2020

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs

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

2

This formulary was updated on 11/13/2019. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana®

Y0040_PDG20_FINAL_58C_C GRP2PDG2080020C_v1

Welcome to Humana Medicare Employer Plan!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means the Humana Medicare Employer Plan . This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2020. 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 Humana Medicare Employer formulary?

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

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. If you're a current member, call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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:

- **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 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 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 Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

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 January 1, 2020. We'll update the printed formularies each month and they'll be available on **Humana.com/medicaredruglist**.

To get updated information about the drugs that Humana covers, please visit **Humana.com/medicaredruglist**. The Drug List Search tool lets you search for your drug by name or drug type.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** The Humana Medicare Employer Plan 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 the Humana Medicare Employer Plan before you fill your prescriptions. If you don't get approval, the Humana Medicare Employer Plan may not cover the drug.
- **Quantity Limits (QL):** For some drugs, the Humana Medicare Employer Plan limits the amount of the drug that is covered. The Humana Medicare Employer Plan might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it'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, the Humana Medicare Employer Plan 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, the Humana Medicare Employer Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Humana Medicare Employer Plan 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 the Humana Medicare Employer Plan 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 the Humana Medicare Employer Plan at **1-877-486-2621**. 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 **Humana.com/medicaredruglist** to get more information about the restrictions applied to specific covered drugs.

You can ask the Humana Medicare Employer Plan 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 **Humana.com/medicaredruglist** to see if your plan covers your drug. You can also call Group Medicare Customer Care and ask if your drug is covered.

If the Humana Medicare Employer Plan doesn't cover your drug, you have two options:

- You can ask Group Medicare Customer Care for a list of similar drugs that the Humana Medicare Employer Plan covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by the Humana Medicare Employer Plan.
- You can ask the Humana Medicare Employer Plan 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.

How do I request an exception to the formulary?

You can ask the Humana Medicare Employer Plan 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.
- **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, the Humana Medicare Employer Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or 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 quicker, 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. Once an expedited request is received, 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 30-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 30 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, the Humana Medicare Employer Plan will cover as much as a 30-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. The Humana Medicare Employer Plan 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

The Humana Medicare Employer Plan 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 Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

Humana Pharmacy® makes it easy to manage your prescriptions with mail delivery solutions

You may be able to fill your medicines through Humana Pharmacy – Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit hprxweb.com. You can also call Humana Pharmacy at 1-855-899-3134 (TTY: 711) Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

For More Information

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

If you have questions about Humana, please visit our website at **Humana.com/medicaredruglist**. The Drug List Search tool lets you search for your drug by name or drug type.

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 174.

How to read your formulary

The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower-case italics. Next to the drug name you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:
DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.
MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

