

PRESCRIPTION DRUG GUIDE

CarePlus Formulary
List of Covered Drugs

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



CarePlus
HEALTH PLANS

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

Welcome to CarePlus!

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

What is the CarePlus Medicare formulary?

A formulary is the entire list of covered drugs or medicines selected by CarePlus. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. CarePlus worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. CarePlus will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a CarePlus network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

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

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

What if you're affected by a Drug List change?

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

The enclosed formulary is current as of December 2021. We'll update the printed formularies each month and they'll be available on

<https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides>.

To get updated information about the drugs covered by CarePlus, please visit

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

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

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

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

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

For drugs that need prior authorization or step therapy, or drugs that fall outside of quantity limits, your health care provider can fax information about your condition and need for those drugs to CarePlus at **1-800-310-9071**. Representatives are available Monday - Friday, 8 a.m. - 8 p.m.

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

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

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

What if my drug isn't on the formulary?

If your drug isn't included in this list of covered drugs, visit

<https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides> to see if your plan covers your drug. You can also call Member Services and ask if your drug is covered.

If CarePlus doesn't cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that CarePlus covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by CarePlus.
- You can ask CarePlus to make an exception and cover your drug. See below for information about how to request an exception.

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

What is a compounded drug?

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

How do I request an exception to the CarePlus formulary?

You can ask CarePlus to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

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

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

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

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

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

Will my plan cover my drugs if they are not on the formulary?

You may take drugs that your plan doesn't cover. Or, you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior

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

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

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

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

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

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

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

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

Transition extension

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

A Transition Policy is available on CarePlus's website,

<https://www.careplushealthplans.com/medicare-plans/2021-prescription-drug-guides>, in the same area where the Prescription Drug Guides are displayed.

For More Information

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

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

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

CarePlus Formulary

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

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

How to read your formulary

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

GC - Tier 1 or Tier 2 drugs that are covered in the gap

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 GC,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 GC,MO	2	QL (60 per 30 days)
diclofenac epolamine 1.3% ptch MO	4	PA,QL (60 per 30 days)
diclofenac sod ec 25 mg, 50 mg, tab GC,MO	2	
diclofenac sod ec 75 mg, tab GC,MO	1	
diclofenac sod er 100 mg, tab GC,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 GC,MO	1	
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet DL	3	QL (360 per 30 days)
etodolac 200 mg, 300 mg, capsule MO	3	
etodolac 400 mg, 500 mg, tablet MO	3	
etodolac er 400 mg, 500 mg, 600 mg, tablet MO	3	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour, patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	3	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg,; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, DL	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml vial DL, GC	2	B vs D,QL (720 per 30 days)
flurbiprofen 100 mg, tablet GC,MO	2	
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg,; hydrocodone-acetamin 7.5-300 DL	3	QL (390 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 DL	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 DL	3	QL (2700 per 30 days)
hydrocodone-acetamin 7.5-325/15 DL	3	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, DL	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 DL	3	QL (150 per 30 days)
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml;; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml, carpujct DL	4	B vs D,QL (720 per 30 days)
hydromorphone 2 mg, 4 mg, tablet DL	3	QL (360 per 30 days)
hydromorphone 2 mg/ml, carpujct DL	4	QL (360 per 30 days)
hydromorphone 2 mg/ml, vial DL	4	B vs D,QL (360 per 30 days)
hydromorphone 4 mg/ml, carpujct DL	4	B vs D,QL (180 per 30 days)
hydromorphone 8 mg, tablet DL	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml, amp DL	4	B vs D,QL (720 per 30 days)
hydromorphone hcl 4 mg/ml, amp DL	4	B vs D,QL (180 per 30 days)
hydromorphone 1 mg/ml, vial DL	4	B vs D,QL (720 per 30 days)
hydromorphone 4 mg/ml, vial DL	4	B vs D,QL (180 per 30 days)
hydromorphone 500 mg/50 ml vial DL	4	QL (144 per 30 days)
ibu 400 mg, 600 mg, 800 mg, tablet GC,MO	1	
ibuprofen 100 mg/5 ml, susp GC,MO	2	
ibuprofen 400 mg, 600 mg, 800 mg, tablet GC,MO	1	
indomethacin 25 mg, 50 mg, 75 mg, capsule; indomethacin er 25 mg, 50 mg, 75 mg, capsule GC,MO	2	
ketoprofen 25 mg, 50 mg, 75 mg, capsule MO	3	
ketorolac 10 mg, tablet GC,MO	2	QL (20 per 30 days)
meloxicam 15 mg, tablet GC,MO	1	QL (30 per 30 days)
meloxicam 7.5 mg, tablet GC,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 GC,MO	2	
naproxen 250 mg, 375 mg, 500 mg, tablet; naproxen dr 250 mg, 375 mg, 500 mg, tablet GC,MO	1	
naproxen sod cr 375 mg, tablet MO	4	ST, QL (120 per 30 days)
naproxen sod cr 500 mg, tablet MO	4	ST, QL (90 per 30 days)
naproxen sod cr 750 mg, tablet MO	4	ST, QL (60 per 30 days)
naproxen sodium 275 mg, 550 mg, tab MO	3	
oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tab; oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tablet DL	3	QL (360 per 30 days)
oxycodone hcl (ir) 5 mg, cap DL	4	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc DL	4	QL (270 per 30 days)
oxycodone hcl 5 mg/5 ml, soln DL	3	QL (5400 per 30 days)
oxycodone-acetaminophen 10-300; oxycodone-acetaminophen 5-300 DL	5	QL (390 per 30 days)
oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325; oxycodone-acetaminophn 2.5-325; oxycodone-acetaminophn 7.5-325 DL	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 DL	3	QL (360 per 30 days)
piroxicam 10 mg, 20 mg, capsule MO	3	
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet DL	5	QL (390 per 30 days)
prolate 10 mg-300 mg tablet; prolate 5 mg-300 mg tablet; prolate 7.5 mg-300 mg tablet DL	5	QL (390 per 30 days)
PROLATE 10 MG-300 MG/5 ML ORAL SOLUTION DL	5	QL (900 per 30 days)
sulindac 150 mg, 200 mg, tablet GC,MO	1	
tramadol er 100 mg, 200 mg, 300 mg, tablet; tramadol hcl er 100 mg, 200 mg, 300 mg, tablet DL	3	QL (30 per 30 days)
tramadol hcl 100 mg, tablet DL	3	QL (120 per 30 days)
tramadol hcl 50 mg, tablet DL, GC	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 DL, GC	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 GC,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 GC,MO	1	
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul GC,MO	1	
lidocaine 2% viscous soln GC,MO	2	
lidocaine hcl 2% jelly GC,MO	2	
lidocaine hcl 2% jelly uro-jet GC,MO	2	
lidocaine viscous 2 %, mucosal solution GC,MO	2	
lidocaine 0.5%-epi 1:200,000 GC,MO	1	
lidocaine-prilocaine cream MO	4	
polocaine 1 % (10 mg/ml), 2 %, injection solution GC,MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), injection solution GC,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 GC,MO	2	QL (90 per 30 days)
buprenorphine-nalox 12-3mg flm GC,MO	2	QL (60 per 30 days)
buprenorphine-nalox 2-0.5mg fm; buprenorphine-nalox 4-1mg film; buprenorphine-nalox 8-2mg film GC,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 GC,MO	2	
naloxone 0.4 mg/ml, 1 mg/ml, carpject; naloxone 2 mg/2 ml syringe GC,MO	1	
naloxone 0.4 mg/ml, vial GC,MO	1	
naloxone 2 mg auto-injector MO	4	QL (0.8 per 30 days)
naltrexone 50 mg, tablet GC,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 GC,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 GC,MO	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET GC,MO	2	QL (60 per 30 days)
Antibacterials		
acetic acid 2% ear solution GC,MO	2	
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml, vial MO	3	
amoxicillin 125 mg, 250 mg, tab chew GC,MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml, susp GC,MO	1	
amoxicillin 250 mg, 500 mg, capsule GC,MO	1	
amoxicillin 500 mg, 875 mg, tablet GC,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 GC,MO	2	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet GC,MO	2	
ampicillin 250 mg, 500 mg, capsule GC,MO	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg, vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial MO	3	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	3	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET MO	4	PA
azithromycin 1 gm pwd packet MO	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml, susp MO	3	
azithromycin 250 mg, 500 mg, 600 mg, tablet GC,MO	2	
azithromycin i.v. 500 mg, vial GC,MO	2	
aztreonam 1 gm vial MO	4	
aztreonam 2 gm vial DL	5	
bacitracin 50,000 unit, vial GC,MO	1	
BETHKIS 300 MG/4 ML, SOLUTION FOR NEBULIZATION DL	5	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML, INTRAMUSCULAR SYRINGE MO	4	
cefaclor 250 mg, 500 mg, capsule GC,MO	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml, susp GC,MO	2	
cefadroxil 500 mg, capsule GC,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 GC,MO	2	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose GC,MO	2	
cefdinir 125 mg/5 ml, 250 mg/5 ml, susp GC,MO	2	
cefdinir 300 mg, capsule GC,MO	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram, vial MO	3	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml MO	3	
cefepime 1 gm injection; cefepime 2 gm injection MO	3	
cefixime 400 mg, capsule MO	4	
cefotaxime sodium 1 gm vial GC,MO	2	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	4	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag MO	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	3	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	3	
cefpodoxime 100 mg, 200 mg, tablet MO	3	
cefprozil 125 mg/5 ml, 250 mg/5 ml, susp MO	3	
cefprozil 250 mg, 500 mg, tablet GC,MO	2	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial MO	4	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO	4	
ceftriaxone 1 gm add-vant vial; ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg, vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial GC,MO	2	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag MO	3	
cefuroxime axetil 250 mg, 500 mg, tab GC,MO	2	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg, vial; cefuroxime sod 7.5 gm vial GC,MO	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml, susp GC,MO	2	
cephalexin 250 mg, 500 mg, capsule GC,MO	1	
chloramphen na succ 1 gm vl GC,MO	2	
ciprofloxacin hcl 100 mg, tab MO	4	
ciprofloxacin hcl 250 mg, 500 mg, 750 mg, tab GC,MO	1	
ciprofloxacin 200 mg/100ml-d5w; ciprofloxacin 400 mg/200ml-d5w GC,MO	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml, sus MO	3	
clarithromycin 250 mg, 500 mg, tablet GC,MO	2	
clarithromycin er 500 mg, tab GC,MO	2	
CLEOCIN 100 MG, VAGINAL SUPPOSITORY MO	4	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
divalproex sod dr 125 mg, 250 mg, 500 mg, tab GC,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 GC,MO	2	
EPRONTIA 25 MG/ML, ORAL SOLUTION MO	4	PA,QL (480 per 30 days)
ethosuximide 250 mg, capsule MO	3	
ethosuximide 250 mg/5 ml, soln MO	4	
felbamate 400 mg, 600 mg, tablet MO	4	
felbamate 600 mg/5 ml, susp DL	5	
FINTEPLA 2.2 MG/ML, ORAL SOLUTION DL	5	PA,QL (360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml,; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml, 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 GC,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 GC,MO	2	QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, tablet GC,MO	1	
lamotrigine 25 mg, 5 mg, disper tab; lamotrigine 25 mg, 5 mg, disper tablet GC,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 GC,MO	2	
levetiracetam 1,000 mg, 500 mg, 750 mg, tablet GC,MO	2	
levetiracetam 100 mg/ml, soln GC,MO	2	
levetiracetam 250 mg, tablet GC,MO	2	QL (60 per 30 days)
levetiracetam 500 mg/5 ml soln GC,MO	2	QL (900 per 30 days)
levetiracetam 500 mg/5 ml, vial MO	4	
levetiracetam er 500 mg, tablet GC,MO	2	QL (180 per 30 days)
levetiracetam er 750 mg, tablet GC,MO	2	QL (120 per 30 days)
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 GC,MO	2	
NAYZILAM 5 MG/SPRAY (0.1 ML), NASAL SPRAY DL	4	QL (10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg, tablet MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxcarbazepine 300 mg/5 ml susp MO	4	
PEGANONE 250 MG, TABLET MO	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, tablet MO	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg, tablet MO	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	4	QL (1500 per 30 days)
phenobarbital 30 mg, tablet MO	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG, CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml, susp GC,MO	2	
phenytoin 50 mg, tablet chew GC,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 GC,MO	2	
primidone 250 mg, 50 mg, tablet GC,MO	2	
roweepra 1,000 mg, 500 mg, 750 mg, tablet GC,MO	1	
roweepra xr 500 mg, tablet,extended release GC,MO	2	QL (180 per 30 days)
roweepra xr 750 mg, tablet,extended release GC,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 GC,MO	2	
subvenite starter (blue) kit 25 mg (35), tablets in a dose pack GC,MO	2	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack GC,MO	2	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack GC,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 GC,MO	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg, sprinkle cap GC,MO	2	
topiramate 25 mg, tablet GC,MO	2	QL (90 per 30 days)
valproate sod 500 mg/5 ml vial GC,MO	1	
valproic acid 250 mg, capsule GC,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 GC,MO	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rivastigmine 1.5 mg, 3 mg, capsule MO	3	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg, capsule MO	3	QL (60 per 30 days)
Antidepressants		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tab GC,MO	2	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg, tablet MO	3	
bupropion hcl 100 mg, 75 mg, tablet MO	3	QL (180 per 30 days)
bupropion hcl sr 100 mg, tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 150 mg, tablet MO	3	QL (90 per 30 days)
bupropion hcl sr 200 mg, tablet MO	3	QL (60 per 30 days)
bupropion hcl xl 150 mg, tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg, tablet MO	3	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg, tablet GC,MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml, soln GC,MO	2	
citalopram hbr 20 mg, tablet GC,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 GC,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 GC,MO	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg, tablet GC,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 GC,MO	2	
fluoxetine dr 90 mg, capsule MO	3	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg, capsule GC,MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg, capsule GC,MO	1	QL (120 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg, tab GC,MO	2	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg, tablet MO	3	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg, cap MO	4	
maprotiline 25 mg, 50 mg, 75 mg, tablet MO	3	

