NEEDLE... 97
TOUJEO SOLOSTAR U-300 INSULIN... 49	tri-nymyo... 80	TRUE COMFORT PRO ALCOHOL PADS... 97
TOVIAZ... 72	tri-previfem (28)... 80	TRUE COMFORT PRO INS SYRINGE... 98
TPN ELECTROLYTES... 68	tri-sprintec (28)... 80	TRUEPLUS INSULIN... 98
TRADJENTA... 49	tri-vylibra lo... 80	TRUEPLUS PEN NEEDLE... 98
tramadol... 12	tri-vylibra... 80	TRULICITY... 50
tramadol-acetaminophen... 12	triamcinolone acetonide... 60, 73	TRUMENBA... 86
trandolapril... 58	triamterene-hydrochlorothiazid... 59	

TRUSELTIQ... 36	ULTRA THIN PEN NEEDLE... 99	VALSTAR... 36
TRUVADA... 45	ULTRA-THIN II (SHORT) INS SYR... 99	VALTOCO... 21
TUKYSA... 36	ULTRA-THIN II (SHORT) PEN NDL... 99	vanadom... 106
tulana... 80	ULTRA-THIN II INS PEN NEEDLES... 99	vancomycin in dextrose 5 %... 18
TURALIO... 36	ULTRA-THIN II INSULIN SYRINGE... 99	vancomycin in 0.9 % sodium chl... 18
TWINRIX (PF)... 86	ULTRACARE INSULIN SYRINGE... 100	vancomycin... 18
TYBLUME... 80	ULTRACARE PEN NEEDLE... 100	vancomycin-water inject (peg)... 19
TYBOST... 45	UNIFINE PEN NEEDLE... 100	VANISHPOINT INSULIN SYRINGE... 100
TYKERB... 36	UNIFINE PENTIPS MAXFLOW... 100	VANISHPOINT SYRINGE... 100
TYMLOS... 88	UNIFINE PENTIPS PLUS MAXFLOW... 100	VAQTA (PF)... 86
TYPHIM VI... 86	UNIFINE PENTIPS PLUS... 100	varenicline... 13
U	UNIFINE PENTIPS... 100	VARIVAX (PF)... 86
UDENYCA... 51	UNIFINE SAFECONTROL... 100	VARIZIG... 86
UKONIQ... 36	UNITHROID... 81	VASCEPA... 59
ULTICARE INSULIN SYRINGE... 98	UNITUXIN... 36	VECTIBIX... 36
ULTICARE INSULN SYR(HALF UNIT)... 98	ursodiol... 70	VELCADE... 36
ULTICARE PEN NEEDLE... 98	UVADEX... 63	velivet triphasic regimen (28)... 80
ULTICARE SAFETY PEN NEEDLE... 98	V	VENCLEXTA STARTING PACK... 36
ULTICARE... 98	V-GO 20... 100	VENCLEXTA... 36
ULTIGUARD SAFEPAK-INSULIN SYR... 98	V-GO 30... 100	venlafaxine... 24
ULTIGUARD SAFEPAK-PEN NEEDLE... 98	V-GO 40... 100	VENTAVIS... 106
ULTILET ALCOHOL SWAB... 98	valacyclovir... 45	VENTOLIN HFA... 106
ULTILET INSULIN SYRINGE... 99	VALCHLOR... 36	verapamil... 59
ULTILET PEN NEEDLE... 99	valganciclovir... 45	VERIFINE PEN NEEDLE... 100
ULTRA CMFT INS SYR (HALF UNIT)... 99	valproate sodium... 21	VERIPRED 20... 73
ULTRA COMFORT INSULIN SYRINGE... 99	valproic acid (as sodium salt)... 21	VERSACLOZ... 42
ULTRA FLO INSUL SYR(HALF UNIT)... 99	valproic acid... 21	VERZENIO... 36
ULTRA FLO INSULIN SYRINGE... 99	valrubicin... 36	vestura (28)... 80
ULTRA FLO PEN NEEDLE... 99	valsartan... 59	VICTOZA 2-PAK... 50
	valsartan-hydrochlorothiazide... 59	VICTOZA 3-PAK... 50
		VIDEX EC... 46

VIDEX 2 GRAM PEDIATRIC... 45

vienva... 80

vigabatrin... 21

vigadrone... 21

VIIBRYD... 24

VIMPAT... 22

vinblastine... 37

vincasar pfs... 37

vincristine... 37

vinorelbine... 37

viorele (28)... 80

VIRACEPT... 46

VIREAD... 46

virt-c dha... 69

virt-nate dha... 69

VISTOGARD... 37

VITRAKVI... 37

VIVITROL... 13

VIZIMPRO... 37

VOCABRIA... 46

volnea (28)... 80

voriconazole... 26

VOSEVI... 46

VOTRIENT... 37

VRAYLAR... 42

vyfemla (28)... 80

vylibra... 80

VYNDAMAX... 71

VYNDAQEL... 71

VYXEOS... 37

VYZULTA... 102

W

warfarin... 52

water for irrigation, sterile... 100

WEBCOL... 100

WELIREG... 37

wera (28)... 80

westab plus... 69

WINRHO SDF... 86

wixela inhub... 106

wymzya fe... 80

X

XALKORI... 37

XARELTO DVT-PE TREAT 30D START...
52

XARELTO... 52

XATMEP... 86

XCOPRI MAINTENANCE PACK... 22

XCOPRI TITRATION PACK... 22

XCOPRI... 22

XGEVA... 88

XIFAXAN... 70

XIGDUO XR... 50

XOFLUZA... 46

XOLAIR... 87

XOSPATA... 37

XPOVIO... 37

XTAMPZA ER... 12

XTANDI... 37

xulane... 80

XULTOPHY 100/3.6... 50

XYREM... 106

Y

YAZ (28)... 80

YERVOY... 37

YF-VAX (PF)... 87

YONDELIS... 37

Z

zafemy... 80

zafirlukast... 106

ZALTRAP... 37

ZANOSAR... 37

zarah... 80

ZARXIO... 52

ZEJULA... 37

ZELBORAF... 37

zenatane... 63

ZENPEP... 71

ZEPZELCA... 37

ZERBAXA... 19

zidovudine... 46

ZIEXTENZO... 52

ziprasidone hcl... 42

ziprasidone mesylate... 42

ZIRABEV... 37

ZIRGAN... 46

ZOKINVY... 71

ZOLADEX... 82

zoledronic ac-mannitol-0.9nacl...
88

zoledronic acid... 88

zoledronic acid-mannitol-water...
88

ZOLINZA... 37

zolpidem... 106

zonisamide... 22

ZORTRESS... 87

ZOSTAVAX (PF)... 87

zovia 1-35 (28)... 80

zovia 1/35e (28)... 80
ZUBSOLV... 13, 14
ZULRESSO... 24
zumandimine (28)... 80
ZYDELIG... 38
ZYKADIA... 38
ZYNLONTA... 38
ZYPITAMAG... 59
ZYPREXA RELPREVV... 42
1ST TIER UNIFINE PENTIPS PLUS...
88
1ST TIER UNIFINE PENTIPS... 88

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): નિઝીલ્લુ ભાષા સહાય સેવાઓ પ્રાપ્ત કરવા માટે ઉપરોક્ત નંબર પર કોલ કરો.

ภาษาไทย (Thai): โทรไปยังหมายเลขที่ระบุข้างต้นเพื่อรับบริการช่วยเหลือด้านภาษาฟรี.

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

العربية (Arabic):

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

[illegible]



CarePlusHealthPlans.com

CarePlusHealthPlans.com

H1019-073

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**.