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

The third column shows the Utilization Management Requirements for the drug. The Humana Medicare Employer Plan may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG SUBLINGUAL TABLET DL	4	PA,QL (128 per 30 days)
acetamin-caff-dihydrocod 320.5 DL	1	QL (300 per 30 days)
acetamin-caff-dihydrocod 325 DL	1	QL (300 per 30 days)
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	1	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	1	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	1	QL (180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE ON A HANDLE DL	4	PA,QL (120 per 30 days)
ALLZITAL 25 MG-325 MG TABLET DL	4	PA,QL (360 per 30 days)
ANAPROX DS 550 MG TABLET MO	3	
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARYMO ER 15 MG, 30 MG, 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE DL	4	ST,QL (90 per 30 days)
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	PA,QL (360 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM DL	2	QL (60 per 30 days)
bupap 50 mg-300 mg tablet MO	1	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION DL	4	QL (240 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	1	ST,QL (4 per 28 days)
buprenorphine 0.3 mg/ml crpjct DL	1	QL (240 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	PA,QL (360 per 30 days)
butalb-acetaminoph-caff-codein DL	1	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein DL	1	PA,QL (360 per 30 days)
butalbital-acetaminophn 50-300 DL	4	PA,QL (180 per 30 days)
butalbital-acetaminophn 50-300 MO	1	PA,QL (180 per 30 days)
butalbital-acetaminophn 50-325 MO	1	QL (180 per 30 days)
butalb-acetamin-caff 50-300-40 MO	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 MO	1	QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40 MO	1	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap MO	1	PA,QL (180 per 30 days)
butorphanol 1 mg/ml vial DL	1	QL (960 per 30 days)
butorphanol 10 mg/ml spray DL	1	QL (5 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
butorphanol 2 mg/ml vial DL	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR TRANSDERMAL PATCH DL	3	ST,QL (4 per 28 days)
CALDOLOR 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	B vs D
CAMBIA 50 MG ORAL POWDER PACKET DL	4	ST,QL (9 per 30 days)
CAPITAL WITH CODEINE SUSP DL	1	QL (2700 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MO	3	PA,QL (60 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	1	QL (60 per 30 days)
codeine sulfate 15 mg, 30 mg tablet DL	1	QL (360 per 30 days)
codeine sulfate 60 mg tablet DL	1	QL (180 per 30 days)
asa-butalb-caff-cod #3 capsule DL	1	PA,QL (360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG CAPSULE,EXTENDED RELEASE (25-75) DL	3	ST,QL (30 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DEMEROL 100 MG TABLET DL	3	PA,QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE DL	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML INJECTION SOLUTION DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE DL	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE DL	3	PA,QL (480 per 30 days)
diclofenac epolamine 1.3% ptch MO	1	PA,QL (60 per 30 days)
diclofenac pot 50 mg tablet MO	1	
diclofenac 1.5% topical soln MO	1	PA,QL (300 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg tab MO	1	
diclofenac sod er 100 mg tab MO	1	
diclofenac sodium 1% gel MO	1	
diclofenac-misoprost 50-0.2 tb; diclofenac-misoprost 75-0.2 tb MO	1	
diflunisal 500 mg tablet MO	1	
DILAUDID 1 MG/ML ORAL LIQUID DL	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	4	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET DL	4	PA,QL (240 per 30 days)
DOLOPHINE 10 MG TABLET DL	3	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET DL	3	QL (480 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUEXIS 800 MG-26.6 MG TABLET DL	4	PA,QL (90 per 30 days)
DURAGESIC 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH DL	4	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION DL	3	B vs D,QL (3600 per 30 days)
dvorah 325 mg-30 mg-16 mg tablet DL	1	QL (300 per 30 days)
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE MO	3	PA
ec-naproxen 375 mg, 500 mg tablet,delayed release MO	3	PA
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY DL	2	QL (60 per 30 days)
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	1	QL (360 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE MO	1	QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET MO	1	QL (180 per 30 days)
etodolac 200 mg, 300 mg capsule MO	1	
etodolac 400 mg, 500 mg tablet MO	1	
etodolac er 400 mg, 500 mg, 600 mg tablet MO	1	
EXALGO ER 12 MG TABLET DL	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET DL	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET DL	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET DL	4	ST,QL (240 per 30 days)
FELDENE 10 MG, 20 MG CAPSULE MO	3	
fenoprofen 200 mg, 400 mg capsule MO	1	
fenoprofen 600 mg tablet MO	1	
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	1	QL (20 per 30 days)
fentanyl cit 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg buccal tb DL	4	PA,QL (120 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	4	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul DL	1	B vs D,QL (720 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT **DL**	4	PA,QL (120 per 30 days)
fioricet 50 mg-300 mg-40 mg capsule **MO**	1	PA,QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE **MO**	3	PA,QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE **DL**	4	PA,QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH **MO**	3	PA,QL (60 per 30 days)
flurbiprofen 100 mg, 50 mg tablet **MO**	1	
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg; hydrocodone-acetamin 7.5-300 **DL**	1	QL (390 per 30 days)
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**	1	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 **DL**	1	QL (2700 per 30 days)
hydrocodone-acetamn 7.5-325/15 **DL**	1	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200 **DL**	1	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**	1	B vs D,QL (720 per 30 days)
hydromorphone 1 mg/ml solution **DL**	1	QL (2400 per 30 days)
hydromorphone 2 mg, 4 mg tablet **DL**	1	QL (360 per 30 days)
hydromorphone 2 mg/ml carpujct **DL**	1	QL (360 per 30 days)
hydromorphone 2 mg/ml vial **DL**	1	B vs D,QL (360 per 30 days)
hydromorphone 4 mg/ml carpujct **DL**	1	B vs D,QL (180 per 30 days)
hydromorphone 8 mg tablet **DL**	1	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp **DL**	1	B vs D,QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp **DL**	1	B vs D,QL (180 per 30 days)
hydromorphone hcl er 12 mg tab **DL**	1	ST,QL (180 per 30 days)
hydromorphone hcl er 16 mg tab **DL**	1	ST,QL (120 per 30 days)
hydromorphone hcl er 32 mg tab **DL**	1	ST,QL (60 per 30 days)
hydromorphone hcl er 8 mg tab **DL**	1	ST,QL (240 per 30 days)
hydromorphone 1 mg/ml vial **DL**	1	B vs D,QL (720 per 30 days)
hydromorphone 4 mg/ml vial **DL**	1	B vs D,QL (180 per 30 days)
hydromorphone hcl 10 mg/ml vl **DL**	1	QL (144 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **DL**	4	ST,QL (30 per 30 days)
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **DL**	3	ST,QL (30 per 30 days)
ibu 400 mg, 600 mg, 800 mg tablet **MO**	1	
IBUDONE 10 MG-200 MG TABLET **DL**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ibudone 5-200 mg tablet **DL**	1	QL (150 per 30 days)
ibuprofen 100 mg/5 ml susp **MO**	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet **MO**	1	
oxycodone-ibuprofen 5-400 tab **DL**	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION **DL**	4	
INDOCIN 50 MG RECTAL SUPPOSITORY **MO**	1	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule **MO**	1	
indomethacin 1 mg vial **MO**	1	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION **DL**	3	B vs D,QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION **DL**	3	B vs D,QL (150 per 30 days)
KADIAN 10 MG, 20 MG, 30 MG CAPSULE,EXTENDED RELEASE **DL**	3	ST,QL (60 per 30 days)
KADIAN 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE **DL**	4	ST,QL (60 per 30 days)
ketoprofen 25 mg, 50 mg, 75 mg capsule **MO**	1	
ketoprofen er 200 mg capsule **MO**	1	
ketorolac 10 mg tablet **MO**	1	QL (20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial **MO**	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpuject **MO**	1	
ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe **MO**	1	
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY **DL**	4	PA,QL (30 per 30 days)
levorphanol 2 mg tablet **DL**	4	QL (240 per 30 days)
levorphanol 3 mg tablet **DL**	4	QL (150 per 30 days)
LODINE 400 MG TABLET **MO**	3	PA
lorcet (hydrocodone) 5 mg-325 mg tablet **DL**	1	QL (360 per 30 days)
lorcet hd 10 mg-325 mg tablet **DL**	1	QL (360 per 30 days)
lorcet plus 7.5 mg-325 mg tablet **DL**	1	QL (360 per 30 days)
lortab elixir 10 mg-300 mg/15 ml oral solution **DL**	1	QL (6000 per 30 days)
MARTEN-TAB 325-50 TABLET **MO**	1	QL (180 per 30 days)
meclofenamate 100 mg, 50 mg capsule **MO**	1	
mefenamic acid 250 mg capsule **MO**	1	
meloxicam 15 mg tablet **MO**	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet **MO**	1	QL (60 per 30 days)
meperidine 10 mg/ml cartrdge **DL**	1	PA,QL (3600 per 30 days)
meperidine 100 mg tablet **DL**	1	PA,QL (360 per 30 days)
meperidine 50 mg tablet **DL**	1	PA,QL (480 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meperidine 50 mg/5 ml solution **DL**	1	PA,QL (720 per 30 days)
meperidine 100 mg/ml vial **DL**	1	PA,QL (360 per 30 days)
meperidine 25 mg/ml vial **DL**	1	PA,QL (1440 per 30 days)
meperidine 50 mg/ml vial **DL**	1	PA,QL (720 per 30 days)
methadone 10 mg/5 ml solution **DL**	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc **DL**	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution **DL**	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet **DL**	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial **DL**	1	QL (360 per 30 days)
methadone hcl 5 mg tablet **DL**	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate **DL**	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE **DL**	3	QL (360 per 30 days)
mitigo (pf) 10 mg/ml injection solution **DL**	4	B vs D,QL (360 per 30 days)
mitigo (pf) 25 mg/ml injection solution **DL**	4	B vs D,QL (150 per 30 days)
MOBIC 15 MG TABLET **MO**	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
MORPHABOND ER 100 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) **DL**	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) **DL**	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) **DL**	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpuject **DL**	1	B vs D,QL (360 per 30 days)
morphine 2 mg/ml carpuject **DL**	1	B vs D,QL (1800 per 30 days)
morphine 4 mg/ml carpuject **DL**	1	B vs D,QL (900 per 30 days)
morphine 5 mg/ml syringe **DL**	1	B vs D
morphine 8 mg/ml isecure syrng **DL**	1	B vs D,QL (450 per 30 days)
morphine sulf 10 mg/5 ml soln **DL**	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln **DL**	1	QL (1350 per 30 days)
morphine sulf er 100 mg tablet **DL**	1	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet **DL**	1	QL (120 per 30 days)
morphine sulf er 200 mg tablet **DL**	1	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial **DL**	1	B vs D,QL (360 per 30 days)
morphine sulfate 2 mg/ml vial **DL**	1	B vs D,QL (1800 per 30 days)
morphine sulfate 4 mg/ml vial **DL**	1	B vs D,QL (900 per 30 days)
morphine sulfate 5 mg/ml vial **DL**	1	B vs D,QL (720 per 30 days)
morphine sulfate 8 mg/ml vial **DL**	1	B vs D,QL (450 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg cap **DL**	1	ST,QL (60 per 30 days)
morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap **DL**	1	ST,QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg cap **DL**	1	ST,QL (30 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab **DL**	1	QL (180 per 30 days)
morphine 10 mg/10 ml vial; morphine sulfate 1 mg/ml vial **DL**	1	B vs D,QL (3600 per 30 days)
morphine 5 mg/10 ml vial **DL**	1	B vs D,QL (7200 per 30 days)
morphine 5 mg/ml vial **DL**	1	B vs D,QL (720 per 30 days)
morphine sulf 100 mg/5 ml conc **DL**	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (90 per 30 days)
nabumetone 500 mg, 750 mg tablet **MO**	1	
nalbuphine 100 mg/10 ml vial **DL**	1	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial **DL**	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE **MO**	3	
NALFON 600 MG TABLET **MO**	1	
nalocet 2.5 mg-300 mg tablet **DL**	4	PA,QL (360 per 30 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE **DL**	4	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE **DL**	4	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE **DL**	4	ST,QL (60 per 30 days)
NAPROSYN 500 MG TABLET **MO**	3	PA
naproxen 125 mg/5 ml suspen **MO**	1	
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet **MO**	1	
naproxen sod cr 375 mg tablet **MO**	1	ST,QL (120 per 30 days)
naproxen sod cr 500 mg tablet **MO**	1	ST,QL (90 per 30 days)
naproxen sodium 275 mg, 550 mg tab **MO**	1	
NORCO 10 MG-325 MG TABLET; NORCO 5 MG-325 MG TABLET; NORCO 7.5 MG-325 MG TABLET **DL**	1	PA,QL (360 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET **DL**	3	ST,QL (180 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG, 50 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (60 per 30 days)
OPANA 1 MG/ML INJ AMPULE **DL**	3	QL (270 per 30 days)
OPANA 10 MG, 5 MG TABLET **DL**	4	PA,QL (360 per 30 days)
oxaprozin 600 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES); OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES) DL	4	PA,QL (360 per 30 days)
oxycodon 10 mg/0.5 ml oral syr DL	1	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet DL	1	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc DL	1	QL (270 per 30 days)
oxycodone hcl 5 mg capsule DL	1	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln DL	1	QL (5400 per 30 days)
oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet DL	3	PA,QL (90 per 30 days)
oxycodone hcl er 80 mg tablet DL	3	PA,QL (120 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 DL	1	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 DL	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE DL	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE DL	3	PA,QL (120 per 30 days)
oxymorphone hcl 10 mg, 5 mg tablet DL	1	QL (360 per 30 days)
oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tab; oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tablet DL	1	ST,QL (60 per 30 days)
panlor 325-30-16 mg tablet DL	1	QL (300 per 30 days)
PENNSAID 2 % TOPICAL SOLUTION IN PACKET DL	4	PA
PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP DL	4	PA,QL (224 per 28 days)
pentazocine-naloxone tablet DL	1	QL (360 per 30 days)
PERCOCET 10 MG-325 MG TABLET; PERCOCET 5 MG-325 MG TABLET; PERCOCET 7.5 MG-325 MG TABLET DL	4	PA,QL (360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET DL	1	PA,QL (360 per 30 days)
phrenilin forte 50-300-40 mg MO	1	PA,QL (180 per 30 days)
piroxicam 10 mg, 20 mg capsule MO	1	
PONSTEL 250 MG KAPSEALS MO	3	PA
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet DL	4	QL (390 per 30 days)
profeno 600 mg tablet MO	1	
QMIIZ ODT 15 MG, 7.5 MG DISINTEGRATING TABLET MO	3	ST,QL (30 per 30 days)
RELAFEN DS 1,000 MG TABLET DL	4	ST,QL (60 per 30 days)
ROXICODONE 15 MG, 30 MG, 5 MG TABLET DL	3	PA,QL (360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET DL	4	PA,QL (180 per 30 days)
ROXYBOND 5 MG TABLET DL	4	PA,QL (360 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRIX 15.75 MG/SPRAY NASAL SPRAY DL	4	PA,QL (5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY DL	4	PA,QL (120 per 30 days)
sulindac 150 mg, 200 mg tablet MO	1	
TALWIN 30 MG/ML VIAL DL	3	QL (360 per 30 days)
tencon 50 mg-325 mg tablet MO	1	QL (180 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE MO	3	ST,QL (90 per 30 days)
tolmetin sodium 200 mg, 600 mg tab MO	1	
tolmetin sodium 400 mg cap MO	1	
tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet DL	1	QL (30 per 30 days)
tramadol hcl 50 mg tablet DL	1	QL (240 per 30 days)
tramadol hcl er 100 mg, 150 mg, 200 mg, 300 mg capsule DL	1	ST,QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 DL	1	QL (240 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE DL	1	QL (300 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET DL	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET DL	1	PA,QL (180 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET DL	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET DL	3	QL (240 per 30 days)
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution DL	4	QL (450 per 30 days)
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution DL	4	QL (450 per 30 days)
vicodin 5-300 mg tablet DL	1	QL (390 per 30 days)
vicodin es 7.5 mg-300 mg tablet DL	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet DL	1	QL (390 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE DL	4	PA,QL (60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL MO	3	PA
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
XODOL 10-300 TABLET DL	1	QL (390 per 30 days)
XODOL 5-300 TABLET DL	1	QL (390 per 30 days)
XODOL 7.5-300 MG TABLET DL	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	2	QL (60 per 30 days)
ZAMICET 10-325 MG/15 ML SOLN DL	1	QL (5430 per 30 days)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE MO	1	QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZIPSOR 25 MG CAPSULE DL	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL (90 per 30 days)
Anesthetics		
bupivacaine 0.25% vial; bupivacaine 0.5% vial MO	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial MO	1	
bupivacain 0.75%-dextros 8.25% MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.5%-epi 1:200,000 MO	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION MO	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
chloroprocaine 2% vial; chloroprocaine 3% vial MO	1	
CLOROTEKAL 10 MG/ML (1 %) INTRATHECAL SOLUTION MO	3	
glydo 2 % mucosal jelly in applicator MO	1	
lidocaine 5% ointment MO	1	PA
lidocaine 5% patch MO	1	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% ampul; lidocaine hcl 4% ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution MO	1	
lidocaine hcl 2% jelly MO	1	
lidocaine hcl 2% jelly uro-jet MO	1	
lidocaine viscous 2 % mucosal solution MO	1	
lidocaine 0.5%-epi 1:200,000; lidocaine 2%-epi 1:100,000 MO	1	
lidocaine 2%-epi 1:100,000; lidocaine 2%-epi 1:50,000 cart MO	1	
lidocaine-prilocaine cream MO	1	
LIDODERM 5 % TOPICAL PATCH DL	4	PA,QL (90 per 30 days)
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
marcaine-epinephrine 0.5 %-1:200,000 injection cartridge **MO**	1	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION **MO**	3	
mepivacaine hcl 3% cartridge **MO**	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) INJECTION SOLUTION **MO**	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION **MO**	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION **MO**	3	
PLIAGLIS 7 %-7 % TOPICAL CREAM **MO**	3	
polocaine 1 % (10 mg/ml), 2 % injection solution **MO**	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution **MO**	1	
ropivacaine 0.2% 200 mg/100 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl **MO**	1	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION SOLUTION **MO**	1	
sensorcaine 0.5 % (5 mg/ml) injection solution **MO**	1	
sensorcaine-epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution **MO**	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION **MO**	1	
sensorcaine-mpf 0.75 % (7.5 mg/ml) injection solution **MO**	1	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution **MO**	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution **MO**	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 INJECTION SOLUTION **MO**	1	
SYNERA 70 MG-70 MG PATCH **DL**	4	PA
vivacaine 0.5 %-1:200,000 injection cartridge **MO**	1	
ZTLIDO 1.8 % TOPICAL PATCH **DL**	4	PA,QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate calc dr 333 mg tab **MO**	1	
ANTABUSE 250 MG, 500 MG TABLET **MO**	1	
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM **MO**	3	PA,QL (60 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl **MO**	1	QL (90 per 30 days)
bupreno-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film; buprenorp-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film **MO**	1	QL (90 per 30 days)
buprenor-nalox 12-3 mg sl film **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl MO	3	PA,QL (90 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet MO	1	
EVZIO 0.4 MG AUTO-INJECTOR; EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR DL	4	PA,QL (0.8 per 30 days)
LUCEMYRA 0.18 MG TABLET DL	4	PA,QL (224 per 365 days)
naloxone 0.4 mg/ml vial MO	1	
naloxone 0.4 mg/ml, 1 mg/ml carpuject; naloxone 2 mg/2 ml syringe MO	1	
naltrexone 50 mg tablet MO	1	
NARCAN 4 MG/ACTUATION NASAL SPRAY MO	2	QL (2 per 30 days)
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MO	1	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	1	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	1	QL (60 per 30 days)
ZYBAN SR 150 MG TABLET MO	3	QL (90 per 30 days)
Antibacterials		
acetic acid 2% ear solution MO	1	
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	1	
amoxicillin 125 mg, 250 mg tab chew MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp MO	1	
amoxicillin 250 mg, 500 mg capsule MO	1	
amoxicillin 500 mg, 875 mg tablet MO	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp **MO**	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet **MO**	1	
amox-clav er 1,000-62.5 mg tab **MO**	1	
ampicillin 250 mg, 500 mg capsule **MO**	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial **MO**	1	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial **MO**	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION **DL**	4	PA,QL (235.2 per 28 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION **DL**	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET **MO**	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION **MO**	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE **MO**	3	
AVC VAGINAL 15 % CREAM **MO**	3	
AVELOX 400 MG TABLET **MO**	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK **MO**	3	PA
avidoxy 100 mg tablet **MO**	1	ST
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION **DL**	4	B vs D
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION **MO**	3	PA
AZACTAM-ISO-OSMOT 1 GM/50 ML; AZACTAM-ISO-OSMOT 2 GM/50 ML **MO**	3	
AZASITE 1 % EYE DROPS **MO**	3	ST,QL (2.5 per 25 days)
azithromycin 1 gm pwd packet **MO**	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp **MO**	1	
azithromycin 250 mg, 500 mg tablet **MO**	1	
azithromycin 600 mg tablet **MO**	1	QL (16 per 60 days)
azithromycin i.v. 500 mg vial **MO**	1	
aztreonam 1 gm vial **MO**	1	
aztreonam 2 gm vial **DL**	4	
baciim 50,000 unit vial **MO**	1	
bacitracin 50,000 unit vial **MO**	1	
bacitracin 500 unit/gm ophth **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BACTRIM 400 MG-80 MG TABLET MO	3	
BACTRIM DS 800 MG-160 MG TABLET MO	3	
BACTROBAN 2% CREAM MO	3	
BACTROBAN NASAL 2% OINTMENT MO	3	
BAXDELA 300 MG INTRAVENOUS SOLUTION DL	4	QL (28 per 14 days)
BAXDELA 450 MG TABLET DL	4	QL (28 per 14 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	3	ST
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	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	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
BLEPH-10 10 % EYE DROPS MO	1	
CEDAX 180 MG/5 ML SUSPENSION MO	3	
CEDAX 400 MG CAPSULE MO	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen MO	1	
cefaclor 250 mg, 500 mg capsule MO	1	
cefaclor er 500 mg tablet MO	1	
cefadroxil 1 gm tablet MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	1	
cefadroxil 500 mg capsule MO	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial MO	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	1	
cefdinir 300 mg capsule MO	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial MO	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml MO	1	
cefepime 1 gm injection; cefepime 2 gm injection MO	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp MO	1	
cefixime 400 mg capsule MO	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial MO	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial **MO**	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag **MO**	1	
cefpodoxime 100 mg, 200 mg tablet **MO**	1	
cefpodoxime 100 mg/5 ml susp **MO**	1	QL (1200 per 30 days)
cefpodoxime 50 mg/5 ml susp **MO**	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp **MO**	1	
cefprozil 250 mg, 500 mg tablet **MO**	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial **MO**	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback **MO**	1	
ceftibuten 180 mg/5 ml susp **MO**	1	
ceftibuten 400 mg capsule **MO**	1	
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSP **MO**	3	
ceftriaxone 1 gm add-vant vial; ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg bulk bag; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial **MO**	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag **MO**	1	
cefuroxime axetil 250 mg, 500 mg tab **MO**	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial **MO**	1	
CENTANY 2 % TOPICAL OINTMENT **MO**	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp **MO**	1	
cephalexin 250 mg, 500 mg capsule **MO**	1	
cephalexin 250 mg, 500 mg tablet **MO**	1	
cephalexin 750 mg capsule **MO**	1	QL (150 per 30 days)
chloramphen na succ 1 gm vl **MO**	1	
CILOXAN 0.3 % EYE DROPS **MO**	3	
CILOXAN 0.3 % EYE OINTMENT **MO**	3	
CIPRO 250 MG, 500 MG TABLET **MO**	3	
CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION **MO**	3	
CIPRO I.V. 400 MG/200 ML D5W **MO**	3	
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp **MO**	1	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet **MO**	1	
ciprofloxacin 0.2% otic soln **MO**	1	
ciprofloxacin 0.3% eye drop **MO**	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciprofloxacn-d5w 200 mg/100 ml, 400 mg/200 ml MO	1	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vl MO	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus MO	1	
clarithromycin 250 mg, 500 mg tablet MO	1	
clarithromycin er 500 mg tab MO	1	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INJECTION SOLUTION; CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INTRAVENOUS SOLUTION MO	1	
CLEOCIN 2 % VAGINAL CREAM MO	3	PA
cleocin 300 mg/2 ml intravenous solution MO	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	3	
CLEOCIN 300 MG-D5W-GALAXY; CLEOCIN 600 MG-D5W-GALAXY; CLEOCIN 900 MG-D5W-GALAXY MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION MO	1	
CLEOCIN T 1 % LOTION MO	3	
CLEOCIN T 1 % SOLUTION MO	3	
CLEOCIN T 1 % TOPICAL GEL MO	3	
CLEOCIN T 1% PLEDGETS MO	3	
clindacin etz 1 % topical swab MO	1	
clindacin p 1 % topical swab MO	1	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY DL	4	PA
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	1	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns MO	1	B vs D
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO	1	
clindamycin 75 mg/5 ml soln MO	1	
clindamycin pediatric 75 mg/5 ml oral solution MO	1	
clindamycin 1 %, 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan; clindamycin ph 1% solution; clindamycin ph 900 mg/6 ml vl MO	1	
clindamycin 2% vaginal cream MO	1	
clindamycin ph 1% gel MO	1	
clindamycin phos 1% pledget MO	1	
clindamycin phosp 1% lotion MO	1	
clindamycin phosphate 1% foam MO	1	
clindamycin phosphate 1% gel MO	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
colistimethate 150 mg vial MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION DL	4	
coremino 135 mg, 45 mg, 90 mg tablet,extended release MO	1	ST,QL (30 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION DL	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION DL	4	
DALVANCE 500 MG INTRAVENOUS SOLUTION DL	4	QL (4 per 28 days)
daptomycin 350 mg, 500 mg vial DL	4	
DAXBIA 333 MG CAPSULE MO	1	
demeclocycline 150 mg tablet MO	1	QL (240 per 30 days)
demeclocycline 300 mg tablet MO	1	QL (120 per 30 days)
dicloxacillin 250 mg, 500 mg capsule MO	1	
DIFICID 200 MG TABLET DL	4	QL (20 per 10 days)
DORIBAX 250 MG, 500 MG VIAL MO	3	
doripenem 250 mg, 500 mg vial MO	1	
DORYX 200 MG TABLET,DELAYED RELEASE MO	3	ST,QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE MO	3	ST,QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE MO	3	ST,QL (60 per 30 days)
doxy-100 100 mg intravenous solution MO	1	
doxycycline 50 mg tablet MO	1	ST,QL (180 per 30 days)
doxycycline hyc dr 100 mg tab MO	1	ST,QL (90 per 30 days)
doxycycline hyc dr 150 mg, 200 mg tab; doxycycline hyclate 150 mg, 200 mg tab MO	1	ST,QL (30 per 30 days)
doxycycline hyc dr 150 mg, 50 mg, 75 mg tab; doxycycline hyclate 150 mg, 50 mg, 75 mg tab MO	1	ST,QL (60 per 30 days)
doxycycline hyclate 100 mg vl MO	1	
doxycycline hyclate 100 mg, 20 mg tab MO	1	
doxycycline hyclate 100 mg, 50 mg cap MO	1	
doxycycline 25 mg/5 ml susp MO	1	
doxycycline ir-dr 40 mg cap MO	1	ST,QL (30 per 30 days)
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO	1	
doxycycline mono 100 mg, 50 mg cap MO	1	
doxycycline mono 150 mg cap MO	1	QL (30 per 30 days)
doxycycline mono 75 mg capsule MO	1	QL (60 per 30 days)
E.E.S. 400 MG TABLET DL	4	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION MO	3	
ertapenem 1 gram 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ery pads 2 % topical swab MO	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE MO	1	
ERYGEL 2 % TOPICAL MO	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION MO	3	
ERYPED 400 MG/5 ML ORAL SUSPENSION DL	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	1	
erythromycin 0.5% eye ointment MO	1	
erythromycin 250 mg, 333 mg, 500 mg filmtab; erythromycin dr 250 mg, 333 mg, 500 mg tablet MO	1	
erythromycin dr 250 mg cap MO	1	
erythromycin 200 mg/5 ml, 400 mg/5 ml susp MO	1	
erythromycin es 400 mg tab MO	1	
erythromycin 2% gel MO	1	
erythromycin 2% pledgets MO	1	
erythromycin 2% solution MO	1	
EVOCLIN 1 % TOPICAL FOAM MO	3	PA
FIRVANQ 25 MG/ML, 50 MG/ML ORAL SOLUTION MO	3	
FLAGYL 250 MG, 500 MG TABLET MO	3	
FLAGYL 375 MG CAPSULE MO	3	QL (320 per 30 days)
FORTAZ 2 GM VIAL; FORTAZ 6 GM VIAL MO	3	
FORTAZ-ISO-OSMOT 2 GM/50 ML; FORTAZ-ISO-OSMOTIC 1 GM/50 ML MO	3	
FURADANTIN 25 MG/5 ML ORAL SUSPENSION MO	3	QL (2400 per 30 days)
gatifloxacin 0.5% eye drops MO	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment MO	1	
gentamicin 0.1% cream MO	1	
gentamicin 0.1% ointment MO	1	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial MO	1	
gentamicin 3 mg/ml eye drop MO	1	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml MO	1	
gentamicin ped 20 mg/2 ml vial MO	1	
gentamicin 10 mg/ml vial MO	1	
HIPREX 1 GRAM TABLET MO	3	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
imipenem-cilastatin 250 mg, 500 mg vl **MO**	1	
INVANZ 1 GM ADD-VANTAGE VIAL; INVANZ 1 GRAM SOLUTION FOR INJECTION **DL**	4	
KEFLEX 250 MG, 500 MG CAPSULE **MO**	3	
KEFLEX 750 MG CAPSULE **MO**	3	QL (150 per 30 days)
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
KLARON 10 % LOTION (SUSPENSION) **MO**	3	
LEVAQUIN 250 MG, 500 MG, 750 MG TABLET **MO**	3	
levofloxacin 0.5% eye drops **MO**	1	
levofloxacin 25 mg/ml solution; levofloxacin 750 mg/30 ml vial **MO**	1	
levofloxacin 250 mg, 500 mg, 750 mg tablet **MO**	1	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w **MO**	1	
LINCOCIN 300 MG/ML INJECTION SOLUTION **MO**	3	
lincomycin hcl 600 mg/2 ml vl **MO**	1	
linezolid 100 mg/5 ml susp **DL**	4	QL (1800 per 30 days)
linezolid 600 mg tablet **MO**	1	QL (60 per 30 days)
linezolid 600 mg/300 ml-d5w **MO**	1	
linezolid 600mg/300ml-0.9%nacl **MO**	1	
MACROBID 100 MG CAPSULE **MO**	3	QL (90 per 365 days)
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE **MO**	3	QL (90 per 365 days)
mafenide acetate 50 gm powd pk **MO**	1	
MAXIPIME 1 GRAM, 2 GRAM INTRAVENOUS SOLUTION **MO**	3	
MAXIPIME 1 GRAM, 2 GRAM SOLUTION FOR INJECTION **MO**	3	PA
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial **MO**	1	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 **MO**	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION **MO**	3	
methenamine hipp 1 gm tablet **MO**	1	
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK **MO**	3	
METROCREAM 0.75 % TOPICAL **MO**	3	PA
METROGEL 1 % TOPICAL; METROGEL 1 % TOPICAL GEL WITH PUMP **MO**	3	ST
METROGEL VAGINAL 0.75 % **MO**	3	
METROLOTION 0.75 % TOPICAL **MO**	3	PA
metronidazole 0.75% cream **MO**	1	
metronidazole 0.75% lotion **MO**	1	
metronidazole 250 mg, 500 mg tablet **MO**	1	
metronidazole 375 mg capsule **MO**	1	QL (320 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl **MO**	1	
metronidazole 500 mg/100 ml **MO**	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION **MO**	3	PA
MINOCIN 100 MG, 50 MG CAPSULE; MINOCIN 100 MG, 50 MG PELLETIZED CAP **MO**	3	PA
minocycline 100 mg, 50 mg, 75 mg capsule **MO**	1	
minocycline er 105 mg, 115 mg, 55 mg, 65 mg, 80 mg tablet **DL**	4	ST,QL (30 per 30 days)
minocycline er 135 mg, 45 mg, 90 mg tablet **MO**	1	ST,QL (30 per 30 days)
minocycline hcl 100 mg, 50 mg, 75 mg tablet **MO**	1	
MINOLIRA ER 105 MG, 135 MG TABLET, EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
mondoxyne nl 100 mg, 50 mg capsule **MO**	1	ST
mondoxyne nl 75 mg capsule **MO**	1	ST,QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET **MO**	3	
morgidox 100 mg, 50 mg capsule **MO**	1	ST
MOXEZA 0.5 % EYE DROPS **MO**	3	ST
moxifloxacin 0.5% eye drops **MO**	1	
moxifloxacin hcl 400 mg tablet **MO**	1	
moxifloxacin 400 mg/250 ml bag **MO**	1	
moxifloxacin 400 mg/250 ml bag **MO**	1	
mupirocin 2% ointment **MO**	1	
mupirocin 2% cream **MO**	1	
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**	1	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj **DL**	4	
neomycin 500 mg tablet **MO**	1	
nitrofurantoin 25 mg/5 ml susp **MO**	1	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap **MO**	1	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg **MO**	1	QL (90 per 365 days)
NORITATE 1 % TOPICAL CREAM **DL**	4	ST
NUVESSA 1.3 % VAGINAL GEL **MO**	3	
NUZYRA 100 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
NUZYRA 150 MG TABLET **DL**	4	QL (30 per 14 days)
NUZYRA (7 DAY WITH LOAD DOSE) 150 MG TABLET **DL**	4	QL (30 per 14 days)
NUZYRA (7 DAY) 150 MG TABLET **DL**	4	QL (30 per 14 days)
OCUFLOX 0.3 % EYE DROPS **MO**	3	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ofloxacin 300 mg tablet **MO**	1	QL (60 per 30 days)
ofloxacin 400 mg tablet **MO**	1	
okebo 100 mg capsule **MO**	1	ST
okebo 75 mg capsule **MO**	1	ST,QL (60 per 30 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE **DL**	4	ST,QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION **DL**	4	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**	1	
oxacillin 10 gm vial **DL**	4	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj **MO**	3	
paromomycin 250 mg capsule **MO**	1	
PCE 333 MG, 500 MG TABLET **MO**	3	
pen g k 1 million unit/50 ml **DL**	4	
pen g k 2 million unit/50 ml, 3 million unit/50 ml **MO**	3	
penicillin gk 20 million unit **MO**	1	
penicillin gk 5 million unit **DL**	4	
pen g 1.2 million unit/2 ml **MO**	1	
penicillin g 600,000 unit/1 ml **DL**	4	
penicillin g na 5 million unit **DL**	4	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln **MO**	1	
penicillin vk 250 mg, 500 mg tablet **MO**	1	
pfizerpen-g 20 million unit, 5 million unit solution for injection **MO**	1	
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**	1	
polymyxin b sulfate vial **MO**	1	
PRIMAXIN 500 MG INTRAVENOUS SOLUTION **MO**	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION **MO**	3	
rosadan 0.75 % topical cream **MO**	1	ST
rosadan 0.75 % topical gel **MO**	1	ST
SILVADENE 1 % TOPICAL CREAM **MO**	2	
silver sulfadiazine 1% cream **MO**	1	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION **DL**	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET **DL**	4	QL (6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (30 per 30 days)
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET **MO**	3	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
soloxide dr 150 mg tablet **MO**	1	ST,QL (60 per 30 days)
SSD 1 % TOPICAL CREAM **MO**	1	
streptomycin sulf 1 gm vial **DL**	4	
sulfacetamide 10% eye drops **MO**	1	
sulfacetamide 10% eye ointment **MO**	1	
sulfacetamide sod 10% top susp **MO**	1	
sulfadiazine 500 mg tablet **MO**	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet **MO**	1	
sulfamethoxazole-tmp inj vial **MO**	1	
sulfamethoxazole-tmp susp **MO**	1	
SULFAMYLON 50 GRAM TOPICAL PACKET **MO**	3	
SULFAMYLON 85 MG/G TOPICAL CREAM **MO**	3	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION **MO**	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET **MO**	1	
SUPRAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION **MO**	1	
SUPRAX 400 MG CAPSULE **MO**	3	
SUPRAX 500 MG/5 ML ORAL SUSPENSION **MO**	3	
SYNERCID 500 MG INTRAVENOUS SOLUTION **DL**	4	
TARGADOX 50 MG TABLET **MO**	1	ST,QL (180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 2 gram, 6 gram solution for injection **MO**	1	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION **DL**	4	
tetracycline 250 mg, 500 mg capsule **MO**	1	
tigecycline 50 mg vial **DL**	4	
TINDAMAX 500 MG TABLET **MO**	3	
tinidazole 250 mg, 500 mg tablet **MO**	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION **DL**	4	PA
tobramycin 0.3% eye drop **MO**	1	
tobramycin 300 mg/5 ml ampule **DL**	4	PA
tobramycin 1.2 gm vial **DL**	4	
tobramycin 10 mg/ml, 40 mg/ml vial **MO**	1	
tobramycin pak 300 mg/5 ml **DL**	4	PA
TOBREX 0.3 % EYE DROPS **MO**	3	
TOBREX 0.3 % EYE OINTMENT **MO**	3	
trimethoprim 100 mg tablet **MO**	1	
TYGACIL 50 MG INTRAVENOUS SOLUTION **DL**	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VABOMERE 2 GRAM INTRAVENOUS SOLUTION **DL**	4	QL (84 per 14 days)
VANCOCIN 125 MG CAPSULE **DL**	4	PA,QL (120 per 30 days)
VANCOCIN 250 MG CAPSULE **DL**	4	PA,QL (240 per 30 days)
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 50 mg/ml, 500 mg, 750 mg vial; vancomycin 250 mg/5 ml soln; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 50 mg/ml, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial **MO**	1	
vancomycin hcl 125 mg capsule **MO**	1	QL (120 per 30 days)
vancomycin hcl 250 mg capsule **DL**	4	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**	3	
vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag **MO**	3	
VANDAZOLE 0.75 % VAGINAL GEL **MO**	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION **MO**	3	
VIBRAMYCIN 100 MG CAPSULE **MO**	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION **MO**	3	ST
VIBRAMYCIN 50 MG/5 ML ORAL SYRUP **MO**	3	ST
VIGAMOX 0.5 % EYE DROPS **MO**	3	PA
XENLETA 150 MG/15 ML INTRAVENOUS SOLUTION **DL**	4	B vs D,QL (210 per 7 days)
XENLETA 600 MG TABLET **DL**	4	QL (10 per 5 days)
XEPI 1 % TOPICAL CREAM **MO**	3	PA
XERAVA 50 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION **DL**	4	
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION **DL**	4	
ZINACEF 1.5 GM TWISTVIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG TWISTVIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG VIAL; ZINACEF 7.5 GM VIAL **MO**	3	
ZINACEF 1.5 GRAM/50 ML **MO**	3	
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
ZITHROMAX 1 GRAM ORAL PACKET **MO**	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION **MO**	3	
ZITHROMAX 250 MG, 500 MG TABLET **MO**	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION **MO**	3	
ZITHROMAX 600 MG TABLET **MO**	3	QL (16 per 60 days)
ZITHROMAX TRI-PAK 500 MG TABLET **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZMAX 2 G/60 ML ORAL SUSPENSION MO	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION MO	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	ST,QL (2.5 per 25 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS PIGGYBACK DL	4	
ZYVOX 600 MG TABLET DL	4	PA,QL (60 per 30 days)
Anticonvulsants		
APTIOM 200 MG, 400 MG TABLET DL	4	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	4	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET DL	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION DL	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	PA
BUTISOL SODIUM 30 MG TABLET MO	3	
carbamazepine 100 mg tab chew MO	1	
carbamazepine 100 mg/5 ml susp MO	1	
carbamazepine 200 mg tablet MO	1	
carbamazepine er 100 mg, 200 mg tablet MO	1	QL (120 per 30 days)
carbamazepine er 100 mg, 200 mg, 300 mg cap MO	1	
carbamazepine er 400 mg tablet MO	1	QL (225 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION MO	3	
clobazam 10 mg, 20 mg tablet DL	1	PA,QL (60 per 30 days)
clobazam 2.5 mg/ml suspension DL	1	PA,QL (480 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	
DEPAKENE 250 MG CAPSULE MO	3	
DEPAKENE 250 MG/5 ML SOLUTION DL	4	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIASTAT 2.5 MG RECTAL KIT DL	3	PA
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT DL	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT DL	3	PA
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	1	
dilantin 30 mg capsule MO	1	
dilantin extended 100 mg capsule MO	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	1	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	3	
divalproex dr 125 mg cap sprnk MO	1	
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	1	
divalproex sod er 250 mg, 500 mg tab MO	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION DL	4	PA
epitol 200 mg tablet MO	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
ethosuximide 250 mg capsule MO	1	
ethosuximide 250 mg/5 ml soln MO	1	
felbamate 400 mg, 600 mg tablet MO	1	
felbamate 600 mg/5 ml susp DL	4	
FELBATOL 400 MG, 600 MG TABLET DL	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION DL	4	
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl MO	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION DL	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule MO	1	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	1	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet MO	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG, 4 MG TABLET DL	4	
GABITRIL 2 MG TABLET MO	3	
KEPPRA 1,000 MG, 750 MG TABLET DL	4	
KEPPRA 100 MG/ML, 500 MG/5 ML INTRAVENOUS SOLUTION; KEPPRA 100 MG/ML, 500 MG/5 ML ORAL SOLUTION DL	4	
KEPPRA 250 MG, 500 MG TABLET DL	4	QL (30 per 30 days)
KEPPRA XR 500 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (180 per 30 days)
KEPPRA XR 750 MG TABLET,EXTENDED RELEASE DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET **DL**	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET **DL**	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET **DL**	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING **DL**	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT **DL**	4	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT **DL**	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK **DL**	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK **DL**	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK **DL**	4	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE **DL**	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE **MO**	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL **MO**	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL **MO**	3	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 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); lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang **MO**	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet **MO**	1	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet **MO**	1	
levetiracetam 1,000 mg, 750 mg tablet **MO**	1	
levetiracetam 100 mg/ml, 500 mg/5 ml soln; levetiracetam 100 mg/ml, 500 mg/5 ml vial **MO**	1	
levetiracetam 250 mg, 500 mg tablet **MO**	1	QL (30 per 30 days)
levetiracetam 500 mg/5 ml soln **MO**	1	QL (900 per 30 days)
levetiracetam er 500 mg tablet **MO**	1	QL (180 per 30 days)
levetiracetam er 750 mg tablet **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 **MO**	1	
MYSOLINE 250 MG, 50 MG TABLET **DL**	4	PA
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY **DL**	4	PA,QL (10 per 30 days)
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION **MO**	1	
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE **DL**	4	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION **MO**	3	PA,QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET **DL**	4	PA,QL (180 per 30 days)
ONFI 10 MG, 20 MG TABLET **DL**	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION **DL**	4	PA,QL (480 per 30 days)
oxcarbazepine 150 mg, 300 mg tablet **MO**	1	QL (60 per 30 days)
oxcarbazepine 300 mg/5 ml susp **MO**	1	
oxcarbazepine 600 mg tablet **MO**	1	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (120 per 30 days)
PEGANONE 250 MG TABLET **MO**	3	
pentobarbital 1,000 mg/20 ml **MO**	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet **MO**	1	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet **MO**	1	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix **MO**	1	QL (1500 per 30 days)
phenobarbital 30 mg tablet **MO**	1	QL (300 per 30 days)
phenobarbital 130 mg/ml, 65 mg/ml vial **MO**	1	
PHENYTEK 200 MG, 300 MG CAPSULE **MO**	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp **MO**	1	
phenytoin 50 mg tablet chew **MO**	1	
phenytoin 50 mg/ml syringe **MO**	1	
phenytoin 50 mg/ml vial **MO**	1	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap **MO**	1	
primidone 250 mg, 50 mg tablet **MO**	1	
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE **DL**	4	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE **DL**	4	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE **DL**	4	PA,QL (90 per 30 days)
roweepra 1,000 mg, 750 mg tablet **MO**	1	
roweepra 500 mg tablet **MO**	1	QL (30 per 30 days)
roweepra xr 500 mg tablet,extended release **MO**	1	QL (180 per 30 days)
roweepra xr 750 mg tablet,extended release **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SABRIL 500 MG ORAL POWDER PACKET DL	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET DL	4	PA,QL (180 per 30 days)
SECONAL SODIUM 100 MG CAPSULE DL	4	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet MO	1	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack MO	1	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack MO	1	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack MO	1	
SYMPAZAN 10 MG, 20 MG, 5 MG ORAL FILM DL	4	PA,QL (60 per 30 days)
TEGRETOL 100 MG/5 ML ORAL SUSPENSION MO	3	
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG, 200 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
TEGRETOL XR 400 MG TABLET,EXTENDED RELEASE MO	3	QL (225 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet MO	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET DL	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE DL	4	
TOPAMAX 25 MG TABLET DL	4	QL (90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet MO	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	1	
topiramate 25 mg tablet MO	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule MO	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule MO	3	PA,QL (60 per 30 days)
topiramate er 25 mg capsule MO	3	PA,QL (90 per 30 days)
TRILEPTAL 150 MG, 300 MG TABLET DL	4	PA,QL (60 per 30 days)
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION DL	4	PA
TRILEPTAL 600 MG TABLET DL	4	PA
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	1	
valproic acid 250 mg capsule MO	1	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol MO	1	
vigabatrin 500 mg powder packt DL	4	PA,QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vigabatrin 500 mg tablet DL	4	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet DL	4	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	3	QL (1395 per 30 days)
VIMPAT 100 MG, 50 MG TABLET MO	3	QL (30 per 30 days)
VIMPAT 150 MG, 200 MG TABLET MO	3	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	3	
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION MO	1	
ZONEGRAN 100 MG, 25 MG CAPSULE DL	4	PA
zonisamide 100 mg, 25 mg, 50 mg capsule MO	1	
Antidementia Agents		
ARICEPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg tablet MO	1	QL (30 per 30 days)
ergoloid mesylates 1 mg tab DL	4	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO	3	PA,QL (30 per 30 days)
galantamine 4 mg/ml oral soln MO	1	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule MO	1	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet MO	1	QL (60 per 30 days)
memantine 5-10 mg titration pk MO	1	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet MO	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution MO	1	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule MO	1	PA,QL (30 per 30 days)
NAMENDA 10 MG, 5 MG TABLET MO	3	PA,QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK MO	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,EXT REL, DOSE PACK MO	3	PA,QL (28 per 28 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	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK MO	2	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAZADYNE 12 MG, 4 MG, 8 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch MO	1	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg capsule MO	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	1	QL (60 per 30 days)
Antidepressants		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	PA
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 DL	1	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	1	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE DL	4	PA
APLENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
bupropion hcl 100 mg, 75 mg tablet MO	1	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet MO	1	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet MO	1	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	1	QL (60 per 30 days)
bupropion hcl xl 450 mg tablet MO	1	ST,QL (30 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET MO	3	PA,QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg tablet MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	1	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule MO	1	PA
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet MO	1	PA
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet MO	3	ST,QL (30 per 30 days)
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb MO	1	QL (30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	1	QL (60 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE DL	4	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH **DL**	4	QL (30 per 30 days)
escitalopram 10 mg tablet **MO**	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml **MO**	1	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK **MO**	3	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution **MO**	1	
fluoxetine dr 90 mg capsule **MO**	1	QL (4 per 28 days)
fluoxetine hcl 10 mg tablet **MO**	1	QL (240 per 30 days)
fluoxetine hcl 10 mg, 40 mg capsule **MO**	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule **MO**	1	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet **MO**	1	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet **MO**	1	QL (30 per 30 days)
fluvoxamine er 100 mg, 150 mg capsule **MO**	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab **MO**	1	QL (90 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet **MO**	1	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap **MO**	1	PA
IRENKA DR 40 MG CAPSULE **MO**	1	QL (60 per 30 days)
KHEDEZLA ER 100 MG, 50 MG TABLET **MO**	3	ST,QL (30 per 30 days)
LEXAPRO 10 MG TABLET **MO**	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
maprotiline 25 mg, 50 mg, 75 mg tablet **MO**	1	
MARPLAN 10 MG TABLET **MO**	3	
mirtazapine 15 mg, 30 mg, 45 mg odt; mirtazapine 15 mg, 30 mg, 45 mg tablet **MO**	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet **MO**	1	QL (180 per 30 days)
NARDIL 15 MG TABLET **MO**	3	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet **MO**	1	
NORPRAMIN 10 MG, 25 MG TABLET **MO**	3	PA
nortriptyline 10 mg/5 ml soln **MO**	1	PA
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap **MO**	1	PA
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg **MO**	1	QL (30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE **DL**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PARNATE 10 MG TABLET DL	4	
paroxetine er 12.5 mg, 37.5 mg tablet MO	1	PA,QL (60 per 30 days)
paroxetine er 25 mg tablet MO	1	PA,QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet MO	1	PA,QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet MO	1	PA,QL (60 per 30 days)