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
terconazole 80 mg, suppository ^{MO}	3	
voriconazole 200 mg, 50 mg, tablet ^{MO}	3	PA,QL (120 per 30 days)
voriconazole 200 mg, vial ^{DL}	5	PA
voriconazole 40 mg/ml susp ^{DL}	5	PA,QL (400 per 30 days)
Antigout Agents		
allopurinol 100 mg, 300 mg, tablet ^{GC,MO}	1	
MITIGARE 0.6 MG, CAPSULE ^{MO}	3	
probenecid 500 mg, tablet ^{MO}	3	
probenecid-colchicine tablet ^{MO}	3	
Antimigraine Agents		
AIMOVIG AUTOINJECTOR 140 MG/ML, SUBCUTANEOUS AUTO-INJECTOR ^{MO}	4	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML, SUBCUTANEOUS AUTO-INJECTOR ^{MO}	4	PA,QL (2 per 30 days)
dihydroergotamine 1 mg/ml, amp ^{DL}	5	
dihydroergotamine 4 mg/ml spry ^{DL}	5	QL (8 per 30 days)
EMGALITY PEN 120 MG/ML, SUBCUTANEOUS PEN INJECTOR ^{MO}	4	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML, SUBCUTANEOUS SYRINGE ^{MO}	4	PA,QL (2 per 30 days)
ergotamine-caffeine 1-100mg tb ^{MO}	3	QL (40 per 30 days)
naratriptan hcl 1 mg, 2.5 mg, tablet ^{GC,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 ^{GC,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 ^{GC,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 ^{GC,MO}	2	
isoniazid 100 mg, 300 mg, tablet ^{GC,MO}	1	
isoniazid 100 mg/ml, vial ^{GC,MO}	1	

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
erlotinib hcl 25 mg, tablet DL	5	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT, VIAL DL	5	PA
ETOPOPHOS 100 MG, INTRAVENOUS SOLUTION MO	4	
etoposide 100 mg/5 ml vial GC,MO	2	
everolimus 2 mg, 3 mg, 5 mg, tab for susp DL	5	PA
EVOMELA 50 MG, INTRAVENOUS SOLUTION DL	5	PA
exemestane 25 mg, tablet MO	4	QL (60 per 30 days)
EXKIVITY 40 MG, CAPSULE DL	5	PA,QL (120 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG, CAPSULE DL	5	PA,QL (6 per 21 days)
floxuridine 500 mg vial GC,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 GC,MO	2	B vs D
flutamide 125 mg, capsule MO	4	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML), INTRAVENOUS SOLUTION DL	5	PA
FOTIVDA 0.89 MG, 1.34 MG, CAPSULE DL	5	PA,QL (21 per 28 days)
fulvestrant 250 mg/5 ml, 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 GC,MO	2	
IBRANCE 100 MG, 125 MG, 75 MG, CAPSULE DL	5	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG, TABLET DL	5	PA,QL (21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG, TABLET DL	5	PA,QL (30 per 30 days)
ICLUSIG 15 MG, TABLET DL	5	PA,QL (60 per 30 days)
idarubicin hcl 20 mg/20 ml vl DL	5	
IDHIFA 100 MG, 50 MG, TABLET DL	5	PA,QL (30 per 30 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZANOSAR 1 GRAM, INTRAVENOUS SOLUTION MO	4	
ZEJULA 100 MG, CAPSULE DL	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG, TABLET DL	5	PA,QL (240 per 30 days)
ZEPZELCA 4 MG, INTRAVENOUS SOLUTION DL	5	PA
ZIRABEV 25 MG/ML, INTRAVENOUS SOLUTION DL	5	PA
ZOLINZA 100 MG, CAPSULE DL	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG, TABLET DL	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG, TABLET DL	5	PA,QL (150 per 30 days)
ZYNLONTA 10 MG, INTRAVENOUS SOLUTION DL	5	PA
Antiparasitics		
albendazole 200 mg, tablet DL	5	
atovaquone 750 mg/5 ml, susp DL	5	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 MO	4	
chloroquine ph 250 mg, 500 mg, tablet GC,MO	2	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
hydroxychloroquine 100 mg, 200 mg, 300 mg, 400 mg, tab GC,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 GC,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 powder 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 GC,MO	2	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML, ORAL SOLUTION MO	4	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE; CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE DL	5	QL (50 per 365 days)
<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	3	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET DL	5	QL (30 per 30 days)
EDURANT 25 MG, TABLET DL	5	QL (30 per 30 days)
<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> GC,MO	2	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)

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>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)
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)
<i>lamivudine 10 mg/ml, oral soln</i> MO	3	QL (900 per 30 days)
<i>lamivudine 150 mg, tablet</i> MO	4	QL (60 per 30 days)
<i>lamivudine 300 mg, tablet</i> MO	4	QL (30 per 30 days)
<i>lamivudine hbv 100 mg, tablet</i> MO	3	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> MO	4	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400mg</i> DL	5	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML, ORAL SUSPENSION MO	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir 80-20mg/ml</i> MO	4	
<i>lopinavir-ritonavir 100-25mg tb</i> MO	4	QL (300 per 30 days)
<i>lopinavir-ritonavir 200-50mg tb</i> DL	5	QL (150 per 30 days)
<i>nevirapine 200 mg, tablet</i> GC,MO	2	QL (60 per 30 days)
<i>nevirapine 50 mg/5 ml, susp</i> MO	4	QL (1200 per 30 days)
<i>nevirapine er 100 mg, tablet</i> MO	4	QL (120 per 30 days)
<i>nevirapine er 400 mg, tablet</i> 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)
<i>oseltamivir 6 mg/ml, suspension</i> MO	4	QL (1440 per 365 days)
<i>oseltamivir phos 30 mg, capsule</i> GC,MO	2	QL (224 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg, capsule</i> GC,MO	2	QL (112 per 365 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PIFELTRO 100 MG, TABLET DL	5	QL (60 per 30 days)
PREZCOBIX 800 MG-150 MG TABLET DL	5	QL (30 per 30 days)
PREZISTA 100 MG/ML, ORAL SUSPENSION DL	5	QL (360 per 30 days)
PREZISTA 150 MG, TABLET DL	5	QL (240 per 30 days)
PREZISTA 600 MG, TABLET DL	5	QL (60 per 30 days)
PREZISTA 75 MG, TABLET MO	4	QL (480 per 30 days)
PREZISTA 800 MG, TABLET DL	5	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION, POWDER FOR INHALATION MO	4	QL (60 per 180 days)
RESCRIPTOR 200 MG, TABLET MO	4	QL (180 per 30 days)
RETROVIR 10 MG/ML, INTRAVENOUS SOLUTION MO	4	
REYATAZ 50 MG, ORAL POWDER PACKET MO	4	
RIBASPHERE RIBAPAK 600-400 MG; RIBASPHERE RIBAPAK 600-600 MG DL	5	
<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	3	
<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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valganciclovir 450 mg, tablet DL	5	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml, DL	5	QL (1056 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN MO	4	QL (1200 per 30 days)
VIDEX EC 125 MG, CAPSULE MO	4	QL (90 per 30 days)
VIRACEPT 250 MG, TABLET DL	5	QL (300 per 30 days)
VIRACEPT 625 MG, TABLET DL	5	QL (120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, TABLET DL	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM), ORAL POWDER DL	5	QL (240 per 30 days)
VOCABRIA 30 MG, TABLET DL	5	QL (30 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG, TABLET MO	4	QL (10 per 365 days)
XOFLUZA 80 MG, TABLET MO	4	QL (5 per 365 days)
zidovudine 100 mg, capsule MO	4	QL (180 per 30 days)
zidovudine 300 mg, tablet GC,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, GC	2	QL (120 per 30 days)
alprazolam 2 mg, tablet DL, GC	2	QL (150 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg, tablet GC,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, GC	2	QL (90 per 30 days)
lorazepam 2 mg, tablet DL, GC	2	QL (150 per 30 days)
lorazepam 2 mg/ml, oral concent DL	3	QL (150 per 30 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tranexamic acid 650 mg, tablet MO	3	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet GC,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 GC,MO	2	
acetazolamide 125 mg, 250 mg, tablet MO	4	
acetazolamide er 500 mg, cap MO	3	
acetazolamide sod 500 mg, vial GC,MO	1	
adenosine 12 mg/4 ml syringe GC,MO	1	
adenosine 12 mg/4 ml vial GC,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 GC,MO	1	
amiodarone 150 mg/3 ml vial GC,MO	2	
amiodarone 150 mg/3 ml, syringe GC,MO	2	
amiodarone hcl 100 mg, tablet MO	4	
amiodarone hcl 200 mg, tablet GC,MO	2	
amiodarone hcl 400 mg, tablet MO	4	QL (60 per 30 days)
amlodipine besylate 10 mg, tab GC,MO	1	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg, tab GC,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 GC,MO	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg, GC,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, GC,MO	2	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg, tablet GC,MO	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 GC,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg, tablet GC,MO	1	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg, tablet GC,MO	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg, tab GC,MO	2	
BIDIL 20 MG-37.5 MG TABLET MO	4	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg, tab GC,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 GC,MO	1	
bumetanide 0.5 mg, 1 mg, 2 mg, tablet GC,MO	2	
bumetanide 2.5 mg/10 ml vial GC,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 GC,MO	2	QL (60 per 30 days)
candesartan cilexetil 32 mg, tb GC,MO	2	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg, tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg, tb GC,MO	2	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg, tablet MO	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg, tablet MO	3	
cartia xt 120 mg, 180 mg, 240 mg, capsule,extended release GC,MO	2	QL (60 per 30 days)
cartia xt 300 mg, capsule,extended release GC,MO	2	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg, tablet GC,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 GC,MO	1	
chlorthalidone 25 mg, 50 mg, tablet GC,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 GC,MO	1	
colestipol hcl 1 gm tablet MO	3	
colestipol hcl granules MO	4	QL (1000 per 30 days)
colestipol hcl granules packet MO	4	
CORLANOR 5 MG, 7.5 MG, TABLET MO	4	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML, INTRAVENOUS SOLUTION MO	4	

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg, tab GC,MO	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg, tablet GC,MO	1	
mannitol 10% iv solution GC,MO	1	
mannitol 20% iv solution GC,MO	1	
mannitol 25% vial GC,MO	2	
mannitol 5% iv solution GC,MO	1	
methazolamide 25 mg, 50 mg, tablet MO	4	
methyldopa 250 mg, 500 mg, tablet GC,MO	1	
methyldopa-hctz 250-15 mg, 250-25 mg, tab MO	3	
metolazone 10 mg, 2.5 mg, 5 mg, tablet GC,MO	2	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg, tab GC,MO	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg, tab GC,MO	2	
metoprolol 5 mg/5 ml, carpject GC,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 GC,MO	1	
metirosine 250 mg, capsule DL	5	
midodrine hcl 10 mg, 2.5 mg, 5 mg, tablet MO	3	
minoxidil 10 mg, 2.5 mg, tablet GC,MO	2	
moexipril hcl 15 mg, 7.5 mg, tablet GC,MO	2	
MULTAQ 400 MG, TABLET MO	3	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg, tablet MO	3	
nebivolol 10 mg, tablet MO	3	QL (120 per 30 days)
nebivolol 2.5 mg, 5 mg, tablet MO	3	QL (30 per 30 days)
nebivolol 20 mg, tablet MO	3	QL (60 per 30 days)
NEXLETOL 180 MG, TABLET MO	3	PA,QL (30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML), INTRAVENOUS SOLUTION MO	4	
niacin er 1,000 mg, 500 mg, 750 mg, tablet MO	4	
niacor 500 mg, tablet MO	3	
nifedipine er 30 mg, 60 mg, 90 mg, tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg, capsule MO	4	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg, tablet MO	4	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg, tablet MO	4	QL (60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr, patch GC,MO	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg, tablet sl MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitroglycerin 0.4 mg/hr, patch GC,MO	2	QL (60 per 30 days)
nitroglycerin 400 mcg spray MO	4	
nitroglycerin 5 mg/ml vial GC,MO	1	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w GC,MO	2	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG, SUBLINGUAL TABLET MO	3	
norepinephrine 4 mg/4 ml vial GC,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 GC,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 GC,MO	1	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap MO	4	QL (120 per 30 days)
OSMITROL 10 %, INTRAVENOUS SOLUTION MO	4	
OSMITROL 15 %, INTRAVENOUS SOLUTION MO	4	
OSMITROL 20 %, INTRAVENOUS SOLUTION MO	4	
OSMITROL 5 %, INTRAVENOUS SOLUTION MO	4	
PACERONE 100 MG, TABLET MO	4	
pacerone 200 mg, tablet GC,MO	2	
PACERONE 400 MG, TABLET MO	4	QL (60 per 30 days)
pentoxifylline er 400 mg, tab GC,MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg, tab GC,MO	2	
pindolol 10 mg, 5 mg, tablet MO	3	
pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg, tab GC,MO	1	
prazosin 1 mg, 2 mg, 5 mg, capsule GC,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 GC,MO	1	
propafenone hcl 150 mg, 225 mg, 300 mg, tab; propafenone hcl 150 mg, 225 mg, 300 mg, tablet MO	3	
propafenone hcl er 225 mg, 325 mg, cap MO	4	QL (60 per 30 days)
propafenone hcl er 425 mg, cap MO	4	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml), vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln GC,MO	2	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet GC,MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol er 120 mg, 160 mg, 60 mg, 80 mg, capsule GC,MO	2	
propranolol-hctz 40-25 mg, 80-25 mg, tab MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg, tablet GC,MO	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab GC,MO	2	
quinidine sulfate 200 mg, 300 mg, tab GC,MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg, capsule GC,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 GC,MO	1	
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg, tablet GC,MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg, tablet GC,MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg, tablet GC,MO	2	
sotalol af 120 mg, 160 mg, 80 mg, tablet GC,MO	2	
spironolactone-hctz 25-25 tab GC,MO	2	
spironolactone 100 mg, 25 mg, 50 mg, tablet GC,MO	1	
taztia xt 120 mg, 180 mg, 240 mg, capsule,extended release GC,MO	2	QL (60 per 30 days)
taztia xt 300 mg, 360 mg, capsule,extended release GC,MO	2	QL (30 per 30 days)
TEKTURN HCT 150 MG-12.5 MG TABLET; TEKTURN HCT 150 MG-25 MG TABLET; TEKTURN HCT 300 MG-12.5 MG TABLET; TEKTURN HCT 300 MG-25 MG TABLET MO	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg, tablet GC,MO	2	QL (30 per 30 days)
telmisartan 80 mg, tablet GC,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 GC,MO	1	
tiadylt er 120 mg, 180 mg, 240 mg, capsule,extended release GC,MO	2	QL (60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg, capsule,extended release GC,MO	2	QL (30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg, tablet MO	4	
torse mide 10 mg, 100 mg, 20 mg, 5 mg, tablet GC,MO	2	
trandolapril 1 mg, 2 mg, 4 mg, tablet GC,MO	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 %, IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 %, IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5%-25% SOLUTION MO	4	B vs D
CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINISOL SF 15 %, INTRAVENOUS SOLUTION MO	4	B vs D
CLINOLIPID 20 %, INTRAVENOUS EMULSION MO	4	B vs D
clovique 250 mg, capsule DL	5	QL (240 per 30 days)
complete natal dha 29 mg-1 mg-250 mg-200 mg oral pack MO	4	
dextrose 10%-0.45% nacl iv sol GC,MO	1	
dextrose 2.5%-0.45% nacl iv GC,MO	1	
dextrose 5%-0.9% nacl iv soln GC,MO	2	
dextrose 5%-0.45% nacl iv soln GC,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 GC,MO	1	
dextrose 10%-water iv solution GC,MO	1	
dextrose 20%-water iv soln GC,MO	1	
dextrose 25%-water syringe GC,MO	1	
dextrose 30%-water iv soln GC,MO	1	
dextrose 40%-water iv soln GC,MO	1	
dextrose 5%-water iv soln GC,MO	2	
dextrose 5%-lr iv solution GC,MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.2% nacl iv soln GC,MO	1	
dextrose 5%-0.3% nacl iv soln GC,MO	1	
dextrose 50%-water syringe GC,MO	2	
dextrose 50%-water vial GC,MO	1	
dextrose 70%-water iv soln GC,MO	2	
dextrose 5%-electrolyte 48 GC,MO	1	
FREAMINE HBC 6.9% IV SOLN MO	4	B vs D
FREAMINE III 10% IV SOLN. MO	4	B vs D
GLYCOPHOS 1 MMOL/ML, INTRAVENOUS SOLUTION GC,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 GC,MO	2	
KLOR-CON 8 MEQ, TABLET,EXTENDED RELEASE GC,MO	2	
klor-con m10 meq, tablet,extended release GC,MO	2	
KLOR-CON M15 MEQ, TABLET,EXTENDED RELEASE GC,MO	2	
klor-con m20 meq, tablet,extended release GC,MO	2	
lactated ringers injection GC,MO	1	
levocarnitine 330 mg, tablet GC,MO	2	
levocarnitine 1 g/10 ml soln MO	3	
LOKELMA 10 GRAM, 5 GRAM, ORAL POWDER PACKET MO	3	QL (30 per 30 days)
m-natal plus 27 mg iron-1 mg tablet MO	4	
magnesium sulfate 50% syringe GC,MO	1	
magnesium sulfate 50% vial GC,MO	1	
magnesium sulf 1 g/100 ml-d5w GC,MO	1	
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag GC,MO	1	
magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml GC,MO	1	
NEONATAL COMPLETE 29 MG-1 MG TABLET MO	4	
NEONATAL PLUS VITAMIN 27 MG IRON-1 MG TABLET MO	4	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> MO	4	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> MO	4	
PREMASOL 10 %, INTRAVENOUS SOLUTION GC,MO	1	B vs D
PREMASOL 6% IV SOLUTION GC,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> GC,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 GC,MO	1	
sodium bicarb 8.4% abboject MO	4	
sodium chloride 100 meq/40 ml GC,MO	2	
saline 0.45% soln-excel con GC,MO	2	
sodium chloride 0.45% soln GC,MO	2	
sodium chloride 0.9% solution GC,MO	2	
sodium chloride 0.9% vial GC,MO	2	
sodium chloride 3% iv soln GC,MO	1	
sodium chloride 5% iv soln GC,MO	1	
sodium lactate 50 meq/10 ml vial GC,MO	1	
sodium phosphate 45 mmol/15 ml GC,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	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
loperamide 2 mg, capsule GC,MO	2	
methscopolamine brom 2.5 mg, 5 mg, tab; methscopolamine brom 2.5 mg, 5 mg, tb MO	4	
misoprostol 100 mcg, 200 mcg, tablet MO	3	
MOVANTIK 12.5 MG, 25 MG, TABLET MO	3	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	4	
nizatidine 150 mg, 300 mg, capsule GC,MO	1	
omeppi 20 mg-1,100 mg capsule; omeppi 40 mg-1,100 mg capsule MO	4	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg, capsule GC,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 GC,MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg, vial GC,MO	2	
peg-3350 and electrolytes soln GC,MO	2	
peg 3350-electrolyte solution GC,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)
sucrafate 1 gm tablet GC,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 GC,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 GC,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, 50 mg, tablet MO	3	
darifenacin er 15 mg, 7.5 mg, tablet MO	4	ST,QL (30 per 30 days)
dutasteride 0.5 mg, capsule MO	3	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MO	4	QL (30 per 30 days)
ELMIRON 100 MG, CAPSULE DL	5	QL (90 per 30 days)
finasteride 5 mg, tablet GC,MO	1	QL (30 per 30 days)
flavoxate hcl 100 mg, tablet GC,MO	2	
GEMTESA 75 MG, TABLET MO	4	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG, TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
MYRBETRIQ 8 MG/ML, ORAL SUSPENSION,EXTENDED RELEASE MO	3	QL (300 per 30 days)
oxybutynin 5 mg, tablet GC,MO	2	
oxybutynin 5 mg/5 ml, syrup GC,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 GC,MO	2	QL (30 per 30 days)
tamsulosin hcl 0.4 mg, capsule GC,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 GC,MO	1	
ARISTOSPAN 20 MG/ML, VIAL MO	4	
ARISTOSPAN 5 MG/ML, VIAL MO	4	
betamethasone sp-ac 30 mg/5 ml MO	3	
cortisone 25 mg, tablet MO	3	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg, tablet GC,MO	2	
dexamethasone 0.5 mg/5 ml, elx GC,MO	2	
dexamethasone 0.5 mg/5 ml, liq GC,MO	2	
dexamethasone intensol 1 mg/ml, drops (concentrate) GC,MO	2	
dexamethasone 10 mg/ml, syringe GC,MO	2	
dexamethasone 10 mg/ml, vial GC,MO	2	
dexamethasone 10 mg/ml, 4 mg/ml, vial GC,MO	2	
dexamethasone 4 mg/ml, syringe GC,MO	2	
fludrocortisone 0.1 mg, tablet GC,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 GC,MO	2	B vs D
methylprednisolone 4 mg, dosepk GC,MO	2	
methylprednisolone 40 mg/ml, 80 mg/ml, vl GC,MO	2	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg,; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, vl MO	4	
prednisolone 15 mg/5 ml, soln GC,MO	2	
prednisolone 15 mg/5 ml soln; prednisolone 5 mg/5 ml soln GC,MO	2	
prednisolone 20 mg/5 ml soln MO	4	
prednisolone sod ph 25 mg/5 ml MO	3	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg, tablet GC,MO	1	B vs D
prednisone 10 mg, 5 mg, tab dose pack GC,MO	2	
prednisone 5 mg/5 ml, solution GC,MO	2	B vs D
prednisone intensol 5 mg/ml, oral concentrate MO	3	B vs D
SOLU-MEDROL 2 GRAM, INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML, INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML, SOLUTION FOR INJECTION MO	4	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream GC,MO	2	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion MO	3	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment GC,MO	2	
triderm 0.1 %, 0.5 %, topical cream GC,MO	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML), ORAL SOLUTION MO	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONAD 10,000 UNIT, VL DL	5	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr MO	3	QL (25 per 30 days)
desmopressin ac 4 mcg/ml, vial MO	3	
desmopressin acetate 0.1 mg, tb MO	4	QL (180 per 30 days)
desmopressin acetate 0.2 mg, tb MO	4	
EGRIFTA SV 2 MG, SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML, SUBCUTANEOUS SOLUTION DL	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG, SUBCUTANEOUS SOLUTION DL	5	PA
STIMATE 1.5 MG/ML NASAL SPRAY DL	5	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METHITEST 10 MG, TABLET DL	5	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	4	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet MO	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet MO	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet MO	4	
mili 0.25 mg-35 mcg tablet MO	4	
mimvey 1 mg-0.5 mg tablet MO	3	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MO	4	
mono-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 GC,MO	2	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet MO	4	
rivelsa 0.15 mg-20 mcg/0.15 mg-25 mcg tablets, 3 month dose pack MO	4	QL (91 per 90 days)
setlakin 0.15 mg-30 mcg (91), tablets, 3 month dose pack MO	4	QL (91 per 90 days)
sharobel 0.35 mg, tablet MO	4	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack MO	4	QL (91 per 90 days)
SLYND 4 MG (28), TABLET MO	4	
sprintec (28) 0.25 mg-35 mcg tablet MO	4	
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 GC,MO	2	QL (24 per 90 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg, tablet MO	4	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet MO	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg, tablet MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
tulana 0.35 mg, tablet MO	4	
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET MO	4	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
vestura (28) 3 mg-0.02 mg tablet MO	4	
vienva 0.1 mg-20 mcg tablet MO	4	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
vyfemla (28) 0.4 mg-35 mcg tablet MO	4	
vylibra 0.25 mg-35 mcg tablet MO	4	
wera (28) 0.5 mg-35 mcg tablet MO	4	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
xulane 150 mcg-35 mcg/24 hr transdermal patch MO	4	QL (3 per 28 days)
YAZ (28) 3 MG-0.02 MG TABLET MO	4	
zafemy 150 mcg-35 mcg/24 hr transdermal patch MO	4	QL (3 per 28 days)
zarah 3 mg-0.03 mg tablet MO	4	
zovia 1-35 (28) 1 mg-35 mcg tablet MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zumandimine (28) 3 mg-0.03 mg tablet MO	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG, TABLET MO	3	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET GC,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 GC,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 GC,MO	1	
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 GC,MO	2	
propylthiouracil 50 mg, tablet GC,MO	2	
IMMUNOLOGICAL AGENTS		
ACTHIB (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION DL	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	5	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE DL	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP DL	3	
ARCALYST 220 MG, SUBCUTANEOUS SOLUTION DL	5	PA
azathioprine 50 mg, tablet GC,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	
DENGIVAXIA (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	3	PA
INTRON A 18 MILLION UNIT/3 ML; INTRON A 25 MILLION UNIT/2.5ML DL	5	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION DL	4	
IXIARO (PF) 6 MCG/0.5 ML, INTRAMUSCULAR SYRINGE DL	4	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE DL	5	PA,QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML, INTRAMUSCULAR SYRINGE DL	4	
KINRIX VIAL DL	4	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROTARIX 10EXP6 CCID50/ML, SUSPENSION DL	4	
ROTATEQ VACCINE 2 ML, ORAL SOLUTION DL	4	
RUCONEST 2,100 UNIT, INTRAVENOUS SOLUTION DL	5	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG/ML, ORAL SOLUTION MO	4	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION, KIT DL	4	QL (2 per 999 days)
SIMULECT 10 MG, 20 MG, INTRAVENOUS SOLUTION DL	5	B vs D
<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	3	B vs D
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION DL	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION DL	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE DL	4	
DIPHThERIA-TETANUS TOXOIDS-PED DL	4	
TICOVAC 2.4 MCG/0.5 ML, INTRAMUSCULAR SYRINGE MO	4	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG, TABLET MO	4	B vs D
TRUMENBA 120 MCG/0.5 ML, INTRAMUSCULAR SYRINGE DL	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE DL	4	
TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SOLUTION DL	4	
TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SYRINGE DL	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SUSPENSION DL	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SYRINGE DL	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION DL	3	
VARIZIG 125 UNIT/1.2 ML, INTRAMUSCULAR SOLUTION DL	5	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML, INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION DL	5	B vs D
XATMEP 2.5 MG/ML, ORAL SOLUTION MO	4	PA