paroxetine mesylate 7.5 mg cap MO	1	PA,QL (30 per 30 days)
PAXIL 10 MG, 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	3	PA
PAXIL 30 MG, 40 MG TABLET MO	3	PA,QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
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	1	PA
PEXEVA 10 MG, 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET MO	3	PA,QL (60 per 30 days)
phenelzine sulfate 15 mg tab MO	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet MO	1	PA
PROZAC 10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE MO	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE DL	4	PA,QL (60 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
SARAFEM 10 MG TABLET MO	3	QL (240 per 30 days)
SARAFEM 20 MG TABLET MO	3	QL (120 per 30 days)
sertraline 20 mg/ml oral conc MO	1	
sertraline hcl 100 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet MO	1	QL (90 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO	3	PA
SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE MO	3	PA,QL (30 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET DL	4	PA
tranylcypromine sulf 10 mg tab MO	1	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp **MO**	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO**	3	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet **MO**	1	
venlafaxine hcl er 150 mg cap **MO**	1	QL (60 per 30 days)
venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab **MO**	1	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap **MO**	1	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap **MO**	1	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab **MO**	1	QL (60 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**	3	PA,QL (30 per 30 days)
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE **MO**	3	PA,QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE **MO**	3	PA,QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE **MO**	3	PA,QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE **DL**	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE **DL**	4	PA,QL (60 per 30 days)
ZOLOFT 100 MG TABLET **MO**	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE **MO**	3	PA
ZOLOFT 25 MG, 50 MG TABLET **MO**	3	PA,QL (90 per 30 days)
ZULRESSO 5 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (100 per 365 days)
Antiemetics		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS SOLUTION **DL**	4	PA,QL (4 per 28 days)
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE **DL**	4	PA,QL (4 per 28 days)
ANZEMET 100 MG, 50 MG TABLET **MO**	3	B vs D,QL (4 per 28 days)
aprepitant 125 mg, 40 mg capsule **MO**	1	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack **MO**	1	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule **MO**	1	B vs D,QL (4 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE **MO**	3	QL (60 per 30 days)
CESAMET 1 MG CAPSULE **DL**	4	PA,QL (180 per 30 days)
COMPAZINE 10 MG, 5 MG TABLET **MO**	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY **MO**	1	
compro 25 mg rectal suppository **MO**	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE **MO**	3	QL (120 per 30 days)
dimenhydrinate 50 mg/ml vial **MO**	1	PA
doxylamine-pyridoxine 10-10 mg **MO**	1	QL (120 per 30 days)
dronabinol 10 mg, 2.5 mg, 5 mg capsule **MO**	1	B vs D,QL (120 per 30 days)
droperidol 2.5 mg/ml vial **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION MO	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE MO	3	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION MO	3	PA
fosaprepitant 150 mg vial MO	1	PA
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 1 mg tablet MO	1	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial MO	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL (120 per 30 days)
meclizine 12.5 mg, 25 mg tablet MO	1	
metoclopramide 10 mg, 5 mg tablet MO	1	
metoclopramide 10 mg/2 ml syr MO	1	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln MO	1	
metoclopramide hcl 10 mg odt MO	1	QL (180 per 30 days)
metoclopramide hcl 5 mg odt MO	1	QL (360 per 30 days)
ondansetron odt 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	1	
ondansetron hcl 24 mg tablet MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	1	
ondansetron hcl 4 mg/2 ml vial MO	1	
phenadoz 12.5 mg, 25 mg rectal suppository MO	1	PA
phenergan 12.5 mg, 25 mg, 50 mg suppository MO	1	PA
phenergan 25 mg/ml injection solution MO	1	PA
phenergan 50 mg/ml injection solution MO	3	PA
prochlorperazine 25 mg supp MO	1	
prochlorperazine 10 mg/2 ml vl MO	1	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet MO	1	B vs D
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository MO	1	PA
promethazine 12.5 mg, 25 mg, 50 mg tablet MO	1	PA
promethazine 25 mg/ml, 50 mg/ml ampul; promethazine 25 mg/ml, 50 mg/ml vial MO	1	PA
promethazine 6.25 mg/5 ml syrp MO	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository MO	1	PA
REGLAN 10 MG, 5 MG TABLET MO	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	3	QL (4 per 30 days)
scopolamine 1 mg/3 day patch MO	1	QL (10 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION DL	4	PA
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	
TIGAN 300 MG CAPSULE MO	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) MO	3	QL (10 per 30 days)
trimethobenzamide 300 mg cap MO	1	B vs D
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION MO	3	PA,QL (185 per 28 days)
ZOFRAN 2 MG/ML VIAL MO	3	PA
ZOFRAN 4 MG, 8 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLN MO	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG TABLET MO	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM MO	3	B vs D,QL (90 per 30 days)
Antifungals		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION DL	4	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION DL	4	B vs D
amphotericin b 50 mg vial MO	1	B vs D
ANCOBON 250 MG, 500 MG CAPSULE DL	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION DL	4	PA
caspofungin acetate 50 mg, 70 mg vial DL	4	
ciclodan 0.77 % topical cream MO	1	
ciclodan 8 % topical solution MO	1	
ciclopirox 0.77% cream MO	1	
ciclopirox 0.77% gel MO	1	
ciclopirox 0.77% topical susp MO	1	
ciclopirox 1% shampoo MO	1	
ciclopirox 8% solution MO	1	
clotrimazole 1% cream MO	1	
clotrimazole 1% solution MO	1	
clotrimazole 10 mg troche MO	1	
clotrimazole-betamethasone crm MO	1	
clotrimazole-betamethasone lot MO	1	QL (90 per 28 days)
CRESEMBA 186 MG CAPSULE DL	4	PA,QL (180 per 30 days)
CRESEMBA 372 MG INTRAVENOUS SOLUTION DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION DL	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	4	PA
econazole nitrate 1% cream MO	1	
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION DL	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION MO	3	
ERTACZO 2 % TOPICAL CREAM DL	4	
EXELDERM 1 % TOPICAL CREAM MO	3	
EXELDERM 1 % TOPICAL SOLUTION MO	3	
EXTINA 2 % TOPICAL FOAM MO	3	
fluconazole 10 mg/ml, 40 mg/ml susp MO	1	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet MO	1	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml MO	1	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml MO	1	
flucytosine 250 mg, 500 mg capsule DL	4	
GRIS-PEG 125 MG, 250 MG TABLET MO	3	
griseofulvin 125 mg/5 ml susp MO	1	
griseofulvin micro 500 mg tab MO	1	
griseofulvin ultra 125 mg, 250 mg tab MO	1	
gynazole-1 2 % vaginal cream MO	1	
itraconazole 10 mg/ml solution MO	1	QL (150 per 30 days)
itraconazole 100 mg capsule MO	1	QL (120 per 30 days)
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR DL	4	PA,QL (4 per 28 days)
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR DL	4	
ketoconazole 2% cream MO	1	
ketoconazole 2% foam MO	1	
ketoconazole 2% shampoo MO	1	
ketoconazole 200 mg tablet MO	1	
ketodan 2 % topical foam MO	1	
LAMISIL 250 MG TABLET DL	4	PA,QL (90 per 365 days)
LOPROX 1 % SHAMPOO MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION MO	3	PA
LOTRISONE 1 %-0.05 % TOPICAL CREAM MO	3	PA
luliconazole 1% cream MO	1	ST,QL (60 per 28 days)
LUZU 1 % TOPICAL CREAM MO	3	ST,QL (60 per 28 days)
MENTAX 1 % TOPICAL CREAM 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
miconazole-zinc-petro 0.25-15% **MO**	1	
miconazole-3 200 mg vaginal suppository **MO**	1	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION **DL**	4	
naftifine hcl 1% cream; naftifine hcl 2% cream **MO**	1	ST
naftifine hcl 1% gel **MO**	1	ST
NAFTIN 1 %, 2 % TOPICAL GEL **MO**	3	ST
NAFTIN 2 % TOPICAL CREAM **MO**	3	ST
NATACYN 5 % EYE DROPS,SUSPENSION **MO**	3	
NIZORAL 2 % SHAMPOO **MO**	3	
NOXAFIL 100 MG TABLET,DELAYED RELEASE **DL**	4	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION **DL**	4	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION **DL**	4	PA
nyamyc 100,000 unit/gram topical powder **MO**	1	
nystatin 100,000 unit/gm cream **MO**	1	
nystatin 100,000 unit/gm oint **MO**	1	
nystatin 100,000 unit/gm powd **MO**	1	
nystatin 100,000 unit/ml susp **MO**	1	
nystatin 500,000 unit oral tab **MO**	1	
nystatin-triamcinolone cream **MO**	1	
nystatin-triamcinolone ointm **MO**	1	
nystop 100,000 unit/gram topical powder **MO**	1	
ONMEL 200 MG TABLET **DL**	4	QL (28 per 28 days)
ORAVIG 50 MG BUCCAL TABLET **DL**	4	QL (14 per 30 days)
oxiconazole nitrate 1% cream **DL**	4	
OXISTAT 1 % LOTION **MO**	3	
OXISTAT 1 % TOPICAL CREAM **DL**	4	
PENLAC 8 % TOPICAL SOLUTION **MO**	3	
posaconazole 200 mg/5 ml susp **DL**	4	PA,QL (840 per 28 days)
posaconazole dr 100 mg tablet **DL**	4	PA,QL (93 per 30 days)
SPORANOX 10 MG/ML ORAL SOLUTION **DL**	4	QL (150 per 30 days)
SPORANOX 100 MG CAPSULE **DL**	4	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE **MO**	3	PA,QL (120 per 30 days)
TERAZOL 7 CREAM **MO**	3	
terbinafine hcl 250 mg tablet **MO**	1	QL (90 per 365 days)
terconazole 0.4% cream; terconazole 0.8% cream **MO**	1	
terconazole 80 mg suppository **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOLSURA 65 MG ORAL SOLID DISPERSION CAPSULE DL	4	PA,QL (120 per 30 days)
VFEND 200 MG, 50 MG TABLET DL	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION MO	3	B vs D
voriconazole 200 mg vial DL	4	PA
voriconazole 200 mg, 50 mg tablet DL	4	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp DL	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg tablet MO	1	
allopurinol sodium 500 mg vial MO	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION MO	3	
COLCRYS 0.6 MG TABLET MO	2	QL (120 per 30 days)
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET MO	3	PA,QL (30 per 30 days)
febuxostat 40 mg, 80 mg tablet MO	1	ST,QL (30 per 30 days)
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION DL	4	PA,QL (300 per 30 days)
probenecid 500 mg tablet MO	1	
probenecid-colchicine tablet MO	1	
ULORIC 40 MG, 80 MG TABLET MO	3	ST,QL (30 per 30 days)
ZURAMPIC 200 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET MO	3	
Antimigraine Agents		
almotriptan malate 12.5 mg, 6.25 mg tab MO	1	ST,QL (9 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET MO	3	ST,QL (9 per 30 days)
CAFERGOT 1 MG-100 MG TABLET MO	1	
D.H.E.45 1 MG/ML INJECTION SOLUTION DL	4	
dihydroergotamine 1 mg/ml amp DL	4	
dihydroergotamine 4 mg/ml spry DL	4	QL (8 per 30 days)
eletriptan hbr 20 mg, 40 mg tablet MO	1	ST,QL (9 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	QL (20 per 28 days)
ergotamine-caffeine 1-100mg tb MO	1	
FROVA 2.5 MG TABLET DL	4	ST,QL (12 per 30 days)
frovatriptan succ 2.5 mg tab MO	1	ST,QL (12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET DL	4	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY MO	3	PA,QL (12 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION **MO**	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	PA,QL (6 per 30 days)
IMITREX STATDOSE REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE **DL**	4	PA,QL (6 per 30 days)
MAXALT 10 MG, 5 MG TABLET **MO**	3	PA,QL (12 per 30 days)
MAXALT MLT 10 MG, 5 MG TABLET; MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET **MO**	3	PA,QL (12 per 30 days)
migergot 2 mg-100 mg rectal suppository **DL**	4	QL (20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY **DL**	4	QL (8 per 30 days)
naratriptan hcl 1 mg, 2.5 mg tablet **MO**	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION **DL**	4	ST,QL (16 per 30 days)
RELPAX 20 MG, 40 MG TABLET **DL**	4	ST,QL (9 per 30 days)
rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet **MO**	1	QL (12 per 30 days)
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray **MO**	1	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill **MO**	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject **MO**	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng **MO**	1	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial **MO**	1	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet **MO**	1	QL (9 per 30 days)
sumatriptan-naproxen 85-500 mg **MO**	1	ST,QL (18 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML **MO**	3	ST,QL (6 per 30 days)
TOSYMRA 10 MG/ACTUATION NASAL SPRAY **MO**	3	ST,QL (12 per 30 days)
TREXIMET 10-60 MG, 85-500 MG TABLET; TREXIMET 85 MG-500 MG TABLET **DL**	4	ST,QL (18 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	ST,QL (6 per 30 days)
zolmitriptan 2.5 mg, 5 mg odt; zolmitriptan 2.5 mg, 5 mg tablet **MO**	1	ST,QL (9 per 30 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY **DL**	4	ST,QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET **DL**	4	ST,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET **DL**	4	ST,QL (9 per 30 days)
Antimyasthenic Agents		
guanidine hcl 125 mg tablet **MO**	1	
MESTINON 60 MG TABLET **DL**	4	PA
MESTINON 60 MG/5 ML ORAL SYRUP **DL**	4	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE **DL**	4	PA
pyridostigmine 60 mg/5 ml soln **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pyridostigmine br 30 mg, 60 mg tablet MO	1	
pyridostigmine er 180 mg tab DL	4	
REGONOL 5 MG/ML INJECTION SOLUTION MO	3	
Antimycobacterials		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	3	
cycloserine 250 mg capsule DL	4	
dapsone 100 mg, 25 mg tablet MO	1	
ethambutol hcl 100 mg, 400 mg tablet MO	1	
isoniazid 100 mg, 300 mg tablet MO	1	
isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial MO	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	1	
PRIFTIN 150 MG TABLET MO	3	
pyrazinamide 500 mg tablet MO	1	
rifabutin 150 mg capsule MO	1	
RIFADIN 150 MG, 300 MG CAPSULE MO	3	
RIFADIN 600 MG INTRAVENOUS SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE MO	1	
rifampin 150 mg, 300 mg capsule MO	1	
rifampin iv 600 mg vial DL	4	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
SIRTURO 100 MG TABLET DL	4	PA,QL (68 per 28 days)
TRECATOR 250 MG TABLET MO	3	
ANTINEOPLASTICS		
abiraterone acetate 250 mg tab DL	4	PA,QL (120 per 30 days)
ABRAXANE 100 MG INTRAVENOUS SUSPENSION DL	4	PA
adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution MO	1	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION MO	1	B vs D
adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution MO	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	4	PA
ALECENSA 150 MG CAPSULE DL	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION DL	4	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION DL	4	PA,QL (3 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALKERAN 2 MG TABLET **MO**	3	B vs D
ALKERAN (AS HCL) 50 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
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**	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET **DL**	4	PA,QL (180 per 30 days)
amifostine 500 mg vial **DL**	4	B vs D
anastrozole 1 mg tablet **MO**	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET **MO**	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET **DL**	4	PA,QL (60 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION **DL**	4	
arsenic trioxide 10 mg/10ml vl; arsenic trioxide 12 mg/6 ml vl **DL**	4	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
BALVERSA 3 MG TABLET **DL**	4	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET **DL**	4	PA,QL (60 per 30 days)
BALVERSA 5 MG TABLET **DL**	4	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION **DL**	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION **DL**	4	PA
bexarotene 75 mg capsule **DL**	4	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet **MO**	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
bleomycin sulfate 15 unit, 30 unit vial **MO**	1	B vs D
bortezomib 3.5 mg vial **DL**	4	PA
BOSULIF 100 MG TABLET **DL**	4	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET **DL**	4	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE **DL**	4	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE **DL**	4	PA,QL (180 per 30 days)
busulfan 60 mg/10 ml vial **MO**	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION **MO**	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET **DL**	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE **DL**	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION **DL**	4	B vs D
CAPRELSA 100 MG TABLET **DL**	4	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAPRELSA 300 MG TABLET **DL**	4	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial **MO**	1	B vs D
carmustine 100 mg vial **MO**	1	B vs D
CASODEX 50 MG TABLET **MO**	3	QL (30 per 30 days)
cisplatin 100 mg/100 ml vial **MO**	1	B vs D
cladribine 10 mg/10 ml vial **DL**	4	B vs D
clofarabine 20 mg/20 ml vial **DL**	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION **DL**	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES **DL**	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES **DL**	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES **DL**	4	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE **DL**	4	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
COTELLIC 20 MG TABLET **DL**	4	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial **MO**	1	B vs D
cyclophosphamide 25 mg, 50 mg capsule **MO**	1	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
cytarabine 20 mg/ml vial **MO**	1	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial **MO**	1	B vs D
dacarbazine 100 mg, 200 mg vial **MO**	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION **DL**	4	PA
dactinomycin 0.5 mg vial **DL**	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
daunorubicin 20 mg/4 ml vial **MO**	1	B vs D
DAURISMO 100 MG TABLET **DL**	4	PA,QL (30 per 30 days)
DAURISMO 25 MG TABLET **DL**	4	PA,QL (60 per 30 days)
decitabine 50 mg vial **DL**	4	PA
dexrazoxane 250 mg, 500 mg vial **MO**	1	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
docetaxel 160 mg/16 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**	1	B vs D
docetaxel 160 mg/8 ml vial **MO**	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION **DL**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial **MO**	1	B vs D
doxorubicin liposome 20mg/10ml **DL**	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO**	2	
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION **DL**	4	PA
ELLENCE 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION **DL**	4	B vs D
EMCYT 140 MG CAPSULE **DL**	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION **DL**	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml vial **MO**	1	B vs D
epirubicin hcl 50 mg vial **MO**	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION **DL**	4	PA
ERIVEDGE 150 MG CAPSULE **DL**	4	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET **DL**	4	PA,QL (120 per 30 days)
erlotinib hcl 100 mg, 150 mg tablet **DL**	4	PA,QL (30 per 30 days)
erlotinib hcl 25 mg tablet **DL**	4	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION **DL**	4	PA
ETHYOL 500 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
etoposide 100 mg/5 ml vial **MO**	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION **DL**	4	PA
exemestane 25 mg tablet **MO**	1	QL (60 per 30 days)
FARESTON 60 MG TABLET **DL**	4	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE **DL**	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE **DL**	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
floxuridine 500 mg vial **MO**	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial **MO**	1	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml **MO**	1	B vs D
flutamide 125 mg capsule **MO**	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION **DL**	4	PA
fulvestrant 250 mg/5 ml syring **DL**	4	PA,QL (30 per 30 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION **DL**	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (120 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	1	B vs D
GEMZAR 1 GRAM, 200 MG VIAL **DL**	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL**	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET **DL**	4	PA,QL (90 per 30 days)
GLEEVEC 400 MG TABLET **DL**	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE **MO**	3	PA
GLEOSTINE 100 MG CAPSULE **DL**	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION **DL**	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION; HERCEPTIN 150 MG, 440 MG VIAL **DL**	4	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (5 per 21 days)
HEXALEN 50 MG CAPSULE **DL**	4	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
HYDREA 500 MG CAPSULE **MO**	3	
hydroxyurea 500 mg capsule **MO**	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL**	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET **DL**	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET **DL**	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION **DL**	4	B vs D
idarubicin hcl 20 mg/20 ml vl **DL**	4	B vs D
IDHIFA 100 MG, 50 MG TABLET **DL**	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION **MO**	3	B vs D
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial **MO**	1	B vs D
imatinib mesylate 100 mg tab **DL**	4	PA,QL (90 per 30 days)
imatinib mesylate 400 mg tab **DL**	4	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE **DL**	4	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET **DL**	4	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE **DL**	4	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION **DL**	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION **DL**	4	PA,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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INFUGEM 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) INTRAVENOUS PIGGYBACK **DL**	4	B vs D
INLYTA 1 MG TABLET **DL**	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET **DL**	4	PA,QL (60 per 30 days)
INREBIC 100 MG CAPSULE **DL**	4	PA,QL (120 per 30 days)
IRESSA 250 MG TABLET **DL**	4	PA,QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vl **MO**	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION **DL**	4	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION **DL**	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET **DL**	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION **DL**	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION **DL**	4	PA
KANJINTI 150 MG, 420 MG INTRAVENOUS SOLUTION **DL**	4	PA
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
KHAPZORY 175 MG, 300 MG INTRAVENOUS SOLUTION **DL**	4	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET **DL**	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET **DL**	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET **DL**	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET **DL**	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET **DL**	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET **DL**	4	PA,QL (91 per 28 days)
KYPROLIS 10 MG INTRAVENOUS SOLUTION **DL**	4	PA,QL (6 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION **DL**	4	PA,QL (3 per 28 days)
KYPROLIS 60 MG INTRAVENOUS SOLUTION **DL**	4	PA,QL (12 per 28 days)
LARTRUVO 190 MG/19 ML VIAL **DL**	4	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; 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**	4	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE **DL**	4	PA,QL (60 per 30 days)
letrozole 2.5 mg tablet **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin cal 500 mg/50 ml vl; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl **MO**	1	B vs D
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab **MO**	1	
LEUKERAN 2 MG TABLET **DL**	4	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 175 mg/17.5 ml **DL**	4	PA
levoleucovorin 50 mg vial **MO**	1	PA
LEVULAN 20 % TOPICAL SOLUTION **MO**	3	
LIBTAYO 50 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (7 per 21 days)
lipodox 2 mg/ml intravenous suspension **DL**	4	PA
lipodox 50 2 mg/ml intravenous suspension **DL**	4	PA
LONSURF 15 MG-6.14 MG TABLET **DL**	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET **DL**	4	PA,QL (80 per 30 days)
LORBRENA 100 MG TABLET **DL**	4	PA,QL (30 per 30 days)
LORBRENA 25 MG TABLET **DL**	4	PA,QL (90 per 30 days)
LUMOXITI 1 MG INTRAVENOUS SOLUTION **DL**	4	PA
LYNPARZA 100 MG, 150 MG TABLET **DL**	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE **DL**	4	PA,QL (448 per 28 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT **DL**	4	PA
MATULANE 50 MG CAPSULE **DL**	4	
MEKINIST 0.5 MG TABLET **DL**	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET **DL**	4	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET **DL**	4	PA,QL (180 per 30 days)
melphalan 2 mg tablet **MO**	1	B vs D
melphalan hcl 50 mg vial **MO**	1	B vs D
mercaptopurine 50 mg tablet **MO**	1	
mesna 1 gram/10 ml vial **MO**	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION **DL**	4	B vs D
MESNEX 400 MG TABLET **DL**	4	
mitomycin 20 mg, 40 mg, 5 mg vial **MO**	1	B vs D
mitoxantrone 25 mg/12.5 ml vl **MO**	1	B vs D
MUSTARGEN 10 MG VIAL **MO**	3	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION **MO**	1	B vs D
MVASI 25 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION **DL**	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION **MO**	3	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NERLYNX 40 MG TABLET **DL**	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET **DL**	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET **DL**	4	PA,QL (60 per 30 days)
nilutamide 150 mg tablet **DL**	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE **DL**	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
NUBEQA 300 MG TABLET **DL**	4	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION **DL**	4	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION **DL**	4	PA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (16 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial **MO**	1	B vs D
paclitaxel 100 mg/16.7 ml vial **MO**	1	B vs D
PANRETIN 0.1 % TOPICAL GEL **DL**	4	
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION **DL**	4	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET **DL**	4	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**	4	PA,QL (56 per 28 days)
POLIVY 140 MG INTRAVENOUS SOLUTION **DL**	4	PA,QL (2 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE **DL**	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION **DL**	4	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION **DL**	4	
PURIXAN 20 MG/ML ORAL SUSPENSION **DL**	4	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE **DL**	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS **DL**	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (13.4 per 28 days)
romidepsin 10 mg kit **DL**	4	PA
ROZLYTREK 100 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
ROZLYTREK 200 MG CAPSULE **DL**	4	PA,QL (90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET **DL**	4	PA,QL (120 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYDAPT 25 MG CAPSULE DL	4	PA,QL (224 per 28 days)
SIKLOS 1,000 MG TABLET DL	4	PA
SIKLOS 100 MG TABLET MO	3	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION DL	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET DL	4	
TAFINLAR 50 MG CAPSULE DL	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	4	PA,QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	4	PA,QL (90 per 30 days)
TALZENNA 1 MG CAPSULE DL	4	PA,QL (30 per 30 days)
tamoxifen 10 mg, 20 mg tablet MO	1	
TARCEVA 100 MG, 150 MG TABLET DL	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET DL	4	PA,QL (90 per 30 days)
TARGRETIN 1 % TOPICAL GEL DL	4	PA
TARGRETIN 75 MG CAPSULE DL	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (28 per 28 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION DL	4	PA,QL (27 per 30 days)
temsirolimus 25 mg vial DL	4	PA,QL (8 per 28 days)
teniposide 50 mg/5 ml ampule MO	1	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
thiotepa 15 mg vial MO	1	B vs D
TIBSOVO 250 MG TABLET DL	4	PA,QL (60 per 30 days)
toposar 20 mg/ml intravenous solution MO	1	B vs D
topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial DL	4	B vs D
toremifene citrate 60 mg tab DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION **DL**	4	PA,QL (8 per 28 days)
TOTECT 500 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION **DL**	4	PA
tretinoin 10 mg capsule **DL**	4	
TRISENOX 10 MG/10 ML AMPULE **MO**	3	PA
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
TURALIO 200 MG CAPSULE **DL**	4	PA,QL (120 per 30 days)
TYKERB 250 MG TABLET **DL**	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
VALCHLOR 0.016 % TOPICAL GEL **DL**	4	PA,QL (60 per 28 days)
valrubicin 200 mg/5 ml vial **DL**	4	PA,QL (80 per 28 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION **DL**	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION **DL**	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION **DL**	4	PA
VENCLEXTA 10 MG TABLET **MO**	2	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET **DL**	4	PA,QL (180 per 30 days)
VENCLEXTA 50 MG TABLET **MO**	2	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK **DL**	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET **DL**	4	PA,QL (60 per 30 days)
vinblastine 1 mg/ml vial **MO**	1	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml vial **MO**	1	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial **MO**	1	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial **MO**	1	B vs D
VITRAKVI 100 MG CAPSULE **DL**	4	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION **DL**	4	PA,QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE **DL**	4	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET **DL**	4	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET **DL**	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION **DL**	4	PA
XALKORI 200 MG, 250 MG CAPSULE **DL**	4	PA,QL (60 per 30 days)
XOSPATA 40 MG TABLET **DL**	4	PA,QL (90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET **DL**	4	PA,QL (20 per 28 days)
XPOVIO 160 MG/WEEK (20 MG X 8) TABLET **DL**	4	PA,QL (32 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET **DL**	4	PA,QL (12 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET DL	4	PA,QL (16 per 28 days)
XTANDI 40 MG CAPSULE DL	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL (120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	3	B vs D
ZEJULA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL (240 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
ZOLINZA 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	4	PA,QL (150 per 30 days)
ZYKADIA 150 MG TABLET DL	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL (60 per 30 days)
Antiparasitics		
albendazole 200 mg tablet DL	4	
ALBENZA 200 MG TABLET DL	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION DL	4	QL (150 per 30 days)
ALINIA 500 MG TABLET DL	4	QL (40 per 30 days)
atovaquone 750 mg/5 ml susp DL	4	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 MO	1	
benznidazole 100 mg tablet MO	3	QL (240 per 365 days)
benznidazole 12.5 mg tablet MO	3	QL (720 per 365 days)
BILTRICIDE 600 MG TABLET DL	4	PA
chloroquine ph 250 mg, 500 mg tablet MO	1	
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
crotan 10 % lotion DL	4	PA
DARAPRIM 25 MG TABLET DL	4	QL (90 per 30 days)
EGATEN 250 MG TABLET MO	3	
ELIMITE 5 % TOPICAL CREAM MO	3	
emverm 100 mg chewable tablet DL	4	
EURAX 10 % LOTION MO	3	PA
EURAX 10 % TOPICAL CREAM MO	3	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxychloroquine 200 mg tab MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL (84 per 28 days)
ivermectin 3 mg tablet MO	1	
KRINTAFEL 150 MG TABLET MO	2	QL (4 per 180 days)
lindane 1% shampoo MO	1	
MALARONE 250 MG-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET MO	3	PA
malathion 0.5% lotion MO	1	
mefloquine hcl 250 mg tablet MO	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION DL	4	
NATROBA 0.9 % TOPICAL SUSPENSION MO	3	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	3	B vs D
ovide 0.5 % lotion MO	3	PA
PENTAM 300 MG SOLUTION FOR INJECTION MO	3	
pentamidine 300 mg inhal powdr MO	1	B vs D
pentamidine 300 mg vial MO	1	
permethrin 5% cream MO	1	
PLAQUENIL 200 MG TABLET MO	3	PA
praziquantel 600 mg tablet MO	1	
primaquine 26.3 mg tablet MO	1	
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule MO	1	PA,QL (42 per 7 days)
SKLICE 0.5 % LOTION MO	3	
STROMECTOL 3 MG TABLET MO	3	
Antiparkinson Agents		
amantadine 100 mg capsule MO	1	
amantadine 100 mg tablet MO	1	
amantadine 50 mg/5 ml solution MO	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	4	QL (84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA,QL (30 per 30 days)
benztropine 2 mg/2 ml ampule MO	1	PA
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	1	PA
bromocriptine 2.5 mg tablet MO	1	
bromocriptine 5 mg capsule MO	1	QL (600 per 30 days)
carbidopa 25 mg tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab **MO**	1	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab **MO**	1	
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**	1	QL (240 per 30 days)
carbidopa-levodopa 200 mg-enta **MO**	1	
COGENTIN 2 MG/2 ML INJECTION SOLUTION **MO**	3	
COMTAN 200 MG TABLET **DL**	4	PA,QL (300 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP **DL**	4	PA,QL (2800 per 28 days)
entacapone 200 mg tablet **MO**	1	QL (300 per 30 days)
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (30 per 30 days)
INBRIJA 42 MG CAPSULE WITH INHALATION DEVICE; INBRIJA 42 MG CAPSULES FOR INHALATION **DL**	4	PA,QL (300 per 30 days)
LODOSYN 25 MG TABLET **DL**	4	PA
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET **MO**	3	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH **MO**	3	QL (30 per 30 days)
NOURIANZ 20 MG, 40 MG TABLET **DL**	4	PA,QL (30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
PARLODEL 2.5 MG TABLET **MO**	3	PA
PARLODEL 5 MG CAPSULE **MO**	3	PA,QL (600 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet **MO**	1	
pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet **MO**	1	ST,QL (30 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg tab **MO**	1	QL (30 per 30 days)
REQUIP 0.25 MG, 3 MG TABLET **MO**	3	PA,QL (180 per 30 days)
REQUIP 0.5 MG, 1 MG, 2 MG TABLET **MO**	3	PA,QL (90 per 30 days)
REQUIP 4 MG TABLET **MO**	3	PA
REQUIP 5 MG TABLET **MO**	3	PA,QL (144 per 30 days)
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (90 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet **MO**	1	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet **MO**	1	QL (90 per 30 days)
ropinirole hcl 4 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ropinirole hcl 5 mg tablet MO	1	QL (144 per 30 days)
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet MO	1	QL (90 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (300 per 30 days)
selegiline hcl 5 mg capsule MO	1	
selegiline hcl 5 mg tablet MO	1	
SINEMET 10 MG-100 MG TABLET; SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET MO	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE MO	3	PA
STALEVO 100 25 MG-100 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 125 31.25 MG-125 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 150 37.5 MG-150 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 200 50 MG-200 MG-200 MG TABLET DL	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
STALEVO 75 18.75 MG-75 MG-200 MG TABLET DL	4	PA,QL (240 per 30 days)
TASMAR 100 MG TABLET DL	4	PA
tolcapone 100 mg tablet DL	4	PA
trihexyphenidyl 2 mg, 5 mg tablet MO	1	PA
trihexyphenidyl 2 mg/5 ml elx MO	1	PA
XADAGO 100 MG, 50 MG TABLET DL	4	PA,QL (30 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET DL	4	
Antipsychotics		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
ABILIFY MYCITE 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET WITH SENSOR AND PATCH DL	4	PA,QL (30 per 30 days)
aripiprazole 1 mg/ml solution DL	4	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	1	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	1	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE **DL**	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE **DL**	4	QL (2.4 per 42 days)
chlorpromazine 10 mg, 25 mg tablet **MO**	1	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet **MO**	1	
chlorpromazine 25 mg/ml amp **MO**	1	
clozapine 100 mg tablet **MO**	1	QL (270 per 30 days)
clozapine 200 mg tablet **MO**	1	QL (135 per 30 days)
clozapine 25 mg tablet **MO**	1	QL (1080 per 30 days)
clozapine 50 mg tablet **MO**	1	
clozapine odt 100 mg tablet **MO**	1	PA,QL (270 per 30 days)
clozapine odt 12.5 mg tablet **MO**	1	PA
clozapine odt 150 mg tablet **MO**	1	PA,QL (180 per 30 days)
clozapine odt 200 mg tablet **MO**	1	PA,QL (135 per 30 days)
clozapine odt 25 mg tablet **MO**	1	PA,QL (1080 per 30 days)
CLOZARIL 100 MG TABLET **DL**	4	QL (270 per 30 days)
CLOZARIL 25 MG TABLET **DL**	4	QL (1080 per 30 days)
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK **MO**	3	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	4	PA,QL (60 per 30 days)
FAZACLO 100 MG DISINTEGRATING TABLET **DL**	4	PA,QL (270 per 30 days)
FAZACLO 12.5 MG DISINTEGRATING TABLET **DL**	4	PA
FAZACLO 150 MG DISINTEGRATING TABLET **DL**	4	PA,QL (180 per 30 days)
FAZACLO 200 MG DISINTEGRATING TABLET **DL**	4	PA,QL (135 per 30 days)
FAZACLO 25 MG DISINTEGRATING TABLET **DL**	4	PA,QL (1080 per 30 days)
fluphenazine dec 125 mg/5 ml **MO**	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
fluphenazine 2.5 mg/5 ml elix **MO**	1	
fluphenazine 2.5 mg/ml vial **MO**	1	
fluphenazine 5 mg/ml conc **MO**	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE **DL**	4	PA,QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION **MO**	3	
HALDOL 5 MG/ML INJECTION SOLUTION **MO**	3	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML INTRAMUSCULAR SOLUTION **MO**	3	PA
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet **MO**	1	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol lac 2 mg/ml conc **MO**	1	
haloperidol lac 5 mg/ml syring **MO**	1	
haloperidol lac 5 mg/ml vial **MO**	1	
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE **DL**	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE **DL**	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE **MO**	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE **MO**	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE **MO**	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE **MO**	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE **MO**	4	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET **DL**	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET **DL**	4	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule **MO**	1	
molindone hcl 10 mg tablet **MO**	1	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet **MO**	1	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet **MO**	1	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET **DL**	4	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET **DL**	4	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
olanzapine 10 mg vial **MO**	1	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet **MO**	1	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet; olanzapine odt 15 mg, 20 mg tablet **MO**	1	QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET **MO**	3	
paliperidone er 1.5 mg, 3 mg, 9 mg tablet **MO**	1	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet **MO**	1	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet **MO**	1	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT **DL**	4	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet **MO**	1	
quetiapine er 150 mg tablet **MO**	1	QL (90 per 30 days)
quetiapine er 200 mg tablet **MO**	1	QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet **MO**	1	QL (60 per 30 days)
quetiapine er 50 mg tablet **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine fumarate 100 mg, 300 mg, 400 mg tab **MO**	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab **MO**	1	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL**	4	PA,QL (30 per 30 days)
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **DL**	4	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET **DL**	4	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION **DL**	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE **MO**	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE **DL**	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG ODT **DL**	4	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG, 3 MG, 4 MG ODT **DL**	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet **MO**	1	QL (60 per 30 days)
risperidone 0.5 mg odt; risperidone 0.5 mg tablet **MO**	1	QL (120 per 30 days)
risperidone 1 mg/ml solution **MO**	1	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET **DL**	4	PA,QL (60 per 30 days)
SEROQUEL 100 MG, 300 MG, 400 MG TABLET **MO**	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET **MO**	3	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK **MO**	3	PA,QL (15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet **MO**	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule **MO**	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet **MO**	1	
VERSACLOZ 50 MG/ML ORAL SUSPENSION **DL**	4	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK **MO**	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule **MO**	1	QL (60 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION **MO**	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **DL**	4	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET **DL**	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION **MO**	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION **DL**	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION **DL**	4	QL (1 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET DL	4	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET DL	4	QL (60 per 30 days)
Antispasticity Agents		
baclofen 10 mg, 20 mg tablet MO	1	
baclofen 5 mg tablet MO	1	QL (90 per 30 days)
DANTRIUM 20 MG INTRAVENOUS SOLUTION MO	3	
DANTRIUM 25 MG, 50 MG CAPSULE MO	3	
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	1	
dantrolene sodium 20 mg vial MO	1	
revonto 20 mg intravenous solution MO	1	
tizanidine hcl 2 mg, 4 mg tablet MO	1	
tizanidine hcl 2 mg, 4 mg, 6 mg capsule MO	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	PA
Antivirals		
abacavir 20 mg/ml solution MO	1	QL (960 per 30 days)
abacavir 300 mg tablet MO	1	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg MO	1	QL (30 per 30 days)
abacavir-lamivudine-zidov tab DL	4	QL (60 per 30 days)
acyclovir 200 mg capsule MO	1	
acyclovir 200 mg/5 ml susp MO	1	
acyclovir 400 mg, 800 mg tablet MO	1	
acyclovir 5% cream DL	4	PA
acyclovir 5% ointment MO	1	PA
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial MO	1	B vs D
adefovir dipivoxil 10 mg tab DL	4	
APTIVUS 100 MG/ML ORAL SOLUTION DL	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE DL	4	QL (120 per 30 days)
atazanavir sulfate 150 mg, 200 mg cap DL	4	QL (60 per 30 days)
atazanavir sulfate 300 mg cap DL	4	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION MO	3	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL (30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
cidofovir 375 mg/5 ml vial MO	1	
CIMDUO 300 MG-300 MG TABLET DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMBIVIR 150 MG-300 MG TABLET **DL**	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET **DL**	4	QL (168 per 28 days)
CRIXIVAN 200 MG CAPSULE **MO**	2	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE **MO**	3	QL (270 per 30 days)
CYTOVENE 500 MG INTRAVENOUS SOLUTION **DL**	4	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET **DL**	4	PA,QL (28 per 28 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
DENAVIR 1 % TOPICAL CREAM **MO**	3	PA
DESCOVY 200 MG-25 MG TABLET **DL**	4	QL (30 per 30 days)
didanosine dr 125 mg capsule **MO**	1	QL (90 per 30 days)
didanosine dr 200 mg capsule **MO**	1	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule **MO**	1	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
EDURANT 25 MG TABLET **DL**	4	QL (30 per 30 days)
efavirenz 200 mg capsule **DL**	4	QL (120 per 30 days)
efavirenz 50 mg capsule **MO**	1	QL (480 per 30 days)
efavirenz 600 mg tablet **MO**	1	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION **MO**	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE **MO**	3	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet **MO**	1	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET **DL**	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION **MO**	3	QL (900 per 30 days)
EPIVIR 150 MG TABLET **MO**	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET **MO**	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET **MO**	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION **MO**	3	
EPZICOM 600 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
EVOTAZ 300 MG-150 MG TABLET **DL**	4	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet **MO**	1	QL (90 per 30 days)
FLUMADINE 100 MG TABLET **MO**	3	
fosamprenavir 700 mg tablet **DL**	4	QL (120 per 30 days)
foscarnet 24 mg/ml infus bttl **MO**	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION **MO**	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION **DL**	4	QL (60 per 30 days)
ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial **DL**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET DL	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG TABLET DL	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION DL	4	PA
INVIRASE 200 MG CAPSULE DL	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET DL	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET MO	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION DL	4	
lamivudine 10 mg/ml oral soln MO	1	QL (900 per 30 days)
lamivudine 150 mg tablet MO	1	QL (60 per 30 days)
lamivudine 300 mg tablet MO	1	QL (30 per 30 days)
lamivudine hbv 100 mg tablet MO	1	QL (90 per 30 days)
lamivudine-zidovudine tablet MO	1	QL (60 per 30 days)
ledipasvir-sofosbuvir 90-400mg DL	4	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML ORAL SUSPENSION MO	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL (120 per 30 days)
lopinavir-ritonavir 80-20mg/ml MO	1	
MAVYRET 100 MG-40 MG TABLET DL	4	PA,QL (84 per 28 days)
moderiba 200 mg tablet DL	4	QL (168 per 28 days)
moderiba 200-400 mg dosepack DL	4	QL (112 per 28 days)
moderiba 400-400 mg dosepack DL	4	QL (84 per 28 days)
moderiba 600-400 mg dosepack; moderiba 600-600 mg dosepack DL	4	
nevirapine 200 mg tablet MO	1	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nevirapine 50 mg/5 ml susp **MO**	1	QL (1200 per 30 days)
nevirapine er 100 mg tablet **MO**	1	QL (120 per 30 days)
nevirapine er 400 mg tablet **MO**	1	QL (30 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET **MO**	3	QL (360 per 30 days)
NORVIR 100 MG TABLET **MO**	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION **MO**	3	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET **DL**	4	QL (30 per 30 days)
OLYSIO 150 MG CAPSULE **DL**	4	PA,QL (28 per 28 days)
oseltamivir 6 mg/ml suspension **MO**	1	QL (1440 per 365 days)
oseltamivir phos 30 mg capsule **MO**	1	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule **MO**	1	QL (112 per 365 days)
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5; PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	PA,QL (2 per 28 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT **DL**	4	PA,QL (4 per 28 days)
PIFELTRO 100 MG TABLET **DL**	4	QL (60 per 30 days)
PREVYMIS 240 MG, 480 MG TABLET **DL**	4	PA,QL (28 per 28 days)
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (336 per 28 days)
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (672 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET **DL**	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION **DL**	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET **MO**	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET **DL**	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET **MO**	3	QL (480 per 30 days)
PREZISTA 800 MG TABLET **DL**	4	QL (30 per 30 days)
REBETOL 40 MG/ML SOLUTION **MO**	3	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION **MO**	3	QL (60 per 180 days)
RESCRIPTOR 100 MG TABLET **MO**	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET **MO**	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION **MO**	3	
RETROVIR 10 MG/ML ORAL SYRUP **MO**	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE **MO**	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE **DL**	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE **DL**	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET **MO**	3	
ribasphere 200 mg capsule **DL**	4	QL (168 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ribasphere 200 mg tablet **MO**	1	QL (168 per 28 days)
RIBASPHERE 400 MG TABLET **MO**	1	QL (112 per 30 days)
RIBASPHERE 600 MG TABLET **MO**	1	
RIBASPHERE RIBAPAK 200-400 MG **DL**	4	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400-400 MG **DL**	4	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK **DL**	4	
ribavirin 200 mg capsule **MO**	1	QL (168 per 28 days)
ribavirin 200 mg tablet **MO**	1	QL (168 per 28 days)
ribavirin 6 gm inhalation vial **DL**	4	B vs D
rimantadine hcl 100 mg tablet **MO**	1	
ritonavir 100 mg tablet **MO**	1	QL (360 per 30 days)
SELZENTRY 150 MG TABLET **DL**	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION **DL**	4	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET **MO**	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET **DL**	4	QL (120 per 30 days)
SITAVIG 50 MG BUCCAL TABLET **MO**	3	PA,QL (1 per 28 days)
sofosbuvir-velpatasvir 400-100 **DL**	4	PA,QL (28 per 28 days)
SOVALDI 200 MG, 400 MG TABLET **DL**	4	PA,QL (28 per 28 days)
stavudine 15 mg, 20 mg capsule **MO**	1	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule **MO**	1	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
SUSTIVA 200 MG CAPSULE **DL**	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE **DL**	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET **DL**	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT **DL**	4	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET **DL**	4	QL (30 per 30 days)
TAMIFLU 30 MG CAPSULE **MO**	3	PA,QL (224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE **MO**	3	PA,QL (112 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION **MO**	3	PA,QL (1440 per 365 days)
TECHNIVIE DOSE PACK **DL**	4	PA,QL (56 per 28 days)
TEMIXYS 300 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
tenofovir disop fum 300 mg tb **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIVICAY 10 MG TABLET **MO**	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET **DL**	4	QL (60 per 30 days)
trifluridine 1% eye drops **MO**	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET **DL**	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET **DL**	4	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION **DL**	4	
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**	4	QL (30 per 30 days)
TYBOST 150 MG TABLET **MO**	3	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet **MO**	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET **DL**	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION **DL**	4	PA,QL (1056 per 30 days)
valganciclovir 450 mg tablet **DL**	4	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml **DL**	4	QL (1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET **MO**	3	PA,QL (90 per 30 days)
VEMLIDY 25 MG TABLET **DL**	4	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION **MO**	3	QL (1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN **MO**	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE **MO**	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE **MO**	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE; VIDEX EC 250 MG, 400 MG CAPSULE,DELAYED RELEASE **MO**	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK **DL**	4	PA,QL (112 per 28 days)