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paricalcitol 1 mcg, 2 mcg, capsule MO	4	QL (30 per 30 days)
paricalcitol 2 mcg/ml, vial MO	3	QL (24 per 30 days)
paricalcitol 4 mcg, capsule MO	4	QL (12 per 30 days)
paricalcitol 5 mcg/ml, vial MO	3	QL (48 per 28 days)
PROLIA 60 MG/ML, SUBCUTANEOUS SYRINGE MO	4	QL (1 per 180 days)
RAYALDEE 30 MCG, CAPSULE, EXTENDED RELEASE DL	5	QL (60 per 30 days)
risedronate sod dr 35 mg, tab MO	4	QL (4 per 28 days)
risedronate sodium 150 mg, tab MO	3	QL (1 per 30 days)
risedronate sodium 30 mg, 5 mg, tab; risedronate sodium 30 mg, 5 mg, tablet MO	3	QL (30 per 30 days)
risedronate sodium 35 mg, tab MO	3	QL (4 per 28 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR MO	4	PA, QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML), SUBCUTANEOUS SOLUTION DL	5	PA, QL (1.7 per 28 days)
zoledronic acid 4 mg/100 ml, MO	4	B vs D, QL (300 per 21 days)
zoledronic acid 4 mg, vial MO	4	B vs D
zoledronic acid 4 mg/5 ml, vial MO	4	B vs D, QL (15 per 21 days)
zoledronic acid 5 mg/100 ml, GC, 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 GC, 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 GC, 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", GC, MO	1	
acetic acid 0.25% irrig soln GC, 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", GC, 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", GC, MO	1	
ALCOHOL PADS GC, MO	1	
ALCOHOL PREP PADS GC, MO	1	
ALCOHOL 70% SWABS GC, 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 GC,MO	1	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE GC,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 GC,MO	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16", GC,MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN GC,MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS GC,MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS GC,MO	1	
BAL IN OIL 100 MG/ML, INTRAMUSCULAR SOLUTION MO	4	
BAND-AID GAUZE PADS 2" X 2" BANDAGE GC,MO	1	
BD ALCOHOL SWABS GC,MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16", GC,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2", SYRINGE GC,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", GC,MO	1	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16", GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2", GC,MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2", GC,MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML, GC,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64", GC,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", GC,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2", SYRINGE GC,MO	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2", SYRINGE GC,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32", GC,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", GC,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8", GC,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4", GC,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16", GC,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32", GC,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 ORIGINAL PEN NEEDLE 29 GAUGE X 1/2", GC,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16", GC,MO	1	
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", GC,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", GC,MO	1	
BORDERED GAUZE 2" X 2" BANDAGE GC,MO	1	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> GC,MO	1	
<i>calcium disodium versenate 200 mg/ml, injection solution</i> GC,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", GC,MO	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS GC,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" GC,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", GC,MO	1	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32", GC,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", " GC,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", GC,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
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", GC,MO	1	
CURITY ALCOHOL SWABS GC,MO	1	
CURITY GAUZE 2" X 2" BANDAGE GC,MO	1	
DERMACEA 2" X 2" BANDAGE GC,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" GC,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" GC,MO	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64", GC,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", GC,MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", GC,MO	1	
DROXIA 200 MG, 300 MG, 400 MG, CAPSULE MO	3	
EASY COMFORT ALCOHOL PAD TOPICAL PADS GC,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", GC,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", GC,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", GC,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 GLIDE PEN NEEDLE 33 GAUGE X 5/32", GC,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 GC,MO	1	
EASY TOUCH ALCOHOL PREP PADS GC,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", GC,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", GC,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", GC,MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML, SYRINGE GC,MO	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16", GC,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", GC,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", GC,MO	1	
EASY TOUCH UNI-SLIP 1 ML, SYRINGE GC,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 GC,MO	1	
<i>flumazenil</i> 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 GC,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
GAUZE PADS 2"X2" GC,MO	1	
GAUZE PAD 2" X 2" BANDAGE GC,MO	1	
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," GC,MO	1	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", GC,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 GC,MO	1	
INCONTROL ALCOHOL PADS GC,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", GC,MO	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) GC,MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", GC,MO	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2", GC,MO	1	
BD LUER-LOK SYRINGE 1 ML, GC,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" GC,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 GC,MO	1	
IV PREP WIPES MEDICATED GC,MO	1	
KORLYM 300 MG, TABLET DL	5	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> GC,MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", GC,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 GC,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", GC,MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16", GC,MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", GC,MO	1	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4", GC,MO	1	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", GC,MO	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", GC,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", GC,MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16", NEEDLE GC,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", GC,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 GC,MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE, GC,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 GC,MO	1	
NOVOFINE 32 32 GAUGE X 1/4", NEEDLE GC,MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3", NEEDLE GC,MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6", NEEDLE GC,MO	1	
NOVOPEN ECHO SUBCUTANEOUS GC,MO	1	
NOVOTWIST 32 GAUGE X 1/5", NEEDLE GC,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", GC,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 GC,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 GC,MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION GC,MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION GC,MO	1	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32", GC,MO	1	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", GC,MO	1	
PRIALT 100 MCG/ML, 25 MCG/ML, INTRATHECAL SOLUTION DL	5	PA
PRO COMFORT ALCOHOL PADS GC,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," GC,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", GC,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", GC,MO	1	
<i>protamine 250 mg/25 ml vial</i> GC,MO	1	
PURE COMFORT ALCOHOL PADS GC,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", GC,MO	1	
RECTIV 0.4 % (W/W), OINTMENT MO	4	QL (30 per 30 days)
RELI ON 31G X 1/4" NEEDLES GC,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" GC,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 GC,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", GC,MO	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16", GC,MO	1	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16", GC,MO	1	
sod phenylacet-sod benzoate vial DL	5	
sodium chloride 0.9% irrig. GC,MO	2	
sorbitol-mannitol irrig GC,MO	1	
SURE COMFORT ALCOHOL PREP PADS GC,MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2", GC,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", GC,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", GC,MO	1	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", GC,MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", GC,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", GC,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
SURE-PREP ALCOHOL PREP PADS GC,MO	1	
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," GC,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", GC,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", GC,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", GC,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", GC,MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", NEEDLE GC,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 GC,MO	1	
TRUE COMFORT ALCOHOL PADS GC,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," GC,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", GC,MO	1	
TRUE COMFORT PRO ALCOHOL PADS GC,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", " GC,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 GC,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", GC,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 GC,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", GC,MO	1	
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4", GC,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", GC,MO	1	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", GC,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", GC,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", GC,MO	1	
ULTILET ALCOHOL SWAB GC,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 GC,MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32", GC,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", GC,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 GC,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", GC,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", GC,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", GC,MO	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32", GC,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," GC,MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16", NEEDLE GC,MO	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2", GC,MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", GC,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", " GC,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", GC,MO	1	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32", GC,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 GC,MO	1	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16", NEEDLE GC,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 GC,MO	1	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16", NEEDLE GC,MO	1	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE GC,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", GC,MO	1	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", GC,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", GC,MO	1	
sterile water for irrigation GC,MO	2	
WEBCOL TOPICAL PADS GC,MO	1	
Ophthalmic Agents		
ak-poly-bac 500 unit-10,000 unit/gram eye ointment GC,MO	2	
AKTEN (PF) 3.5 %, EYE GEL MO	4	
ALCAINE 0.5 %, EYE DROPS GC,MO	2	
ALPHAGAN P 0.1 %, EYE DROPS MO	3	
apraclonidine hcl 0.5% drops MO	3	
atropine 1% eye drops GC,MO	2	
azelastine hcl 0.05% drops GC,MO	2	
bacitracin 500 unit/gm ophth 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
bacitracin-polymyxin eye oint GC,MO	2	
BETADINE OPHTHALMIC PREP 5 %, SOLUTION MO	4	
betaxolol hcl 0.5% eye drop GC,MO	2	
brimonidine 0.2% eye drop GC,MO	2	
brimonidine tartrate 0.15% drp MO	3	
carteolol hcl 1% eye drops GC,MO	1	
CILOXAN 0.3 %, EYE OINTMENT MO	4	
ciprofloxacin 0.3% eye drop GC,MO	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	QL (5 per 25 days)
cromolyn 4% eye drops GC,MO	1	
CYSTARAN 0.44 %, EYE DROPS DL	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop GC,MO	2	
diclofenac 0.1% eye drops GC,MO	2	
dorzolamide hcl 2% eye drops GC,MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops GC,MO	1	QL (10 per 30 days)
DUREZOL 0.05 %, EYE DROPS MO	3	
erythromycin 0.5% eye ointment GC,MO	2	
fluorometholone 0.1% drops MO	3	
flurbiprofen 0.03% eye drop GC,MO	2	
gatifloxacin 0.5% eye drops MO	3	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram), eye ointment GC,MO	2	
gentamicin 0.3% eye drop GC,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 GC,MO	2	
latanoprost 0.005% eye drops GC,MO	1	QL (5 per 25 days)
levobunolol 0.5% eye drops GC,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 GC,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 GC,MO	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	3	
neo-bacit-poly-hc eye ointment MO	3	
neomyc-bacit-polymix eye oint GC,MO	2	
neomyc-polym-dexamet eye ointm GC,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
neomyc-polym-dexameth eye drop GC,MO	2	
neomyc-polym-gramicid eye drop GC,MO	2	
neomycin-poly-hc eye drops MO	3	
ofloxacin 0.3% eye drops GC,MO	2	
olopatadine hcl 0.1% eye drops MO	3	ST
olopatadine hcl 0.2% eye drop GC,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 GC,MO	2	
polymyxin b-tmp eye drops GC,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 GC,MO	2	
proparacaine 0.5% eye drops GC,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 GC,MO	2	
sulf-pred 10-0.23% eye drops GC,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 GC,MO	1	
timolol maleate 0.5% eye drop GC,MO	1	
tobramycin 0.3% eye drop GC,MO	2	
tobramycin-dexameth ophth susp GC,MO	2	
travoprost 0.004% eye drop MO	3	QL (2.5 per 25 days)
trifluridine 1% eye drops MO	3	
VYZULTA 0.024 %, EYE DROPS MO	4	QL (5 per 30 days)
Otic Agents		
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	4	
ciprofloxacin 0.2% otic soln MO	4	
ciproflox-dexameth otic susp MO	4	
hydrocortison-acetic acid soln MO	3	

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

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
CAYSTON 75 MG/ML, SOLUTION FOR NEBULIZATION DL	5	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml, soln GC,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, vial 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 GC,MO	2	QL (16 per 30 days)
formoterol 20 mcg/2 ml, neb vial MO	4	PA,QL (120 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg, cap MO	3	
ipratropium 0.03% spray GC,MO	2	QL (30 per 30 days)
ipratropium 0.06% spray GC,MO	2	QL (45 per 30 days)
ipratropium br 0.02% soln GC,MO	2	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml GC,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 GC,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 GC,MO	1	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg, tab chew GC,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 GC,MO	2	
methocarbamol 500 mg, 750 mg, tablet GC,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 GC,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, GC,MO	1	QL (6 per 30 days)
Insulin Savings Program Select Insulins		
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE	3	
FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION	2	
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN	3	
LANTUS U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION	2	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30), SUBCUTANEOUS	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML, SUBCUTANEOUS SUSP	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	3	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDGE	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION	2	
SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN	3	QL (15 per 24 days)

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

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

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

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

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

Index

A

a-hydrocort... 71	adenosine... 51	alyacen 7/7/7 (28)... 73
abacavir... 42	adriamycin... 28	alyq... 102
abacavir-lamivudine... 42	ADVAIR DISKUS... 102	amabelz... 73
abacavir-lamivudine-zidovudine... 42	ADVAIR HFA... 102	amantadine hcl... 38
ABELCET... 25	ADVOCATE PEN NEEDLE... 87	AMBISOME... 25
ABILIFY MAINTENA... 39	ADVOCATE SYRINGES... 87	ambrisentan... 102
abiraterone... 28	AFINITOR DISPERZ... 28	amethia lo... 73
ABOUTTIME PEN NEEDLE... 87	AFINITOR... 28	amethia... 73
ABRAXANE... 28	afirmelle... 73	amethyst (28)... 73
acamprosate... 13	AIMOVIG AUTOINJECTOR... 27	AMICAR... 49
acarbose... 47	ak-poly-bac... 99	amifostine crystalline... 28
accutane... 59	AKTEN (PF)... 99	amikacin... 14
acebutolol... 51	albendazole... 38	amiloride... 51
acetaminophen-codeine... 10	albuterol sulfate... 102	amiloride-hydrochlorothiazide... 51
acetazolamide sodium... 51	ALCAINE... 99	aminocaproic acid... 49
acetazolamide... 51	ALCOHOL PADS... 87	aminophylline... 102
acetic acid... 14, 87	ALCOHOL PREP PADS... 87	AMINOSYN II 10 %... 63
acetylcysteine... 87, 102	ALCOHOL SWABS... 87	AMINOSYN II 15 %... 63
acitretin... 59, 60	ALCOHOL WIPES... 88	AMINOSYN II 7 %... 63
ACTHIB (PF)... 81	ALECENSA... 28	AMINOSYN II 8.5 %... 63
ACTIMMUNE... 81	alendronate... 86	AMINOSYN II 8.5 %-ELECTROLYTES... 63
acyclovir sodium... 42	alfuzosin... 70	AMINOSYN M 3.5 %... 63
acyclovir... 42	ALIMTA... 28	AMINOSYN 10 %... 63
ADACEL(TDAP ADOLESN/ADULT)(PF)... 81	ALIQOPA... 28	AMINOSYN 7 % WITH ELECTROLYTES... 63
adapalene... 60	aliskiren... 51	AMINOSYN 8.5 %... 63
ADCETRIS... 28	allopurinol... 27	AMINOSYN 8.5 %-ELECTROLYTES... 63
adefovir... 42	ALPHAGAN P... 99	AMINOSYN-HBC 7%... 63
ADEMPAS... 102	alprazolam... 46	AMINOSYN-PF 10 %... 63
	altavera (28)... 73	
	ALUNBRIG... 28	
	alyacen 1/35 (28)... 73	

AMINOSYN-PF 7 % (SULFITE-FREE)... 63	aripiprazole... 39	aurovela 24 fe... 73
AMINOSYN-RF 5.2 %... 63	ARISTADA INITIO... 40	AUSTEDO... 58
amiodarone... 51	ARISTADA... 39	AUTOJECT 2 INJECTION DEVICE... 88
amitriptyline... 23	ARISTOSPAN INTRA-ARTICULAR... 71	AUTOPEN 1 TO 21 UNITS... 88
amlodipine... 51	ARISTOSPAN INTRALESIONAL... 71	AUTOPEN 2 TO 42 UNITS... 88
amlodipine-atorvastatin... 51	ARMOUR THYROID... 79	AVASTIN... 28
amlodipine-benazepril... 51	ARNUITY ELLIPTA... 102	aviane... 73
amlodipine-olmesartan... 51	ARRANON... 28	ayuna... 73
amlodipine-valsartan... 51	arsenic trioxide... 28	AYVAKIT... 28
ammonium lactate... 60	ARZERRA... 28	azacitidine... 28
amnestem... 60	asenapine maleate... 40	azathioprine... 81
amoxapine... 23	ashlyna... 73	azelaic acid... 60
amoxicil-clarithromy-lansopraz... 68	ASPARLAS... 28	azelastine... 99, 102
amoxicillin... 14	aspirin-dipyridamole... 49	azithromycin... 14
amoxicillin-pot clavulanate... 14	ASSURE ID DUO-SHIELD... 88	aztreonam... 14
amphotericin b... 25	ASSURE ID INSULIN SAFETY... 88	azurette (28)... 73
ampicillin sodium... 14	ASSURE ID PEN NEEDLE... 88	B
ampicillin... 14	atazanavir... 42	bacitracin... 14, 99
ampicillin-sulbactam... 14	atenolol... 51	bacitracin-polymyxin b... 100
ANADROL-50... 73	atenolol-chlorthalidone... 51	baclofen... 42
anagrelide... 49	atomoxetine... 58	BAL IN OIL... 88
anastrozole... 28	atorvastatin... 52	bal-care dha... 63
APOKYN... 38	atovaquone... 38	balsalazide... 86
apraclonidine... 99	atovaquone-proguanil... 38	BALVERSA... 28, 29
aprepitant... 24, 25	ATRIPLA... 43	balziva (28)... 73
apri... 73	atropine... 99	BAND-AID GAUZE PADS... 88
APTIOM... 19	aubra eq... 73	BANZEL... 19
APTIVUS (WITH VITAMIN E)... 42	aubra... 73	BAQSIMI... 47
APTIVUS... 42	AUGMENTIN... 14	BARACLUDE... 43
aranelle (28)... 73	aurovela fe 1.5/30 (28)... 73	BAVENCIO... 29
ARCALYST... 81	aurovela fe 1-20 (28)... 73	BCG VACCINE, LIVE (PF)... 81
arformoterol... 102	aurovela 1.5/30 (21)... 73	BD ALCOHOL SWABS... 88
	aurovela 1/20 (21)... 73	

BD AUTOSHIELD DUO PEN NEEDLE... 88	benazepril... 52	bortezomib... 29
BD ECLIPSE LUER-LOK... 88	benazepril-hydrochlorothiazide... 52	bosentan... 102
BD INSULIN SYRINGE (HALF UNIT)... 88	BENDEKA... 29	BOSULIF... 29
BD INSULIN SYRINGE MICRO-FINE... 88	BENLYSTA... 81	BRAFTOVI... 29
BD INSULIN SYRINGE SAFETY-LOK... 88	benztropine... 38	BREO ELLIPTA... 102
BD INSULIN SYRINGE SLIP TIP... 88	BESPONSA... 29	BREZTRI AEROSPHERE... 102
BD INSULIN SYRINGE U-500... 88	BETADINE OPHTHALMIC PREP... 100	briellyn... 73
BD INSULIN SYRINGE ULTRA-FINE... 88	betamethasone acet,sod phos... 71	BRILINTA... 49
BD INSULIN SYRINGE... 88	betamethasone dipropionate... 60	brimonidine... 100
BD LO-DOSE MICRO-FINE IV... 88	betamethasone valerate... 60	BRIVIACT... 19
BD LO-DOSE ULTRA-FINE... 88	betamethasone, augmented... 60	bromocriptine... 39
BD NANO 2ND GEN PEN NEEDLE... 88	BETASERON... 58	BROVANA... 102
BD SAFETYGLIDE INSULIN SYRINGE... 88	betaxolol... 100	BRUKINSA... 29
BD SAFETYGLIDE SYRINGE... 88	bethanechol chloride... 71	budesonide... 86, 102
BD ULTRA-FINE MICRO PEN NEEDLE... 88	BETHKIS... 14	bumetanide... 52
BD ULTRA-FINE MINI PEN NEEDLE... 88	BEVESPI AEROSPHERE... 102	bupivacaine (pf)... 12
BD ULTRA-FINE NANO PEN NEEDLE... 88	bexarotene... 29	bupivacaine hcl... 13
BD ULTRA-FINE ORIG PEN NEEDLE... 89	BEXSERO... 81	buprenorphine hcl... 13
BD ULTRA-FINE SHORT PEN NEEDLE... 89	bicalutamide... 29	buprenorphine... 10
BD VEO INSULIN SYR (HALF UNIT)... 89	BICILLIN C-R... 14	buprenorphine-naloxone... 13
BD VEO INSULIN SYRINGE UF... 89	BICILLIN L-A... 14	bupropion hcl (smoking deter)... 13
bekyree (28)... 73	BICNU... 29	bupropion hcl... 23
BELBUCA... 10	BIDIL... 52	buspirone... 46
BELEODAQ... 29	BIKTARVY... 43	busulfan... 29
BELSOMRA... 105	bisoprolol fumarate... 52	BUSULFEX... 29
	bisoprolol-hydrochlorothiazide... 52	butalbital-acetaminop-caf-cod... 10
	BLNREP... 29	butalbital-acetaminophen-caff... 10
	bleomycin... 29	butorphanol... 10
	blisovi fe 1.5/30 (28)... 73	BYDUREON BCISE... 47
	blisovi fe 1/20 (28)... 73	BYDUREON... 47
	blisovi 24 fe... 73	BYSTOLIC... 52
	BOOSTRIX TDAP... 81	
	BORDERED GAUZE... 89	C
		c-nate dha... 63

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

ciclodan... 25	CLINIMIX E 5%/D20W SULFIT FREE... 64	clopidogrel... 49
ciclopirox... 25	CLINIMIX E 5%/D25W SULFIT FREE... 64	clorazepate dipotassium... 46
cidofovir... 43	CLINIMIX E 8%-D10W SULFITEFREE... 64	clotrimazole... 25, 26
cilostazol... 49	CLINIMIX E 8%-D14W SULFITEFREE... 64	clotrimazole-betamethasone... 26
CILOXAN... 100	CLINIMIX 4.25%-D25W SULF-FREE... 63	clovique... 64
CIMDUO... 43	CLINIMIX 4.25%/D10W SULF FREE... 63	clozapine... 40
cimetidine hcl... 68	CLINIMIX 4.25%/D5W SULFIT FREE... 63	COARTEM... 38
cimetidine... 68	CLINIMIX 5%-D20W(SULFITE-FREE)... 63	colestipol... 52
cinacalcet... 86	CLINIMIX 5%/D15W SULFITE FREE... 63	colistin (colistimethate na)... 16
CIPRODEX... 101	CLINIMIX 5%/D25W SULFITE-FREE... 63	colocort... 86
ciprofloxacin hcl... 15, 100, 101	CLINIMIX 6%-D5W (SULFITE-FREE)... 63	COMBIGAN... 100
ciprofloxacin in 5 % dextrose... 15	CLINIMIX 8%-D10W(SULFITE-FREE)... 64	COMBIPATCH... 74
ciprofloxacin-dexamethasone... 101	CLINIMIX 8%-D14W(SULFITE-FREE)... 64	COMBIVENT RESPIMAT... 103
cisplatin... 29	CLINISOL SF 15 %... 64	COMETRIQ... 29
citalopram... 23	CLINOLIPID... 64	COMFORT EZ INSULIN SYRINGE... 89
cladribine... 29	clobazam... 19	COMFORT EZ PEN NEEDLES... 89
claravis... 60	clobetasol... 60	COMFORT TOUCH PEN NEEDLE... 90
clarithromycin... 15	clobetasol-emollient... 60	COMPLERA... 43
CLEOCIN... 15	clofarabine... 29	complete natal dha... 64
CLICKFINE PEN NEEDLE... 89	CLOLAR... 29	compro... 25
CLINDAGEL... 60	clomipramine... 23	constulose... 68
clindamycin hcl... 16	clonazepam... 46	COPAXONE... 58
clindamycin in 0.9 % sod chlor... 16	clonidine hcl... 52	COPIKTRA... 29
clindamycin in 5 % dextrose... 16	clonidine... 52	CORLANOR... 52
clindamycin pediatric... 16		CORLOPAM... 52
clindamycin phosphate... 16, 60		cormax... 61
CLINIMIX E 2.75%/D5W SULF FREE... 64		cortisone... 71
CLINIMIX E 4.25%/D10W SUL FREE... 64		CORTISPORIN... 61
CLINIMIX E 4.25%/D5W SULF FREE... 64		COSENTYX (2 SYRINGES)... 82
CLINIMIX E 5%/D15W SULFIT FREE... 64		COSENTYX PEN (2 PENS)... 82
		COSENTYX PEN... 82
		COSENTYX... 82
		COSMEGEN... 29

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

D

dacarbazine... 30
 dactinomycin... 30
 dalfampridine... 58
 DALIRESP... 103
 danazol... 74
 dantrolene... 42

DANYELZA... 30
 dapson... 27
 DAPTACEL (DTAP PEDIATRIC) (PF)... 82
 daptomycin... 16
 darifenacin... 71
 DARZALEX FASPRO... 30
 DARZALEX... 30
 dasetta 1/35 (28)... 74
 dasetta 7/7/7 (28)... 74
 daunorubicin... 30
 DAURISMO... 30
 daysee... 74
 deblitane... 74
 decitabine... 30
 deferasirox... 64
 DELSTRIGO... 43
 demeclocycline... 16
 DEMSER... 53
 DENG VAXIA (PF)... 82
 DEPEN TITRATABS... 64
 DEPO-ESTRADIOL... 74
 DEPO-PROVERA... 74
 DEPO-SUBQ PROVERA 104... 74
 DERMACEA... 90
 DESCOVY... 43
 desipramine... 23
 desloratadine... 103
 desmopressin... 72
 desog-e.estradiol/e.estradiol... 74
 desogestrel-ethinyl estradiol... 74
 desonide... 61
 desoximetasone... 61

desvenlafaxine succinate... 23
 dexamethasone intensol... 71
 dexamethasone sodium phos (pf)... 71
 dexamethasone sodium phosphate... 71, 100
 dexamethasone... 71
 DEXILANT... 68
 dexmethylphenidate... 58
 dexrazoxane hcl... 30
 dextroamphetamine... 58
 dextroamphetamine-amphetamine... 58, 59
 dextrose 10 % and 0.2 % nacl... 64
 dextrose 10 % in water (d10w)... 64
 dextrose 20 % in water (d20w)... 64
 dextrose 25 % in water (d25w)... 64
 dextrose 30 % in water (d30w)... 64
 dextrose 40 % in water (d40w)... 64
 dextrose 5 % in water (d5w)... 64
 dextrose 5 %-lactated ringers... 64
 dextrose 5%-0.2 % sod chloride... 65
 dextrose 5%-0.3 % sod.chloride... 65
 dextrose 50 % in water (d50w)... 65
 dextrose 70 % in water (d70w)... 65
 DIACOMIT... 19
 DIASTAT ACUDIAL... 19
 diazepam intensol... 46
 diazepam... 19, 46
 diazoxide... 47
 diclofenac epolamine... 10
 diclofenac sodium... 10, 61, 100

diclofenac-misoprostol... 10	doxercalciferol... 86	EASY COMFORT PEN NEEDLES... 90
dicloxacillin... 16	doxorubicin... 30	EASY GLIDE INSULIN SYRINGE... 90
dicyclomine... 68	doxorubicin, peg-liposomal... 30	EASY GLIDE PEN NEEDLE... 91
didanosine... 43	doxy-100... 16	EASY TOUCH ALCOHOL PREP PADS... 91
DIFICID... 16	doxycycline hyclate... 16	EASY TOUCH FLIPLOCK INSULIN... 91
digitek... 53	doxycycline monohydrate... 16	EASY TOUCH INSULIN SAFETY SYR... 91
digox... 53	DRIZALMA SPRINKLE... 23	EASY TOUCH INSULIN SYRINGE... 91
digoxin... 53	dronabinol... 25	EASY TOUCH LUER LOCK INSULIN... 91
dihydroergotamine... 27	droperidol... 40	EASY TOUCH PEN NEEDLE... 91
DILANTIN EXTENDED... 19	DROPLET INSULIN SYR(HALF UNIT)... 90	EASY TOUCH SAFETY PEN NEEDLE... 91
DILANTIN INFATABS... 19	DROPLET INSULIN SYRINGE... 90	EASY TOUCH SHEATHLOCK INSULIN... 91
DILANTIN... 19	DROPLET MICRON PEN NEEDLE... 90	EASY TOUCH UNI-SLIP... 91
DILANTIN-125... 19	DROPLET PEN NEEDLE... 90	EASY TOUCH... 91
dilt-xr... 53	DROPSAFE PEN NEEDLE... 90	ec-naproxen... 10
diltiazem hcl... 53	drospirenone-ethinyl estradiol... 74	econazole... 26
diphenhydramine hcl... 103	DROXIA... 90	EDURANT... 43
diphenoxylate-atropine... 68	droxidopa... 53	efavirenz... 43
dipyridamole... 49	DUAVEE... 74	efavirenz-emtricitabin-tenofov... 43
disulfiram... 13	duloxetine... 23	efavirenz-lamivu-tenofov disop... 43
DIURIL... 53	DUPIXENT PEN... 82	EGRIFTA SV... 72
divalproex... 19, 20	DUPIXENT SYRINGE... 82	electrolyte-48 in d5w... 65
DOCEFREZ... 30	DUREZOL... 100	ELELYSO... 70
docetaxel... 30	dutasteride... 71	ELIGARD (3 MONTH)... 80
dofetilide... 53	dutasteride-tamsulosin... 71	ELIGARD (4 MONTH)... 80
DOJOLVI... 90	d10 %-0.45 % sodium chloride... 64	ELIGARD (6 MONTH)... 80
dolishale... 74	d2.5 %-0.45 % sodium chloride... 64	ELIGARD... 80
donepezil... 22	d5 % and 0.9 % sodium chloride... 64	elinest... 74
dorzolamide... 100	d5 %-0.45 % sodium chloride... 64	ELIQUIS DVT-PE TREAT 30D START... 49
dorzolamide-timolol... 100		ELIQUIS... 49
dotti... 74		
DOVATO... 43		
doxazosin... 53		
doxepin... 46		