VIEKIRA XR TABLET **DL**	4	PA,QL (84 per 28 days)
VIRACEPT 250 MG TABLET **DL**	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET **DL**	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET **DL**	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION **DL**	4	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET **DL**	4	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE **DL**	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION **DL**	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET **DL**	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER **DL**	4	QL (240 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET **DL**	4	PA,QL (28 per 28 days)
XERESE 5 %-1 % TOPICAL CREAM **DL**	4	
XOFLUZA 20 MG, 40 MG TABLET **MO**	3	QL (10 per 365 days)
ZEPATIER 50 MG-100 MG TABLET **DL**	4	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZERIT 1 MG/ML SOLUTION MO	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE MO	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE MO	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION MO	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET MO	3	QL (60 per 30 days)
zidovudine 100 mg capsule MO	1	QL (180 per 30 days)
zidovudine 300 mg tablet MO	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	1	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 per 30 days)
ZOVIRAX 200 MG CAPSULE MO	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION MO	3	PA
ZOVIRAX 400 MG, 800 MG TABLET MO	3	PA
ZOVIRAX 5 % TOPICAL CREAM DL	4	PA
ZOVIRAX 5 % TOPICAL OINTMENT DL	4	PA
Anxiolytics		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet DL	1	QL (120 per 30 days)
alprazolam 2 mg tablet DL	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet DL	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab DL	1	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION DL	3	PA
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet MO	1	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule DL	1	PA,QL (120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet DL	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet DL	1	
diazepam 10 mg tablet DL	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpuject DL	1	
diazepam 2 mg, 5 mg tablet DL	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution DL	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc DL	1	QL (240 per 30 days)
diazepam 5 mg/ml vial DL	1	
diazepam intensol 5 mg/ml oral concentrate DL	1	QL (240 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule **MO**	1	PA
doxepin 10 mg/ml oral conc **MO**	1	PA
estazolam 1 mg, 2 mg tablet **DL**	1	QL (30 per 30 days)
HALCION 0.25 MG TABLET **DL**	3	PA,QL (30 per 30 days)
hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial **MO**	1	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet **MO**	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET **DL**	3	PA
lorazepam 0.5 mg, 1 mg tablet **DL**	1	QL (90 per 30 days)
lorazepam 2 mg tablet **DL**	1	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent **DL**	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpuject **DL**	1	
lorazepam 2 mg/ml, 4 mg/ml vial **DL**	1	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE **DL**	1	QL (150 per 30 days)
meprobamate 200 mg, 400 mg tablet **MO**	1	
oxazepam 10 mg, 15 mg, 30 mg capsule **DL**	1	
TRANXENE T-TAB 7.5 MG TABLET **DL**	4	PA
triazolam 0.125 mg, 0.25 mg tablet **DL**	1	QL (30 per 30 days)
VALIUM 10 MG TABLET **DL**	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG TABLET **DL**	3	PA,QL (90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET **DL**	4	PA,QL (120 per 30 days)
XANAX 2 MG TABLET **DL**	4	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE **DL**	3	PA,QL (60 per 30 days)
Bipolar Agents		
lithium carbonate 150 mg, 300 mg, 600 mg cap **MO**	1	
lithium carbonate 300 mg tab **MO**	1	
lithium carbonate er 300 mg, 450 mg tb **MO**	1	
lithium 8 meq/5 ml solution **MO**	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE **DL**	4	
Blood Glucose Regulators		
acarbose 100 mg, 25 mg, 50 mg tablet **MO**	1	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET **MO**	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
ACTOPLUS MET XR 30-1,000 MG TB **MO**	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET **MO**	3	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADLYXIN 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR; ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	ST,QL (6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN **MO**	3	ST
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	3	ST
AFREZZA (REGULAR INSULIN) 8 UNIT (90)/12 UNIT (90) CARTRIDGE,INHALER **MO**	3	PA,QL (180 per 30 days)
AFREZZA 12 UNIT, 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 30-4 UNIT / 60-8 UNIT; AFREZZA 60-8 UNIT / 30-12 UNIT **DL**	4	PA,QL (90 per 30 days)
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER **DL**	4	PA,QL (180 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET **MO**	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN **MO**	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	3	ST
AVANDIA 2 MG, 4 MG TABLET **MO**	3	QL (60 per 30 days)
BAQSIMI 3 MG/ACTUATION NASAL SPRAY **MO**	3	ST
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS **MO**	3	PA
BYDUREON 2 MG VIAL **MO**	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	QL (3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	ST,QL (2.4 per 30 days)
chlorpropamide 100 mg, 250 mg tablet **MO**	1	
CYCLOSET 0.8 MG TABLET **MO**	3	ST,QL (180 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET **MO**	3	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET **MO**	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN **MO**	2	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS CARTRIDGE **MO**	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	2	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (150 per 30 days)
glimepiride 1 mg, 2 mg, 4 mg tablet **MO**	1	
glipizide 10 mg, 5 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg **MO**	1	
GLUCAGEN HYPOKIT 1 MG INJECTION **MO**	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG SOLUTION FOR INJECTION **MO**	3	ST
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET **MO**	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET **MO**	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE **MO**	3	
GLUCOVANCE 2.5-500 MG, 5-500 MG TABLET **MO**	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE **DL**	4	ST,QL (120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg tablet **MO**	1	
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet **MO**	1	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg **MO**	1	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET **MO**	3	
GLYSET 100 MG, 25 MG, 50 MG TABLET **MO**	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET **MO**	2	QL (30 per 30 days)
GVOKE HYPOPEN 0.5 MG/0.1 ML, 1 MG/0.2 ML **MO**	3	ST
GVOKE SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SUBCUTANEOUS SYRINGE **MO**	3	ST
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN **MO**	3	ST
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS; HUMALOG KWIKPEN U-200 INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS **MO**	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN **MO**	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN **MO**	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE **MO**	3	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS **MO**	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS **MO**	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS **MO**	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION **MO**	3	ST
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN **DL**	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS **DL**	4	
insulin lispro 100 unit/ml pen **MO**	3	ST
insulin lispro 100 unit/ml vl **MO**	3	ST
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**	2	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**	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET **MO**	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET **MO**	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE **MO**	2	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**	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO**	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET **MO**	2	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET **MO**	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	QL (30 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET **MO**	3	PA,QL (60 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE **MO**	3	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**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
metformin er 1,000 mg gastr-tb; metformin er 1,000 mg osm-tab DL	4	ST,QL (60 per 30 days)
metformin er 500 mg gastrc-tb DL	4	ST,QL (120 per 30 days)
metformin er 500 mg osmotic tb DL	4	ST,QL (150 per 30 days)
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	1	
metformin hcl 500 mg/5 ml soln MO	1	QL (750 per 30 days)
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	1	QL (60 per 30 days)
miglitol 100 mg, 25 mg, 50 mg tablet MO	1	
nateglinide 120 mg, 60 mg tablet MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	3	PA,QL (30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP MO	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MO	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG MO	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
ONGLYZA 2.5 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET MO	3	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (3 per 28 days)
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet **MO**	1	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 **MO**	1	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 **MO**	1	QL (90 per 30 days)
prandin 1 mg, 2 mg tablet **MO**	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION **MO**	3	
QTERN 10 MG-5 MG TABLET; QTERN 5 MG-5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg tablet **MO**	1	
repaglinide-metformin 1-500 mg, 2-500 mg **MO**	1	
RIOMET 500 MG/5 ML ORAL SOLUTION **MO**	3	QL (750 per 30 days)
SEGLUROMET 2.5 MG-1,000 MG TABLET; SEGLUROMET 2.5 MG-500 MG TABLET; SEGLUROMET 7.5 MG-1,000 MG TABLET; SEGLUROMET 7.5 MG-500 MG TABLET **MO**	3	ST,QL (60 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN **MO**	2	QL (15 per 24 days)
STARLIX 120 MG, 60 MG TABLET **MO**	3	PA
STEGLATRO 15 MG, 5 MG TABLET **MO**	3	ST,QL (30 per 30 days)
STEGLUJAN 15 MG-100 MG TABLET; STEGLUJAN 5 MG-100 MG TABLET **MO**	3	PA,QL (30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	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**	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	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**	2	QL (60 per 30 days)
TANZEUM 30 MG PEN INJECT; TANZEUM 50 MG PEN INJECT **MO**	3	ST,QL (4 per 28 days)
tolazamide 250 mg, 500 mg tablet **MO**	1	
tolbutamide 500 mg tablet **MO**	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN **MO**	2	
TRADJENTA 5 MG TABLET **MO**	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN **MO**	2	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	2	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR **MO**	2	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**	3	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**	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	QL (15 per 30 days)
Blood Products/Modifiers/Volume Expanders		
AGGRASTAT CONCENTRATE 250 MCG/ML INTRAVENOUS **MO**	3	
AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN 0.9 % SODIUM CHLORIDE IV; AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN ISO-OSMOTIC SODIUM CHLORIDE IV **MO**	3	
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
AGRYLIN 0.5 MG CAPSULE **MO**	3	PA
AMICAR 1,000 MG, 500 MG TABLET **DL**	4	PA
AMICAR 250 MG/ML (25 %) ORAL SOLUTION **DL**	4	
aminocaproic acid 0.25 gram/ml **DL**	4	
aminocaproic acid 1,000 mg, 500 mg tab **DL**	4	
aminocaproic acid 5 g/20 ml vl **MO**	1	
anagrelide hcl 0.5 mg, 1 mg capsule **MO**	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE **MO**	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE **DL**	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION **DL**	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE **DL**	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION **DL**	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE **DL**	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE **MO**	3	PA,QL (1.68 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION **MO**	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE **DL**	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE **DL**	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE **MO**	3	PA,QL (1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE **DL**	4	PA,QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE **DL**	4	PA,QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE **DL**	4	PA,QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE **DL**	4	PA,QL (18 per 30 days)
aspirin-dipyridam er 25-200 mg **MO**	1	ST,QL (60 per 30 days)
azacitidine 100 mg vial **DL**	4	PA
BEVYXXA 40 MG, 80 MG CAPSULE **MO**	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET **MO**	2	QL (60 per 30 days)
cilostazol 100 mg, 50 mg tablet **MO**	1	
clopidogrel 300 mg tablet **MO**	1	
clopidogrel 75 mg tablet **MO**	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET **MO**	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION **DL**	4	PA
dipyridamole 25 mg, 50 mg, 75 mg tablet **MO**	1	
DOPTELET (10 TAB PACK) 20 MG TABLET **DL**	4	PA,QL (60 per 30 days)
DOPTELET (15 TAB PACK) 20 MG TABLET **DL**	4	PA,QL (60 per 30 days)
DOPTELET (30 TAB PACK) 20 MG TABLET **DL**	4	PA,QL (60 per 30 days)
EFFIENT 10 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET **MO**	2	QL (60 per 30 days)
ELIQUIS 5 MG, 5 MG (74 TABS) TABLET; ELIQUIS 5 MG, 5 MG (74 TABS) TABLETS IN A DOSE PACK **MO**	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe **MO**	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr **MO**	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr **MO**	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial **MO**	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr **MO**	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION **DL**	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION **MO**	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION **MO**	3	PA,QL (28 per 30 days)
eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fondaparinux 10 mg/0.8 ml syr **DL**	4	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr **MO**	1	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr **DL**	4	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr **DL**	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE **DL**	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE **DL**	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE **DL**	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE **MO**	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION **DL**	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE **DL**	4	QL (9 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (7 per 28 days)
GRANIX 300 MCG/ML SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (14 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (11.2 per 28 days)
GRANIX 480 MCG/1.6 ML SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (22.4 per 28 days)
heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl **MO**	1	
heparin 5,000 unit/ml carpujct **MO**	1	
heparin sod 5,000 unit/ml syrg **MO**	1	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml **MO**	1	
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**	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION **MO**	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet **MO**	1	
KENGREAL 50 MG INTRAVENOUS SOLUTION **DL**	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION **DL**	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET **MO**	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE **DL**	4	PA,QL (1.2 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE **DL**	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE **DL**	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (9.6 per 30 days)
MULPLETA 3 MG TABLET **DL**	4	PA,QL (7 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR **DL**	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE **DL**	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION **DL**	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE **DL**	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION **DL**	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION **DL**	4	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION **DL**	4	PA,QL (22.4 per 30 days)
PLAVIX 300 MG TABLET **MO**	3	PA
PLAVIX 75 MG TABLET **MO**	3	PA,QL (30 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO**	3	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION **MO**	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION **MO**	3	PA,QL (28 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET **DL**	4	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET **DL**	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET **DL**	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET **DL**	4	PA,QL (90 per 30 days)
REOPRO 10 MG/5 ML VIAL **DL**	4	
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION **MO**	3	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION **DL**	4	PA,QL (14 per 30 days)
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION **MO**	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET **MO**	3	PA,QL (30 per 30 days)
tranexamic acid 1,000 mg/10 ml **MO**	1	PA
tranexamic acid 650 mg tablet **MO**	1	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (1.2 per 28 days)
VIDAZA 100 MG SOLUTION FOR INJECTION **DL**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
XARELTO 10 MG, 20 MG TABLET MO	2	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK MO	2	QL (51 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	2	QL (60 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE MO	3	PA,QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET MO	3	PA,QL (30 per 30 days)
Cardiovascular Agents		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET MO	3	
acebutolol 200 mg, 400 mg capsule MO	1	
acetazolamide 125 mg, 250 mg tablet MO	1	
acetazolamide er 500 mg cap MO	1	
acetazolamide sod 500 mg vial MO	1	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
adenosine 12 mg/4 ml syringe MO	1	
adenosine 12 mg/4 ml vial MO	1	
afeditab cr 30 mg, 60 mg tablet MO	1	QL (60 per 30 days)
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	3	
aliskiren 150 mg, 300 mg tablet MO	1	QL (30 per 30 days)
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
amiloride hcl 5 mg tablet MO	1	
amiloride hcl-hctz 5-50 mg tab MO	1	
amiodarone 150 mg/3 ml syringe MO	1	
amiodarone 150 mg/3 ml vial MO	1	
amiodarone hcl 100 mg, 200 mg tablet MO	1	
amiodarone hcl 400 mg tablet MO	1	QL (60 per 30 days)
amlodipine besylate 10 mg tab MO	1	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg tab MO	1	QL (30 per 30 days)
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	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 **MO**	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg **MO**	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg **MO**	1	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg **MO**	1	QL (30 per 30 days)
amlod-valsa-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-valsa-hctz 10-160-12.5mg **MO**	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE **MO**	3	QL (30 per 30 days)
ATACAND 16 MG, 4 MG, 8 MG TABLET **MO**	3	ST,QL (60 per 30 days)
ATACAND 32 MG TABLET **MO**	3	ST,QL (30 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET; ATACAND HCT 32 MG-12.5 MG TABLET; ATACAND HCT 32 MG-25 MG TABLET **MO**	3	ST,QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet **MO**	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 **MO**	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet **MO**	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
AVALIDE 300 MG-12.5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET **MO**	3	PA,QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET **MO**	3	PA,QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet **MO**	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab **MO**	1	
BENICAR 20 MG, 40 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET **MO**	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET **MO**	3	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET **MO**	3	PA
betaxolol 10 mg, 20 mg tablet **MO**	1	
BIDIL 20 MG-37.5 MG TABLET **MO**	2	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab **MO**	1	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb **MO**	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION **MO**	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV **MO**	3	
bumetanide 0.5 mg, 1 mg, 2 mg tablet **MO**	1	
bumetanide 2.5 mg/10 ml vial **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BYSTOLIC 10 MG TABLET **MO**	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET **MO**	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET **MO**	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET **MO**	3	ST,QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 5 MG-10 MG TABLET; CADUET 5 MG-20 MG TABLET; CADUET 5 MG-40 MG TABLET; CADUET 5 MG-80 MG TABLET **MO**	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET **MO**	3	QL (120 per 30 days)
CALAN SR 120 MG, 180 MG TABLET,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
CALAN SR 240 MG TABLET,EXTENDED RELEASE **MO**	3	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb **MO**	1	QL (60 per 30 days)
candesartan cilexetil 32 mg tb **MO**	1	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb **MO**	1	QL (30 per 30 days)
captopril 100 mg tablet **MO**	1	QL (135 per 30 days)
captopril 12.5 mg, 25 mg, 50 mg tablet **MO**	1	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet **MO**	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET **MO**	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET **MO**	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML ORAL SUSPENSION **DL**	4	PA,QL (450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release **MO**	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release **MO**	1	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet **MO**	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule **MO**	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET **MO**	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH **MO**	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH **MO**	3	PA,QL (4 per 28 days)
chlorothiazide 250 mg, 500 mg tablet **MO**	1	
chlorothiazide sod 500 mg vial **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chlorthalidone 25 mg, 50 mg tablet **MO**	1	
cholestyramine packet; cholestyramine powder **MO**	1	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet **MO**	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION **MO**	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch **MO**	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet **MO**	1	
COLESTID 1 GRAM TABLET **MO**	3	
COLESTID 5 GRAM ORAL GRANULES **MO**	3	QL (1000 per 30 days)
COLESTID 5 GRAM ORAL PACKET **MO**	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES **MO**	3	QL (1000 per 30 days)
COLESTID FLAVORED 7.5 GRAM PACKET **MO**	3	
colestipol hcl granules **MO**	1	QL (1000 per 30 days)
colestipol hcl granules packet **MO**	1	
colestipol micronized 1 gm tab **MO**	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET **MO**	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
CORGARD 20 MG, 40 MG, 80 MG TABLET **MO**	3	PA
CORLANOR 5 MG, 7.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLUTION **MO**	3	PA,QL (560 per 28 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION **MO**	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION **MO**	3	
CORZIDE 40-5 TABLET; CORZIDE 80-5 TABLET **MO**	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
DEMADEX 10 MG TABLET **MO**	3	
DEMSER 250 MG CAPSULE **DL**	4	
DIAMOX SEQUELS ER 500 MG CAP **MO**	3	PA
DIBENZYLINE 10 MG CAPSULE **DL**	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet **MO**	1	QL (30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet **MO**	1	QL (30 per 30 days)
digoxin 0.05 mg/ml solution; digoxin 500 mcg/2 ml ampule **MO**	1	
digoxin 125 mcg tablet; digoxin 250 mcg tablet **MO**	1	QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE **MO**	3	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release **MO**	1	QL (60 per 30 days)
diltiazem 100 mg, 5 mg/ml add-van vial; diltiazem 125 mg/25 ml vial **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet **MO**	1	
diltiazem 12hr er 120 mg cap **MO**	1	QL (90 per 30 days)
diltiazem 12hr er 60 mg, 90 mg cap **MO**	1	QL (180 per 30 days)
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap **MO**	1	QL (60 per 30 days)
diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg cap **MO**	1	QL (30 per 30 days)
diltiazem 24h er(la) 180 mg, 240 mg tb **MO**	1	QL (60 per 30 days)
diltiazem 24h er(la) 300 mg, 360 mg, 420 mg tb **MO**	1	QL (30 per 30 days)
diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg cp **MO**	1	QL (60 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET **MO**	3	PA,QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET; DIOVAN HCT 160 MG-25 MG TABLET; DIOVAN HCT 320 MG-12.5 MG TABLET; DIOVAN HCT 320 MG-25 MG TABLET; DIOVAN HCT 80 MG-12.5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
disopyramide 100 mg, 150 mg capsule **MO**	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION **MO**	3	
DIURIL 500 MG INTRAVENOUS SOLUTION **MO**	3	
dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial **MO**	1	B vs D
dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml **MO**	1	B vs D
dofetilide 125 mcg, 250 mcg, 500 mcg capsule **MO**	1	
dopamine 160 mg/ml vial; dopamine 200 mg/5 ml vial; dopamine 400 mg/10 ml vial; dopamine 80 mg/ml vial **MO**	1	B vs D
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 400 mg/250 ml-d5w bag; dopamine 800 mg/250 ml-d5w bag; dopamine 800 mg/500 ml-d5w bag **MO**	1	B vs D
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab **MO**	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE **MO**	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
DYAZIDE 37.5 MG-25 MG CAPSULE **MO**	3	
DYRENIUM 100 MG, 50 MG CAPSULE **MO**	3	
EDARBI 40 MG, 80 MG TABLET **MO**	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET **MO**	3	ST,QL (30 per 30 days)
EDECRIN 25 MG TABLET **DL**	4	QL (480 per 30 days)
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet **MO**	1	
enalaprilat 1.25 mg/ml vial **MO**	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET **MO**	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML ORAL SOLUTION **MO**	3	
eplerenone 25 mg, 50 mg tablet **MO**	1	
eprosartan mesylate 600 mg tab **MO**	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial **MO**	1	
esmolol 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)-nacl; esmolol 2,500 mg/250 ml-nacl **MO**	1	
ethacrynate sodium 50 mg vial **MO**	1	
ethacrynic acid 25 mg tablet **DL**	4	QL (480 per 30 days)
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET **MO**	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET **MO**	3	PA,QL (30 per 30 days)
EZALLOR SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG CAPSULE **MO**	3	ST,QL (30 per 30 days)
ezetimibe 10 mg tablet **MO**	1	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg **MO**	1	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg tablet **MO**	1	QL (30 per 30 days)
fenofibrate 150 mg capsule **MO**	1	QL (30 per 30 days)
fenofibrate 40 mg, 54 mg tablet **MO**	1	QL (60 per 30 days)
fenofibrate 50 mg capsule **MO**	1	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule **MO**	1	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule **MO**	1	QL (30 per 30 days)
fenofibrate 67 mg capsule **MO**	1	QL (60 per 30 days)
fenofibrate 145 mg, 160 mg tablet **MO**	1	QL (30 per 30 days)
fenofibrate 48 mg tablet **MO**	1	QL (60 per 30 days)
fenofibric acid 105 mg, 35 mg tablet **MO**	2	QL (30 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap **MO**	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET **DL**	4	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET **DL**	4	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET **MO**	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION **MO**	3	ST,QL (150 per 30 days)
fluvastatin er 80 mg tablet **MO**	1	ST,QL (30 per 30 days)
fluvastatin sodium 20 mg, 40 mg cap **MO**	1	ST,QL (60 per 30 days)
fosinopril sodium 10 mg, 20 mg, 40 mg tab **MO**	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab **MO**	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln **MO**	1	
furosemide 20 mg, 40 mg, 80 mg tablet **MO**	1	
furosemide 40 mg/4 ml syringe **MO**	1	
gemfibrozil 600 mg tablet **MO**	1	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet **MO**	1	
HEMANGEOL 4.28 MG/ML ORAL SOLUTION **MO**	3	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet **MO**	1	
hydralazine 20 mg/ml vial **MO**	1	
hydrochlorothiazide 12.5 mg cp **MO**	1	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb **MO**	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial **MO**	1	
indapamide 1.25 mg, 2.5 mg tablet **MO**	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE **MO**	3	
INSPRA 25 MG, 50 MG TABLET **MO**	3	PA
irbesartan 150 mg, 300 mg, 75 mg tablet **MO**	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb **MO**	1	QL (60 per 30 days)
irbesartan-hctz 300-12.5 mg tb **MO**	1	QL (30 per 30 days)
isochron 40 mg tablet,extended release **MO**	1	
ISORDIL 40 MG TABLET **DL**	4	
ISORDIL TITRADOSE 5 MG TABLET **DL**	4	PA
isosorbide dinitr er 40 mg tab **MO**	1	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab **MO**	1	
isosorbide mononit 10 mg, 20 mg tab **MO**	1	
isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb **MO**	1	
isradipine 2.5 mg, 5 mg capsule **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISUPREL 0.2 MG/ML INJECTION SOLUTION **MO**	3	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE **DL**	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE **DL**	4	PA,QL (84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
KATERZIA 1 MG/ML ORAL SUSPENSION **MO**	3	QL (300 per 30 days)
KEVEYIS 50 MG TABLET **DL**	4	PA,QL (120 per 30 days)
KYNAMRO 200 MG/ML SYRINGE **DL**	4	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet **MO**	1	
labetalol hcl 100 mg/20 ml vl **MO**	1	
LANOXIN 125 MCG (0.125 MG), 187.5 MCG (0.1875 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) TABLET **MO**	3	QL (30 per 30 days)
LANOXIN 250 MCG/ML (0.25 MG/ML) INJECTION SOLUTION **MO**	3	
LANOXIN PEDIATRIC 100 MCG/ML (0.1 MG/ML) INJECTION SOLUTION **MO**	3	
LASIX 20 MG, 40 MG, 80 MG TABLET **MO**	3	
LESCOL 20 MG, 40 MG CAPSULE **MO**	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION **MO**	3	
lidocaine hcl 2% vial **MO**	1	
lidocaine 0.4% in d5w 250 ml; lidocaine 0.8% in d5w soln **MO**	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET **MO**	3	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE **MO**	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE **MO**	3	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet **MO**	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab **MO**	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET **MO**	3	ST,QL (30 per 30 days)
LOPID 600 MG TABLET **MO**	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET **MO**	3	
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION **MO**	3	
LOPRESSOR HCT 50 MG-25 MG TABLET **MO**	3	
losartan potassium 100 mg, 25 mg, 50 mg tab **MO**	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab **MO**	1	QL (60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET **MO**	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTREL 10 MG-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE **MO**	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet **MO**	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE **MO**	3	PA,QL (120 per 30 days)
mannitol 10% iv solution **MO**	1	
mannitol 20% iv solution **MO**	1	
mannitol 25% vial **MO**	1	
mannitol 5% iv solution **MO**	1	
matzim la 180 mg, 240 mg tablet,extended release **MO**	1	QL (60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg tablet,extended release **MO**	1	QL (30 per 30 days)
MAXZIDE 75 MG-50 MG TABLET **MO**	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET **MO**	3	PA
methazolamide 25 mg, 50 mg tablet **MO**	1	
methyclothiazide 5 mg tablet **MO**	1	
methyldopa 250 mg, 500 mg tablet **MO**	1	
methyldopa-hctz 250-15 mg, 250-25 mg tab **MO**	1	
methyldopate 250 mg/5 ml vial **MO**	1	
metolazone 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab **MO**	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab **MO**	1	
metoprolol 5 mg/5 ml carpuject **MO**	1	
metoprolol tart 5 mg/5 ml vial **MO**	1	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb **MO**	1	
mexiletine 150 mg, 200 mg, 250 mg capsule **MO**	1	
MICARDIS 20 MG, 40 MG TABLET **MO**	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET **MO**	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET **MO**	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET **MO**	3	ST,QL (60 per 30 days)
MICROZIDE 12.5 MG CAPSULE **MO**	3	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
milrinone lact 20 mg/20 ml vl **MO**	1	B vs D
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml **MO**	1	B vs D
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE **MO**	3	
minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr transdermal 24 hour patch **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
minitran 0.4 mg/hr transdermal 24 hour patch **MO**	1	QL (60 per 30 days)
minoxidil 10 mg, 2.5 mg tablet **MO**	1	
moexipril hcl 15 mg, 7.5 mg tablet **MO**	1	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet **MO**	1	
MULTAQ 400 MG TABLET **MO**	2	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet **MO**	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab **MO**	1	
NATRECOR 1.5 MG VIAL **MO**	3	
neptazane 25 mg tablet **MO**	1	
NEPTAZANE 50 MG TABLET **MO**	1	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION **MO**	3	
niacin er 1,000 mg, 500 mg, 750 mg tablet **MO**	1	
niacor 500 mg tablet **MO**	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE **MO**	3	PA
nicardipine 20 mg, 30 mg capsule **MO**	1	
nicardipine 25 mg/10 ml ampule **MO**	1	
nifedipine 10 mg, 20 mg capsule **MO**	1	
nifedipine er 30 mg, 60 mg, 90 mg tablet **MO**	1	QL (60 per 30 days)
nimodipine 30 mg capsule **MO**	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet **MO**	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet **MO**	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT **MO**	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH **MO**	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH **MO**	3	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH **MO**	3	QL (60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch **MO**	1	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl **MO**	1	
nitroglycerin 0.4 mg/hr patch **MO**	1	QL (60 per 30 days)
nitroglycerin 400 mcg spray **MO**	1	
nitroglycerin 5 mg/ml vial **MO**	1	
nitroglycerin lingual 0.4 mg **MO**	1	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w **MO**	1	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO**	2	
norepinephrine 4 mg/4 ml vial **MO**	1	
NORPACE 100 MG, 150 MG CAPSULE **MO**	3	
NORPACE CR 100 MG, 150 MG CAPSULE,EXTENDED RELEASE **MO**	3	
NORTHERA 100 MG, 200 MG CAPSULE **DL**	4	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE **DL**	4	PA,QL (180 per 30 days)
NORVASC 10 MG TABLET **MO**	3	PA,QL (60 per 30 days)
NORVASC 2.5 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
NYMALIZE 30 MG/10 ML ORAL SOLUTION **DL**	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML ORAL SOLUTION **DL**	4	QL (2838 per 28 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab **MO**	1	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**	1	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab **MO**	1	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap **MO**	1	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION **MO**	3	
OSMITROL 15 % INTRAVENOUS SOLUTION **MO**	3	
OSMITROL 20 % INTRAVENOUS SOLUTION **MO**	3	
OSMITROL 5 % INTRAVENOUS SOLUTION **MO**	3	
PACERONE 100 MG TABLET **MO**	1	
pacerone 200 mg tablet **MO**	1	
PACERONE 400 MG TABLET **MO**	1	QL (60 per 30 days)
pentoxifylline er 400 mg tab **MO**	1	
perindopril erbumine 2 mg, 4 mg, 8 mg tab **MO**	1	
phenoxybenzamine hcl 10 mg cap **DL**	4	
phenylephrine 10 mg/ml vial **MO**	1	
pindolol 10 mg, 5 mg tablet **MO**	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR **MO**	3	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET **MO**	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET **MO**	3	PA,QL (60 per 30 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab **MO**	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab **MO**	1	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule **MO**	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet **MO**	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET **MO**	3	
procainamide 1,000 mg/10 ml vl; procainamide 100 mg/ml, 500 mg/ml vial **MO**	1	
PROCARDIA 10 MG CAPSULE **MO**	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet **MO**	1	
propafenone hcl er 225 mg, 325 mg cap **MO**	1	QL (60 per 30 days)
propafenone hcl er 425 mg cap **MO**	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln **MO**	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet **MO**	1	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule **MO**	1	
propranolol-hctz 40-25 mg, 80-25 mg tab **MO**	1	
QBRELIS 1 MG/ML ORAL SOLUTION **DL**	4	QL (1200 per 30 days)
questran 4 gram oral powder; questran 4 gram powder for susp in a packet **MO**	1	
questran light 4 gram oral powder **MO**	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet **MO**	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab **MO**	1	
quinidine gluc 80 mg/ml vial **MO**	1	
quinidine gluc er 324 mg tab **MO**	1	
quinidine sulfate 200 mg, 300 mg tab **MO**	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule **MO**	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (120 per 30 days)
ranolazine er 1,000 mg, 500 mg tablet **MO**	1	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR **MO**	2	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR **MO**	2	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE **MO**	2	PA,QL (3 per 28 days)
RESECTISOL 5 % TRANSURETHRAL SOLUTION **MO**	3	
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab **MO**	1	QL (30 per 30 days)
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
RYTHMOL SR 325 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (60 per 30 days)
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet **MO**	1	QL (30 per 30 days)
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION **MO**	3	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet **MO**	1	
sotalol hcl 150 mg/10 ml vial **MO**	1	
sotalol af 120 mg, 160 mg, 80 mg tablet **MO**	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION **MO**	3	
spironolactone-hctz 25-25 tab **MO**	1	
spironolactone 100 mg, 25 mg, 50 mg tablet **MO**	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (30 per 30 days)
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE; TARKA ER 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG TABLET **MO**	3	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release **MO**	1	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release **MO**	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET **MO**	3	PA,QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET **MO**	2	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet **MO**	1	QL (30 per 30 days)
telmisartan 80 mg tablet **MO**	1	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 **MO**	1	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**	1	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb **MO**	1	ST,QL (60 per 30 days)
TENORETIC 100 100 MG-25 MG TABLET **MO**	3	
TENORETIC 50 50 MG-25 MG TABLET **MO**	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET **MO**	3	
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule **MO**	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
TIKOSYN 125 MCG, 250 MCG, 500 MCG CAPSULE **DL**	4	PA
timolol maleate 10 mg, 20 mg, 5 mg tablet **MO**	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet **MO**	1	
trandolapril 1 mg, 2 mg, 4 mg tablet **MO**	1	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg **MO**	1	
triamterene 100 mg, 50 mg capsule **MO**	1	
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb **MO**	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET **MO**	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET **MO**	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET **MO**	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET **MO**	3	QL (30 per 30 days)
triklo 1 gram capsule **MO**	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE,DELAYED RELEASE **MO**	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet **MO**	1	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab **MO**	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE **MO**	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	3	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET **MO**	3	
VASOTEC 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA
VASOTEC 20 MG TABLET **DL**	4	PA
VAZCULEP 10 MG/ML INJECTION SOLUTION **MO**	3	
vecamyl 2.5 mg tablet **DL**	4	QL (300 per 30 days)
verapamil 10 mg/4 ml syringe **MO**	1	
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil sr 120 mg, 180 mg, 240 mg, 360 mg capsule **MO**	1	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet **MO**	1	QL (120 per 30 days)
verapamil 5 mg/2 ml ampul **MO**	1	
verapamil er 120 mg, 180 mg tablet **MO**	1	QL (30 per 30 days)
verapamil er 240 mg tablet **MO**	1	
verapamil er pm 100 mg, 300 mg capsule **MO**	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule **MO**	1	QL (60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
VYNDAMAX 61 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
VYNDAQEL 20 MG CAPSULE **DL**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10 MG-10 MG TABLET MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET MO	3	PA,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET MO	3	PA,QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	2	QL (30 per 30 days)
WELCHOL 625 MG TABLET MO	2	QL (180 per 30 days)
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET MO	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	3	PA
ZETIA 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET MO	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPITAMAG 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL (30 per 30 days)
Central Nervous System Agents		
adderall 10 mg, 15 mg, 20 mg, 5 mg tablet MO	1	PA,QL (90 per 30 days)
ADDERALL 12.5 MG, 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
adderall 30 mg tablet MO	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR MO	3	QL (450 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
amphetamine sulfate 10 mg, 5 mg tab MO	1	QL (90 per 30 days)
AMPYRA 10 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE MO	3	QL (30 per 30 days)
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule MO	1	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule MO	1	QL (30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL	4	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET DL	4	PA,QL (60 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT DL	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT DL	4	PA,QL (4 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
clonidine hcl er 0.1 mg tablet MO	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET **MO**	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET **MO**	3	QL (60 per 30 days)
dalfampridine er 10 mg tablet **MO**	1	PA,QL (60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH **MO**	3	QL (30 per 30 days)
DESOXYN 5 MG TABLET **DL**	4	PA,QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE **DL**	4	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab **MO**	1	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp **MO**	1	QL (30 per 30 days)
dextroamphetamine 10 mg tab **MO**	1	QL (180 per 30 days)
dextroamphetamine 5 mg tab **MO**	1	QL (150 per 30 days)
dextroamphetamine 5 mg/5 ml **MO**	1	QL (1800 per 30 days)
dextroamphetamine er 10 mg cap **MO**	1	QL (180 per 30 days)
dextroamphetamine er 15 mg cap **MO**	1	QL (120 per 30 days)
dextroamphetamine er 5 mg cap **MO**	1	QL (60 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap **MO**	1	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap **MO**	1	QL (60 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**	1	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab **MO**	1	QL (60 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION **MO**	3	QL (240 per 30 days)
EVEKEO 10 MG, 5 MG TABLET **MO**	1	QL (90 per 30 days)
EVEKEO ODT 10 MG, 5 MG DISINTEGRATING TABLET **MO**	3	QL (90 per 30 days)
EVEKEO ODT 15 MG, 20 MG DISINTEGRATING TABLET **MO**	3	QL (60 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS KIT **DL**	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (15 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRDAPSE 10 MG TABLET DL	4	PA,QL (240 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	4	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe DL	4	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe DL	4	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe DL	4	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe DL	4	PA,QL (12 per 28 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE MO	3	ST,QL (78 per 30 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet MO	1	QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
INGREZZA 40 MG, 80 MG CAPSULE DL	4	PA,QL (30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)-80 MG (21) CAPSULES IN A DOSE PACK DL	4	PA,QL (28 per 28 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	3	QL (60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
LYRICA CR 330 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
MAVENCLAD (10 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (4 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (5 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (6 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (7 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (8 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAVENCLAD (9 TABLET PACK) 10 MG TABLET DL	4	PA,QL (40 per 365 days)
MAYZENT 0.25 MG TABLET DL	4	PA,QL (120 per 30 days)
MAYZENT 2 MG TABLET DL	4	PA,QL (30 per 30 days)
MAYZENT STARTER PACK 0.25 MG (12 TABS) TABLETS DL	4	PA,QL (12 per 30 days)
metadate er 20 mg tablet,extended release MO	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methamphetamine 5 mg tablet **DL**	4	QL (150 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION **MO**	3	PA,QL (900 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION **MO**	3	PA,QL (1800 per 30 days)
methylphenidate 10 mg chew tab **MO**	1	QL (180 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet **MO**	1	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol **MO**	1	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb **MO**	1	QL (150 per 30 days)
methylphenidate 5 mg/5 ml soln **MO**	1	QL (1800 per 30 days)
methylphenidate cd 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap; methylphenidate la 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap **MO**	1	QL (30 per 30 days)
methylphenidate cd 20 mg, 30 mg cap; methylphenidate er(cd) 30mg cp; methylphenidate la 20 mg, 30 mg cap **MO**	1	QL (60 per 30 days)
methylphenidate er 10 mg tab **MO**	1	QL (180 per 30 days)
methylphenidate er 18 mg, 27 mg, 54 mg, 72 mg tab **MO**	1	QL (30 per 30 days)
methylphenidate er 20 mg tab **MO**	1	QL (90 per 30 days)
methylphenidate er 36 mg tab **MO**	1	QL (60 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE EXTENDED RELEASE 24 HR **MO**	3	QL (30 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE **DL**	4	PA,QL (60 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION **MO**	4	PA,QL (40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS SYRINGE; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (1 per 28 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule **MO**	1	QL (90 per 30 days)
pregabalin 20 mg/ml solution **MO**	1	QL (900 per 30 days)
pregabalin 225 mg, 300 mg capsule **MO**	1	QL (60 per 30 days)
procentra 5 mg/5 ml oral solution **DL**	4	QL (1800 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET **DL**	4	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE **DL**	4	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR **DL**	4	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK **DL**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. **DL**	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (4.2 per 28 days)
relexxii 72 mg tablet,extended release **MO**	1	QL (30 per 30 days)
RILUTEK 50 MG TABLET **DL**	4	
riluzole 50 mg tablet **MO**	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
RUZURGI 10 MG TABLET **DL**	4	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**	2	QL (60 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE **MO**	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE **DL**	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE **DL**	4	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet **DL**	4	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet **DL**	4	PA,QL (120 per 30 days)
TIGLUTIK 50 MG/10 ML ORAL SUSPENSION **DL**	4	PA,QL (600 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (15 per 28 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET **MO**	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET **DL**	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET **DL**	4	PA,QL (120 per 30 days)
zenzedi 10 mg tablet **MO**	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET **MO**	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET **MO**	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET **MO**	1	QL (60 per 30 days)
zenzedi 5 mg tablet **MO**	1	QL (150 per 30 days)
ZINBRYTA 150 MG/ML SYRINGE **DL**	4	PA,QL (1 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Dental & Oral Agents		
cevimeline hcl 30 mg capsule MO	1	
chlorhexidine 0.12% rinse MO	1	
EVOXAC 30 MG CAPSULE MO	3	PA
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION DL	4	
oralone 0.1 % dental paste MO	1	
paroex oral rinse 0.12 % mouthwash MO	1	
periogard 0.12 % mouthwash MO	1	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
triamcinolone 0.1% paste MO	1	
Dermatological Agents		
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE DL	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE DL	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
acitretin 10 mg capsule MO	1	QL (90 per 30 days)
acitretin 17.5 mg capsule MO	1	QL (60 per 30 days)
acitretin 25 mg capsule MO	1	
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP MO	3	
adapalene 0.1% cream MO	1	
adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump MO	1	
adapalene 0.1% solution DL	4	
adapalene 0.1% swab MO	1	QL (30 per 30 days)
adapalene-bnzyl perox 0.1-2.5% MO	1	
AKLIEF 0.005 % TOPICAL CREAM MO	3	PA
AKTIPAK 3%-5% GEL POUCH MO	3	
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)
ALTRENO 0.05 % LOTION MO	3	PA
ammonium lactate 12% cream MO	1	
ammonium lactate 12% lotion MO	1	
amnesteem 10 mg, 20 mg capsule MO	1	QL (60 per 30 days)
amnesteem 40 mg capsule MO	1	QL (120 per 30 days)
ATRALIN 0.05 % TOPICAL GEL MO	3	PA
AVITA 0.025 % TOPICAL CREAM MO	3	PA
AVITA 0.025 % TOPICAL GEL MO	3	PA
azelaic acid 15% gel MO	1	ST