E

ELLA... 74	EPCLUSA... 43	ethynodiol diac-eth estradiol... 75
ELMIRON... 71	EPIDIOLEX... 20	etodolac... 10
eluryng... 74	epinephrine... 103	etonogestrel-ethinyl estradiol... 75
ELZONRIS... 30	epirubicin... 30	ETOPOPHOS... 31
EMCYT... 30	epitol... 20	etoposide... 31
EMGALITY PEN... 27	EPIVIR HBV... 43	etravirine... 43
EMGALITY SYRINGE... 27	eplerenone... 53	EUTHYROX... 79
emoquette... 74	epoprostenol (glycine)... 103	everolimus (antineoplastic)... 31
EMPLICITI... 30	EPRONTIA... 20	everolimus (immunosuppressive)... 82
EMSAM... 23	ERAXIS(WATER DILUENT)... 26	EVOMELA... 31
emtricitabine... 43	ERBITUX... 30	EVOTAZ... 43
emtricitabine-tenofovir (tdf)... 43	ergotamine-caffeine... 27	EVRYSDI... 70
EMTRIVA... 43	ERIVEDGE... 30	EXEL INSULIN... 91
enalapril maleate... 53	ERLEADA... 30	exemestane... 31
enalapril-hydrochlorothiazide... 53	erlotinib... 30, 31	EXKIVITY... 31
enalaprilat... 53	errin... 74	ezetimibe... 53
ENBREX MINI... 82	ertapenem... 16	ezetimibe-simvastatin... 53
ENBREX SURECLICK... 82	ERWINAZE... 31	
ENBREX... 82	ery pads... 61	F
endocet... 10	ERYTHROCIN... 16	falmina (28)... 75
ENDOMETRIN... 74	erythromycin with ethanol... 61	famciclovir... 43
ENERGIX-B (PF)... 82	erythromycin... 16, 100	famotidine (pf)... 68
ENERGIX-B PEDIATRIC (PF)... 82	ESBRIET... 103	famotidine (pf)-nacl (iso-os)... 68
ENHERTU... 30	escitalopram oxalate... 23	famotidine... 68
enoxaparin... 49, 50	esomeprazole magnesium... 68	FANAPT... 40
enpresse... 74	estradiol valerate... 75	FARXIGA... 47
enskyce... 74	estradiol... 74, 75	FARYDAK... 31
ENSTILAR... 61	estradiol-norethindrone acet... 75	FASENRA PEN... 103
entacapone... 39	ESTRING... 75	felbamate... 20
entecavir... 43	ESTROSTEP FE-28... 75	felodipine... 53
ENTRESTO... 53	ethacrynate sodium... 53	femynor... 75
enulose... 68	ethambutol... 27	fenofibrate micronized... 53
ENVARUSUS XR... 82	ethosuximide... 20	fenofibrate nanocrystallized... 54

fenofibrate... 53	fluorouracil... 31, 61	gatifloxacin... 100
fenofibric acid... 54	fluoxetine... 23	GATTEX ONE-VIAL... 68
fentanyl citrate (pf)... 10	fluphenazine decanoate... 40	GATTEX 30-VIAL... 68
fentanyl citrate... 10	fluphenazine hcl... 40	GAUZE BANDAGE... 92
fentanyl... 10	flurbiprofen sodium... 100	GAUZE PAD... 92
FETZIMA... 23	flurbiprofen... 10	gavilyte-c... 68
FIASP FLEXTOUCH U-100 INSULIN... 106	flutamide... 31	gavilyte-g... 68
FIASP PENFILL U-100 INSULIN... 106	fluticasone propion-salmeterol... 103	gavilyte-n... 68
FIASP U-100 INSULIN... 106	fluticasone propionate... 61, 103	GAVRETO... 31
finasteride... 71	fluvoxamine... 23	GAZYVA... 31
FINTEPLA... 20	FOLOTYN... 31	gemcitabine... 31
FIRDAPSE... 59	formoterol fumarate... 103	gemfibrozil... 54
FIRMAGON KIT W DILUENT SYRINGE... 80	FORTEO... 86	GEMTESA... 71
FIRMAGON... 80	fosamprenavir... 43	generlac... 68
flavoxate... 71	fosinopril... 54	gengraf... 82, 83
flecainide... 54	fosinopril-hydrochlorothiazide... 54	gentak... 100
FLOVENT DISKUS... 103	fosphenytoin... 20	gentamicin in nacl (iso-osm)... 16
FLOVENT HFA... 103	FOTIVDA... 31	gentamicin sulfate (ped) (pf)... 16
floxuridine... 31	FREAMINE HBC 6.9 %... 65	gentamicin sulfate (pf)... 16
fluconazole in nacl (iso-osm)... 26	FREAMINE III 10 %... 65	gentamicin... 16, 100
fluconazole... 26	FREESTYLE PRECISION... 91	GENVOYA... 44
flucytosine... 26	FULPHILA... 50	gianvi (28)... 75
fludarabine... 31	fulvestrant... 31	GILENYA... 59
fludrocortisone... 71	furosemide... 54	GILOTRIF... 31
flumazenil... 91	FUZEON... 43	glatiramer... 59
flunisolide... 103	FYCOMPA... 20	glatopa... 59
fluocinolone and shower cap... 61		glimepiride... 47
fluocinolone... 61	G	glipizide... 47
fluocinonide... 61	gabapentin... 20	glipizide-metformin... 47
fluocinonide-e... 61	galantamine... 22	GLUCAGEN HYPOKIT... 47
fluocinonide-emollient... 61	GAMUNEX-C... 82	glyburide micronized... 47
fluorometholone... 100	ganciclovir sodium... 44	glyburide... 47
	GARDASIL 9 (PF)... 82	glyburide-metformin... 47

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

H

HAEGARDA... 83
hailey fe 1.5/30 (28)... 75
hailey fe 1/20 (28)... 75
hailey 24 fe... 75
hailey... 75
HALAVEN... 31
haloperidol decanoate... 40
haloperidol lactate... 40
haloperidol... 40
HARVONI... 44
HAVRIX (PF)... 83
HEALTHWISE INSULIN SYRINGE... 92
HEALTHWISE PEN NEEDLE... 92
HEALTHY ACCENTS UNIFINE
PENTIP... 92
heather... 75
HECTOROL... 86
heparin (porcine)... 50

heparin, porcine (pf)... 50
HEPATAMINE 8%... 65
HERCEPTIN HYLECTA... 31
HERCEPTIN... 31
HETLIOZ LQ... 105
HETLIOZ... 105
HIBERIX (PF)... 83
HUMIRA PEN CROHNS-UC-HS
STARTER... 83
HUMIRA PEN PSOR-UEVITS-ADOL
HS... 83
HUMIRA PEN... 83
HUMIRA... 83
HUMIRA(CF) PEDI CROHNS
STARTER... 83
HUMIRA(CF) PEN CROHNS-UC-HS...
83
HUMIRA(CF) PEN PEDIATRIC UC... 83
HUMIRA(CF) PEN PSOR-UV-ADOL
HS... 83
HUMIRA(CF) PEN... 83
HUMIRA(CF)... 83
HUMULIN R U-500 (CONC)
INSULIN... 47
HUMULIN R U-500 (CONC)
KWIKPEN... 47
hydralazine... 54
hydrochlorothiazide... 54
hydrocodone-acetaminophen... 10,
11
hydrocodone-ibuprofen... 11
hydrocortisone valerate... 61
hydrocortisone... 61, 86
hydrocortisone-acetic acid... 101
hydromorphone (pf)... 11

hydromorphone... 11
hydroxychloroquine... 38
hydroxyurea... 31
hydroxyzine hcl... 46
hydroxyzine pamoate... 103

I

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

INLYTA... 32	ISOLYTE S PH 7.4... 65	june fe 1/20 (28)... 75
INQOVI... 32	ISOLYTE-P IN 5 % DEXTROSE... 65	june fe 24... 75
INREBIC... 32	ISOLYTE-S... 65	june 1.5/30 (21)... 75
INSULIN SYR/NDL U100 HALF MARK... 92	isoniazid... 27, 28	june 1/20 (21)... 75
INSULIN SYRINGE MICROFINE... 92	isosorbide dinitrate... 54	K
INSULIN SYRINGE NEEDLELESS... 92	isosorbide mononitrate... 54	K-TAB... 65
INSULIN SYRINGE... 92	isotretinoin... 61, 62	KABIVEN... 65
INSULIN SYRINGE-NEEDLE U-100... 92	isradipine... 54	KADCYLA... 32
INSUPEN... 92	ISTODAX... 32	KALETRA... 44
INTELENCE... 44	ISUPREL... 54	kalliga... 75
INTRALIPID... 65	itraconazole... 26	KALYDECO... 103
INTRON A... 83	IV PREP WIPES... 92	KANJINTI... 32
introvale... 75	ivermectin... 38	kariva (28)... 75
INVEGA HAFYERA... 40	IXEMPRA... 32	kelnor 1-50 (28)... 75
INVEGA SUSTENNA... 40	IXIARO (PF)... 83	kelnor 1/35 (28)... 75
INVEGA TRINZA... 40, 41	J	ketoconazole... 26
INVIRASE... 44	jaimiess... 75	ketoprofen... 11
INVOKAMET XR... 48	JAKAFI... 32	ketorolac... 11, 100
INVOKAMET... 48	jantoven... 50	KEVZARA... 83
INVOKANA... 48	JANUMET XR... 48	KEYTRUDA... 32
IONOSOL-B IN D5W... 65	JANUMET... 48	KINRIX (PF)... 83
IONOSOL-MB IN D5W... 65	JANUVIA... 48	kionex (with sorbitol)... 65
IPOL... 83	JARDIANCE... 48	KISQALI FEMARA CO-PACK... 32
ipratropium bromide... 103	jasmie (28)... 75	KISQALI... 32
ipratropium-albuterol... 103	JEMPERLI... 32	klor-con m10... 65
irbesartan... 54	jencycla... 75	KLOR-CON M15... 65
irbesartan-hydrochlorothiazide... 54	JENTADUETO XR... 48	klor-con m20... 65
IRESSA... 32	JENTADUETO... 48	KLOR-CON 10... 65
irinotecan... 32	JEVTANA... 32	KLOR-CON 8... 65
ISENTRESS HD... 44	jolessa... 75	KOMBIGLYZE XR... 48
ISENTRESS... 44	juleber... 75	KORLYM... 92
isibloom... 75	JULUCA... 44	KOSELUGO... 32
	june fe 1.5/30 (28)... 75	KRINTAFEL... 38

kurvelo (28)... 75	leuprolide... 80	lillow (28)... 76
KUVAN... 70	levallbuterol hcl... 104	lincomycin... 17
KYNMOBI... 39	levallbuterol tartrate... 104	lindane... 62
KYPROLIS... 32	LEVEMIR FLEXTOUCH U-100 INSULN... 106	linezolid in dextrose 5%... 17
L	LEVEMIR U-100 INSULIN... 106	linezolid... 17
l norgest/e.estradiol-e.estrad... 76	levetiracetam in nacl (iso-os)... 20	linezolid-0.9% sodium chloride... 17
labetalol... 54	levetiracetam... 20	LINZESS... 68
lactated ringers... 65, 92	LEVO-T... 79	liothyronine... 79, 80
lactulose... 68	levobunolol... 100	LIPOFEN... 54
lamivudine... 44	levocarnitine (with sugar)... 65	lisinopril... 54
lamivudine-zidovudine... 44	levocarnitine... 65	lisinopril-hydrochlorothiazide... 54
lamotrigine... 20	levocetirizine... 104	LITE TOUCH INSULIN PEN NEEDLES... 92
LAMPIT... 38	levofloxacin in d5w... 17	LITE TOUCH INSULIN SYRINGE... 93
lansoprazole... 68	levofloxacin... 17	lithium carbonate... 47
LANTUS SOLOSTAR U-100 INSULIN... 106	levoleucovorin calcium... 33	lithium citrate... 47
LANTUS U-100 INSULIN... 106	levonest (28)... 76	LITHOSTAT... 93
larin fe 1.5/30 (28)... 76	levonorg-eth estrad triphasic... 76	lo-zumandimine (28)... 76
larin fe 1/20 (28)... 76	levonorgestrel-ethinyl estrad... 76	LOCOID LIPOCREAM... 62
larin 1.5/30 (21)... 76	levora-28... 76	LOESTRIN FE 1.5/30 (28-DAY)... 76
larin 1/20 (21)... 76	levothyroxine... 79	LOESTRIN FE 1/20 (28-DAY)... 76
larin 24 fe... 76	LEVOXYL... 79	LOESTRIN 1.5/30 (21)... 76
larissia... 76	LEVULAN... 33	LOESTRIN 1/20 (21)... 76
latanoprost... 100	LEXIVA... 44	lojaimiess... 76
LATUDA... 41	LIBTAYO... 33	LOKELMA... 65
ledipasvir-sofosbuvir... 44	lidocaine (pf) in d7.5w... 13	LONSURF... 33
leena 28... 76	lidocaine (pf)... 54	loperamide... 69
leflunomide... 84	lidocaine hcl... 13	lopinavir-ritonavir... 44
LENVIMA... 32, 33	lidocaine in 5 % dextrose (pf)... 54	lorazepam intensol... 47
lessina... 76	lidocaine viscous... 13	lorazepam... 46
letrozole... 33	lidocaine... 13	LORBRENA... 33
leucovorin calcium... 33	lidocaine-epinephrine... 13	loryna (28)... 76
LEUKERAN... 33	lidocaine-prilocaine... 13	losartan... 54

losartan-hydrochlorothiazide... 55	mannitol 20 %... 55	mesalamine... 86
LOTEMAX SM... 100	mannitol 25 %... 55	MESNEX... 33
lovastatin... 55	mannitol 5 %... 55	metaproterenol... 104
low-ogestrel (28)... 76	maprotiline... 23	metformin... 48
loxapine succinate... 41	marlissa (28)... 76	methadone intensol... 11
LUMAKRAS... 33	MARPLAN... 24	methadone... 11
LUMIGAN... 100	MARQIBO... 33	methazolamide... 55
LUMIZYME... 70	MATULANE... 33	methenamine hippurate... 17
LUMOXITI... 33	MAXI-COMFORT INSULIN SYRINGE... 93	methimazole... 81
LUPRON DEPOT (3 MONTH)... 80	MAXICOMFORT II PEN NEEDLE... 93	METHITEST... 77
LUPRON DEPOT (4 MONTH)... 80	MAXICOMFORT INSULIN SYRINGE... 93	methocarbamol... 105
LUPRON DEPOT (6 MONTH)... 80	MAXICOMFORT SAFETY PEN NEEDLE... 93	methotrexate sodium (pf)... 84
LUPRON DEPOT... 80	meclizine... 25	methotrexate sodium... 84
LUPRON DEPOT-PED (3 MONTH)... 80	MEDROL... 72	methoxsalen... 62
LUPRON DEPOT-PED... 80	medroxyprogesterone... 76	methscopolamine... 69
luteal (28)... 76	mefloquine... 38	methyl dopa... 55
LYBALVI... 41	megestrol... 76	methyl dopa-hydrochlorothiazide... 55
lyleq... 76	MEKINIST... 33	methylergonovine... 93
lyllana... 76	MEKTOVI... 33	methylphenidate hcl... 59
LYNPARZA... 33	meloxicam... 11	methylprednisolone acetate... 72
LYSODREN... 80	melphalan hcl... 33	methylprednisolone sodium succ... 72
lyza... 76	melphalan... 33	methylprednisolone... 72
M	memantine... 22	metipranolol... 100
M-M-R II (PF)... 84	MENACTRA (PF)... 84	metoclopramide hcl... 25
m-natal plus... 65	MENEST... 76	metolazone... 55
MAGELLAN INSULIN SAFETY SYRNG... 93	MENQUADFI (PF)... 84	metoprolol succinate... 55
MAGELLAN SYRINGE... 93	MENVEO A-C-Y-W-135-DIP (PF)... 84	metoprolol ta-hydrochlorothiaz... 55
magnesium sulfate in d5w... 65	mercaptopurine... 33	metoprolol tartrate... 55
magnesium sulfate in water... 65	meropenem... 17	metronidazole in nacl (iso-os)... 17
magnesium sulfate... 65	meropenem-0.9% sodium chloride... 17	metronidazole... 17
malathion... 62		metyrosine... 55
mannitol 10 %... 55		

micafungin... 26	morphine concentrate... 12	nateglinide... 48
miconazole-3... 26	morphine... 11, 12	NATPARA... 86
MICRODOT INSULIN PEN NEEDLE... 93	MOVANTIK... 69	NAYZILAM... 20
microgestin fe 1.5/30 (28)... 77	moxifloxacin... 17, 100	nebivolol... 55
microgestin fe 1/20 (28)... 77	MOZOBIL... 50	NEBUPENT... 38
microgestin 1.5/30 (21)... 77	MULTAQ... 55	necon 0.5/35 (28)... 77
microgestin 1/20 (21)... 77	mupirocin... 62	nefazodone... 24
microgestin 24 fe... 77	MUTAMYCIN... 33	neo-polycin hc... 100
midodrine... 55	MVASI... 33	neo-polycin... 100
mili... 77	MYALEPT... 69	neomycin... 17
mimvey... 77	mycophenolate mofetil (hcl)... 84	neomycin-bacitracin-poly-hc... 100
MINI ULTRA-THIN II... 93	mycophenolate mofetil... 84	neomycin-bacitracin-polymyxin... 100
minocycline... 17	mycophenolate sodium... 84	neomycin-polymyxin b-dexameth... 100, 101
minoxidil... 55	MYFORTIC... 84	neomycin-polymyxin-gramicidin... 101
MIRCETTE (28)... 77	MYLOTARG... 33	neomycin-polymyxin-hc... 101, 102
mirtazapine... 24	myorisan... 62	NEONATAL COMPLETE... 65
misoprostol... 69	MYRBETRIQ... 71	NEONATAL PLUS VITAMIN... 65
MITIGARE... 27	N	NEONATAL-DHA... 66
mitomycin... 33	nabumetone... 12	NEPHRAMINE 5.4 %... 66
mitoxantrone... 33	nadolol... 55	NERLYNX... 34
modafinil... 105	nafcillin in dextrose iso-osm... 17	NEULASTA ONPRO... 50
moexipril... 55	nafcillin... 17	NEULASTA... 50
molindone... 41	NAGLAZYME... 70	NEUPOGEN... 50
mometasone... 62, 104	naloxone... 13	NEUPRO... 39
MONJUVI... 84	naltrexone... 13	nevirapine... 44
mono-lynyah... 77	NAMZARIC... 22	NEXAVAR... 34
MONOJECT INSULIN SAFETY SYRING... 93	naproxen sodium... 12	NEXLETOL... 55
MONOJECT INSULIN SYRINGE... 93	naproxen... 12	NEXLIZET... 55
MONOJECT SYRINGE... 93	naratriptan... 27	NEXTERONE... 55
MONOJECT ULTRA COMFORT INSULIN... 94	NARCAN... 13	niacin... 55
montelukast... 104	NASONEX... 104	niacor... 55
	NATACYN... 100	
	NATAZIA... 77	

NICOTROL NS... 13	nortrel 0.5/35 (28)... 77	NUTRILIPID... 66
nifedipine... 55	nortrel 1/35 (21)... 77	NUZYRA (7 DAY WITH LOAD DOSE)... 17
nikki (28)... 77	nortrel 1/35 (28)... 77	NUZYRA (7 DAY)... 17
nilutamide... 34	nortrel 7/7/7 (28)... 77	NUZYRA... 17
nimodipine... 55	nortriptyline... 24	nyamyc... 26
NINLARO... 34	NORVIR... 44	nylia 7/7/7 (28)... 77
NIPENT... 34	NOVOFINE AUTOCOVER... 94	nymyo... 77
nisoldipine... 55	NOVOFINE PLUS... 94	nystatin... 26
nitazoxanide... 38	NOVOFINE 32... 94	nystatin-triamcinolone... 26
nitisinone... 70	NOVOLIN N FLEXPEN... 106	nystop... 26
nitrofurantoin macrocrystal... 17	NOVOLIN N NPH U-100 INSULIN... 106	O
nitrofurantoin monohyd/m-cryst... 17	NOVOLIN R FLEXPEN... 106	O-CAL PRENATAL... 66
nitrofurantoin... 17	NOVOLIN R REGULAR U-100 INSULN... 106	ocella... 77
nitroglycerin in 5 % dextrose... 56	NOVOLIN 70-30 FLEXPEN U-100... 106	octreotide acetate... 80
nitroglycerin... 55, 56	NOVOLIN 70/30 U-100 INSULIN... 106	ODEFSEY... 44
NITROSTAT... 56	NOVOLOG FLEXPEN U-100 INSULIN... 106	ODOMZO... 34
NIVESTYM... 50	NOVOLOG MIX 70-30 U-100 INSULN... 106	OFEV... 104
nizatidine... 69	NOVOLOG MIX 70-30FLEXPEN U-100... 106	ofloxacin... 17, 101, 102
nora-be... 77	NOVOLOG PENFILL U-100 INSULIN... 106	ogestrel (28)... 77
norepinephrine bitartrate... 56	NOVOLOG U-100 INSULIN ASPART... 106	olanzapine... 41
noreth-ethinyl estradiol-iron... 77	NOVOPEN ECHO... 94	olanzapine-fluoxetine... 24
norethindrone (contraceptive)... 77	NOVOTWIST... 94	olmesartan... 56
norethindrone ac-eth estradiol... 77	NOXAFIL... 26	olmesartan-amlodipin-hcthiazyd... 56
norethindrone acetate... 77	NUBEQA... 34	olmesartan-hydrochlorothiazide... 56
norethindrone-e.estradiol-iron... 77	NUCALA... 104	olopatadine... 101
norgestimate-ethinyl estradiol... 77	NUEDEXTA... 59	omega-3 acid ethyl esters... 56
norlyda... 77	NUPLAZID... 41	omeppi... 69
NORMOSOL-M IN 5 % DEXTROSE... 66		omeprazole... 69
NORMOSOL-R IN 5 % DEXTROSE... 66		omeprazole-sodium bicarbonate... 69
NORMOSOL-R PH 7.4... 66		OMNIPOD DASH 5 PACK POD... 94
NORMOSOL-R... 66		
NORTHERA... 56		

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

oxycodone-aspirin... 12

OZEMPIC... 48

P

PACERONE... 56

paclitaxel... 34

PADCEV... 34

paliperidone... 41

pamidronate... 86

PANRETIN... 34

pantoprazole... 69

paraplatin... 34

paricalcitol... 87

paroex oral rinse... 59

paromomycin... 17

paroxetine hcl... 24

PASER... 28

PAXIL... 24

PAZEO... 101

PEDIARIX (PF)... 84

PEDVAX HIB (PF)... 84

peg 3350-electrolytes... 69

peg-electrolyte soln... 69

PEGANONE... 21

PEMAZYRE... 34

PEN NEEDLE... 94

PEN NEEDLE, DIABETIC... 94

penicillamine... 66

penicillin g pot in dextrose... 18

penicillin g potassium... 18

penicillin g procaine... 18

penicillin g sodium... 18

penicillin v potassium... 18

PENTACEL (PF)... 84

PENTAM... 38

pentamidine... 38

PENTIPS... 94

pentoxifylline... 56

PEPAXTO... 34

PERFOROMIST... 104

PERIKABIVEN... 66

perindopril erbumine... 56

periogard... 59

PERJETA... 34

permethrin... 62

perphenazine... 41

perphenazine-amitriptyline... 24

PERSERIS... 41

pfizerpen-g... 18

phenelzine... 24

phenobarbital... 21

PHENYTEK... 21

phenytoin sodium extended... 21

phenytoin sodium... 21

phenytoin... 21

philith... 77

PHOSPHOLINE IODIDE... 101

PHYSIOLYTE... 94

PHYSIOSOL IRRIGATION... 94

PICATO... 62

PIFELTRO... 45

pilocarpine hcl... 59, 101

pimecrolimus... 62

pimozide... 41

pimtree (28)... 78

pindolol... 56

pioglitazone... 48

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

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

Q

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

R

RABAVERT (PF)... 84
 rabeprazole... 69
 raloxifene... 78
 ramipril... 57

ranolazine... 57
 rasagiline... 39
 RAYALDEE... 87
 reclusen (28)... 78
 RECOMBIVAX HB (PF)... 84
 RECTIV... 94
 REGRANEX... 62
 RELENZA DISKHALER... 45
 RELION NEEDLES... 94
 RELION PEN NEEDLES... 95
 RELISTOR... 69
 RENACIDIN... 95
 repaglinide... 48
 REPATHA PUSHTRONEX... 57
 REPATHA SURECLICK... 57
 REPATHA SYRINGE... 57
 RESCRIPTOR... 45
 RESECTISOL... 57
 RESTASIS MULTIDOSE... 101

RESTASIS... 101
 RETACRIT... 50
 RETEVMO... 34
 RETROVIR... 45
 REVCovi... 70
 REVLIMID... 34
 REXULTI... 41
 REYATAZ... 45
 REZUROCK... 84
 RHOPHYLAC... 84
 RHOPRESSA... 101
 RIABNI... 35
 RIBASPHERE RIBAPAK... 45
 ribavirin... 45, 95