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZELEX 20 % TOPICAL CREAM MO	3	
BENZACLIN 1 %-5 % TOPICAL GEL MO	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL MO	3	
calcipotriene 0.005% cream MO	1	QL (120 per 30 days)
calcipotriene 0.005% ointment MO	1	
calcipotriene 0.005% solution MO	1	QL (60 per 30 days)
calcipotriene-betameth dp oint DL	4	PA,QL (60 per 30 days)
calcitrene 0.005% ointment MO	1	
calcitriol 3 mcg/g ointment MO	1	ST,QL (800 per 28 days)
CARAC 0.5 % TOPICAL CREAM DL	4	PA
claravis 10 mg, 20 mg, 30 mg capsule MO	1	ST,QL (60 per 30 days)
claravis 40 mg capsule MO	1	ST,QL (120 per 30 days)
clind ph-benzoyl pero 1.2-2.5%; clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% MO	1	
clinda-tretinoin 1.2%-0.025% MO	1	
CONDYLOX 0.5 % TOPICAL GEL DL	4	
CORTISPORIN 1 % TOPICAL OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (34 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (34 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	4	PA,QL (34 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (34 per 365 days)
dapsone 5% gel MO	1	
diclofenac sodium 3% gel MO	1	PA
DIFFERIN 0.1 % LOTION MO	3	
DIFFERIN 0.1 % TOPICAL CREAM MO	3	PA
DIFFERIN 0.1 %, 0.3 % TOPICAL GEL MO	3	PA
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP MO	3	
DOVONEX 0.005 % TOPICAL CREAM DL	4	ST,QL (120 per 30 days)
doxepin 5% cream DL	4	PA
DUOBRII 0.01 %-0.045 % LOTION DL	4	PA,QL (200 per 28 days)
EFUDEX 5 % TOPICAL CREAM MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	PA
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIFOAM 1 %-1 % TOPICAL MO	1	
erythromycin-benzoyl gel MO	1	
EUCRISA 2 % TOPICAL OINTMENT MO	3	PA
FABIOR 0.1 % TOPICAL FOAM MO	3	PA
FINACEA 15 % TOPICAL FOAM MO	3	ST
FINACEA 15 % TOPICAL GEL MO	3	ST
fluorouracil 0.5% cream DL	4	
fluorouracil 2% topical soln; fluorouracil 5% topical soln MO	1	
fluorouracil 5% cream MO	1	
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA,QL (6 per 365 days)
imiquimod 3.75% cream pump DL	4	ST,QL (15 per 30 days)
imiquimod 5% cream packet MO	1	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule MO	1	QL (60 per 30 days)
isotretinoin 40 mg capsule MO	1	QL (120 per 30 days)
ivermectin 1% cream MO	1	ST
methoxsalen 10 mg capsule DL	4	
MIRVASO 0.33 % TOPICAL GEL; MIRVASO 0.33 % TOPICAL GEL WITH PUMP MO	3	ST
myorisan 10 mg, 20 mg, 30 mg capsule MO	1	QL (60 per 30 days)
myorisan 40 mg capsule MO	1	QL (120 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM MO	1	
neuac 1.2 % (1 % base)-5 % topical gel MO	1	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP MO	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE DL	4	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
pimecrolimus 1% cream MO	1	
plixda 0.1% swab MO	1	QL (30 per 30 days)
podofilox 0.5% topical soln MO	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT DL	4	
PRUDOXIN 5 % TOPICAL CREAM DL	4	PA
QBREXZA 2.4 % TOWELETTE MO	3	PA,QL (30 per 30 days)
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL MO	3	PA
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM MO	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % TOPICAL GEL **DL**	4	PA
RHOFADE 1 % TOPICAL CREAM **MO**	3	ST,QL (30 per 30 days)
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT **MO**	2	
selenium sulfide 2.5% lotion **MO**	1	
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (42 per 365 days)
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT **DL**	4	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE **MO**	4	PA,QL (9.96 per 365 days)
SOLARAZE 3 % TOPICAL GEL **MO**	3	PA
SOOLANTRA 1 % TOPICAL CREAM **MO**	3	ST
SORIATANE 10 MG CAPSULE **DL**	4	PA,QL (90 per 30 days)
SORIATANE 17.5 MG CAPSULE **DL**	4	PA,QL (60 per 30 days)
SORIATANE 25 MG CAPSULE **DL**	4	PA
SORILUX 0.005 % TOPICAL FOAM **DL**	4	ST,QL (120 per 28 days)
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION **DL**	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (3 per 84 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT **DL**	4	PA,QL (60 per 30 days)
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION **MO**	2	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment **MO**	1	
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS **DL**	4	PA,QL (18 per 365 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS **DL**	4	PA,QL (18 per 365 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS **DL**	4	PA,QL (18 per 365 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS **DL**	4	PA,QL (18 per 365 days)
TALTZ 80 MG/ML SYRINGE (2-PK) **DL**	4	PA,QL (18 per 365 days)
TALTZ 80 MG/ML SYRINGE (3-PK) **DL**	4	PA,QL (18 per 365 days)
tazarotene 0.1% cream **MO**	1	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM **DL**	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL **MO**	3	PA
TOLAK 4 % TOPICAL CREAM **MO**	2	
TREMFYA 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR **DL**	4	PA,QL (8 per 365 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (8 per 365 days)
TRETIN-X 0.075 % TOPICAL CREAM **MO**	1	PA
tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel **MO**	1	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream **MO**	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube MO	1	PA
UVADEX 20 MCG/ML INJECTION SOLUTION MO	3	B vs D
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT DL	4	ST,QL (800 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT DL	4	QL (30 per 30 days)
zenatane 10 mg, 20 mg, 30 mg capsule MO	1	QL (60 per 30 days)
zenatane 40 mg capsule MO	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA
ZONALON 5 % TOPICAL CREAM MO	3	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM IN A PUMP MO	3	ST,QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	ST
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	3	B vs D
AURYXIA 210 MG IRON TABLET MO	3	PA,QL (360 per 30 days)
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release MO	3	
c-nate dha 28 mg iron-1 mg-200 mg capsule MO	1	
calcium acetate 667 mg gelcap MO	1	
calcium acetate 667 mg tablet MO	1	
calcium chloride 10% syringe MO	1	
calcium chloride 10% vial MO	1	
calcium gluc 1,000mg/50ml-nacl MO	1	
calcium gluconate 10% vial MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CARNITOR 100 MG/ML, 200 MG/ML INTRAVENOUS SOLUTION; CARNITOR 100 MG/ML, 200 MG/ML ORAL SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET MO	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS MO	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK MO	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 2.75%-5% SOLUTION MO	3	B vs D
CLINIMIX 4.25%-20% SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 2.75%-10% SOLUTION MO	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25%-25% SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION MO	1	B vs D
CLINOLIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
clovique 250 mg capsule DL	4	QL (240 per 30 days)
complete natal dha 29 mg-1 mg-250 mg oral pack MO	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	3	
CONCEPT OB 85 MG-1 MG CAPSULE MO	3	
CUPRIMINE 250 MG CAPSULE DL	4	QL (600 per 30 days)
dextrose 10%-0.45% nacl iv sol MO	1	
dextrose 2.5%-0.45% nacl iv MO	1	
dextrose 5%-0.9% nacl iv soln MO	1	
dextrose 5%-0.45% nacl iv soln MO	1	
deferoxamine 2 gram, 500 mg vial DL	4	B vs D
DEPEN TITRATABS 250 MG TABLET DL	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION MO	3	B vs D
dextrose 10%-0.2% nacl iv soln MO	1	
dextrose 10%-water iv solution MO	1	
dextrose 20%-water iv soln MO	1	
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-water iv soln MO	1	
dextrose 5%-lr iv solution MO	1	
dextrose 5%-0.2% nacl iv soln MO	1	
dextrose 5%-0.3% nacl iv soln MO	1	
dextrose 50%-water syringe MO	1	
dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	1	
dothelle dha softgel MO	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MO	3	
dextrose 5%-electrolyte 48 MO	1	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL	4	PA
FERRIPROX 1,000 MG TABLET DL	4	PA,QL (300 per 30 days)
FERRIPROX 100 MG/ML ORAL SOLUTION DL	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL (720 per 30 days)
folivane-ob 85 mg-1 mg capsule MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET DL	4	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET DL	4	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION MO	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	3	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	1	
hemenatal ob tablet MO	3	
hemenatal ob + dha combo pack MO	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	3	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
ISOLYTE-S INTRAVENOUS SOLUTION MO	3	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG ORAL GRANULES IN PACKET DL	4	PA
JYNARQUE 15 MG, 30 MG TABLET DL	4	PA,QL (60 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS; JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS DL	4	PA,QL (56 per 28 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE MO	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	3	B vs D
kionex powder MO	1	
KIONEX 15 GM/60 ML SUSPENSION MO	1	
klor-con 20 meq oral packet MO	1	QL (240 per 30 days)
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	1	
klor-con m10 meq tablet,extended release MO	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	1	
klor-con m20 meq tablet,extended release MO	1	
klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MO	3	
lactated ringers injection MO	1	
lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw DL	4	ST
levocarnitine 330 mg tablet MO	1	
levocarnitine sf 1 g/10 ml sol MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocarnitine 1 g/10 ml soln MO	1	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET DL	4	PA,QL (30 per 30 days)
m-natal plus 27 mg iron-1 mg tablet MO	1	
magnesium sulfate 50% syringe MO	1	
magnesium sulfate 50% vial MO	1	
magnesium sulf 1 g/100 ml-d5w MO	1	
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag MO	1	
magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml MO	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MO	3	
NATELLE ONE CAPSULE MO	3	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	3	B vs D
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE MO	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MO	3	
OMEGAVEN 10 % INTRAVENOUS EMULSION DL	4	B vs D
penicillamine 250 mg capsule DL	4	QL (600 per 30 days)
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MO	3	ST
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	3	
plenamine 15 % intravenous solution MO	1	B vs D
pnv ob+dha combo pack MO	1	
potassium acet 40 meq/20 ml vl MO	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl MO	1	
potassium cl 10% (20 meq/15ml) MO	1	QL (1125 per 30 days)
potassium cl 20 meq packet MO	1	QL (240 per 30 days)
potassium cl 20% (40 meq/15ml) 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
potassium cl 40 meq/20 ml conc MO	1	
potassium cl er 10 meq, 20 meq tablet MO	1	
potassium cl er 10 meq, 20 meq, 8 meq tablet MO	1	
potassium cl er 10 meq, 8 meq capsule MO	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln MO	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution MO	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer MO	1	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol MO	1	
potassium cl 20 meq-0.45% nacl MO	1	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl MO	1	
kcl 20 meq in d5w-0.3% nacl MO	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	1	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab MO	1	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	1	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release MO	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack MO	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release MO	1	
PREFERA OB TABLET MO	3	
PREFERA-OB ONE SOFTGEL MO	3	
PREFERA-OB PLUS DHA COMBO PACK MO	3	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	1	B vs D
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule MO	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
PRENATABS FA 29 MG-1 MG TABLET MO	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet MO	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack MO	3	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet MO	1	
PRENATE AM 1 MG-500 MG TABLET MO	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
preplus 27 mg iron-1 mg tablet **MO**	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION **MO**	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION **MO**	3	B vs D
RENAGEL 400 MG, 800 MG TABLET **DL**	4	ST
RENVELA 0.8 GRAM ORAL POWDER PACKET **MO**	2	QL (540 per 30 days)
RENVELA 2.4 GRAM ORAL POWDER PACKET **MO**	2	QL (180 per 30 days)
RENVELA 800 MG TABLET **MO**	2	QL (540 per 30 days)
ringer's iv solution **MO**	1	
SAMSCA 15 MG, 30 MG TABLET **DL**	4	QL (60 per 30 days)
se-natal 19 29 mg iron-1 mg chewable tablet **MO**	1	
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet **MO**	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK **MO**	3	
sevelamer 0.8 gm powder packet **MO**	1	QL (540 per 30 days)
sevelamer 2.4 gm powder packet **MO**	1	QL (180 per 30 days)
sevelamer carbonate 800 mg tab **MO**	1	QL (540 per 30 days)
sevelamer hcl 400 mg, 800 mg tablet **MO**	1	ST
SMOFLIPID 20 % INTRAVENOUS EMULSION **MO**	3	B vs D
sodium acetate 40 meq/20 ml vl **MO**	1	
sodium bicarb 8.4% abboject **MO**	1	
sodium chloride 100 meq/40 ml **MO**	1	
saline 0.45% soln-excel con **MO**	1	
sodium chloride 0.45% soln **MO**	1	
sodium chloride 0.9% solution **MO**	1	
sodium chloride 0.9% vial **MO**	1	
sodium chloride 3% iv soln **MO**	1	
sodium chloride 5% iv soln **MO**	1	
sodium lactate 50 meq/10 ml vl **MO**	1	
sodium phosphate 45 mmol/15 ml **MO**	1	
sod polystyren sulf 15 g/60 ml **MO**	1	
sodium polystyrene sulf powder **MO**	1	
sps 15 gm/60 ml suspension **MO**	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema **MO**	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION **MO**	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYPRINE 250 MG CAPSULE DL	4	PA,QL (240 per 30 days)
taron-c dha 35 mg-1 mg-200 mg capsule MO	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MO	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION MO	3	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TRICARE 27 MG IRON-1 MG TABLET MO	1	
TRICARE PRENATAL DHA ONE SFTGL MO	3	
trientine hcl 250 mg capsule DL	4	QL (240 per 30 days)
trinatal rx 1 60 mg iron-1 mg tablet MO	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MO	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	3	B vs D
ultimatecare one capsule MO	1	
ultimatecare one nf capsule MO	1	
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML INTRAVENOUS SOLUTION MO	3	
VELPHORO 500 MG CHEWABLE TABLET DL	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET DL	4	PA,QL (30 per 30 days)
virt-c dha 35 mg-1 mg-200 mg capsule MO	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule MO	1	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET MO	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET MO	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65 MG-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MO	3	
vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule MO	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Gastrointestinal Agents		
ACIPHEX 20 MG TABLET,DELAYED RELEASE DL	4	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE DL	4	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE DL	4	PA
alosetron hcl 0.5 mg, 1 mg tablet DL	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	3	PA,QL (60 per 30 days)
lansoprazol-amoxicil-clarithro MO	1	ST
atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 1 mg/10 ml syringe MO	1	PA
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION MO	3	PA
CARAFATE 1 GRAM TABLET MO	3	
CARAFATE 100 MG/ML ORAL SUSPENSION MO	3	
CHENODAL 250 MG TABLET DL	4	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet MO	1	
cimetidine 300 mg/5 ml soln MO	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION MO	3	ST
COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	3	ST
constulose 10 gram/15 ml oral solution MO	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION MO	3	
CYTOTEC 100 MCG, 200 MCG TABLET DL	4	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
dicyclomine 10 mg capsule MO	1	
dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg/2 ml vial MO	1	
dicyclomine 20 mg tablet MO	1	
diphenoxylat-atrop 2.5-0.025/5 MO	1	
diphenoxylate-atrop 2.5-0.025 MO	1	
ENDARI 5 GRAM ORAL POWDER PACKET DL	4	PA
enulose 10 gram/15 ml oral solution MO	1	
esomeprazole mag dr 20 mg, 40 mg cap MO	1	QL (30 per 30 days)
esomeprazole sodium 20 mg, 40 mg vial MO	1	
esomeprazole dr 24.65 mg, 49.3 mg cap MO	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet MO	1	
famotidine 40 mg/4 ml vial MO	1	
famotidine 40 mg/5 ml susp MO	1	
famotidine 20 mg/2 ml vial MO	1	
famotidine 20 mg piggyback MO	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution MO	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution MO	1	
gavilyte-n 420 gram oral solution MO	1	
generlac 10 gram/15 ml oral solution MO	1	
GLYCATE 1.5 MG TABLET MO	1	
glycopyrrolate 1 mg, 1.5 mg, 2 mg tablet MO	1	
glycopyrrolate 4 mg/20 ml vial MO	1	
glycopyrrolate 0.2 mg/ml syrng MO	1	
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET MO	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION MO	3	ST
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET MO	1	
lactulose 10 gm packet MO	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MO	1	
lansoprazole dr 15 mg capsule MO	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	1	QL (30 per 30 days)
lansoprazole odt 15 mg, 30 mg tablet MO	1	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET MO	3	PA
loperamide 2 mg capsule MO	1	
LOTRONEX 0.5 MG, 1 MG TABLET DL	4	PA,QL (60 per 30 days)
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb MO	1	
misoprostol 100 mcg, 200 mcg tablet MO	1	
MOTEGRITY 1 MG, 2 MG TABLET MO	3	PA,QL (30 per 30 days)
MOTOFEN 1 MG-0.025 MG TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET MO	3	ST
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
MYTESI 125 MG TABLET,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION MO	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	1	
nizatidine 150 mg, 300 mg capsule 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	ST
NUTRESTORE POWDER PACKET DL	4	PA
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK MO	3	ST
omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule MO	1	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	1	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap MO	1	ST,QL (30 per 30 days)
omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt DL	4	ST,QL (30 per 30 days)
opium tincture 10 mg/ml MO	3	QL (180 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	3	ST
pantoprazole sod dr 20 mg, 40 mg tab MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	1	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln MO	1	
peg 3350-electrolyte solution MO	1	
peg-prep 5 mg-210 gram oral kit MO	1	
pepcid 20 mg, 40 mg tablet MO	3	PA
PEPCID 40 MG/5 ML ORAL SUSP MO	3	PA
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACK MO	3	ST
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET MO	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
PREVPAC PATIENT PACK DL	4	ST
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE DL	4	
propantheline 15 mg tablet MO	1	PA
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET MO	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION MO	3	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (144 per 30 days)
rabeprazole sod dr 20 mg tab MO	1	QL (30 per 30 days)
ranitidine 15 mg/ml syrup MO	1	
ranitidine 150 mg, 300 mg capsule MO	1	
ranitidine 150 mg, 300 mg tablet MO	1	
ranitidine hcl 150 mg/6 ml vl; ranitidine hcl 50 mg/2 ml vial MO	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION MO	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE **MO**	3	QL (12 per 30 days)
ROBINUL 1 MG TABLET **MO**	3	
ROBINUL 4 MG/20 ML VIAL **MO**	3	
ROBINUL FORTE 2 MG TABLET **MO**	3	PA
sucralfate 1 gm tablet **MO**	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION **MO**	2	
SYMPROIC 0.2 MG TABLET **MO**	3	PA,QL (30 per 30 days)
trilyte with flavor packets 420 gram oral solution **MO**	1	
TRULANCE 3 MG TABLET **MO**	3	PA,QL (30 per 30 days)
URSO 250 250 MG TABLET **MO**	3	PA
URSO FORTE 500 MG TABLET **DL**	4	PA
ursodiol 250 mg, 500 mg tablet **MO**	1	
ursodiol 300 mg capsule **MO**	1	
VIBERZI 100 MG, 75 MG TABLET **DL**	4	PA,QL (60 per 30 days)
XERMELO 250 MG TABLET **DL**	4	PA,QL (84 per 28 days)
XIFAXAN 200 MG TABLET **DL**	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET **DL**	4	PA,QL (84 per 28 days)
ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION **MO**	3	PA
ZANTAC 300 MG TABLET **MO**	3	PA
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET **DL**	4	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE **DL**	4	ST,QL (30 per 30 days)
ZELNORM 6 MG TABLET **MO**	3	PA,QL (60 per 30 days)
Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN 250 UNIT/ML VIAL **DL**	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION **DL**	4	PA
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION **DL**	4	PA
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER **DL**	4	
BUPHENYL 500 MG TABLET **DL**	4	
CERDELGA 84 MG CAPSULE **DL**	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION **DL**	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE **DL**	4	PA,QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT 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**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CRYSVITA 10 MG/ML, 20 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	4	
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION DL	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION DL	4	PA
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
KUVAN 100 MG SOLUBLE TABLET DL	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION DL	4	PA
MEPSEVII 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
miglustat 100 mg capsule DL	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
nitisinone 10 mg, 2 mg, 5 mg capsule DL	4	
NITYR 10 MG, 2 MG, 5 MG TABLET DL	4	
OCALIVA 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	4	
PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE DL	4	ST
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE DL	4	ST
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (780 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROLASTIN-C 1,000 MG (+/-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+/-)/20 ML INTRAVENOUS POWDER FOR SOLUTION **DL**	4	PA
RAVICTI 1.1 GRAM/ML ORAL LIQUID **DL**	4	PA,QL (525 per 30 days)
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION **DL**	4	
sodium phenylbutyrate 500mg tb **DL**	4	
sodium phenylbutyrate powder **DL**	4	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION **DL**	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION **DL**	4	
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET **DL**	4	ST
VPRIV 400 UNIT INTRAVENOUS SOLUTION **DL**	4	PA
ZAVESCA 100 MG CAPSULE **DL**	4	PA,QL (90 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION **DL**	4	PA
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; ZENPEP DR 10,000 UNIT CAPSULE; ZENPEP DR 15,000 UNIT CAPSULE; ZENPEP DR 25,000 UNIT CAPSULE; ZENPEP DR 3,000 UNIT CAPSULE; ZENPEP DR 40,000 UNIT CAPSULE; ZENPEP DR 5,000 UNIT CAPSULE **MO**	3	
Genitourinary Agents		
alfuzosin hcl er 10 mg tablet **MO**	1	QL (30 per 30 days)
AVODART 0.5 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet **MO**	1	
CIALIS 2.5 MG, 5 MG TABLET **MO**	3	PA
darifenacin er 15 mg, 7.5 mg tablet **MO**	1	ST,QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET **MO**	3	PA,QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET; DITROPAN XL 10 MG, 15 MG, 5 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
dutasteride 0.5 mg capsule **MO**	1	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 **MO**	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE **DL**	4	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
finasteride 5 mg tablet MO	1	QL (30 per 30 days)
flavoxate hcl 100 mg tablet MO	1	
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP MO	3	ST,QL (30 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
oxybutynin 5 mg tablet MO	1	
oxybutynin 5 mg/5 ml syrup MO	1	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH MO	3	ST,QL (8 per 28 days)
PROSCAR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	PA,QL (30 per 30 days)
silodosin 4 mg, 8 mg capsule MO	1	QL (30 per 30 days)
solifenacin 10 mg, 5 mg tablet MO	1	PA,QL (30 per 30 days)
tadalafil 2.5 mg, 5 mg tablet MO	1	PA
tamsulosin hcl 0.4 mg capsule MO	1	QL (60 per 30 days)
THIOLA 100 MG TABLET DL	4	
THIOLA EC 100 MG, 300 MG TABLET,DELAYED RELEASE DL	4	
tolterodine tart er 2 mg, 4 mg cap MO	1	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab MO	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
trospium chloride 20 mg tablet MO	1	
trospium chloride er 60 mg cap MO	1	QL (30 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET MO	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
a-hydrocort 100 mg solution for injection MO	1	
ACTHAR 80 UNIT/ML INJECTION GEL DL	4	PA,QL (30 per 30 days)
ALA-CORT 1 % TOPICAL CREAM MO	1	
ALA-SCALP 2 % LOTION MO	1	
alclometasone dipr 0.05% oint MO	1	
alclometasone dipro 0.05% crm MO	1	
amcinonide 0.1% cream 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amcinonide 0.1% lotion MO	1	
amcinonide 0.1% ointment MO	1	
anusol-hc 2.5 % topical cream with perineal applicator MO	1	
apexicon e 0.05 % topical cream MO	1	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION MO	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION MO	3	
beser 0.05 % lotion MO	1	
betamethasone sp-ac 30 mg/5 ml MO	1	
betamethasone dp 0.05% crm MO	1	
betamethasone dp 0.05% lot MO	1	
betamethasone dp 0.05% oint MO	1	
betamethasone va 0.1% cream MO	1	
betamethasone va 0.1% lotion MO	1	
betamethasone valer 0.1% ointm MO	1	
betamethasone valer 0.12% foam MO	1	
betamethasone dp aug 0.05% crm MO	1	
betamethasone dp aug 0.05% gel MO	1	
betamethasone dp aug 0.05% lot MO	1	
betamethasone dp aug 0.05% oin MO	1	
BRYHALI 0.01 % LOTION MO	3	ST
CAPEX 0.01 % SHAMPOO MO	3	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION MO	3	
clobetasol 0.05% cream MO	1	
clobetasol 0.05% gel MO	1	QL (120 per 28 days)
clobetasol 0.05% ointment MO	1	QL (120 per 28 days)
clobetasol 0.05% shampoo MO	1	QL (240 per 30 days)
clobetasol 0.05% solution MO	1	
clobetasol 0.05% topical lotn MO	1	QL (240 per 28 days)
clobetasol prop 0.05% foam MO	1	QL (100 per 28 days)
clobetasol prop 0.05% spray MO	1	QL (240 per 30 days)
clobetasol emollient 0.05% crm MO	1	
clobetasol emulsion 0.05% foam MO	1	
CLOBEX 0.05 % LOTION MO	3	ST,QL (240 per 28 days)
CLOBEX 0.05 % SHAMPOO MO	3	ST,QL (240 per 30 days)
CLOBEX 0.05 % TOPICAL SPRAY DL	4	ST,QL (240 per 30 days)
clocortolone pivalate 0.1% crm 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clodan 0.05 % shampoo MO	1	QL (240 per 30 days)
CLODERM 0.1 % TOPICAL CREAM MO	3	PA
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 DL	4	
cormax 0.05 % scalp solution MO	1	
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
cortisone 25 mg tablet MO	1	
CUTIVATE 0.05 % LOTION DL	4	PA
CUTIVATE 0.05 % TOPICAL CREAM DL	4	PA
decadron 0.5 mg, 0.75 mg, 4 mg, 6 mg tablet MO	1	
decadron 0.5 mg/5 ml elixir MO	1	
deltasone 20 mg tablet MO	1	B vs D
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION MO	3	
DERMA-SMOOTHE/FS BODY OIL 0.01 % MO	3	
DERMA-SMOOTHE/FS SCALP OIL 0.01 % MO	3	
DERMATOP 0.1 % TOPICAL OINTMENT MO	3	
DERMATOP EMOLLIENT 0.1% CREAM MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
desonide 0.05% cream MO	1	
desonide 0.05% lotion MO	1	
desonide 0.05% ointment MO	1	
DESOWEN 0.05 % LOTION MO	1	PA
DESOWEN 0.05 % TOPICAL CREAM MO	3	
desoximetasone 0.05% cream; desoximetasone 0.25% cream MO	1	
desoximetasone 0.05% gel MO	1	
desoximetasone 0.05% ointment; desoximetasone 0.25% ointment MO	1	
desoximetasone 0.25% spray MO	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs), 2 mg, 4 mg, 6 mg tablet; dexamethasone 10 day 1.5 mg tb; dexamethasone 13 day 1.5 mg tb; dexamethasone 6 day 1.5 mg tab MO	1	
dexamethasone 0.5 mg/5 ml elx MO	1	
dexamethasone 0.5 mg/5 ml liq MO	1	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO	1	
dexamethasone 10 mg/ml vial MO	1	
dexamethasone 10 mg/ml, 4 mg/ml vial MO	1	
dexamethasone 4 mg/ml syringe MO	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK MO	1	
diflorasone 0.05% cream DL	4	
diflorasone 0.05% ointment MO	1	
DIPROLENE 0.05 % TOPICAL OINTMENT MO	3	
DXEVO 1.5 MG (39 TABS) TABLETS IN A DOSE PACK MO	1	
ELOCON 0.1 % TOPICAL CREAM MO	3	
ELOCON 0.1% OINTMENT MO	3	
fludrocortisone 0.1 mg tablet MO	1	
fluocinolone 0.01% body oil MO	1	
fluocinolone 0.01% cream; fluocinolone 0.025% cream MO	1	
fluocinolone 0.01% solution MO	1	
fluocinolone 0.025% ointment MO	1	
fluocinolone 0.01% scalp oil MO	1	
fluocinonide 0.05% cream MO	1	
fluocinonide 0.05% gel MO	1	
fluocinonide 0.05% ointment MO	1	
fluocinonide 0.05% solution MO	1	
fluocinonide 0.1% cream MO	1	QL (120 per 28 days)
fluocinonide-e 0.05 % topical cream MO	1	
fluocinonide-e 0.05% cream MO	1	
flurandrenolide 0.05% cream MO	1	
flurandrenolide 0.05% lotion MO	1	
flurandrenolide 0.05% ointment MO	1	
fluticasone prop 0.005% oint MO	1	
fluticasone prop 0.05% cream MO	1	
fluticasone prop 0.05% lotion MO	1	
halcinonide 0.1% cream MO	1	
halobetasol prop 0.05% cream MO	1	
halobetasol prop 0.05% foam DL	4	PA
halobetasol prop 0.05% ointmnt MO	1	
HALOG 0.1 % TOPICAL CREAM MO	3	
HALOG 0.1 % TOPICAL OINTMENT MO	3	
hidex 1.5 mg (21 tabs) tablets in a dose pack MO	1	
hydrocortisone 1% cream; hydrocortisone 2.5% cream MO	1	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 10 mg, 20 mg, 5 mg tablet **MO**	1	
hydrocortisone 2.5% lotion **MO**	1	
hydrocort buty 0.1% lipo cream **MO**	1	
hydrocortisone buty 0.1% cream **MO**	1	
hydrocortisone butyr 0.1% lotn **MO**	1	
hydrocortisone butyr 0.1% oint **MO**	1	
hydrocortisone butyr 0.1% soln **MO**	1	
hydrocortisone val 0.2% cream **MO**	1	
hydrocortisone val 0.2% ointmt **MO**	1	
hydrocortisone 1% absorbase **MO**	1	
IMPOYZ 0.025 % TOPICAL CREAM **MO**	3	ST,QL (120 per 30 days)
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL **MO**	3	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION **MO**	3	
KENALOG-80 80 MG/ML SUSPENSION FOR INJECTION **MO**	3	
LEXETTE 0.05 % TOPICAL FOAM **DL**	4	PA
LOCOID 0.1 % LOTION **MO**	3	
LOCOID 0.1 % TOPICAL CREAM **MO**	3	
LOCOID 0.1 % TOPICAL SOLUTION **MO**	3	
LOCOID 0.1% OINTMENT **MO**	3	
LOCOID LIPOCREAM 0.1 % TOPICAL **MO**	3	
locort 11 day 1.5 mg tablet; locort 7 day 1.5 mg tablet **MO**	1	
LUXIQ 0.12 % TOPICAL FOAM **MO**	3	ST
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET **MO**	3	B vs D
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK **MO**	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet **MO**	1	B vs D
methylprednisolone 4 mg dosepk **MO**	1	
methylprednisolone 40 mg/ml, 80 mg/ml vl **MO**	1	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, 500 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, 500 mg vl **MO**	1	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR **MO**	1	
micort-hc 2.5 % topical cream with perineal applicator **MO**	1	
MILLIPRED 10 MG/5 ML SOLUTION **MO**	1	
millipred 5 mg tablet **MO**	1	B vs D
MILLIPRED DP 5 MG (21 TABS), 5 MG (48 TABS) TABLETS IN A DOSE PACK **MO**	1	
mometasone furoate 0.1% cream **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mometasone furoate 0.1% oint MO	1	
mometasone furoate 0.1% soln MO	1	
nolix 0.05 % lotion MO	1	
nolix 0.05 % topical cream MO	1	
OLUX 0.05 % TOPICAL FOAM MO	3	PA,QL (100 per 28 days)
OLUX-E 0.05 % TOPICAL FOAM MO	3	PA
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET MO	3	
PANDEL 0.1 % TOPICAL CREAM DL	4	
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION MO	3	
prednicarbate 0.1% cream MO	1	
prednicarbate 0.1% ointment MO	1	
prednisolone 15 mg/5 ml syrup MO	1	
prednisolone 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) soln; prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml MO	1	
prednisolone odt 10 mg, 15 mg, 30 mg tablet MO	1	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet MO	1	B vs D
prednisone 10 mg, 5 mg tab dose pack MO	1	
prednisone 5 mg/5 ml solution MO	1	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE MO	1	B vs D
procto-med hc 2.5 % topical cream perineal applicator MO	1	
procto-pak 1 % topical cream perineal applicator MO	1	
proctosol hc 2.5 % topical cream perineal applicator MO	1	
proctozone-hc 2.5 % topical cream perineal applicator MO	1	
psorcon 0.05 % topical cream MO	1	
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE DL	4	B vs D
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP DL	4	PA,QL (120 per 365 days)
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
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	3	
SYNALAR 0.01 % TOPICAL SOLUTION MO	3	
taperdex 1.5 mg (21 tabs), 1.5 mg (27 tabs) tablets in a dose pack MO	1	
TAPERDEX 1.5 MG (49 TABS) TABLETS IN A DOSE PACK 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEMOVATE 0.05 % TOPICAL CREAM MO	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT MO	3	PA,QL (120 per 28 days)
TEXACORT 2.5 % TOPICAL SOLUTION MO	1	
TOPICORT 0.05 % TOPICAL GEL MO	1	
TOPICORT 0.05 % TOPICAL OINTMENT MO	3	
TOPICORT 0.05 %, 0.25 % TOPICAL CREAM MO	1	
TOPICORT 0.25 % TOPICAL OINTMENT MO	1	
TOPICORT 0.25 % TOPICAL SPRAY MO	3	
tovet emollient 0.05 % topical foam MO	1	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream MO	1	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion MO	1	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment MO	1	
triamcinolone 0.147 mg/g spray MO	1	
triamcinolone acet 40 mg/ml vl MO	1	
trianex 0.05 % topical ointment DL	4	
triderm 0.1 %, 0.5 % topical cream MO	1	
TRIDESILON 0.05 % TOPICAL CREAM MO	3	
ULTRAVATE 0.05 % LOTION DL	4	
ULTRAVATE 0.05% CREAM DL	4	
ULTRAVATE 0.05% OINTMENT DL	4	
VANOS 0.1 % TOPICAL CREAM MO	3	QL (120 per 28 days)
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	1	
ZILRETTA 32 MG INTRA-ARTICULAR SUSPENSION,EXTENDED RELEASE MO	3	PA
ZODEX 12 DAY 1.5 MG TABLET MO	1	
zodex 6 day 1.5 mg tablet MO	1	
ZONACORT 11 DAY 1.5 MG TABLET; ZONACORT 7 DAY 1.5 MG TABLET MO	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonad 10,000 unit vl DL	4	PA
DDAVP 0.1 MG TABLET DL	4	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML INJECTION SOLUTION; DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML NASAL SOLUTION MO	3	PA
DDAVP 0.2 MG TABLET DL	4	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY WITH PUMP MO	3	PA,QL (25 per 30 days)
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr MO	1	QL (25 per 30 days)
desmopressin ac 4 mcg/ml vial MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin acetate 0.1 mg tb MO	1	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb MO	1	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL DL	4	PA,QL (30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE DL	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE DL	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION DL	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
NOCDURNA (MEN) 55.3 MCG DISINTEGRATING TABLET,SUBLINGUAL MO	3	PA,QL (30 per 30 days)
NOCDURNA (WOMEN) 27.7 MCG DISINTEGRATING TABLET,SUBLINGUAL MO	3	PA,QL (30 per 30 days)
NOCTIVA 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	3	PA,QL (3.8 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
SAIZEN 5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
SAIZEN 8.8 MG CLICK.EASY CARTG DL	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE DL	4	PA
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY DL	4	
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION DL	4	PA
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
carboprost 250 mcg/ml vial MO	1	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION MO	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA 0.5 MG-0.1 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET MO	3	
afirmelle 0.1 mg-20 mcg tablet MO	1	
ALORA 0.025 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)
altavera (28) 0.15 mg-0.03 mg tablet MO	1	
alyacen 1/35 (28) 1 mg-35 mcg tablet MO	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet MO	1	
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
AMETHIA LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	1	QL (91 per 90 days)
amethyst (28) 90 mcg-20 mcg tablet MO	1	
ANADROL-50 50 MG TABLET DL	4	
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET; ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET MO	3	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	3	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	PA,QL (150 per 30 days)
ANDROID 10 MG CAPSULE DL	4	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET MO	3	
ANNOVERA 0.15 MG-0.013 MG/24 HR VAGINAL RING MO	3	QL (1 per 365 days)
apri 0.15 mg-0.03 mg tablet MO	1	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	1	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
aubra 0.1 mg-20 mcg tablet MO	1	
aubra eq 0.1 mg-20 mcg tablet MO	1	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
aurovela 1/20 (21) 1 mg-20 mcg tablet MO	1	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION **DL**	4	PA,QL (3 per 70 days)
aviane 0.1 mg-20 mcg tablet **MO**	1	
AXIRON 30 MG/ACTUATION SOLN **MO**	3	PA,QL (180 per 30 days)
AYGESTIN 5 MG TABLET **MO**	1	
ayuna 0.15 mg-0.03 mg tablet **MO**	1	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET **MO**	3	
balziva (28) 0.4 mg-35 mcg tablet **MO**	1	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET **MO**	3	
BIJUVA 1 MG-100 MG CAPSULE **MO**	3	QL (30 per 30 days)
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
briellyn 0.4 mg-35 mcg tablet **MO**	1	
camila 0.35 mg tablet **MO**	1	
CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK **MO**	3	QL (91 per 90 days)
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK **MO**	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet **MO**	1	
chateal (28) 0.15 mg-0.03 mg tablet **MO**	1	
chateal eq (28) 0.15 mg-0.03 mg tablet **MO**	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL **MO**	3	QL (8 per 28 days)
CRINONE 4 %, 8 % VAGINAL GEL **MO**	3	
cryselle (28) 0.3 mg-30 mcg tablet **MO**	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet **MO**	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet **MO**	1	
CYCLESSA 28 DAY TABLET **MO**	3	
cyred 0.15 mg-0.03 mg tablet **MO**	1	
cyred eq 0.15 mg-0.03 mg tablet **MO**	1	
danazol 100 mg, 200 mg, 50 mg capsule **MO**	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	QL (91 per 90 days)
deblitane 0.35 mg tablet MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL MO	3	
delyla-28 tablet MO	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	1	QL (5 per 30 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL MO	1	
desogestr-eth estrad eth estra MO	1	
desogest-eth estra 0.15-0.03mg MO	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET MO	3	
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	1	QL (8 per 28 days)
drosp-ee-levomef 3-0.02-0.451; drosp-ee-levomef 3-0.03-0.451 MO	1	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab MO	1	
DUAVEE 0.45 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP MO	3	QL (52 per 30 days)
elinest 0.3 mg-30 mcg tablet MO	1	
ELLA 30 MG TABLET MO	2	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet MO	1	
ENDOMETRIN 100 MG VAGINAL INSERT DL	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
enskyce 0.15 mg-0.03 mg tablet MO	1	
errin 0.35 mg tablet MO	1	
estarylla 0.25 mg-35 mcg tablet MO	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	
estradiol 0.01% cream MO	1	
estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch MO	1	QL (8 per 28 days)
estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day MO	1	QL (4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt **MO**	1	
estradiol valerate 20 mg/ml, 40 mg/ml vl **MO**	1	
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**	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING **MO**	3	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab **MO**	1	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET **MO**	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg **MO**	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY **MO**	3	
EVISTA 60 MG TABLET **MO**	3	PA,QL (30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet **MO**	1	
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET **MO**	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL **MO**	3	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet **MO**	1	
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP **MO**	3	PA,QL (120 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet; fyavolv 1 mg-5 mcg tablet **MO**	1	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET **MO**	3	
GIANVI (28) 3 MG-0.02 MG TABLET **MO**	1	
gildagia 0.4 mg-0.035 mg tab **MO**	1	
hailey 1.5 mg-30 mcg tablet **MO**	1	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
heather 0.35 mg tablet **MO**	1	
hydroxyprogest 250 mg/ml vial **DL**	4	PA
hydroxyprogest 1,250 mg/5 ml **DL**	4	PA
hydroxyprogesterone 1.25 g/5ml **DL**	4	PA
incassia 0.35 mg tablet **MO**	1	
introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet **MO**	1	
jasmiel (28) 3 mg-0.02 mg tablet **MO**	1	
jencycla 0.35 mg tablet **MO**	1	
JEVANTIQUE LO 0.5 MG-2.5 MCG **MO**	3	
jinteli 1 mg-5 mcg tablet **MO**	1	
JOLESSA 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK **MO**	1	QL (91 per 90 days)
JOLIVETTE TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
juleber 0.15 mg-0.03 mg tablet **MO**	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet **MO**	1	
junel 1/20 (21) 1 mg-20 mcg tablet **MO**	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet **MO**	1	
kalliga 0.15 mg-0.03 mg tablet **MO**	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
kelnor 1-50 1 mg-50 mcg tablet **MO**	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet **MO**	1	
kimidess 28 day tablet **MO**	1	
kurvelo (28) 0.15 mg-0.03 mg tablet **MO**	1	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01; levonorg 0.15mg-ee 20-25-30mcg **MO**	1	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet **MO**	1	
larin 1/20 (21) 1 mg-20 mcg tablet **MO**	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
larissia 0.1 mg-20 mcg tablet **MO**	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET **MO**	3	
LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET **MO**	1	
lessina 0.1 mg-20 mcg tablet **MO**	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet **MO**	1	
levonor-eth estrad triphasic **MO**	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 **MO**	1	
levonor-eth estrad 0.15-0.03 **MO**	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet **MO**	1	
lillow (28) 0.15 mg-0.03 mg tablet **MO**	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET **MO**	3	
lo-zumandimine (28) 3 mg-0.02 mg tablet **MO**	1	
loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet **MO**	1	
loestrin 1/20 (21) 1 mg-20 mcg tablet **MO**	1	
loestrin fe 1.5/30 (28-day) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
loestrin fe 1/20 (28-day) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lomedia 24 fe 1 mg-20 mcg tab **MO**	1	
LOPREEZA 0.5 MG-0.1 MG TABLET; LOPREEZA 1 MG-0.5 MG TABLET **MO**	1	
loryna (28) 3 mg-0.02 mg tablet **MO**	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK **MO**	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet **MO**	1	
lutera (28) 0.1 mg-20 mcg tablet **MO**	1	
lyza 0.35 mg tablet **MO**	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL **DL**	4	PA
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR **DL**	4	PA
marlissa (28) 0.15 mg-0.03 mg tablet **MO**	1	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab **MO**	1	
medroxyprogesterone 150 mg/ml **MO**	1	QL (1 per 90 days)
MEGACE ES 625 MG/5 ML ORAL SUSPENSION **MO**	3	
megestrol 20 mg, 40 mg tablet **MO**	1	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml **MO**	1	
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet **MO**	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET **MO**	1	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
METHITEST 10 MG TABLET **DL**	4	
methyltestosterone 10 mg cap **DL**	4	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet **MO**	1	
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET **MO**	1	
MICROGESTIN 1/20 (21) 1 MG-20 MCG TABLET **MO**	1	
MICROGESTIN 24 FE 1 MG-20 MCG **MO**	3	
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO**	1	
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	1	
mili 0.25 mg-35 mcg tablet **MO**	1	
mimvey 1 mg-0.5 mg tablet **MO**	1	
mimvey lo 0.5-0.1 mg tablet **MO**	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET **MO**	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	3	
mono-linyah 0.25 mg-35 mcg tablet **MO**	1	
MONONESSA 28 TABLET **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
myzilra-28 tablet **MO**	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET **MO**	3	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP **MO**	3	PA,QL (21.96 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet **MO**	1	
NECON 7-7-7-28 TABLET **MO**	1	
nikki (28) 3 mg-0.02 mg tablet **MO**	1	
NORA-BE 0.35 MG TABLET **MO**	1	
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg **MO**	1	
norethindrone 0.35 mg tablet **MO**	1	
norethin-ee 1.5-0.03 mg(21) tb; norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5; norethind-eth estrad 1-0.02 mg **MO**	1	
norethindrone 5 mg tablet **MO**	1	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 **MO**	1	
noreth-estrad-fe 1-0.02(24)-75 **MO**	1	
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**	1	
norlyda 0.35 mg tablet **MO**	1	
norlyroc 0.35 mg tablet **MO**	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet **MO**	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet **MO**	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet **MO**	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet **MO**	1	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL **MO**	3	QL (1 per 28 days)
OCELLA 3 MG-0.03 MG TABLET **MO**	1	
ogestrel (28) 0.5 mg-50 mcg tablet **MO**	1	
orsythia 0.1 mg-20 mcg tablet **MO**	1	
ORTHO MICRONOR 0.35 MG TABLET **MO**	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET **MO**	3	
ORTHO TRI-CYCLEN LO TABLET **MO**	3	
ORTHO-CYCLEN 28 TABLET **MO**	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET **MO**	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET **MO**	3	
oxandrolone 10 mg tablet **DL**	4	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet **MO**	1	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet **MO**	1	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet **MO**	1	
portia 28 0.15 mg-0.03 mg tablet **MO**	1	
prefest 1 mg (15)/1 mg-0.09 mg (15) tablet **MO**	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO**	3	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM **MO**	2	
PREMARIN 25 MG SOLUTION FOR INJECTION **MO**	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET **MO**	3	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET **MO**	3	
previfem 0.25 mg-35 mcg tablet **MO**	1	
progesterone 500 mg/10 ml vial **MO**	1	
progesterone 100 mg, 200 mg capsule **MO**	1	
PROMETRIUM 100 MG, 200 MG CAPSULE **MO**	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK **MO**	3	QL (91 per 90 days)
quasense 0.15-0.03 mg tablet **MO**	1	QL (91 per 90 days)
rajani 28 tablet **MO**	1	
raloxifene hcl 60 mg tablet **MO**	1	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet **MO**	1	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK **MO**	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET **MO**	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK **MO**	3	QL (91 per 90 days)
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
sharobel 0.35 mg tablet **MO**	1	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
simpesse 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
SLYND 4 MG (28) TABLET **MO**	3	
sprintec (28) 0.25 mg-35 mcg tablet **MO**	1	
sronyx 0.1 mg-20 mcg tablet **MO**	1	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE **DL**	4	PA
syeda 3 mg-0.03 mg tablet **MO**	1	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL MO	3	PA,QL (300 per 30 days)
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump MO	1	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt MO	1	PA,QL (37.5 per 30 days)
testosterone 10 mg gel pump MO	3	PA,QL (120 per 30 days)
testosterone 12.5 mg/1.25 gram; testosterone 25 mg/2.5 gm pkt; testosterone 50 mg/5 gram gel; testosterone 50 mg/5 gram pkt MO	3	PA,QL (300 per 30 days)
testosterone 30 mg/1.5 ml pump MO	3	PA,QL (180 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	1	
testosterone enan 200 mg/ml MO	1	QL (24 per 90 days)
TESTRED 10 MG CAPSULE DL	4	
TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	1	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet MO	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
TRI-NORINYL 28 TABLET MO	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet MO	1	
TRINESSA TABLET MO	1	
TRINESSA LO TABLET MO	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
tulana 0.35 mg tablet MO	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet MO	1	
VAGIFEM 10 MCG VAGINAL TABLET MO	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	1	
vestura 3 mg-0.02 mg tablet MO	1	
vienva 0.1 mg-20 mcg tablet MO	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL; VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL PACKET; VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL **MO**	3	PA,QL (300 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet **MO**	1	
vylibra 0.25 mg-35 mcg tablet **MO**	1	
wera (28) 0.5 mg-35 mcg tablet **MO**	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet **MO**	1	
xulane 150 mcg-35 mcg/24 hr transdermal patch **MO**	1	QL (3 per 28 days)
XYOSTED 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (2 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET **MO**	3	
YAZ (28) 3 MG-0.02 MG TABLET **MO**	3	
yuvafem 10 mcg vaginal tablet **MO**	1	
zarah 3 mg-0.03 mg tablet **MO**	1	
zenchent 0.4 mg-35 mcg tablet **MO**	1	
zovia 1/35e (28) 1 mg-35 mcg tablet **MO**	1	
zovia 1-50e tablet **MO**	1	
zumandimine (28) 3 mg-0.03 mg tablet **MO**	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO**	3	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET **MO**	3	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet **MO**	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial **MO**	1	
levothyroxine 100 mcg/5 ml vl; levothyroxine 200 mcg/5 ml vl; levothyroxine 500 mcg/5 ml vl **MO**	3	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	1	
liothyronine sod 10 mcg/ml vl **MO**	1	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab **MO**	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	1	
THYROLAR-2 25 MCG-100 MCG TABLET MO	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	1	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE MO	3	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML ORAL SOLUTION MO	3	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION MO	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG TABLET DL	4	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline 0.5 mg tablet MO	1	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	3	PA
leuprolide 2wk 14 mg/2.8 ml kt MO	1	B vs D
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT DL	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT DL	4	PA,QL (1 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT **MO**	4	PA,QL (1 per 90 days)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 0.05 mg/ml vl; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vl **MO**	1	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr **MO**	1	PA
ORILISSA 150 MG TABLET **DL**	4	PA,QL (28 per 28 days)
ORILISSA 200 MG TABLET **DL**	4	PA,QL (56 per 28 days)
SANDOSTATIN 0.2 MG/ML VIAL; SANDOSTATIN 1 MG/ML VIAL; SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION **DL**	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE **DL**	4	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG INTRAMUSCULAR SUSPENSION **DL**	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY **DL**	4	
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION **MO**	4	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION **DL**	4	PA
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION **MO**	4	PA,QL (1 per 168 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT **MO**	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT **MO**	3	PA,QL (1 per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole 10 mg, 5 mg tablet **MO**	1	
propylthiouracil 50 mg tablet **MO**	1	
TAPAZOLE 10 MG, 5 MG TABLET **MO**	1	
Immunological Agents		
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (3.6 per 28 days)
ACTEMRA ACTPEN 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	PA,QL (3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	2	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	2	
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL (30 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	B vs D
ATGAM 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
AZASAN 100 MG, 75 MG TABLET MO	1	B vs D
azathioprine 50 mg tablet MO	1	B vs D
azathioprine sod 100 mg vial MO	1	B vs D
bcg vaccine (tice strain) vial MO	3	
BENLYSTA 120 MG INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT DL	4	PA,QL (15 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 30 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	2	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	2	
CARIMUNE NF 12 GM VIAL; CARIMUNE NF 6 GM VIAL DL	4	PA
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	4	B vs D
CELLCEPT 250 MG CAPSULE DL	4	B vs D
CELLCEPT 500 MG TABLET DL	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	3	B vs D
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT DL	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CUTAQUIG 16.5 % SUBCUTANEOUS SOLUTION DL	4	PA
cyclosporine 100 mg, 25 mg capsule MO	1	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg MO	1	B vs D
cyclosporine modified 100mg/ml MO	1	B vs D
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	3	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (78 per 365 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
ENTYVIO 300 MG INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 365 days)
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE MO	3	PA
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (9 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION DL	4	PA
GAMASTAN 15 %-18 % RANGE INTRAMUSCULAR SOLUTION DL	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION DL	4	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION DL	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION DL	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION DL	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION DL	4	PA
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	4	PA
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 365 days)
gengraf 100 mg, 25 mg, 50 mg capsule MO	1	B vs D
gengraf 100 mg/ml oral solution MO	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	4	PA,QL (24 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX 720 UNITS/0.5 ML VIAL **MO**	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE **MO**	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION **MO**	3	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION **DL**	4	PA
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT **DL**	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT **DL**	4	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT **DL**	4	PA,QL (31 per 365 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT **DL**	4	PA,QL (31 per 365 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT **DL**	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT **DL**	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT **DL**	4	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT **DL**	4	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT **DL**	4	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**	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT **DL**	4	PA,QL (31 per 365 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT **DL**	4	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT **DL**	4	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**	4	PA,QL (6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML INTRAMUSCULAR SOLUTION **DL**	4	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION **DL**	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE **MO**	3	B vs D
icatibant 30 mg/3 ml syringe **DL**	4	PA,QL (9 per 30 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION **MO**	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION **MO**	2	B vs D
IMURAN 50 MG TABLET **MO**	3	PA
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP **MO**	3	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INFLECTRA 100 MG INTRAVENOUS SOLUTION **DL**	4	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION **MO**	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE **MO**	3	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION **DL**	4	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR **DL**	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION **MO**	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE **MO**	3	
leflunomide 10 mg, 20 mg tablet **MO**	1	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION **MO**	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION **MO**	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT **MO**	3	
methotrexate 2.5 mg tablet **MO**	1	B vs D
methotrexate 50 mg/2 ml vial **MO**	1	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial **MO**	1	
mycophenolate 200 mg/ml susp **MO**	1	B vs D
mycophenolate 250 mg capsule **MO**	1	B vs D
mycophenolate 500 mg tablet **MO**	1	B vs D
mycophenolate 500 mg vial **MO**	1	B vs D
mycophenolic acid dr 180 mg, 360 mg tb **MO**	1	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE **MO**	3	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE **DL**	4	B vs D
NEORAL 100 MG, 25 MG CAPSULE **MO**	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION **MO**	3	B vs D
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION **DL**	4	PA
OLUMIANT 2 MG TABLET **DL**	4	PA,QL (30 per 30 days)
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR **DL**	4	PA,QL (4 per 28 days)
OTEZLA 30 MG TABLET **DL**	4	PA,QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK **DL**	4	PA,QL (27 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK DL	4	PA,QL (55 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (1.6 per 28 days)
PANZYGA 10 % INTRAVENOUS SOLUTION DL	4	PA
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION DL	4	PA
PROGRAF 0.2 MG, 1 MG ORAL GRANULES IN PACKET MO	3	B vs D
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	2	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET DL	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION MO	3	B vs D
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (0.6 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION DL	4	PA
RENFLEXIS 100 MG INTRAVENOUS SOLUTION DL	4	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE DL	4	
RIDAURA 3 MG CAPSULE DL	4	
RINVOQ ER 15 MG TABLET,EXTENDED RELEASE DL	4	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	3	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	3	B vs D
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	3	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT MO	2	QL (2 per 365 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (16 per 365 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (16 per 365 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION DL	4	B vs D
sirolimus 0.5 mg, 1 mg, 2 mg tablet MO	1	B vs D
sirolimus 1 mg/ml solution MO	1	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION DL	4	PA
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION DL	4	PA
tacrolimus 0.5 mg, 1 mg, 5 mg capsule MO	1	B vs D
TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (4 per 28 days)
tdvax 2 lf unit-2 lf unit/0.5 ml intramuscular suspension MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
diphtheria-tetanus toxoids-ped MO	3	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	3	PA
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	2	
VARIZIG 125 UNIT VIAL DL	4	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION DL	4	PA,QL (12 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	4	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION **MO**	3	PA
XELJANZ 10 MG, 5 MG TABLET **DL**	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (30 per 30 days)
XEMBIFY 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION **DL**	4	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (6 per 28 days)
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (6 per 28 days)
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (3 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION **MO**	3	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET **DL**	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET **DL**	4	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION **MO**	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE **MO**	3	ST,QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE **MO**	3	ST,QL (180 per 30 days)
AZULFIDINE 500 MG TABLET **MO**	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE **MO**	3	
balsalazide disodium 750 mg cp **MO**	1	
budesonide ec 3 mg capsule **MO**	1	
budesonide er 9 mg tablet **DL**	4	PA,QL (30 per 30 days)
CANASA 1,000 MG RECTAL SUPPOSITORY **DL**	4	ST,QL (30 per 30 days)
COLAZAL 750 MG CAPSULE **DL**	4	PA
colocort 100 mg enema **MO**	1	
CORTENEMA 100 MG/60 ML **MO**	3	
CORTIFOAM 10 % (80 MG) RECTAL **MO**	3	
DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) **MO**	3	ST,QL (180 per 30 days)
DIPENTUM 250 MG CAPSULE **DL**	4	ST,QL (120 per 30 days)
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE **DL**	4	PA
GIAZO 1.1 GM TABLET **MO**	3	ST,QL (180 per 30 days)
hydrocortisone 100 mg/60 ml **MO**	1	
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE **MO**	3	ST,QL (120 per 30 days)
mesalamine 1,000 mg supp **DL**	4	ST,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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mesalamine 4 gm/60 ml enema MO	1	QL (1800 per 30 days)
mesalamine 800 mg dr tablet MO	1	ST,QL (180 per 30 days)
mesalamine dr 1.2 gm tablet MO	1	QL (120 per 30 days)
mesalamine dr 400 mg capsule MO	1	ST,QL (180 per 30 days)
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE DL	4	ST,QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE DL	4	ST,QL (300 per 30 days)
PROCTOFOAM HC 1 %-1 % MO	1	
ROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab MO	1	
UCERIS 2 MG/ACTUATION RECTAL FOAM DL	4	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
Metabolic Bone Disease Agents		
ACTONEL 150 MG TABLET MO	3	PA,QL (1 per 30 days)
ACTONEL 30 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	3	PA,QL (4 per 28 days)
alendronate sod 70 mg/75 ml MO	1	QL (300 per 30 days)
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	1	QL (4 per 28 days)
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	3	PA,QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	3	QL (4 per 28 days)
BONIVA 150 MG TABLET MO	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE MO	3	PA,QL (3 per 90 days)
calcitonin-salmon 200 units sp MO	1	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg capsule MO	1	
calcitriol 1 mcg/ml ampul; calcitriol 1 mcg/ml solution MO	1	
cinacalcet hcl 30 mg, 60 mg tablet DL	4	QL (60 per 30 days)
cinacalcet hcl 90 mg tablet DL	4	QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule MO	1	
doxercalciferol 4 mcg/2 ml vl MO	1	
etidronate disodium 200 mg, 400 mg tab MO	1	
EVENITY 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) SUBCUTANEOUS SYRINGE; EVENITY 210 MG/2.34 ML (105 MG/1.17 ML X 2) SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.34 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (2.4 per 28 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOSAMAX 70 MG TABLET **MO**	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET **MO**	3	ST,QL (4 per 28 days)
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE **MO**	3	PA
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION **MO**	2	
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION **MO**	3	
ibandronate 3 mg/3 ml syringe **MO**	1	PA,QL (3 per 90 days)
ibandronate 3 mg/3 ml vial **MO**	1	PA,QL (3 per 90 days)
ibandronate sodium 150 mg tab **MO**	1	QL (1 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION **MO**	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE **DL**	4	PA,QL (2 per 28 days)
pamidronate 30 mg/10 ml vial **MO**	1	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial **MO**	1	B vs D,QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg capsule **MO**	1	QL (30 per 30 days)
paricalcitol 2 mcg/ml vial **MO**	1	QL (24 per 30 days)
paricalcitol 4 mcg capsule **MO**	1	QL (12 per 30 days)
paricalcitol 5 mcg/ml vial **MO**	1	QL (48 per 28 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE **MO**	3	B vs D,QL (1 per 180 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE **DL**	4	QL (60 per 30 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK **MO**	3	PA,QL (100 per 365 days)
risedronate sod dr 35 mg tab; risedronate sodium 35 mg tab **MO**	1	QL (4 per 28 days)
risedronate sodium 150 mg tab **MO**	1	QL (1 per 30 days)
risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE **MO**	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION **MO**	3	
SENSIPAR 30 MG, 60 MG TABLET **DL**	4	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET **DL**	4	PA,QL (120 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR **DL**	4	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION **DL**	4	PA,QL (1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE **MO**	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION **DL**	4	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION **DL**	4	QL (48 per 28 days)
zoledronic acid 4 mg/100 ml **MO**	1	PA,QL (300 per 21 days)
zoledronic acid 4 mg vial **MO**	3	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zoledronic acid 4 mg/5 ml vial **MO**	1	PA,QL (15 per 21 days)
zoledronic acid 4 mg/100 ml **MO**	1	B vs D,QL (300 per 21 days)
zoledronic acid 5 mg/100 ml **MO**	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INJECTION **DL**	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML VIAL **DL**	4	PA,QL (15 per 21 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
ACETADOTE 200 MG/ML (20 %) INTRAVENOUS SOLUTION **MO**	3	
acetic acid 0.25% irrig soln **MO**	1	
acetylcysteine 6 gram/30 ml vl **MO**	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" **MO**	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" **MO**	1	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ **MO**	3	PA,QL (2 per 30 days)
AJOVY 225 MG/1.5 ML SUBCUTANEOUS SYRINGE **MO**	3	PA,QL (1.5 per 30 days)
ALCOHOL PADS **MO**	1	
ALCOHOL PREP PADS **MO**	1	
ALCOHOL SWAB **MO**	1	
ALCOHOL WIPES **MO**	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION **DL**	4	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **MO**	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" **MO**	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN **MO**	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS **MO**	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION **MO**	3	
BAND-AID GAUZE PADS 2" X 2" BANDAGE **MO**	1	
BD ALCOHOL SWABS **MO**	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" **MO**	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **MO**	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" **MO**	1	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" **MO**	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" **MO**	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" **MO**	1	
BD INSULIN SYRINGE SLIP TIP 1 ML **MO**	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" **MO**	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" **MO**	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	1	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE **MO**	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" **MO**	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" **MO**	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" **MO**	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" **MO**	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" **MO**	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" **MO**	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" **MO**	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" **MO**	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" **MO**	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" **MO**	1	
BORDERED GAUZE 2" X 2" BANDAGE **MO**	1	
CABLIVI 11 MG INJECTION KIT **DL**	4	PA,QL (30 per 30 days)
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION **MO**	3	
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcium disodium versenate 200 mg/ml injection solution **MO**	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" **MO**	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS **MO**	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16" **MO**	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" **MO**	1	
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE **MO**	3	
CINVANTI 7.2 MG/ML INTRAVENOUS EMULSION **MO**	3	PA,QL (36 per 28 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"" **MO**	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" **MO**	1	
CURITY ALCOHOL SWABS **MO**	1	
CURITY GAUZE 2" X 2" BANDAGE **MO**	1	
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
DERMACEA 2" X 2" BANDAGE **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"; DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" **MO**	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" **MO**	1	
DROPLET 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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" **MO**	1	
EASY COMFORT ALCOHOL PAD TOPICAL PADS **MO**	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 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, 1/2 ML 32 GAUGE X 5/16"" **MO**	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" **MO**	1	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" **MO**	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" **MO**	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
EASY TOUCH ALCOHOL PREP PADS **MO**	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" **MO**	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"" **MO**	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE **MO**	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" **MO**	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" **MO**	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE **MO**	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET **DL**	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION **DL**	4	PA
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR **MO**	3	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE **MO**	3	PA,QL (2 per 30 days)
EMGALITY 300 MG/3 ML (100 MG/ML X 3) SUBCUTANEOUS SYRINGE **MO**	3	PA,QL (3 per 30 days)
enlon 10 mg/ml vial **MO**	1	
ENLON-PLUS AMPUL **MO**	3	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"" SYRINGE **MO**	1	
flumazenil 0.5 mg/5 ml vial **MO**	1	
fomepizole 1.5 gm/1.5 ml vial **MO**	1	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE **MO**	1	
GALAFOLD 123 MG CAPSULE **DL**	4	PA,QL (14 per 28 days)
GAUZE PADS 2"X2" **MO**	1	
GAUZE PAD 2" X 2" BANDAGE **MO**	1	

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

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

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

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	1	
neomy-polymyxin b 40 mg/ml amp MO	1	
NEOSPORIN GU IRR 40 MG/ML VIAL MO	1	
NOVOFINE 30G X 1/3" NEEDLES MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	1	
NOVOPEN ECHO SUBCUTANEOUS MO	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE MO	1	
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE MO	2	
OMNIPOD INSULIN MANAGEMENT MO	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE MO	2	
oxytocin 10 units/ml vial MO	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; PEN NEEDLE 12MM 29G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G MO	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION MO	3	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MO	1	
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION DL	4	PA
PRO COMFORT ALCOHOL PADS MO	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	1	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" MO	1	
promethazine vc 6.25 mg-5 mg/5 ml oral syrup MO	1	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
promethazine-phenylephrine syr **MO**	1	PA
protamine 250 mg/25 ml vial **MO**	1	
RELION NEEDLES 31 GAUGE X 1/4" **MO**	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" **MO**	1	
RENACIDIN 1980.6 MG-59.4MG-980.4MG/30ML IRRIGATION SOLUTION **MO**	3	
RIMSO-50 50 % INTRAVESICAL SOLUTION **MO**	3	
ringers irrigation solution **MO**	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" **MO**	1	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" **MO**	1	
SEMPREX-D 8 MG-60 MG CAPSULE **MO**	3	
sod phenylacet-sod benzoate vl **DL**	4	
sodium chloride 0.9% irrig. **MO**	1	
sorbitol-mannitol irrig **MO**	1	
SURE COMFORT ALCOHOL PREP PADS **MO**	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" **MO**	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"" **MO**	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" **MO**	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"" **MO**	1	
SURE-PREP ALCOHOL PREP PADS **MO**	1	
TAVALISSE 100 MG, 150 MG TABLET **DL**	4	PA,QL (60 per 30 days)
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" **MO**	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" **MO**	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
TEGSEDI 284 MG/1.5 ML SUBCUTANEOUS SYRINGE **DL**	4	PA,QL (6 per 28 days)
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" **MO**	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" **MO**	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE **MO**	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE **MO**	1	
TRUE COMFORT ALCOHOL PADS **MO**	1	

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 **MO**	1	
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16" **MO**	1	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" **MO**	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" **MO**	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE **MO**	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" **MO**	1	
ULTRA-THIN II INS 0.3 ML 29G; ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" **MO**	1	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" **MO**	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" **MO**	1	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	1	
V-GO 20 DEVICE **MO**	2	
V-GO 30 DEVICE **MO**	2	
V-GO 40 DEVICE **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	4	QL (20 per 365 days)
sterile water for irrigation MO	1	
WEBCOL TOPICAL PADS MO	1	
XENICAL 120 MG CAPSULE MO	3	PA
XURIDEN 2 GRAM ORAL GRANULES IN PACKET DL	4	PA,QL (120 per 30 days)
Ophthalmic Agents		
ACULAR 0.5 % EYE DROPS MO	3	ST
ACULAR LS 0.4 % EYE DROPS MO	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE MO	3	ST
ak-poly-bac 500 unit-10,000 unit/gram eye ointment MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALCAINE 0.5 % EYE DROPS MO	1	
ALOCRIL 2 % EYE DROPS MO	3	
ALOMIDE 0.1 % EYE DROPS MO	3	
ALPHAGAN P 0.1 % EYE DROPS MO	2	
ALPHAGAN P 0.15 % EYE DROPS MO	3	PA
ALREX 0.2 % EYE DROPS,SUSPENSION MO	3	ST
apraclonidine hcl 0.5% drops MO	1	
atropine 1% eye drops MO	1	
azelastine hcl 0.05% drops MO	1	
AZOPT 1 % EYE DROPS,SUSPENSION MO	3	ST,QL (10 per 28 days)
bacitracin-polymyxin eye oint MO	1	
balanced salt intraocular solution MO	1	
BEPREVE 1.5 % EYE DROPS MO	3	ST,QL (5 per 25 days)
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
BETAGAN 0.5% EYE DROPS MO	3	ST
betaxolol hcl 0.5% eye drop MO	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS MO	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION MO	3	ST
bimatoprost 0.03% eye drops MO	1	QL (2.5 per 25 days)
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	1	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp MO	1	
bromfenac sodium 0.09% eye drp MO	1	QL (1.7 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BROMSITE 0.075 % EYE DROPS MO	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION MO	3	
BSS PLUS INTRAOCULAR SOLUTION MO	3	
carteolol hcl 1% eye drops MO	1	
CEQUA 0.09 % EYE DROPS IN A DROPPERETTE MO	3	PA,QL (60 per 30 days)
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	2	QL (5 per 25 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS MO	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (60 per 30 days)
cromolyn 4% eye drops MO	1	
CYSTARAN 0.44 % EYE DROPS DL	4	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop MO	1	
diclofenac 0.1% eye drops MO	1	
dorzolamide hcl 2% eye drops MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	1	QL (10 per 30 days)
dorzolamide-timolol 2%-0.5% MO	1	ST,QL (60 per 30 days)
DUREZOL 0.05 % EYE DROPS MO	2	
ELESTAT 0.05% EYE DROPS MO	3	ST,QL (5 per 25 days)
EMADINE 0.05% EYE DROPS MO	3	ST
epinastine hcl 0.05% eye drops MO	1	ST,QL (5 per 25 days)
FLAREX 0.1 % EYE DROPS,SUSPENSION MO	3	ST
fluorometholone 0.1% drops MO	1	
flurbiprofen 0.03% eye drop MO	1	
FML FORTE 0.25 % EYE DROPS,SUSPENSION MO	3	ST
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION MO	3	ST
FML S.O.P. 0.1 % EYE OINTMENT MO	3	ST
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	2	QL (3 per 30 days)
INVELTYS 1 % EYE DROPS,SUSPENSION MO	3	ST
IOPIDINE 0.5% EYE DROPS MO	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE MO	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
LASTACAFT 0.25 % EYE DROPS MO	3	ST
latanoprost 0.005% eye drops MO	1	QL (5 per 25 days)
levobunolol 0.5% eye drops 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS **MO**	3	ST
LOTEMAX 0.5 % EYE OINTMENT **MO**	3	ST
LOTEMAX SM 0.38 % EYE GEL DROPS **MO**	3	ST
loteprednol etabonate 0.5% drp **MO**	1	ST
LUMIGAN 0.01 % EYE DROPS **MO**	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION **MO**	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT **MO**	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION **MO**	1	
metipranolol 0.3% eye drops **MO**	1	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION **MO**	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment **MO**	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment **MO**	1	
neo-bacit-poly-hc eye ointment **MO**	1	
neomyc-bacit-polymix eye oint **MO**	1	
neomyc-polym-dexamet eye ointm **MO**	1	
neomyc-polym-dexameth eye drop **MO**	1	
neomyc-polym-gramicid eye drop **MO**	1	
neomycin-poly-hc eye drops **MO**	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION **MO**	3	ST
olopatadine hcl 0.1% eye drops **MO**	1	ST
olopatadine hcl 0.2% eye drop **MO**	1	
OMNIPRED 1% EYE DROPS **MO**	3	ST
OXERVATE 0.002 % EYE DROPS **DL**	4	PA,QL (112 per 365 days)
PATADAY 0.2 % EYE DROPS **MO**	3	ST
PATANOL 0.1 % EYE DROPS **MO**	3	ST
PAZEO 0.7 % EYE DROPS **MO**	2	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS **MO**	3	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops **MO**	1	
polycin 500 unit-10,000 unit/gram eye ointment **MO**	1	
polymyxin b-tmp eye drops **MO**	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS **MO**	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION **MO**	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION **MO**	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION **MO**	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT **MO**	3	
prednisolone ac 1% eye drop **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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone sod 1% eye drop MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
proparacaine 0.5% eye drops MO	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS MO	3	PA,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS MO	3	PA,QL (2.5 per 25 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION MO	3	ST,QL (16 per 30 days)
sulf-pred 10-0.23% eye drops MO	1	
timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution MO	1	
timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops MO	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS MO	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE MO	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % EYE GEL MO	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION MO	3	
tobramycin-dexameth ophth susp MO	1	
TRAVATAN Z 0.004 % EYE DROPS MO	2	QL (2.5 per 25 days)
TRUSOPT 2 % EYE DROPS MO	3	QL (10 per 30 days)
VYZULTA 0.024 % EYE DROPS MO	3	ST,QL (5 per 30 days)
XALATAN 0.005 % EYE DROPS MO	3	PA,QL (5 per 25 days)
XELPROS 0.005 % EYE DROP EMULSION MO	3	ST,QL (2.5 per 25 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE MO	3	PA,QL (60 per 30 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (30 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION MO	3	
OTIC AGENTS		
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	3	
ciproflox-fluocinln 0.3-0.025% MO	3	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	3	
CORTISPORIN-TC 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	3	
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
flac otic (ear) oil 0.01 % drops MO	1	
fluocinolone oil 0.01% ear drp 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortison-acetic acid soln MO	1	
neomycin-polymyxin-hc ear soln MO	1	
neomycin-polymyxin-hc ear susp MO	1	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION MO	3	
Respiratory Tract/Pulmonary Agents		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL (60 per 30 days)
acetylcysteine 10% vial; acetylcysteine 20% vial MO	1	B vs D
ADCIRCA 20 MG TABLET DL	4	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	4	PA,QL (90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION MO	3	
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	2	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	2	QL (12 per 30 days)
AEROSPAN 80 MCG INHALER MO	3	ST,QL (17.8 per 30 days)
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (1 per 30 days)
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln MO	1	B vs D
albuterol hfa 90 mcg inhaler MO	1	QL (36 per 30 days)
albuterol sulf 2 mg/5 ml syrup MO	1	
albuterol sulfate 2 mg tab MO	1	QL (120 per 30 days)
albuterol sulfate 4 mg tab MO	1	
albuterol sulfate er 4 mg, 8 mg tab MO	1	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (18.3 per 28 days)
alyq 20 mg tablet MO	1	PA,QL (60 per 30 days)
ambrisentan 10 mg, 5 mg tablet DL	4	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml vl MO	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	3	ST,QL (30 per 30 days)
ARMONAIR RESPICLICK 113 MCG; ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER MO	3	ST,QL (1 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION **MO**	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER **MO**	3	ST,QL (13 per 30 days)
ASMANEX TWISTHALER 110 MCG #7; ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR; ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR; ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR **MO**	3	ST,QL (1 per 28 days)
ASTEPRO 0.15% NASAL SPRAY **MO**	3	PA,QL (30 per 25 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER **MO**	3	QL (25.8 per 30 days)
azelastine 0.1% (137 mcg) spry **MO**	1	QL (30 per 25 days)
azelastine 0.15% nasal spray **MO**	1	QL (30 per 25 days)
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY **MO**	3	ST,QL (50 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER **MO**	3	QL (10.7 per 30 days)
bosentan 125 mg, 62.5 mg tablet **DL**	4	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**	2	QL (60 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION **MO**	3	PA,QL (120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh susp; budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml susp **MO**	1	B vs D
carbinoxamine 4 mg/5 ml liquid **MO**	1	PA
carbinoxamine maleate 4 mg tab **MO**	1	PA
carbinoxamine maleate 6 mg tab **MO**	1	PA,QL (120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **DL**	4	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml soln **MO**	1	QL (300 per 30 days)
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION **DL**	4	PA
CLARINEX 0.5 MG/ML (2.5 MG/5) **MO**	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
clemastine fum 2.68 mg tab **MO**	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION **MO**	3	QL (4 per 20 days)
cromolyn 100 mg/5 ml oral conc **MO**	1	
cromolyn 20 mg/2 ml neb soln **DL**	4	B vs D
cyproheptadine 2 mg/5 ml syrup **MO**	1	
cyproheptadine 4 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DALIRESP 250 MCG TABLET MO	2	QL (28 per 365 days)
DALIRESP 500 MCG TABLET MO	2	QL (30 per 30 days)
desloratadine 2.5 mg, 5 mg odt MO	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet MO	1	QL (30 per 30 days)
dexchlorpheniramine 2 mg/5 ml MO	1	
DIPHEN 12.5 MG/5 ML ORAL ELIXIR MO	1	
diphenhydramine 12.5 mg/5 ml MO	1	
diphenhydramine 50 mg/ml crpjt MO	1	
diphenhydramine 50 mg/ml vial MO	1	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION MO	3	
DUAKLIR PRESSAIR 400 MCG-12 MCG/ACTUATION BREATH ACTIVATED DL	4	ST,QL (1 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL (13 per 30 days)
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (31.92 per 365 days)
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (56 per 365 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	3	ST,QL (23 per 28 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	1	
epinephrine 0.15 mg auto-injct; epinephrine 0.3 mg auto-inject MO	1	QL (4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
epoprostenol sodium 0.5 mg, 1.5 mg vl DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
FASENRA PEN 30 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	2	QL (10.6 per 30 days)
flunisolide 0.025% spray MO	1	QL (50 per 30 days)
fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 MO	2	QL (1 per 30 days)
fluticasone prop 50 mcg spray MO	1	QL (16 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE DL	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg cap MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
ipratropium 0.03% spray MO	1	QL (30 per 30 days)
ipratropium 0.06% spray MO	1	QL (45 per 30 days)
ipratropium br 0.02% soln MO	1	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	1	B vs D
KALYDECO 150 MG TABLET DL	4	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG ORAL GRANULES IN PACKET DL	4	PA,QL (56 per 28 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	PA
LETAIRIS 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
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	1	B vs D
levalbuterol tar hfa 45mcg inh MO	1	ST,QL (30 per 30 days)
levocetirizine 2.5 mg/5 ml sol MO	1	QL (300 per 30 days)
levocetirizine 5 mg tablet MO	1	QL (30 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (60 per 365 days)
metaproterenol 10 mg, 20 mg tablet MO	1	
metaproterenol 10 mg/5 ml syr MO	1	
mometasone furoate 50 mcg spry MO	1	ST,QL (34 per 30 days)
montelukast sod 10 mg tablet MO	1	QL (30 per 30 days)
montelukast sod 4 mg granules MO	1	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew MO	1	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY MO	3	ST,QL (34 per 30 days)
NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR; NUCALA 100 MG, 100 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (3 per 28 days)
NUCALA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
olopatadine 665 mcg nasal spry MO	1	ST,QL (30.5 per 30 days)
OMNARIS 50 MCG NASAL SPRAY MO	3	ST,QL (12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	4	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET; ORALAIR 300 IR SUBLINGUAL TABLET **MO**	3	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE **DL**	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE **DL**	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET **DL**	4	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET **DL**	4	PA,QL (112 per 28 days)
PATANASE 0.6 % NASAL SPRAY **MO**	3	ST,QL (30.5 per 30 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION **MO**	3	PA,QL (120 per 30 days)
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER **MO**	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED **MO**	3	ST,QL (2 per 30 days)
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER **MO**	3	ST,QL (36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION **MO**	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED **MO**	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION **DL**	4	B vs D
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY **MO**	3	ST,QL (4.9 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY **MO**	3	ST,QL (10.6 per 30 days)
QVAR 40 MCG ORAL INHALER; QVAR 80 MCG ORAL INHALER **MO**	3	ST,QL (17.4 per 30 days)
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL **MO**	3	ST,QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL **MO**	3	ST,QL (21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET **MO**	3	PA,QL (30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION **DL**	4	PA
REVATIO 10 MG/ML ORAL SUSPENSION **DL**	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET **DL**	4	PA,QL (90 per 30 days)
RYCLORA 2 MG/5 ML ORAL SOLUTION **MO**	1	
RYVENT 6 MG TABLET **MO**	1	QL (120 per 30 days)
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE **MO**	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION **MO**	2	QL (60 per 30 days)
sildenafil 10 mg/ml oral susp **DL**	4	PA,QL (180 per 30 days)
sildenafil 20 mg tablet **MO**	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG TABLET **MO**	3	PA,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	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	2	QL (10.2 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS; SYMDEKO 50 MG-75 MG (DAY)/75 MG (NIGHT) TABLETS DL	4	PA,QL (56 per 28 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	2	QL (4 per 30 days)
tadalafil 20 mg tablet DL	4	PA,QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial DL	4	
terbutaline sulfate 2.5 mg, 5 mg tab MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE MO	1	
theophylline 80 mg/15 ml soln MO	1	
theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet MO	1	
theophylline er 400 mg, 600 mg tablet MO	1	
theophylline er 450 mg tab MO	1	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	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION DL	4	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION DL	4	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MO	2	QL (60 per 30 days)
treprostinil 100 mg/20 ml vial; treprostinil 20 mg/20 ml vial; treprostinil 200 mg/20 ml vial; treprostinil 50 mg/20 ml vial DL	4	PA
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	3	PA,QL (1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION DL	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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK DL	4	PA,QL (200 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE MO	3	ST,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	PA
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	1	QL (60 per 30 days)
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL MO	3	PA,QL (32 per 30 days)
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION MO	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION MO	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (30 per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (90 per 30 days)
zafirlukast 10 mg, 20 mg tablet MO	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	3	ST,QL (6.1 per 28 days)
zileuton er 600 mg tablet DL	4	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET DL	4	ST,QL (120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE DL	4	ST,QL (21 per 30 days)
carisoprodol 250 mg, 350 mg tablet MO	1	QL (120 per 30 days)
carisoprodol-aspirin-codein tb DL	1	QL (360 per 30 days)
carisoprodl-aspirin 200-325 mg MO	1	
chlorzoxazone 250 mg tablet MO	1	ST,QL (360 per 30 days)
chlorzoxazone 375 mg, 750 mg tablet MO	1	ST,QL (120 per 30 days)
chlorzoxazone 500 mg tablet MO	1	ST
cyclobenzaprine 10 mg, 5 mg tablet MO	1	PA
cyclobenzaprine 7.5 mg tablet MO	1	PA,QL (90 per 30 days)
cyclobenzaprine er 15 mg, 30 mg cap MO	1	ST,QL (21 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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FEXMID 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
LORZONE 375 MG, 750 MG TABLET MO	1	ST,QL (120 per 30 days)
metaxall 800 mg tablet MO	1	QL (120 per 30 days)
metaxalone 400 mg, 800 mg tablet MO	1	QL (120 per 30 days)
methocarbamol 1,000 mg/10 ml MO	1	
methocarbamol 500 mg, 750 mg tablet MO	1	
norgesic forte 50 mg-770 mg-60 mg tablet DL	4	PA,QL (120 per 30 days)
orphenadrine 30 mg/ml vial MO	1	
orphenadrine er 100 mg tablet MO	1	
orphenad-asa-caff 50-770-60 mg DL	4	PA,QL (120 per 30 days)
orphengesic forte 50 mg-770 mg-60 mg tablet DL	4	PA,QL (120 per 30 days)
ROBAXIN 100 MG/ML INJECTION SOLUTION MO	3	
ROBAXIN 500 MG TABLET MO	3	
ROBAXIN-750 750 MG TABLET MO	3	
SKELAXIN 800 MG TABLET DL	4	PA,QL (120 per 30 days)
SOMA 250 MG TABLET DL	4	PA,QL (120 per 30 days)
SOMA 350 MG TABLET MO	3	PA,QL (120 per 30 days)
Sleep Disorder Agents		
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	1	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	1	PA,QL (60 per 30 days)
BELSOMRA 10 MG TABLET MO	2	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	2	QL (30 per 30 days)
BELSOMRA 5 MG TABLET MO	2	QL (120 per 30 days)
EDLUAR 10 MG SUBLINGUAL TABLET MO	3	
EDLUAR 5 MG SUBLINGUAL TABLET MO	3	QL (30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet MO	1	QL (30 per 30 days)
flurazepam 15 mg capsule DL	1	QL (60 per 30 days)
flurazepam 30 mg capsule DL	1	QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE DL	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
LUNESTA 1 MG, 2 MG, 3 MG TABLET MO	3	PA,QL (30 per 30 days)
modafinil 100 mg, 200 mg tablet MO	1	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	3	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROVIGIL 100 MG, 200 MG TABLET **DL**	4	PA,QL (60 per 30 days)
ramelteon 8 mg tablet **MO**	1	ST,QL (30 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE **DL**	4	PA,QL (30 per 30 days)
ROZEREM 8 MG TABLET **MO**	3	ST,QL (30 per 30 days)
SILENOR 3 MG, 6 MG TABLET **MO**	3	PA,QL (30 per 30 days)
SONATA 10 MG, 5 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
SUNOSI 150 MG, 75 MG TABLET **DL**	4	PA,QL (30 per 30 days)
temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule **DL**	1	QL (30 per 30 days)
WAKIX 17.8 MG, 4.45 MG TABLET **DL**	4	PA,QL (60 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION **DL**	4	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule **MO**	1	QL (30 per 30 days)
zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl; zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl; zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab; zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet **MO**	1	QL (30 per 30 days)
ZOLPIMIST 5 MG ORAL SPRAY **MO**	3	QL (23.1 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

Index

A

a-hydrocort... 120

abacavir... 66

abacavir-lamivudine... 66

abacavir-lamivudine-zidovudine... 66

ABELCET... 44

ABILIFY MAINTENA... 62

ABILIFY MYCITE... 62

ABILIFY... 62

abiraterone... 49

ABRAXANE... 49

ABSORICA... 102

ABSTRAL... 10

acamprosate... 20

ACANYA... 102

acarbose... 73

ACCOLATE... 165

ACCUPRIL... 83

ACCURETIC... 83

acebutolol... 83

ACETADOTE... 149

acetaminophen-caff-dihydrocod... 10

acetaminophen-codeine... 10

acetazolamide sodium... 83

acetazolamide... 83

acetic acid... 21, 149

acetylcysteine... 149, 165

ACIPHEX SPRINKLE... 114

ACIPHEX... 114

acitretin... 102

ACTEMRA ACTPEN... 139

ACTEMRA... 139

ACTHAR... 120

ACTHIB (PF)... 139

ACTIGALL... 114

ACTIMMUNE... 140

ACTIQ... 10

ACTIVELLA... 128

ACTONEL... 147

ACTOPLUS MET XR... 73

ACTOPLUS MET... 73

ACTOS... 73

ACULAR LS... 161

ACULAR... 161

ACUVAIL (PF)... 161

acyclovir sodium... 66

acyclovir... 66

ACZONE... 102

ADACEL(TDAP ADOLESN/ADULT)(PF)... 140

ADAGEN... 117

ADALAT CC... 83

adapalene... 102

adapalene-benzoyl peroxide... 102

ADCIRCA... 165

ADDERALL XR... 97

adderall... 97

adefovir... 66

ADEMPAS... 165

adenosine... 83

ADLYXIN... 74

ADMELOG SOLOSTAR U-100 INSULIN... 74

ADMELOG U-100 INSULIN LISPRO... 74

ADRENALIN... 165

adriamycin... 49

adrucil... 49

ADVAIR DISKUS... 165

ADVAIR HFA... 165

ADVOCATE PEN NEEDLE... 149

ADVOCATE SYRINGES... 149

ADZENYS ER... 97

ADZENYS XR-ODT... 97

AEROSPAN... 165

afeditab cr... 83

AFINITOR DISPERZ... 49

AFINITOR... 49

afirmelle... 128

AFREZZA... 74
AGGRASTAT CONCENTRATE... 79
AGGRASTAT IN SODIUM CHLORIDE... 79
AGGRENOX... 79
AGRYLIN... 79
AIMOVIG AUTOINJECTOR (2 PACK)... 149
AIMOVIG AUTOINJECTOR... 149
AIRDUO RESPICLICK... 165
AJOVY... 149
ak-poly-bac... 161
AKLIEF... 102
AKTEN (PF)... 161
AKTIPAK... 102
AKYNZEO (FOSNETUPITANT)... 42
AKYNZEO (NETUPITANT)... 42
ALA-CORT... 120
ALA-SCALP... 120
albendazole... 59
ALBENZA... 59
albuterol sulfate... 165
ALCAINE... 161
alclometasone... 120
ALCOHOL PADS... 149
ALCOHOL PREP PADS... 149
ALCOHOL SWABS... 149
ALCOHOL WIPES... 149
ALDACTAZIDE... 83
ALDACTONE... 83
ALDARA... 102
ALDURAZYME... 117
ALECENSA... 49
alendronate... 147
alfuzosin... 119
ALIMTA... 49
ALINIA... 59
ALIQOPA... 49
aliskiren... 83
ALKERAN (AS HCL)... 50
ALKERAN... 50
allopurinol sodium... 47
allopurinol... 47
ALLZITAL... 10
almotriptan malate... 47
ALOCRIL... 161
ALOMIDE... 161
ALOPRIM... 47
ALORA... 128
alosetron... 114
ALPHAGAN P... 161
ALPRAZOLAM INTENSOL... 72
alprazolam... 72
ALREX... 161
ALTACE... 83
altavera (28)... 128
ALTOPREV... 83
ALTRENO... 102
ALUNBRIG... 50
ALVESCO... 165
alyacen 1/35 (28)... 128
alyacen 7/7/7 (28)... 128
alyq... 165
amabelz... 128
amantadine hcl... 60
AMARYL... 74
AMBIEN CR... 172
AMBIEN... 172
AMBISOME... 44
ambrisentan... 165
amcinonide... 120, 121
AMERGE... 47
AMETHIA LO... 128
amethia... 128
amethyst (28)... 128
AMICAR... 79
amifostine crystalline... 50
amikacin... 21
amiloride... 83
amiloride-hydrochlorothiazide... 83
aminocaproic acid... 79
aminophylline... 165
AMINOSYN II 10 %... 106
AMINOSYN II 15 %... 106