RIDAURA... 84
 rifabutin... 28
 rifampin... 28
 RIFATER... 28
 riluzole... 59
 rimantadine... 45
 ringer's... 67, 95
 RINVOQ... 84
 risedronate... 87
 RISPERDAL CONSTA... 41
 risperidone... 41, 42
 ritonavir... 45
 RITUXAN HYCELA... 35
 RITUXAN... 35
 rivastigmine tartrate... 23
 rivastigmine... 22
 rivelsa... 78
 rizatriptan... 27
 ROCKLATAN... 101
 romidepsin... 35
 ropinirole... 39
 ropivacaine (pf)... 13
 rosuvastatin... 57
 ROTARIX... 85
 ROTATEQ VACCINE... 85
 roweepra xr... 21
 roweepra... 21
 ROZLYTREK... 35
 RUBRACA... 35
 RUCONEST... 85
 rufinamide... 21
 RUKOBIA... 45
 RUXIENCE... 35

RUZURGI... 59	silver sulfadiazine... 62	sorine... 57
RYBELSUS... 48	simliya (28)... 78	sotalol af... 57
RYBREVANT... 35	simpesse... 78	sotalol... 57
RYDAPT... 35	SIMULECT... 85	SPIRIVA RESPIMAT... 104
RYLAZE... 35	simvastatin... 57	SPIRIVA WITH HANDIHALER... 104
RYTARY... 39	sirolimus... 85	spironolacton-hydrochlorothiaz... 57
S	SIRTURO... 28	spironolactone... 57
SAFESNAP INSULIN SYRINGE... 95	SIVEXTRO... 18	sprintec (28)... 78
SAFETY PEN NEEDLE... 95	SKYRIZI... 85	SPRITAM... 21
SANCUSO... 25	SLYND... 78	SPRYCEL... 35
SANDIMMUNE... 85	SMOFLIPID... 67	SPS (WITH SORBITOL)... 67
SANDOSTATIN LAR DEPOT... 80	sodium acetate... 67	sronyx... 78
SANTYL... 62	sodium benzoate-sod phenylacet... 95	SSD... 62
SAPHRIS... 42	sodium bicarbonate... 67	stavudine... 45
sapropterin... 70	sodium chloride 0.45 %... 67	STELARA... 85
SARCLISA... 35	sodium chloride 0.9 %... 67	STIMATE... 72
SAVELLA... 59	sodium chloride 3 %... 67	STIOLTO RESPIMAT... 104
SCEMBLIX... 35	sodium chloride 5 %... 67	STIVARGA... 35
scopolamine base... 25	sodium chloride... 67, 95	STRENSIQ... 70
se-natal 19 chewable... 67	sodium lactate... 67	streptomycin... 18
SECUADO... 42	sodium phenylbutyrate... 70	STRIBILD... 45
SECURESAFE PEN NEEDLE... 95	sodium phosphate... 67	STRIVERDI RESPIMAT... 104
selegiline hcl... 39	sodium polystyrene (sorb free)... 67	subvenite starter (blue) kit... 21
selenium sulfide... 62	sodium polystyrene sulfonate... 67	subvenite starter (green) kit... 21
SELZENTRY... 45	solifenacin... 71	subvenite starter (orange) kit... 21
sertraline... 24	SOLQUA 100/33... 106	subvenite... 21
setlakin... 78	SOLTAMOX... 35	SUCRAID... 70
sevelamer carbonate... 67	SOLU-MEDROL (PF)... 72	sucrafate... 69
sharobel... 78	SOLU-MEDROL... 72	sulfacetamide sodium (acne)... 18
SHINGRIX (PF)... 85	SOMATULINE DEPOT... 81	sulfacetamide sodium... 18, 101
SIGNIFOR... 80	SOMAVERT... 81	sulfacetamide-prednisolone... 101
sildenafil (pulm.hypertension)... 104	sorbitol-mannitol... 95	sulfadiazine... 18
sildenafil... 106		

sulfamethoxazole-trimethoprim... 18	SYNERCID... 18	TEKTURN HCT... 57
sulfasalazine... 86	SYNJARDY XR... 49	telmisartan... 57
sulindac... 12	SYNJARDY... 48	telmisartan-amlodipine... 57
sumatriptan succinate... 27	SYNRIBO... 35	telmisartan-hydrochlorothiazid... 57
sumatriptan... 27	SYNTHROID... 80	temazepam... 105
sunitinib... 35	T	TEMIXYS... 45
SUPRAX... 18	TABLOID... 35	TEMODAR... 36
SUPREP BOWEL PREP KIT... 69	TABRECTA... 35	temsirolimus... 36
SURE COMFORT ALCOHOL PREP PADS... 95	TACLONEX... 62	teniposide... 36
SURE COMFORT INS. SYR. U-100... 95	tacrolimus... 62, 85	TENIVAC (PF)... 85
SURE COMFORT INSULIN SYRINGE... 95	tadalafil (pulm. hypertension)... 104	tenofovir disoproxil fumarate... 45
SURE COMFORT PEN NEEDLE... 95	TAFINLAR... 35	TEPMETKO... 36
SURE COMFORT SAFETY PEN NEEDLE... 95	TAGRISSO... 35	terazosin... 57
SURE-FINE PEN NEEDLES... 95	TALZENNA... 35	terbinafine hcl... 26
SURE-JECT INSULIN SYRINGE... 95	tamoxifen... 35	terconazole... 26, 27
SURE-PREP ALCOHOL PREP PADS... 96	tamsulosin... 71	TERUMO INSULIN SYRINGE... 96
SUTAB... 69	TARGRETIN... 35	testosterone cypionate... 78
SUTENT... 35	tarina fe 1-20 eq (28)... 78	testosterone enanthate... 78
syeda... 78	tarina fe 1/20 (28)... 78	testosterone... 78
SYLATRON... 85	tarina 24 fe... 78	TETANUS,DIPHTHERIA TOX PED(PF)... 85
SYLVANT... 85	TASIGNA... 35	tetrabenazine... 59
SYMBICORT... 104	tazarotene... 62	THALOMID... 36
SYMFI LO... 45	TAZORAC... 62	theophylline in dextrose 5 %... 104
SYMFI... 45	taztia xt... 57	theophylline... 104
SYMJEPI... 104	TAZVERIK... 36	THINPRO INSULIN SYRINGE... 96
SYMLINPEN 120... 48	TDVAX... 85	THIOLA... 71
SYMLINPEN 60... 48	TECENTRIQ... 36	thioridazine... 42
SYMPAZAN... 21	TECFIDERA... 59	thiotepa... 36
SYMTUZA... 45	TECHLITE INSULIN SYRINGE... 96	thiothixene... 42
SYNAREL... 81	TECHLITE INSULN SYR(HALF UNIT)... 96	tiadylt er... 57
	TECHLITE PEN NEEDLE... 96	tiagabine... 21
	TEFLARO... 18	TIBSOVO... 36

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

TUKYSA... 36	ULTRA-THIN II (SHORT) PEN NDL... 98	vanadom... 105
tulana... 79	ULTRA-THIN II INS PEN NEEDLES... 98	vancomycin in dextrose 5 %... 19
TURALIO... 36	ULTRA-THIN II INSULIN SYRINGE... 98	vancomycin in 0.9 % sodium chl... 19
TWINRIX (PF)... 85	ULTRACARE INSULIN SYRINGE... 99	vancomycin... 18, 19
TYBLUME... 79	ULTRACARE PEN NEEDLE... 99	vancomycin-water inject (peg)... 19
TYBOST... 45	UNIFINE PEN NEEDLE... 99	VANISHPOINT INSULIN SYRINGE... 99
TYKERB... 36	UNIFINE PENTIPS MAXFLOW... 99	VANISHPOINT SYRINGE... 99
TYMLOS... 87	UNIFINE PENTIPS PLUS MAXFLOW... 99	VAQTA (PF)... 85
TYPHIM VI... 85	UNIFINE PENTIPS PLUS... 99	varenicline... 13
U	UNIFINE PENTIPS... 99	VARIVAX (PF)... 85
UDENYCA... 51	UNIFINE SAFECONTROL... 99	VARIZIG... 85
UKONIQ... 36	UNITHROID... 80	VASCEPA... 58
ULTICARE INSULIN SYRINGE... 97	UNITUXIN... 36	VECTIBIX... 36
ULTICARE INSULN SYR(HALF UNIT)... 97	ursodiol... 69	VELCADE... 36
ULTICARE PEN NEEDLE... 97	UVADEX... 62	velivet triphasic regimen (28)... 79
ULTICARE SAFETY PEN NEEDLE... 97	V	VENCLEXTA STARTING PACK... 37
ULTICARE... 97	V-GO 20... 99	VENCLEXTA... 37
ULTIGUARD SAFEPACK-INSULIN SYR... 97	V-GO 30... 99	venlafaxine... 24
ULTIGUARD SAFEPACK-PEN NEEDLE... 97	V-GO 40... 99	VENTAVIS... 105
ULTILET ALCOHOL SWAB... 97	valacyclovir... 45	VENTOLIN HFA... 105
ULTILET INSULIN SYRINGE... 98	VALCHLOR... 36	verapamil... 58
ULTILET PEN NEEDLE... 98	valganciclovir... 46	VERIFINE PEN NEEDLE... 99
ULTRA CMFT INS SYR (HALF UNIT)... 98	valproate sodium... 21	VERIPRED 20... 72
ULTRA COMFORT INSULIN SYRINGE... 98	valproic acid (as sodium salt)... 21	VERSACLOZ... 42
ULTRA FLO INSUL SYR(HALF UNIT)... 98	valproic acid... 21	VERZENIO... 37
ULTRA FLO INSULIN SYRINGE... 98	valrubicin... 36	vestura (28)... 79
ULTRA FLO PEN NEEDLE... 98	valsartan... 58	VICTOZA 2-PAK... 49
ULTRA THIN PEN NEEDLE... 98	valsartan-hydrochlorothiazide... 58	VICTOZA 3-PAK... 49
ULTRA-THIN II (SHORT) INS SYR... 98	VALSTAR... 36	VIDEX EC... 46
	VALTOCO... 22	VIDEX 2 GRAM PEDIATRIC... 46
		vienva... 79

vigabatrin... 22	WELIREG... 37	zafemy... 79
vigadrone... 22	wera (28)... 79	zafirlukast... 105
VIIBRYD... 24	westab plus... 68	ZALTRAP... 37
VIMPAT... 22	WINRHO SDF... 85	ZANOSAR... 38
vinblastine... 37	wixela inhub... 105	zarah... 79
vincasar pfs... 37	wymzya fe... 79	ZARXIO... 51
vincristine... 37	X	ZEJULA... 38
vinorelbine... 37	XALKORI... 37	ZELBORAF... 38
violele (28)... 79	XARELTO DVT-PE TREAT 30D START... 51	zenatane... 62
VIRACEPT... 46	XARELTO... 51	ZENPEP... 70
VIREAD... 46	XATMEP... 85	ZEPZELCA... 38
virt-c dha... 68	XCOPRI MAINTENANCE PACK... 22	ZERBAXA... 19
virt-nate dha... 68	XCOPRI TITRATION PACK... 22	zidovudine... 46
VISTOGARD... 37	XCOPRI... 22	ZIEXTENZO... 51
VITRAKVI... 37	XGEVA... 87	ziprasidone hcl... 42
VIVITROL... 13	XIFAXAN... 69	ziprasidone mesylate... 42
VIZIMPRO... 37	XIGDUO XR... 49	ZIRABEV... 38
VOCABRIA... 46	XOFLUZA... 46	ZIRGAN... 46
volnea (28)... 79	XOLAIR... 86	ZOKINVY... 70
voriconazole... 27	XOSPATA... 37	ZOLADEX... 81
VOSEVI... 46	XPOVIO... 37	zoledronic ac-mannitol-0.9nacl... 87
VOTRIENT... 37	XTAMPZA ER... 12	zoledronic acid... 87
VRAYLAR... 42	XTANDI... 37	zoledronic acid-mannitol-water... 87
vyfemla (28)... 79	xulane... 79	ZOLINZA... 38
vylibra... 79	XULTOPHY 100/3.6... 107	zolpidem... 105
VYNDAMAX... 70	XYREM... 105	zonisamide... 22
VYNDAQEL... 70	Y	ZORTRESS... 86
VYXEOS... 37	YAZ (28)... 79	ZOSTAVAX (PF)... 86
VYZULTA... 101	YERVOY... 37	zovia 1-35 (28)... 79
W	YF-VAX (PF)... 86	zovia 1/35e (28)... 79
warfarin... 51	YONDELIS... 37	ZUBSOLV... 13, 14
water for irrigation, sterile... 99	Z	
WEBCOL... 99		

ZULRESSO... 24
zumandimine (28)... 79
ZYDELIG... 38
ZYKADIA... 38
ZYNLONTA... 38
ZYPITAMAG... 58
ZYPREXA RELPREVV... 42
1ST TIER UNIFINE PENTIPS PLUS...
87
1ST TIER UNIFINE PENTIPS... 87

IMPORTANT!

At CarePlus, it is important you are treated fairly.

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

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

CarePlus Health Plans, Inc. Attention: Member Services Department.

11430 NW 20th Street, Suite 300. Miami, FL 33172

If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

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

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

1-800-794-5907 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

ગુજરાતી (Gujarati): 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]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.



CarePlusHealthPlans.com

CarePlusHealthPlans.com

H1019-105, 106, 107, 108, 109

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**.