AMINOSYN II 7 %... 106

AMINOSYN II 8.5 %... 106

AMINOSYN II 8.5 %-ELECTROLYTES... 106

AMINOSYN M 3.5 %... 106

AMINOSYN 10 %... 106

AMINOSYN 7 % WITH ELECTROLYTES... 106

AMINOSYN 8.5 %... 106

AMINOSYN 8.5 %-ELECTROLYTES... 106

AMINOSYN-HBC 7%... 106

AMINOSYN-PF 10 %... 106

AMINOSYN-PF 7 % (SULFITE-FREE)... 106

AMINOSYN-RF 5.2 %... 106

amiodarone... 83

AMITIZA... 114

amitriptyline... 39

amitriptyline-chlordiazepoxide... 39

amlodipine... 83

amlodipine-atorvastatin... 83

amlodipine-benazepril... 84

amlodipine-olmesartan... 84

amlodipine-valsartan... 84

amlodipine-valsartan-hcthiazid... 84

ammonium lactate... 102

AMMONUL... 149

amnesteem... 102

amoxapine... 39

amoxicil-clarithromy-lansopraz... 114

amoxicillin... 21

amoxicillin-pot clavulanate... 21, 22

amphetamine sulfate... 97

amphotericin b... 44

ampicillin sodium... 22

ampicillin... 22

ampicillin-sulbactam... 22

AMPYRA... 97

AMRIX... 171

ANADROL-50... 128

ANAFRANIL... 39

anagrelide... 79

ANAPROX DS... 10

anastrozole... 50

ANCOBON... 44

ANDRODERM... 128

ANDROGEL... 128

ANDROID... 128

ANGELIQ... 128

ANNOVERA... 128

ANORO ELLIPTA... 165

ANTABUSE... 20

ANTARA... 84

anusol-hc... 121

ANZEMET... 42

apexicon e... 121

APIDRA SOLOSTAR U-100 INSULIN... 74

APIDRA U-100 INSULIN... 74

APLENZIN... 39

APOKYN... 60

apraclonidine... 161

aprepitant... 42

apri... 128

APRISO... 146

APTENSIO XR... 97

APTIOM... 33

APTIVUS... 66

ARALAST NP... 117

aranelle (28)... 128

ARANESP (IN POLYSORBATE)... 79, 80

ARAVA... 140

ARCALYST... 140

ARCAPTA NEOHALER... 165

ARICEPT... 38

ARIKAYCE... 22

ARIMIDEX... 50

aripiprazole... 62

ARISTADA INITIO... 63

ARISTADA... 62, 63

ARISTOSPAN INTRA-ARTICULAR... 121

ARISTOSPAN INTRALESIONAL... 121
ARIXTRA... 80
armodafinil... 172
ARMONAIR RESPICLICK... 165
ARMOUR THYROID... 137
ARNUITY ELLIPTA... 166
AROMASIN... 50
ARRANON... 50
arsenic trioxide... 50
ARTHROTEC 50... 10
ARTHROTEC 75... 10
ARYMO ER... 10
ARZERRA... 50
ASACOL HD... 146
ascomp with codeine... 10
ashlyna... 128
ASMANEX HFA... 166
ASMANEX TWISTHALER... 166
aspirin-dipyridamole... 80
ASSURE ID INSULIN SAFETY... 149
ASSURE ID PEN NEEDLE... 149
ASTAGRAF XL... 140
ASTEPRO... 166
ATACAND HCT... 84
ATACAND... 84
atazanavir... 66
ATELVIA... 147
atenolol... 84
atenolol-chlorthalidone... 84
ATGAM... 140
ATIVAN... 72
atomoxetine... 97
atorvastatin... 84
atovaquone... 59
atovaquone-proguanil... 59
ATRALIN... 102
ATRIPLA... 66
atropine... 114, 161
ATROVENT HFA... 166
AUBAGIO... 97
aubra eq... 128
aubra... 128
AUGMENTIN ES-600... 22
AUGMENTIN XR... 22
AUGMENTIN... 22
aurovela fe 1.5/30 (28)... 129
aurovela fe 1-20 (28)... 128
aurovela 1.5/30 (21)... 128
aurovela 1/20 (21)... 128
aurovela 24 fe... 128
AURYXIA... 106
AUSTEDO... 97
AUTOJECT 2 INJECTION DEVICE... 149
AUTOPEN 1 TO 21 UNITS... 149
AUTOPEN 2 TO 42 UNITS... 149
AVALIDE... 84
AVANDIA... 74
AVAPRO... 84
AVASTIN... 50
AVC VAGINAL... 22
AVEED... 129
AVELOX IN NACL (ISO-OSMOTIC)... 22
AVELOX... 22
aviane... 129
avidoxy... 22
AVITA... 102
AVODART... 119
AVONEX (WITH ALBUMIN)... 97
AVONEX... 97
AVYCAZ... 22
AXERT... 47
AXIRON... 129
AYGESTIN... 129
ayuna... 129
azacitidine... 80
AZACTAM IN DEXTROSE (ISO-OSM)... 22
AZACTAM... 22
AZASAN... 140
AZASITE... 22
azathioprine sodium... 140
azathioprine... 140

azelaic acid... 102

azelastine... 161, 166

AZELEX... 103

AZILECT... 60

azithromycin... 22

AZOPT... 161

AZOR... 84

aztreonam... 22

AZULFIDINE EN-TABS... 146

AZULFIDINE... 146

azurette (28)... 129

B

baciim... 22

bacitracin... 22

bacitracin-polymyxin b... 161

baclofen... 66

BACTRIM DS... 23

BACTRIM... 23

BACTROBAN NASAL... 23

BACTROBAN... 23

BAL IN OIL... 150

bal-care dha... 106

balanced salt... 161

BALCOLTRA... 129

balsalazide... 146

BALVERSA... 50

balziva (28)... 129

BAND-AID GAUZE PADS... 150

BANZEL... 33

BAQSIMI... 74

BARACLUDE... 66

BASAGLAR KWIKPEN U-100 INSULIN... 74

BAVENCIO... 50

BAXDELA... 23

bcg vaccine, live (pf)... 140

BD ALCOHOL SWABS... 150

BD AUTOSHIELD DUO PEN NEEDLE... 150

BD ECLIPSE LUER-LOK... 150

BD INSULIN SYRINGE HALF UNIT... 150

BD INSULIN SYRINGE MICRO-FINE... 150

BD INSULIN SYRINGE SAFETY-LOK... 150

BD INSULIN SYRINGE SLIP TIP... 150

BD INSULIN SYRINGE U-500... 150

BD INSULIN SYRINGE ULTRA-FINE... 150

BD INSULIN SYRINGE... 150

BD LO-DOSE MICRO-FINE IV... 150

BD LO-DOSE ULTRA-FINE... 150

BD NANO 2ND GEN PEN NEEDLE... 150

BD SAFETYGLIDE INSULIN SYRINGE... 150

BD SAFETYGLIDE SYRINGE... 150

BD ULTRA-FINE MICRO PEN NEEDLE... 150

BD ULTRA-FINE MINI PEN NEEDLE... 150

BD ULTRA-FINE NANO PEN NEEDLE... 150

BD ULTRA-FINE ORIG PEN NEEDLE... 150

BD ULTRA-FINE SHORT PEN NEEDLE... 150

BD VEO INSULIN SYR HALF UNIT... 150

BD VEO INSULIN SYRINGE UF... 150

BECONASE AQ... 166

bekyree (28)... 129

BELBUCA... 10

BELEODAQ... 50

BELSOMRA... 172

benazepril... 84

benazepril-hydrochlorothiazide... 84

BENDEKA... 50

BENICAR HCT... 84

BENICAR... 84

BENLYSTA... 140

BENTYL... 114

BENZACLIN PUMP... 103

BENZACLIN... 103

BENZAMYCIN... 103

benznidazole... 59

benztropine... 60
BEPREVE... 161
BERINERT... 140
beser... 121
BESIVANCE... 23
BESPONSA... 50
BETADINE OPHTHALMIC PREP... 161
BETAGAN... 161
betamethasone acet,sod phos... 121
betamethasone dipropionate... 121
betamethasone valerate... 121
betamethasone, augmented... 121
BETAPACE AF... 84
BETAPACE... 84
BETASERON... 97
betaxolol... 84, 161
bethanechol chloride... 119
BETHKIS... 23
BETIMOL... 161
BETOPTIC S... 161
BEVESPI AEROSPHERE... 166
BEVYXXA... 80
bexarotene... 50
BEXSERO... 140
BEYAZ... 129
bicalutamide... 50
BICILLIN C-R... 23
BICILLIN L-A... 23
BICNU... 50
BIDIL... 84
BIJUVA... 129
BIKTARVY... 66
BILTRICIDE... 59
bimatoprost... 161
BINOSTO... 147
bisoprolol fumarate... 84
bisoprolol-hydrochlorothiazide... 84
BIVIGAM... 140
bleomycin... 50
BLEPH-10... 23
BLEPHAMIDE S.O.P.... 161
BLEPHAMIDE... 161
blisovi fe 1.5/30 (28)... 129
blisovi fe 1/20 (28)... 129
blisovi 24 fe... 129
BONIVA... 147
BONJESTA... 42
BOOSTRIX TDAP... 140
BORDERED GAUZE... 150
bortezomib... 50
bosentan... 166
BOSULIF... 50
BRAFTOVI... 50
BREO ELLIPTA... 166
BREVIBLOC IN NACL (ISO-OSM)... 84
BREVIBLOC... 84
briellyn... 129
BRILINTA... 80
brimonidine... 161
BRISDELLE... 39
BRIVIACT... 33
bromfenac... 161
bromocriptine... 60
BROMSITE... 162
BROVANA... 166
BRYHALI... 121
BSS PLUS... 162
BSS... 162
budesonide... 146, 166
bumetanide... 84
BUNAVAIL... 20
bupap... 10
BUPHENYL... 117
bupivacaine (pf)... 19
bupivacaine... 19
bupivacaine-dextrose-water(pf)... 19
bupivacaine-epinephrine (pf)... 19
bupivacaine-epinephrine bitart... 19
bupivacaine-epinephrine... 19
BUPRENEX... 10
buprenorphine hcl... 10, 20
buprenorphine... 10

buprenorphine-naloxone... 20, 21
bupropion hcl (smoking deter)... 21
bupropion hcl... 39
buspirone... 72
busulfan... 50
BUSULFEX... 50
butalbital compound w/codeine... 10
butalbital-acetaminop-caf-cod... 10
butalbital-acetaminophen... 10
butalbital-acetaminophen-caff... 10
butalbital-aspirin-caffeine... 10
BUTISOL... 33
butorphanol tartrate... 10, 11
BUTRANS... 11
BYDUREON BCISE... 74
BYDUREON... 74
BYETTA... 74
BYSTOLIC... 85
BYVALSON... 85

C

c-nate dha... 106
cabergoline... 138
CABLIVI... 150
CABOMETYX... 50
CADUET... 85
CAFCIT... 150
CAFERGOT... 47
caffeine citrate... 150
CALAN SR... 85
CALAN... 85
calcipotriene... 103
calcipotriene-betamethasone... 103
calcitonin (salmon)... 147
calcitrene... 103
calcitriol... 103, 147
calcium acetate... 106
calcium chloride... 106
calcium disodium versenate... 151
calcium gluc in nacl, iso-osm... 106
calcium gluconate... 106
CALDOLOR... 11
CALQUENCE... 50
CAMBIA... 11
camila... 129
CAMPTOSAR... 50
CAMRESE LO... 129
CAMRESE... 129
CANASA... 146
CANCIDAS... 44
candesartan... 85
candesartan-hydrochlorothiazid... 85
CAPASTAT... 49
CAPEX... 121
CAPITAL WITH CODEINE... 11
CAPRELSA... 50, 51
captopril... 85
captopril-hydrochlorothiazide... 85
CARAC... 103
CARAFATE... 114
CARBAGLU... 106
carbamazepine... 33
CARBATROL... 33
carbidopa... 60
carbidopa-levodopa... 61
carbidopa-levodopa-entacapone... 61
carbinoxamine maleate... 166
CARBOCAINE (PF)... 19
CARBOCAINE... 19
carboplatin... 51
carboprost tromethamine... 128
CARDIZEM CD... 85
CARDIZEM LA... 85
CARDIZEM... 85
CARDURA XL... 85
CARDURA... 85
CAREFINE PEN NEEDLE... 151
CARETOUCH ALCOHOL PREP PAD... 151
CARETOUCH INSULIN SYRINGE... 151
CARETOUCH PEN NEEDLE... 151
CARIMUNE NF NANOFILTERED... 140

carisoprodol... 171
carisoprodol-asa-codeine... 171
carisoprodol-aspirin... 171
carmustine... 51
CARNITOR (SUGAR-FREE)... 107
CARNITOR... 107
CAROSPIR... 85
carteolol... 162
cartia xt... 85
carvedilol phosphate... 85
carvedilol... 85
CASODEX... 51
caspofungin... 44
CATAPRES... 85
CATAPRES-TTS-1... 85
CATAPRES-TTS-2... 85
CATAPRES-TTS-3... 85
CAYSTON... 166
caziant (28)... 129
CEDAX... 23
cefaclor... 23
cefadroxil... 23
cefazolin in dextrose (iso-os)... 23
cefazolin... 23
cefdinir... 23
cefepime in dextrose 5 %... 23
cefepime in dextrose,iso-osm... 23
cefepime... 23
cefixime... 23
CEFOTAN... 23
cefotaxime... 23
cefotetan in dextrose, iso-osm... 23
cefotetan... 23
cefoxitin in dextrose, iso-osm... 24
cefoxitin... 24
cefpodoxime... 24
cefprozil... 24
ceftazidime in d5w... 24
ceftazidime... 24
ceftibuten... 24
CEFTIN... 24
ceftriaxone in dextrose,iso-os... 24
ceftriaxone... 24
cefuroxime axetil... 24
cefuroxime sodium... 24
CELEBREX... 11
celecoxib... 11
CELESTONE SOLUSPAN... 121
CELEXA... 39
CELLCEPT INTRAVENOUS... 140
CELLCEPT... 140
CELONTIN... 33
CENTANY... 24
cephalexin... 24
CEQUA... 162
CERDELGA... 117
CEREBYX... 33
CEREZYME... 117
CERVIDIL... 151
CESAMET... 42
cetirizine... 166
cevimeline... 102
CHANTIX CONTINUING MONTH BOX... 21
CHANTIX STARTING MONTH BOX... 21
CHANTIX... 21
chateal (28)... 129
chateal eq (28)... 129
CHEMET... 107
CHENODAL... 114
chloramphenicol sod succinate... 24
chlordiazepoxide hcl... 72
chlorhexidine gluconate... 102
chloroprocaine (pf)... 19
chloroquine phosphate... 59
chlorothiazide sodium... 85
chlorothiazide... 85
chlorpromazine... 63
chlorpropamide... 74
chlorthalidone... 86
chlorzoxazone... 171
CHOLBAM... 117
cholestyramine (with sugar)... 86

cholestyramine light... 86

chorionic gonadotropin, human... 126

CIALIS... 119

ciclodan... 44

ciclopirox... 44

cidofovir... 66

cilostazol... 80

CILOXAN... 24

CIMDUO... 66

cimetidine hcl... 114

cimetidine... 114

CIMZIA POWDER FOR RECONST... 140

CIMZIA STARTER KIT... 140

CIMZIA... 140

cinacalcet... 147

CINQAIR... 166

CINRYZE... 140

CINVANTI... 151

CIPRO HC... 164

CIPRO IN D5W... 24

CIPRO... 24

CIPRODEX... 164

ciprofloxacin (mixture)... 24

ciprofloxacin hcl... 24

ciprofloxacin in 5 % dextrose... 25

ciprofloxacin lactate... 25

ciprofloxacin... 24

ciprofloxacin-fluocinolone... 164

cisplatin... 51

citalopram... 39

CITRANATAL (DUAL-IRON)... 107

CITRANATAL ASSURE... 107

CITRANATAL B-CALM (FE GLUC)... 107

CITRANATAL DHA (ALGAL OIL)... 107

CITRANATAL 90 DHA (ALGAL OIL)... 107

cladribine... 51

CLAFORAN... 25

claravis... 103

CLARINEX... 166

CLARINEX-D 12 HOUR... 151

clarithromycin... 25

clemastine... 166

CLENPIQ... 114

CLEOCIN HCL... 25

CLEOCIN IN 5 % DEXTROSE... 25

CLEOCIN PEDIATRIC... 25

CLEOCIN T... 25

CLEOCIN... 25

CLEVIPREX... 86

CLICKFINE PEN NEEDLE... 151

CLIMARA PRO... 129

CLIMARA... 129

clindacin etz... 25

clindacin p... 25

CLINDAGEL... 25

clindamycin hcl... 25

clindamycin in 0.9 % sod chlor... 25

clindamycin in 5 % dextrose... 25

clindamycin palmitate hcl... 25

clindamycin pediatric... 25

clindamycin phosphate... 25

clindamycin-benzoyl peroxide... 103

clindamycin-tretinoin... 103

CLINDESSE... 26

CLINIMIX E 2.75%/D10W SUL FREE... 107

CLINIMIX E 2.75%/D5W SULF FREE... 107

CLINIMIX E 4.25%/D10W SUL FREE... 107

CLINIMIX E 4.25%/D25W SUL FREE... 107

CLINIMIX E 4.25%/D5W SULF FREE... 107

CLINIMIX E 5%/D15W SULFIT FREE... 107

CLINIMIX E 5%/D20W SULFIT FREE... 107

CLINIMIX E 5%/D25W SULFIT FREE... 108

CLINIMIX 2.75%/D5W SULFIT FREE... 107

CLINIMIX 4.25%-D20W SULF-FREE... 107

CLINIMIX 4.25%-D25W SULF-FREE... 107

CLINIMIX 4.25%/D10W SULF FREE... 107

CLINIMIX 4.25%/D5W SULFIT FREE... 107

CLINIMIX 5%-D20W(SULFITE-FREE)... 107

CLINIMIX 5%/D15W SULFITE FREE... 107

CLINIMIX 5%/D25W SULFITE-FREE... 107

CLINISOL SF 15 %... 108

CLINOLIPID... 108

clobazam... 33

clobetasol... 121

clobetasol-emollient... 121

CLOBEX... 121

clocortolone pivalate... 121

clodan... 122

CLODERM... 122

clofarabine... 51

CLOLAR... 51

clomipramine... 39

clonazepam... 72

clonidine hcl... 86, 97

clonidine... 86

clopidogrel... 80

clorazepate dipotassium... 72

CLOROTEKAL... 19

clotrimazole... 44

clotrimazole-betamethasone... 44

clovique... 108

clozapine... 63

CLOZARIL... 63

COARTEM... 59

codeine sulfate... 11

codeine-butalbital-asa-caff... 11

COGENTIN... 61

COLAZAL... 146

COLCRYS... 47

COLESTID FLAVORED... 86

COLESTID... 86

colestipol... 86

colistin (colistimethate na)... 26

colocort... 146

COLY-MYCIN M PARENTERAL... 26

COLY-MYCIN S... 164

COLYTE WITH FLAVOR PACKS... 114

COMBIGAN... 162

COMBIPATCH... 129

COMBIVENT RESPIMAT... 166

COMBIVIR... 67

COMETRIQ... 51

COMFORT EZ INSULIN SYRINGE... 151

COMFORT EZ PEN NEEDLES... 151

COMPAZINE... 42

COMPLERA... 67

complete natal dha... 108

compro... 42

COMTAN... 61

CONCEPT DHA... 108

CONCEPT OB... 108

CONCERTA... 98

CONDYLOX... 103

constulose... 114

CONZIP... 11

COPAXONE... 98

COPEGUS... 67

COPIKTRA... 51

CORDRAN TAPE LARGE ROLL... 122

COREG CR... 86

COREG... 86

coremino... 26

CORGARD... 86

CORLANOR... 86

CORLOPAM... 86

cormax... 122

CORTEF... 122

CORTENEMA... 146

CORTIFOAM... 146

cortisone... 122

CORTISPORIN... 103

CORTISPORIN-TC... 164
CORVERT... 86
CORZIDE... 86
COSENTYX (2 SYRINGES)... 103
COSENTYX PEN (2 PENS)... 103
COSENTYX PEN... 103
COSENTYX... 103
COSMEGEN... 51
COSOPT (PF)... 162
COSOPT... 162
COTELLIC... 51
COTEMPLA XR-ODT... 98
COUMADIN... 80
COZAAR... 86
CREON... 117
CRESEMBA... 44
CRESTOR... 86
CRINONE... 129
CRIXIVAN... 67
cromolyn... 162, 166
crotan... 59
cryselle (28)... 129
CRYSVITA... 118
CUBICIN RF... 26
CUBICIN... 26
CUPRIMINE... 108
CURITY ALCOHOL SWABS... 151
CURITY GAUZE... 151
CUTAQUIG... 141
CUTIVATE... 122
CUVPOSA... 114
cyclafem 1/35 (28)... 129
cyclafem 7/7/7 (28)... 129
CYCLESSA (28)... 129
cyclobenzaprine... 171
cyclophosphamide... 51
cycloserine... 49
CYCLOSET... 74
cyclosporine modified... 141
cyclosporine... 141
CYKLOKAPRON... 80
CYMBALTA... 39
cyproheptadine... 166
CYRAMZA... 51
cyred eq... 129
cyred... 129
CYSTADANE... 118
CYSTAGON... 118
CYSTARAN... 162
cytarabine (pf)... 51
cytarabine... 51
CYTOGAM... 141
CYTOMEL... 137
CYTOTEC... 114
CYTOVENE... 67

D

D.H.E.45... 47
dacarbazine... 51
DACOGEN... 51
dactinomycin... 51
DAKLINZA... 67
dalfampridine... 98
DALIRESP... 167
DALVANCE... 26
danazol... 129
DANTRIUM... 66
dantrolene... 66
dapsone... 49, 103
DAPTACEL (DTAP PEDIATRIC) (PF)... 141
daptomycin... 26
DARAPRIM... 59
darifenacin... 119
DARZALEX... 51
dasetta 1/35 (28)... 129
dasetta 7/7/7 (28)... 130
daunorubicin... 51
DAURISMO... 51
DAXBIA... 26
DAYPRO... 11
daysee... 130
DAYTRANA... 98
DDAVP... 126
deblitane... 130

decadron... 122

decitabine... 51

deferoxamine... 108

DEFITELIO... 151

DELESTROGEN... 130

DELSTRIGO... 67

deltasone... 122

delyla (28)... 130

DELZICOL... 146

DEMADEX... 86

demeclocycline... 26

DEMEROL (PF)... 11

DEMEROL... 11

DEMSER... 86

DENAVIR... 67

DEPACON... 33

DEPAKENE... 33

DEPAKOTE ER... 33

DEPAKOTE SPRINKLES... 33

DEPAKOTE... 33

DEPEN TITRATABS... 108

DEPO-ESTRADIOL... 130

DEPO-MEDROL... 122

DEPO-PROVERA... 130

DEPO-SUBQ PROVERA 104... 130

DEPO-TESTOSTERONE... 130

DERMA-SMOOTHE/FS BODY OIL... 122

DERMA-SMOOTHE/FS SCALP OIL... 122

DERMACEA... 151

DERMATOP... 122

DERMOTIC OIL... 164

DESCOVY... 67

DESFERAL... 108

desipramine... 39

desloratadine... 167

desmopressin... 126, 127

desog-e.estradiol/e.estradiol... 130

desogestrel-ethinyl estradiol... 130

DESONATE... 122

desonide... 122

DESOWEN... 122

desoximetasone... 122

DESOXYN... 98

desvenlafaxine succinate... 39

desvenlafaxine... 39

DETROL LA... 119

DETROL... 119

DEXAMETHASONE INTENSOL... 122

dexamethasone sodium phos (pf)... 122

dexamethasone sodium phosphate... 122, 162

dexamethasone... 122

dexchlorpheniramine maleate... 167

DEXEDRINE SPANSULE... 98

DEXILANT... 114

dexmethylphenidate... 98

DEXPAK 10 DAY... 122

DEXPAK 13 DAY... 123

DEXPAK 6 DAY... 123

dexrazoxane hcl... 51

dextroamphetamine... 98

dextroamphetamine-amphetamine... 98

dextrose 10 % and 0.2 % nacl... 108

dextrose 10 % in water (d10w)... 108

dextrose 20 % in water (d20w)... 108

dextrose 25 % in water (d25w)... 108

dextrose 30 % in water (d30w)... 108

dextrose 40 % in water (d40w)... 108

dextrose 5 % in water (d5w)... 108

dextrose 5 %-lactated ringers... 108

dextrose 5%-0.2 % sod chloride... 108

dextrose 5%-0.3 % sod.chloride... 108

dextrose 50 % in water (d50w)... 108

dextrose 70 % in water (d70w)... 108

DIAMOX SEQUELS... 86
DIASTAT ACUDIAL... 34
DIASTAT... 34
diazepam intensol... 72
diazepam... 34, 72
DIBENZYLINE... 86
DICLEGIS... 42
diclofenac epolamine... 11
diclofenac potassium... 11
diclofenac sodium... 11, 103, 162
diclofenac-misoprostol... 11
dicloxacillin... 26
dicyclomine... 114
didanosine... 67
DIFFERIN... 103
DIFICID... 26
diflorasone... 123
DIFLUCAN... 45
diflunisal... 11
digitek... 86
digox... 86
digoxin... 86
dihydroergotamine... 47
dilantin extended... 34
DILANTIN INFATABS... 34
dilantin... 34
DILANTIN-125... 34
DILATRATE-SR... 86
DILAUDID... 11
dilt-xr... 86
diltiazem hcl... 86, 87
dimenhydrinate... 42
DIOVAN HCT... 87
DIOVAN... 87
DIPENTUM... 146
DIPHEN... 167
diphenhydramine hcl... 167
diphenoxylate-atropine... 114
DIPROLENE... 123
dipyridamole... 80
disopyramide phosphate... 87
disulfiram... 21
DITROPAN XL... 119
DIURIL IV... 87
DIURIL... 87
divalproex... 34
DIVIGEL... 130
dobutamine in d5w... 87
dobutamine... 87
DOCEFREZ... 51
docetaxel... 51
dofetilide... 87
DOLOPHINE... 11
donepezil... 38
dopamine in 5 % dextrose... 87
dopamine... 87
DOPRAM... 167
DOPTELET (10 TAB PACK)... 80
DOPTELET (15 TAB PACK)... 80
DOPTELET (30 TAB PACK)... 80
DORIBAX... 26
doripenem... 26
DORYX MPC... 26
DORYX... 26
dorzolamide... 162
dorzolamide-timolol (pf)... 162
dorzolamide-timolol... 162
dothelle dha... 108
dotti... 130
DOVATO... 67
DOVONEX... 103
doxazosin... 87
doxepin... 73, 103
doxercalciferol... 147
DOXIL... 51
doxorubicin... 52
doxorubicin, peg-liposomal... 52
doxy-100... 26
doxycycline hyclate... 26
doxycycline monohydrate... 26
doxylamine-pyridoxine (vit b6)... 42
DRIZALMA SPRINKLE... 39
dronabinol... 42
droperidol... 42

DROPLET INSULIN SYR HALF UNIT... 152

DROPLET INSULIN SYRINGE... 152

DROPLET PEN NEEDLE... 152

DROPSAFE PEN NEEDLE... 152

drospirenone-e.estradiol-lm.fa... 130

drospirenone-ethinyl estradiol... 130

DROXIA... 52

DUAKLIR PRESSAIR... 167

DUAVEE... 130

DUET DHA WITH OMEGA-3... 108

DUETACT... 74

DUEXIS... 12

DULERA... 167

duloxetine... 39

DUOBRII... 103

DUOPA... 61

DUPIXENT... 167

DURAGESIC... 12

DURAMORPH (PF)... 12

DUREZOL... 162

dutasteride... 119

dutasteride-tamsulosin... 119

DUTOPROL... 87

DUZALLO... 47

dvorah... 12

DXEVO... 123

DYANAVEL XR... 98

DYAZIDE... 87

DYMISTA... 167

DYRENIUM... 87

d10 %-0.45 % sodium chloride... 108

d2.5 %-0.45 % sodium chloride... 108

d5 % and 0.9 % sodium chloride... 108

d5 %-0.45 % sodium chloride... 108

E

E.E.S. GRANULES... 26

E.E.S. 400... 26

EASY COMFORT ALCOHOL PAD... 152

EASY COMFORT INSULIN SYRINGE... 152

EASY COMFORT PEN NEEDLES... 152

EASY GLIDE INSULIN SYRINGE... 152

EASY GLIDE PEN NEEDLE... 152

EASY TOUCH ALCOHOL PREP PADS... 152

EASY TOUCH FLIPLOCK INSULIN... 152

EASY TOUCH INSULIN SAFETY SYR... 152

EASY TOUCH INSULIN SYRINGE... 153

EASY TOUCH LUER LOCK INSULIN... 153

EASY TOUCH PEN NEEDLE... 153

EASY TOUCH SHEATHLOCK INSULIN... 153

EASY TOUCH UNI-SLIP... 153

EASY TOUCH... 152

EC-NAPROSYN... 12

ec-naproxen... 12

econazole... 45

EDARBI... 87

EDARBYCLOR... 87

EDECRIN... 87

EDLUAR... 172

EDURANT... 67

efavirenz... 67

EFFEXOR XR... 39, 40

EFFIENT... 80

EFUDEX... 103

EGATEN... 59

EGRIFTA... 127

ELAPRASE... 118

electrolyte-48 in d5w... 108

ELELYSO... 118

ELESTAT... 162

ELESTRIN... 130

eletriptan... 47

ELIDEL... 103

ELIGARD (3 MONTH)... 138

ELIGARD (4 MONTH)... 138

ELIGARD (6 MONTH)... 138
ELIGARD... 138
ELIMITE... 59
elinest... 130
ELIQUIS... 80
ELITEK... 52
ELIXOPHYLLIN... 167
ELLA... 130
ELLENCE... 52
ELMIRON... 119
ELOCON... 123
EMADINE... 162
EMBEDA... 12
EMCYT... 52
EMEND (FOSAPREPITANT)... 43
EMEND... 43
EMFLAZA... 153
EMGALITY PEN... 153
EMGALITY SYRINGE... 153
emoquette... 130
EMPLICITI... 52
EMSAM... 40
EMTRIVA... 67
emverm... 59
ENABLEX... 120
enalapril maleate... 87
enalapril-hydrochlorothiazide... 88
enalaprilat... 88
ENBREL MINI... 141
ENBREL SURECLICK... 141
ENBREL... 141
ENDARI... 114
endocet... 12
ENDOMETRIN... 130
ENGERIX-B (PF)... 141
ENGERIX-B PEDIATRIC (PF)... 141
enlon... 153
ENLON-PLUS... 153
enoxaparin... 80
enpresse... 130
enskyce... 130
ENSTILAR... 103
entacapone... 61
entecavir... 67
ENTOCORT EC... 146
ENTRESTO... 88
ENTYVIO... 141
enulose... 114
ENVARSUS XR... 141
EPANED... 88
EPCLUSA... 67
EPIDIOLEX... 34
EPIDUO FORTE... 103
EPIDUO... 103
EPIFOAM... 104
epinastine... 162
epinephrine... 167
EPIPEN JR 2-PAK... 167
EPIPEN JR... 167
EPIPEN 2-PAK... 167
EPIPEN... 167
epirubicin... 52
epitol... 34
EPIVIR HBV... 67
EPIVIR... 67
eplerenone... 88
EPOGEN... 80
epoprostenol (glycine)... 167
eprosartan... 88
eptifibatide... 80
EPZICOM... 67
EQUETRO... 34
ERAXIS(WATER DILUENT)... 45
ERBITUX... 52
ergoloid... 38
ERGOMAR... 47
ergotamine-caffeine... 47
ERIVEDGE... 52
ERLEADA... 52
erlotinib... 52
errin... 130
ERTACZO... 45
ertapenem... 26
ERWINAZE... 52

ery pads... 27
ERY-TAB... 27
ERYGEL... 27
ERYPED 200... 27
ERYPED 400... 27
ERYTHROCIN (AS STEARATE)... 27
ERYTHROCIN... 27
erythromycin ethylsuccinate... 27
erythromycin with ethanol... 27
erythromycin... 27
erythromycin-benzoyl peroxide... 104
ESBRIET... 167
escitalopram oxalate... 40
ESGIC... 12
esmolol in nacl (iso-osm)... 88
esmolol... 88
esomeprazole magnesium... 114
esomeprazole sodium... 114
esomeprazole strontium... 114
estarylla... 130
estazolam... 73
ESTRACE... 130
estradiol valerate... 131
estradiol... 130, 131
estradiol-norethindrone acet... 131
ESTRING... 131
estropipate... 131
ESTROSTEP FE-28... 131
eszopiclone... 172
ethacrynate sodium... 88
ethacrynic acid... 88
ethambutol... 49
ethosuximide... 34
ethynodiol diac-eth estradiol... 131
ETHYOL... 52
etidronate disodium... 147
etodolac... 12
ETOPOPHOS... 52
etoposide... 52
EUCRISA... 104
EURAX... 59
EVAMIST... 131
EVEKEO ODT... 98
EVEKEO... 98
EVENITY... 147
EVISTA... 131
EVOCLIN... 27
EVOMELA... 52
EVOTAZ... 67
EVOXAC... 102
EVZIO... 21
EXALGO ER... 12
EXEL INSULIN... 153
EXELDERM... 45
EXELON... 38
exemestane... 52
EXFORGE HCT... 88
EXFORGE... 88
EXJADE... 108
EXTAVIA... 98
EXTINA... 45
EZALLOR SPRINKLE... 88
ezetimibe... 88
ezetimibe-simvastatin... 88

F

FABIOR... 104
FABRAZYME... 118
falmina (28)... 131
famciclovir... 67
famotidine (pf)... 114
famotidine (pf)-nacl (iso-os)... 114
famotidine... 114
FANAPT... 63
FARESTON... 52
FARXIGA... 74
FARYDAK... 52
FASENRA PEN... 167
FASENRA... 167
FASLODEX... 52
fayosim... 131
FAZACLO... 63
febuxostat... 47
felbamate... 34

FELBATOL... 34
FELDENE... 12
felodipine... 88
FEMARA... 52
FEMHRT LOW DOSE... 131
FEMRING... 131
femynor... 131
fenofibrate micronized... 88
fenofibrate nanocrystallized... 88
fenofibrate... 88
fenofibric acid (choline)... 88
fenofibric acid... 88
FENOGLIDE... 88
fenoprofen... 12
fentanyl citrate (pf)... 12
fentanyl citrate... 12
fentanyl... 12
FENTORA... 13
FERRIPROX... 108
FETZIMA... 40
FEXMID... 172
FIASP FLEXTOUCH U-100 INSULIN... 74
FIASP PENFILL U-100 INSULIN... 74
FIASP U-100 INSULIN... 74
FIBRICOR... 88
FINACEA... 104
finasteride... 120
fioricet... 13
FIORINAL... 13
FIORINAL-CODEINE #3... 13
FIRAZYR... 141
FIRDAPSE... 99
FIRMAGON KIT W DILUENT SYRINGE... 138
FIRMAGON... 138
FIRVANQ... 27
flac otic oil... 164
FLAGYL... 27
FLAREX... 162
flavoxate... 120
FLEBOGAMMA DIF... 141
flecainide... 88
FLECTOR... 13
FLOLIPID... 89
FLOMAX... 120
FLOVENT DISKUS... 167
FLOVENT HFA... 167
floxuridine... 52
fluconazole in dextrose(iso-o)... 45
fluconazole in nacl (iso-osm)... 45
fluconazole... 45
flucytosine... 45
fludarabine... 52
fludrocortisone... 123
FLUMADINE... 67
flumazenil... 153
flunisolide... 167
fluocinolone acetonide oil... 164
fluocinolone and shower cap... 123
fluocinolone... 123
fluocinonide... 123
fluocinonide-e... 123
fluocinonide-emollient... 123
fluorometholone... 162
fluorouracil... 52, 104
fluoxetine... 40
fluphenazine decanoate... 63
fluphenazine hcl... 63
flurandrenolide... 123
flurazepam... 172
flurbiprofen sodium... 162
flurbiprofen... 13
flutamide... 52
fluticasone propion-salmeterol... 167, 168
fluticasone propionate... 123, 168
fluvastatin... 89
fluvoxamine... 40
FML FORTE... 162
FML LIQUIFILM... 162
FML S.O.P.... 162
FOCALIN XR... 99
FOCALIN... 99

folivane-ob... 108
FOLOTYN... 52
fomepizole... 153
fondaparinux... 81
FORFIVO XL... 40
FORTAMET... 74
FORTAZ IN DEXTROSE 5 %... 27
FORTAZ... 27
FORTEO... 147
FORTESTA... 131
FOSAMAX PLUS D... 148
FOSAMAX... 148
fosamprenavir... 67
fosaprepitant... 43
foscarnet... 67
FOSCAVIR... 67
fosinopril... 89
fosinopril-hydrochlorothiazide... 89
fosphenytoin... 34
FOSRENOL... 109
FRAGMIN... 81
FREAMINE HBC 6.9 %... 109
FREAMINE III 10 %... 109
FREESTYLE PRECISION... 153
FROVA... 47
frovatriptan... 47
FULPHILA... 81
fulvestrant... 52
FURADANTIN... 27
furosemide... 89
FUSILEV... 52
FUZEON... 67
fyavolv... 131
FYCOMPA... 34

G

gabapentin... 34
GABITRIL... 34
GALAFOLD... 153
galantamine... 38
GAMASTAN S/D... 141
GAMASTAN... 141
GAMMAGARD LIQUID... 141
GAMMAGARD S-D (IGA < 1 MCG/ML)... 141
GAMMAKED... 141
GAMMAPLEX (WITH SORBITOL)... 141
GAMMAPLEX... 141
GAMUNEX-C... 141
ganciclovir sodium... 67
GARDASIL 9 (PF)... 141
GASTROCROM... 168
gatifloxacin... 27
GATTEX ONE-VIAL... 115
GATTEX 30-VIAL... 114
GAUZE BANDAGE... 153
GAUZE PAD... 153
gavilyte-c... 115
gavilyte-g... 115
gavilyte-n... 115
GAZYVA... 52
GELNIQUE... 120
gemcitabine... 53
gemfibrozil... 89
GEMZAR... 53
GENERESS FE... 131
generlac... 115
gengraf... 141
GENOTROPIN MINIQUICK... 127
GENOTROPIN... 127
gentak... 27
gentamicin in nacl (iso-osm)... 27
gentamicin sulfate (ped) (pf)... 27
gentamicin sulfate (pf)... 27
gentamicin... 27
GENVOYA... 68
GEODON... 63
GIANVI (28)... 131
GIAZO... 146
gildagia... 131
GILENYA... 99
GILOTRIF... 53
GLASSIA... 118
glatiramer... 99

glatopa... 99
GLEEVEC... 53
GLEOSTINE... 53
glimepiride... 74
glipizide... 74, 75
glipizide-metformin... 75
GLOPERBA... 47
GLUCAGEN HYPOKIT... 75
GLUCAGON EMERGENCY KIT (HUMAN)... 75
GLUCOPHAGE XR... 75
GLUCOPHAGE... 75
GLUCOTROL XL... 75
GLUCOTROL... 75
GLUCOVANCE... 75
GLUMETZA... 75
glyburide micronized... 75
glyburide... 75
glyburide-metformin... 75
GLYCATE... 115
GLYCOPHOS... 109
glycopyrrolate (pf) in water... 115
glycopyrrolate... 115
glydo... 19
GLYNASE... 75
GLYSET... 75
GLYXAMBI... 75
GOCOVRI... 61
GOLYTELY... 115
GRALISE 30-DAY STARTER PACK... 99
GRALISE... 99
granisetron (pf)... 43
granisetron hcl... 43
GRANIX... 81
GRASTEK... 168
GRIS-PEG (ULTRAMICROSIZE)... 45
griseofulvin microsize... 45
griseofulvin ultramicrosize... 45
guanfacine... 89, 99
guanidine... 48
GVOKE HYPOPEN... 75
GVOKE SYRINGE... 75
gynazole-1... 45

H

HAEGARDA... 141
hailey 24 fe... 131
hailey... 131
HALAVEN... 53
halcinonide... 123
HALCION... 73
HALDOL DECANOATE... 63
HALDOL... 63
halobetasol propionate... 123
HALOG... 123
haloperidol decanoate... 63
haloperidol lactate... 64
haloperidol... 63
HARVONI... 68
HAVRIX (PF)... 142
HEALTHWISE INSULIN SYRINGE... 154
HEALTHWISE PEN NEEDLE... 154
HEALTHY ACCENTS UNIFINE PENTIP... 154
heather... 131
HECTOROL... 148
HEMABATE... 128
HEMANGEOL... 89
hemenatal ob + dha... 109
hemenatal ob... 109
heparin (porcine)... 81
heparin, porcine (pf)... 81
HEPATAMINE 8%... 109
HEPSERA... 68
HERCEPTIN HYLECTA... 53
HERCEPTIN... 53
HETLIOZ... 172
HEXALEN... 53
HIBERIX (PF)... 142
hidex... 123
HIPREX... 27
HIZENTRA... 142
HORIZANT... 99
HUMALOG JUNIOR KWIKPEN U-100... 75

HUMALOG KWIKPEN INSULIN... 75

HUMALOG MIX 50-50 INSULN U-100... 75

HUMALOG MIX 50-50 KWIKPEN... 75

HUMALOG MIX 75-25 KWIKPEN... 75

HUMALOG MIX 75-25(U-100)INSULN... 75

HUMALOG U-100 INSULIN... 75, 76

HUMAPEN LUXURA HD... 154

HUMATROPE... 127

HUMIRA PEDIATRIC CROHNS START... 142

HUMIRA PEN CROHNS-UC-HS START... 142

HUMIRA PEN PSOR-UVEITS-ADOL HS... 142

HUMIRA PEN... 142

HUMIRA... 142

HUMIRA(CF) PEDI CROHNS STARTER... 142

HUMIRA(CF) PEN CROHNS-UC-HS... 142

HUMIRA(CF) PEN PSOR-UV-ADOL HS... 142

HUMIRA(CF) PEN... 142

HUMIRA(CF)... 142

HUMULIN N NPH INSULIN KWIKPEN... 76

HUMULIN N NPH U-100 INSULIN... 76

HUMULIN R REGULAR U-100 INSULN... 76

HUMULIN R U-500 (CONC) INSULIN... 76

HUMULIN R U-500 (CONC) KWIKPEN... 76

HUMULIN 70/30 U-100 INSULIN... 76

HUMULIN 70/30 U-100 KWIKPEN... 76

HYCAMTIN... 53

hydralazine... 89

HYDREA... 53

hydrochlorothiazide... 89

hydrocodone-acetaminophen... 13

hydrocodone-ibuprofen... 13

hydrocortisone butyr-emollient... 124

hydrocortisone butyrate... 124

hydrocortisone valerate... 124

hydrocortisone... 123, 124, 146

hydrocortisone-acetic acid... 165

hydrocortisone-min oil-wht pet... 124

hydromorphone (pf)... 13

hydromorphone... 13

hydroxychloroquine... 60

hydroxyprogest(pf)(preg presv)... 131

hydroxyprogesterone cap(ppres)... 131

hydroxyprogesterone caproate... 131

hydroxyurea... 53

hydroxyzine hcl... 73

hydroxyzine pamoate... 168

HYPERRAB (PF)... 142

HYPERRAB S/D (PF)... 142

HYPERTET S/D (PF)... 142

HYSINGLA ER... 13

HYZAAR... 89

I

ibandronate... 148

IBRANCE... 53

ibu... 13

IBUDONE... 13, 14

ibuprofen... 14

ibuprofen-oxycodone... 14

ibutilide fumarate... 89

icatibant... 142

ICLUSIG... 53

IDAMYCIN PFS... 53

idarubicin... 53

IDHIFA... 53

IFEX... 53

ifosfamide... 53

ILEVRO... 162

ILUMYA... 104
imatinib... 53
IMBRUVICA... 53
IMFINZI... 53
imipenem-cilastatin... 28
imipramine hcl... 40
imipramine pamoate... 40
imiquimod... 104
IMITREX STATDOSE PEN... 48
IMITREX STATDOSE REFILL... 48
IMITREX... 47, 48
IMLYGIC... 53
IMOGAM RABIES-HT (PF)... 142
IMOVAX RABIES VACCINE (PF)... 142
IMPAVIDO... 60
IMPOYZ... 124
IMURAN... 142
INBRIJA... 61
incassia... 131
INCONTROL ALCOHOL PADS... 154
INCONTROL PEN NEEDLE... 154
INCRELEX... 127
INCRUSE ELLIPTA... 168
indapamide... 89
INDERAL LA... 89
INDOCIN... 14
indomethacin sodium... 14
indomethacin... 14
INFANRIX (DTAP) (PF)... 142
INFLECTRA... 143
INFUGEM... 54
INFUMORPH P/F... 14
INGREZZA INITIATION PACK... 99
INGREZZA... 99
INLYTA... 54
INNOPRAN XL... 89
INREBIC... 54
INSPRA... 89
insulin lispro... 76
INSULIN SYR/NDL U100 HALF MARK... 154
INSULIN SYRINGE MICROFINE... 154
INSULIN SYRINGE NEEDLELESS... 154
INSULIN SYRINGE... 154
INSULIN SYRINGE-NEEDLE U-100... 154
INSUPEN... 154
INTEGRILIN... 81
INTELENCE... 68
INTERMEZZO... 172
INTRALIPID... 109
INTRON A... 68
introvale... 131
INTUNIV ER... 99
INVANZ... 28
INVEGA SUSTENNA... 64
INVEGA TRINZA... 64
INVEGA... 64
INVELTYS... 162
INVIRASE... 68
INVOKAMET XR... 76
INVOKAMET... 76
INVOKANA... 76
IONOSOL-B IN D5W... 109
IONOSOL-MB IN D5W... 109
IOPIDINE... 162
IPOL... 143
ipratropium bromide... 168
ipratropium-albuterol... 168
irbesartan... 89
irbesartan-hydrochlorothiazide... 89
IRENKA... 40
IRESSA... 54
irinotecan... 54
ISENTRESS HD... 68
ISENTRESS... 68
isibloom... 131
isochron... 89
ISOLYTE S PH 7.4... 109
ISOLYTE-P IN 5 % DEXTROSE... 109
ISOLYTE-S... 109
isoniazid... 49
ISOPTO CARPINE... 162
ISORDIL TITRADOSE... 89

ISORDIL... 89
isosorbide dinitrate... 89
isosorbide mononitrate... 89
isotretinoin... 104
isradipine... 89
ISTALOL... 162
ISTODAX... 54
ISUPREL... 90
itraconazole... 45
IV PREP WIPES... 154
ivermectin... 60, 104
IXEMPRA... 54
IXIARO (PF)... 143

J

JADENU SPRINKLE... 109
JADENU... 109
JAKAFI... 54
JALYN... 120
jantoven... 81
JANUMET XR... 76
JANUMET... 76
JANUVIA... 76
JARDIANCE... 76
jasmiel (28)... 131
jencycla... 131
JENTADUETO XR... 76
JENTADUETO... 76
JEVANTIQUE LO... 131
JEVTANA... 54
jinteli... 131
JOLESSA... 131
JOLIVETTE... 131
JUBLIA... 45
juleber... 132
JULUCA... 68
junel fe 1.5/30 (28)... 132
junel fe 1/20 (28)... 132
junel fe 24... 132
junel 1.5/30 (21)... 132
junel 1/20 (21)... 132
JUXTAPID... 90
JYNARQUE... 109

K

K-TAB... 109
KABIVEN... 109
KADCYLA... 54
KADIAN... 14
kaitlib fe... 132
KALETRA... 68
kalliga... 132
KALYDECO... 168
KANJINTI... 54
KANUMA... 118
KAPSPARGO SPRINKLE... 90
KAPVAY... 99
KARBINAL ER... 168
kariva (28)... 132
KATERZIA... 90
KAZANO... 76
KEDRAB (PF)... 143
KEFLEX... 28
kelnor 1-50... 132
kelnor 1/35 (28)... 132
KENALOG... 124
KENALOG-80... 124
KENGREAL... 81
KEPIVANCE... 102
KEPPRA XR... 34
KEPPRA... 34
KERYDIN... 45
ketoconazole... 45
ketodan... 45
ketoprofen... 14
ketorolac... 14, 162
KEVEYIS... 90
KEVZARA... 143
KEYTRUDA... 54
KHAPZORY... 54
KHEDEZLA... 40
kimidess (28)... 132
KINERET... 143
KINRIX (PF)... 143
KIONEX (WITH SORBITOL)... 109
kionex... 109

KISQALI FEMARA CO-PACK... 54

KISQALI... 54

KITABIS PAK... 28

KLARON... 28

KLONOPIN... 73

klor-con m10... 109

KLOR-CON M15... 109

klor-con m20... 109

klor-con sprinkle... 109

KLOR-CON 10... 109

KLOR-CON 8... 109

klor-con... 109

KOMBIGLYZE XR... 76

KORLYM... 154

KOSHER PRENATAL PLUS IRON... 109

KRINTAFEL... 60

KRISTALOSE... 115

kurvelo (28)... 132

KUVAN... 118

KYNAMRO... 90

KYPROLIS... 54

L

l norgest/e.estradiol-e.estrad... 132

labetalol... 90

LACRISERT... 162

lactated ringers... 109, 154

lactulose... 115

LAMICTAL ODT STARTER (BLUE)... 35

LAMICTAL ODT STARTER (GREEN)... 35

LAMICTAL ODT STARTER (ORANGE)... 35

LAMICTAL ODT... 35

LAMICTAL STARTER (BLUE) KIT... 35

LAMICTAL STARTER (GREEN) KIT... 35

LAMICTAL STARTER (ORANGE) KIT... 35

LAMICTAL XR STARTER (BLUE)... 35

LAMICTAL XR STARTER (GREEN)... 35

LAMICTAL XR STARTER (ORANGE)... 35

LAMICTAL XR... 35

LAMICTAL... 35

LAMISIL... 45

lamivudine... 68

lamivudine-zidovudine... 68

lamotrigine... 35

LANOXIN PEDIATRIC... 90

LANOXIN... 90

lansoprazole... 115

lanthanum... 109

LANTUS SOLOSTAR U-100 INSULIN... 77

LANTUS U-100 INSULIN... 77

larin fe 1.5/30 (28)... 132

larin fe 1/20 (28)... 132

larin 1.5/30 (21)... 132

larin 1/20 (21)... 132

larin 24 fe... 132

larissia... 132

LARTRUVO... 54

LASIX... 90

LASTACAFT... 162

latanoprost... 162

LATUDA... 64

LAYOLIS FE... 132

LAZANDA... 14

ledipasvir-sofosbuvir... 68

LEENA 28... 132

leflunomide... 143

LEMTRADA... 99

LENVIMA... 54

LESCOL XL... 90

LESCOL... 90

lessina... 132

LETAIRIS... 168

letrozole... 54

leucovorin calcium... 55

LEUKERAN... 55

LEUKINE... 81

leuprolide... 138

levalbuterol hcl... 168

levalbuterol tartrate... 168

LEVAQUIN... 28

LEVEMIR FLEXTOUCH U-100 INSULN... 77

LEVEMIR U-100 INSULIN... 77

levetiracetam in nacl (iso-os)... 36

levetiracetam... 35

LEVO-T... 137

levobunolol... 162

levocarnitine (with sugar)... 110

levocarnitine... 109

levocetirizine... 168

levofloxacin in d5w... 28

levofloxacin... 28

levoleucovorin calcium... 55

levonest (28)... 132

levonorg-eth estrad triphasic... 132

levonorgestrel-ethinyl estrad... 132

LEVOPHED (BITARTRATE)... 90

levora-28... 132

levorphanol tartrate... 14

levothyroxine... 137

LEVOXYL... 137

LEVULAN... 55

LEXAPRO... 40

LEXETTE... 124

LEXIVA... 68

LIALDA... 146

LIBTAYO... 55

lidocaine (pf) in d7.5w... 19

lidocaine (pf)... 19, 90

lidocaine hcl... 19

lidocaine in 5 % dextrose (pf)... 90

lidocaine viscous... 19

lidocaine... 19

lidocaine-epinephrine bit... 19

lidocaine-epinephrine... 19

lidocaine-prilocaine... 19

LIDODERM... 19

lillow (28)... 132

LINCOCIN... 28

lincomycin... 28

lindane... 60

linezolid in dextrose 5%... 28

linezolid... 28

linezolid-0.9% sodium chloride... 28

LINZESS... 115

liothyronine... 137

LIPITOR... 90

lipodox 50... 55

lipodox... 55

LIPOFEN... 90

lisinopril... 90

lisinopril-hydrochlorothiazide... 90

LITE TOUCH INSULIN PEN NEEDLES... 154

LITE TOUCH INSULIN SYRINGE... 155

lithium carbonate... 73

lithium citrate... 73

LITHOBID... 73

LITHOSTAT... 155

LIVALO... 90

LO LOESTRIN FE... 132

lo-zumandimine (28)... 132

LOCOID LIPOCREAM... 124

LOCOID... 124

locort... 124

LODINE... 14

LODOSYN... 61

loestrin fe 1.5/30 (28-day)... 132

loestrin fe 1/20 (28-day)... 132

loestrin 1.5/30 (21)... 132

loestrin 1/20 (21)... 132

LOKELMA... 110

lomedia 24 fe... 133

LOMOTIL... 115

LONHALA MAGNAIR REFILL... 168

LONHALA MAGNAIR STARTER... 168

LONSURF... 55

loperamide... 115

LOPID... 90

lopinavir-ritonavir... 68

LOPREEZA... 133

LOPRESSOR HCT... 90
LOPRESSOR... 90
LOPROX (AS OLAMINE)... 45
LOPROX... 45
LORAZEPAM INTENSOL... 73
lorazepam... 73
LORBRENA... 55
lorcet (hydrocodone)... 14
lorcet hd... 14
lorcet plus... 14
lortab elixir... 14
loryna (28)... 133
LORZONE... 172
losartan... 90
losartan-hydrochlorothiazide... 90
LOSEASONIQUE... 133
LOTEMAX SM... 163
LOTEMAX... 163
LOTENSIN HCT... 90
LOTENSIN... 90
loteprednol etabonate... 163
LOTREL... 91
LOTRISONE... 45
LOTRONEX... 115
lovastatin... 91
LOVAZA... 91
LOVENOX... 81
low-ogestrel (28)... 133
loxapine succinate... 64
LUCEMYRA... 21
luliconazole... 45
LUMIGAN... 163
LUMIZYME... 118
LUMOXITI... 55
LUNESTA... 172
LUPANETA PACK (1 MONTH)... 138
LUPANETA PACK (3 MONTH)... 138
LUPRON DEPOT (3 MONTH)... 138
LUPRON DEPOT (4 MONTH)... 138
LUPRON DEPOT (6 MONTH)... 138
LUPRON DEPOT... 138
LUPRON DEPOT-PED (3 MONTH)... 139
LUPRON DEPOT-PED... 138
lutera (28)... 133
LUXIQ... 124
LUZU... 45
LYNPARZA... 55
LYRICA CR... 99
LYRICA... 99
LYSODREN... 138
LYSTEDA... 81
lyza... 133

M

M-M-R II (PF)... 143
m-natal plus... 110
MACROBID... 28
MACRODANTIN... 28
mafenide acetate... 28
MAGELLAN INSULIN SAFETY SYRNG... 155
MAGELLAN SYRINGE... 155
magnesium sulfate in d5w... 110
magnesium sulfate in water... 110
magnesium sulfate... 110
MAKENA (PF)... 133
MAKENA... 133
MALARONE PEDIATRIC... 60
MALARONE... 60
malathion... 60
mannitol 10 %... 91
mannitol 20 %... 91
mannitol 25 %... 91
mannitol 5 %... 91
maprotiline... 40
MARCAINE (PF)... 19
MARCAINE SPINAL (PF)... 19
MARCAINE... 19
MARCAINE-EPINEPHRINE (PF)... 20
MARCAINE-EPINEPHRINE... 19, 20
MARINOL... 43
marlissa (28)... 133
MARPLAN... 40
MARQIBO... 55

MARTEN-TAB... 14
MATULANE... 55
matzim la... 91
MAVENCLAD (10 TABLET PACK)... 99
MAVENCLAD (4 TABLET PACK)... 99
MAVENCLAD (5 TABLET PACK)... 99
MAVENCLAD (6 TABLET PACK)... 99
MAVENCLAD (7 TABLET PACK)... 99
MAVENCLAD (8 TABLET PACK)... 99
MAVENCLAD (9 TABLET PACK)... 99
MAVYRET... 68
MAXALT... 48
MAXALT-MLT... 48
MAXI-COMFORT INSULIN SYRINGE... 155
MAXICOMFORT II PEN NEEDLE... 155
MAXICOMFORT INSULIN SYRINGE... 155
MAXICOMFORT SAFETY PEN NEEDLE... 155
MAXIDEX... 163
MAXIPIME... 28
MAXITROL... 163
MAXZIDE... 91
MAXZIDE-25MG... 91
MAYZENT STARTER PACK... 99
MAYZENT... 99
meclizine... 43
meclofenamate... 14
MEDROL (PAK)... 124
MEDROL... 124
medroxyprogesterone... 133
mefenamic acid... 14
mefloquine... 60
MEGACE ES... 133
megestrol... 133
MEKINIST... 55
MEKTOVI... 55
melodetta 24 fe... 133
meloxicam... 14
melphalan hcl... 55
melphalan... 55
memantine... 38
MENACTRA (PF)... 143
MENEST... 133
MENOSTAR... 133
MENTAX... 45
MENVEO A-C-Y-W-135-DIP (PF)... 143
meperidine (pf)... 15
meperidine... 14, 15
mepivacaine (pf)... 20
meprobamate... 73
MEPRON... 60
MEPSEVII... 118
mercaptopurine... 55
meropenem... 28
meropenem-0.9% sodium chloride... 28
MERREM... 28
mesalamine... 146, 147
mesna... 55
MESNEX... 55
MESTINON TIMESPAN... 48
MESTINON... 48
metadate er... 99
metaproterenol... 168
metaxall... 172
metaxalone... 172
metformin... 77
methadone intensol... 15
methadone... 15
METHADOSE... 15
methamphetamine... 100
methazolamide... 91
methenamine hippurate... 28
methergine... 155
methimazole... 139
METHITEST... 133
methocarbamol... 172
methotrexate sodium (pf)... 143
methotrexate sodium... 143
methoxsalen... 104
methscopolamine... 115
methyclothiazide... 91

methyldopa... 91
methyldopa-hydrochlorothiazide... 91
methyldopate... 91
methylergonovine... 155
METHYLIN... 100
methylphenidate hcl... 100
methylprednisolone acetate... 124
methylprednisolone sodium succ... 124
methylprednisolone... 124
methyltestosterone... 133
metipranolol... 163
metoclopramide hcl... 43
metolazone... 91
metoprolol succinate... 91
metoprolol ta-hydrochlorothiaz... 91
metoprolol tartrate... 91
METRO I.V.... 28
METROCREAM... 28
METROGEL VAGINAL... 28
METROGEL... 28
METROLOTION... 28
metronidazole in nacl (iso-os)... 29
metronidazole... 28, 29
mexiletine... 91
MIACALCIN... 148
mibelas 24 fe... 133
MICARDIS HCT... 91
MICARDIS... 91
miconazole nitrate-zinc ox-pet... 46
miconazole-3... 46
MICORT-HC... 124
MICRODOT INSULIN PEN NEEDLE... 155
MICROGESTIN FE 1.5/30 (28)... 133
MICROGESTIN FE 1/20 (28)... 133
MICROGESTIN 1.5/30 (21)... 133
MICROGESTIN 1/20 (21)... 133
MICROGESTIN 24 FE... 133
MICROZIDE... 91
midodrine... 91
migergot... 48
miglitol... 77
miglustat... 118
MIGRANAL... 48
mili... 133
MILLIPRED DP... 124
MILLIPRED... 124
milrinone in 5 % dextrose... 91
milrinone... 91
mimvey lo... 133
mimvey... 133
MINASTRIN 24 FE... 133
MINI ULTRA-THIN II... 155
MINIPRESS... 91
minitran... 91, 92
MINIVELLE... 133
MINOCIN... 29
minocycline... 29
MINOLIRA ER... 29
minoxidil... 92
MIOSTAT... 163
MIRAPEX ER... 61
MIRAPEX... 61
MIRCERA... 81, 82
mircette (28)... 133
mirtazapine... 40
MIRVASO... 104
misoprostol... 115
mitigo (pf)... 15
mitomycin... 55
mitoxantrone... 55
MOBIC... 15
modafinil... 172
moderiba dose pack... 68
moderiba... 68
moexipril... 92
moexipril-hydrochlorothiazide... 92
molindone... 64
mometasone... 124, 125, 168
mondoxyne nl... 29
mono-linyah... 133

MONOJECT INSULIN SAFETY SYRING... 155

MONOJECT INSULIN SYRINGE... 155

MONOJECT SYRINGE... 156

MONOJECT ULTRA COMFORT INSULIN... 156

MONONESSA (28)... 133

montelukast... 168

MONUROL... 29

morgidox... 29

MORPHABOND ER... 15

morphine (pf)... 16

morphine concentrate... 16

morphine... 15, 16

MOTEGRITY... 115

MOTOFEN... 115

MOVANTIK... 115

MOVIPREP... 115

MOXEZA... 29

moxifloxacin... 29

moxifloxacin-sod.ace,sul-water... 29

moxifloxacin-sod.chloride(iso)... 29

MOZOBIL... 82

MS CONTIN... 16

MULPLETA... 82

MULTAQ... 92

mupirocin calcium... 29

mupirocin... 29

MUSTARGEN... 55

MUTAMYCIN... 55

MVASI... 55

MYALEPT... 115

MYAMBUTOL... 49

MYCAMINE... 46

MYCOBUTIN... 49

mycophenolate mofetil hcl... 143

mycophenolate mofetil... 143

mycophenolate sodium... 143

MYDAYIS... 100

MYFORTIC... 143

MYLOTARG... 55

myorisan... 104

MYRBETRIQ... 120

MYSOLINE... 36

MYTESI... 115

myzilra... 134

N

nabumetone... 16

nadolol... 92

nadolol-bendroflumethiazide... 92

nafcillin in dextrose iso-osm... 29

nafcillin... 29

naftifine... 46

NAFTIN... 46

NAGLAZYME... 118

nalbuphine... 16

NALFON... 16

nalocet... 16

naloxone... 21

naltrexone... 21

NAMENDA TITRATION PAK... 38

NAMENDA XR... 38

NAMENDA... 38

NAMZARIC... 38

NAPRELAN CR... 16

NAPROSYN... 16

naproxen sodium... 16

naproxen... 16

naratriptan... 48

NARCAN... 21

NARDIL... 40

NAROPIN (PF)... 20

NASONEX... 168

NATACHEW (FE BIS-GLYCINATE)... 110

NATACYN... 46

NATAZIA... 134

nateglinide... 77

NATELLE ONE... 110

NATESTO... 134

NATPARA... 148

NATRECOR... 92

NATROBA... 60

NAVELBINE... 55

NAYZILAM... 36

NEBUPENT... 60

necon 0.5/35 (28)... 134

NECON 7/7/7 (28)... 134

nefazodone... 40

NEMBUTAL SODIUM... 36

neo-polycin hc... 163

neo-polycin... 163

NEO-SYNALAR... 104

neomycin... 29

neomycin-bacitracin-poly-hc... 163

neomycin-bacitracin-polymyxin... 163

neomycin-polymyxin b gu... 156

neomycin-polymyxin b-dexameth... 163

neomycin-polymyxin-gramicidin... 163

neomycin-polymyxin-hc... 163, 165

NEORAL... 143

NEOSPORIN GU IRRIGANT... 156

NEPHRAMINE 5.4 %... 110

neptazane... 92

NERLYNX... 56

NESACAINE... 20

NESACAINE-MPF... 20

NESINA... 77

neuac... 104

NEULASTA... 82

NEUPOGEN... 82

NEUPRO... 61

NEURONTIN... 36

NEVANAC... 163

nevirapine... 68, 69

NEXA PLUS... 110

NEXAVAR... 56

NEXIUM IV... 115

NEXIUM PACKET... 115

NEXIUM... 115

NEXTERONE... 92

niacin... 92

niacor... 92

NIASPAN EXTENDED-RELEASE... 92

nicardipine... 92

NICOTROL NS... 21

NICOTROL... 21

nifedipine... 92

nikki (28)... 134

NILANDRON... 56

nilutamide... 56

nimodipine... 92

NINLARO... 56

NIPENT... 56

nisoldipine... 92

nitisinone... 118

NITRO-BID... 92

NITRO-DUR... 92

nitrofurantoin macrocrystal... 29

nitrofurantoin monohyd/m-cryst... 29

nitrofurantoin... 29

nitroglycerin in 5 % dextrose... 92

nitroglycerin... 92

NITROMIST... 92

NITROSTAT... 93

NITYR... 118

NIVESTYM... 82

nizatidine... 115

NIZORAL... 46

NOCDURNA (MEN)... 127

NOCDURNA (WOMEN)... 127

NOCTIVA... 127

nolix... 125

NORA-BE... 134

NORCO... 16

NORDITROPIN FLEXPRO... 127

norepinephrine bitartrate... 93

noreth-ethinyl estradiol-iron... 134

norethindrone (contraceptive)... 134

norethindrone ac-eth estradiol... 134

norethindrone acetate... 134

norethindrone-e.estradiol-iron... 134

norgesic forte... 172

norgestimate-ethinyl estradiol... 134

NORITATE... 29

norlyda... 134

norlyroc... 134

NORMOSOL-M IN 5 % DEXTROSE... 110

NORMOSOL-R IN 5 % DEXTROSE... 110

NORMOSOL-R PH 7.4... 110

NORMOSOL-R... 110

NORPACE CR... 93

NORPACE... 93

NORPRAMIN... 40

NORTHERA... 93

nortrel 0.5/35 (28)... 134

nortrel 1/35 (21)... 134

nortrel 1/35 (28)... 134

nortrel 7/7/7 (28)... 134

nortriptyline... 40

NORVASC... 93

NORVIR... 69

NOURIANZ... 61

NOVAREL... 127

NOVOFINE AUTOCOVER... 156

NOVOFINE PLUS... 156

NOVOFINE 30... 156

NOVOFINE 32... 156

NOVOLIN N NPH U-100 INSULIN... 77

NOVOLIN R REGULAR U-100 INSULN... 77

NOVOLIN 70-30 FLEXPEN U-100... 77

NOVOLIN 70/30 U-100 INSULIN... 77

NOVOLOG FLEXPEN U-100 INSULIN... 77

NOVOLOG MIX 70-30 U-100 INSULN... 77

NOVOLOG MIX 70-30FLEXPEN U-100... 77

NOVOLOG PENFILL U-100 INSULIN... 77

NOVOLOG U-100 INSULIN ASPART... 77

NOVOPEN ECHO... 156

NOVOTWIST... 156

NOXAFIL... 46

NUBEQA... 56

NUCALA... 168

NUCYNTA ER... 16

NUCYNTA... 16

NUEDEXTA... 100

NULYTELY WITH FLAVOR PACKS... 116

NUPLAZID... 64

NUTRESTORE... 116

NUTRILIPID... 110

NUTROPIN AQ NUSPIN... 127

NUVARING... 134

NUVESSA... 29

NUVIGIL... 172

NUZYRA (7 DAY WITH LOAD DOSE)... 29

NUZYRA (7 DAY)... 29

NUZYRA... 29

nyamyc... 46

NYMALIZE... 93

nystatin... 46

nystatin-triamcinolone... 46

nystop... 46

O

O-CAL PRENATAL... 110

OB COMPLETE ONE... 110

OB COMPLETE PETITE... 110

OB COMPLETE PREMIER... 110

OB COMPLETE... 110

OCALIVA... 118

OCELLA... 134

OCREVUS... 100

OCTAGAM... 143

octreotide acetate... 139

OCUFLOX... 29

ODEFSEY... 69

ODOMZO... 56

OFEV... 168

ofloxacin... 29, 30
ogestrel (28)... 134
okebo... 30
olanzapine... 64
olanzapine-fluoxetine... 40
olmesartan... 93
olmesartan-amlodipin-hcthiazid... 93
olmesartan-hydrochlorothiazide... 93
olopatadine... 163, 168
OLUMIANT... 143
OLUX... 125
OLUX-E... 125
OLYSIO... 69
OMECLAMOX-PAK... 116
omega-3 acid ethyl esters... 93
OMEGAVEN... 110
omeppi... 116
omeprazole... 116
omeprazole-sodium bicarbonate... 116
OMNARIS... 168
OMNIPOD DASH INSULIN POD... 156
OMNIPOD INSULIN MANAGEMENT... 156
OMNIPOD INSULIN REFILL... 156
OMNIPRED... 163
OMNITROPE... 127
ONCASPAR... 56
ondansetron hcl (pf)... 43
ondansetron hcl... 43
ondansetron... 43
ONEXTON... 104
ONFI... 36
ONGLYZA... 77
ONIVYDE... 56
ONMEL... 46
ONZETRA XSAIL... 48
OPANA... 16
OPDIVO... 56
opium tincture... 116
OPSUMIT... 168
ORACEA... 30
ORALAIR... 169
oralone... 102
ORAP... 64
ORAPRED ODT... 125
ORAVIG... 46
ORBACTIV... 30
ORENCIA CLICKJECT... 143
ORENCIA... 143
ORENITRAM... 169
ORFADIN... 118
ORILISSA... 139
ORKAMBI... 169
orphenadrine citrate... 172
orphenadrine-asa-caffeine... 172
orphengesic forte... 172
orsythia... 134
ORTHO MICRONOR... 134
ORTHO TRI-CYCLEN (28)... 134
ORTHO TRI-CYCLEN LO (28)... 134
ORTHO-CYCLEN (28)... 134
ORTHO-NOVUM 1/35 (28)... 134
ORTHO-NOVUM 7/7/7 (28)... 134
oseltamivir... 69
OSENI... 77
OSMITROL 10 %... 93
OSMITROL 15 %... 93
OSMITROL 20 %... 93
OSMITROL 5 %... 93
OSMOLEX ER... 61
OSMOPREP... 116
OTEZLA STARTER... 143, 144
OTEZLA... 143
OTOVEL... 165
OTREXUP (PF)... 144
ovide... 60
oxacillin in dextrose(iso-osm)... 30
oxacillin... 30
oxaliplatin... 56
oxandrolone... 134
oxaprozin... 16
OXAYDO... 17

oxazepam... 73
oxcarbazepine... 36
OXERVATE... 163
oxiconazole... 46
OXISTAT... 46
OXSORALEN ULTRA... 104
OXTELLAR XR... 36
oxybutynin chloride... 120
oxycodone... 17
oxycodone-acetaminophen... 17
oxycodone-aspirin... 17
OXYCONTIN... 17
oxymorphone... 17
oxytocin... 156
OXYTROL... 120
OZEMPIC... 78

P

PACERONE... 93
paclitaxel... 56
paliperidone... 64
PALYNZIQ... 118
PAMELOR... 40
pamidronate... 148
PANCREAZE... 118
PANDEL... 125
panlor(acetam-caff-dihydrocod)... 17
PANRETIN... 56
pantoprazole... 116
PANZYGA... 144
paricalcitol... 148
PARLODEL... 61
PARNATE... 41
paroex oral rinse... 102
paromomycin... 30
paroxetine hcl... 41
paroxetine mesylate(menop.sym)... 41
PASER... 49
PATADAY... 163
PATANASE... 169
PATANOL... 163
PAXIL CR... 41
PAXIL... 41
PAZEO... 163
PCE... 30
PEDIAPRED... 125
PEDIARIX (PF)... 144
PEDVAX HIB (PF)... 144
peg 3350-electrolytes... 116
peg-electrolyte soln... 116
peg-prep... 116
PEGANONE... 36
PEGASYS PROCLICK... 69
PEGASYS... 69
PEGINTRON... 69
PEN NEEDLE... 156
PEN NEEDLE, DIABETIC... 156
penicillamine... 110
penicillin g pot in dextrose... 30
penicillin g potassium... 30
penicillin g procaine... 30
penicillin g sodium... 30
penicillin v potassium... 30
PENLAC... 46
PENNSAID... 17
PENTACEL (PF)... 144
PENTAM... 60
pentamidine... 60
PENTASA... 147
pentazocine-naloxone... 17
PENTIPS... 156
pentobarbital sodium... 36
pentoxifylline... 93
pepcid... 116
PERCOCET... 17
PERFOROMIST... 169
PERIKABIVEN... 110
perindopril erbumine... 93
periogard... 102
PERJETA... 56
permethrin... 60
perphenazine... 64
perphenazine-amitriptyline... 41

PERSERIS... 64
PERTZYE... 118
PEXEVA... 41
pfizerpen-g... 30
phenadoz... 43
phenelzine... 41
phenergan... 43
phenobarbital sodium... 36
phenobarbital... 36
phenoxybenzamine... 93
phenylephrine hcl... 93
PHENYTEK... 36
phenytoin sodium extended... 36
phenytoin sodium... 36
phenytoin... 36
philith... 134
PHOSLYRA... 110
PHOSPHOLINE IODIDE... 163
phrenilin forte(with caffeine)... 17
PHYSIOLYTE... 156
PHYSIOSOL IRRIGATION... 156
PICATO... 104
PIFELTRO... 69
pilocarpine hcl... 102, 163
pimecrolimus... 104
pimozide... 64
pimtrea (28)... 134
pindolol... 93
pioglitazone... 78
pioglitazone-glimepiride... 78
pioglitazone-metformin... 78
piperacillin-tazobactam... 30
PIQRAY... 56
pirmella... 135
piroxicam... 17
PITOCIN... 156
PLAQUENIL... 60
PLASMA-LYTE A... 110
PLASMA-LYTE 148... 110
PLAVIX... 82
PLEGRIDY... 100
plenamine... 110
PLENVU... 116
PLIAGLIS... 20
plixda... 104
pnv ob+dha... 110
podofilox... 104
POLIVY... 56
polocaine... 20
polocaine-mpf... 20
polycin... 163
polymyxin b sulf-trimethoprim... 163
polymyxin b sulfate... 30
POLYTRIM... 163
POMALYST... 56
PONSTEL... 17
portia 28... 135
PORTRAZZA... 56
posaconazole... 46
potassium acetate... 110
potassium chlorid-d5-0.45%nacl... 110
potassium chloride in lr-d5... 111
potassium chloride in water... 111
potassium chloride in 0.9%nacl... 111
potassium chloride in 5 % dex... 111
potassium chloride... 110, 111
potassium chloride-d5-0.2%nacl... 111
potassium chloride-d5-0.3%nacl... 111
potassium chloride-d5-0.9%nacl... 111
potassium chloride-0.45 % nacl... 111
potassium citrate... 111
POTELIGEO... 56
pr natal 400 ec... 111
pr natal 400... 111
pr natal 430 ec... 111
pr natal 430... 111
PRADAXA... 82
PRALUENT PEN... 93

pramipexole... 61
prandin... 78
prasugrel... 82
PRAVACHOL... 93
pravastatin... 93
praziquantel... 60
prazosin... 93
PRECOSE... 78
PRED FORTE... 163
PRED MILD... 163
PRED-G S.O.P.... 163
PRED-G... 163
prednicarbate... 125
prednisolone acetate... 163
prednisolone sodium phosphate... 125, 164
prednisolone... 125
PREDNISONE INTENSOL... 125
prednisone... 125
PREFERA-OB ONE... 111
PREFERA-OB PLUS DHA... 111
PREFERA-OB... 111
prefest... 135
pregabalin... 100
PREGNYL... 127
PREMARIN... 135
PREMASOL 10 %... 111
PREMASOL 6 %... 111
PREMPHASE... 135
PREMPRO... 135
prenaissance plus... 111
prenaissance... 111
PRENATA... 111
PRENATABS FA... 111
prenatal plus (calcium carb)... 111
prenatal plus dha... 111
prenatal vitamin plus low iron... 111
PRENATE AM... 111
PRENATE DHA... 111
PRENATE ELITE... 111
PRENATE ESSENTIAL... 111
preplus... 112
PREPOPIK... 116
PRESTALIA... 93
PREVACID SOLUTAB... 116
PREVACID... 116
prevalite... 94
PREVENT DROPSAFE PEN NEEDLE... 156
previfem... 135
PREVPAC... 116
PREVYMIS... 69
PREZCOBIX... 69
PREZISTA... 69
PRIALT... 156
PRIFTIN... 49
PRILOSEC... 116
primaquine... 60
PRIMAXIN IV... 30
primidone... 36
primlev... 17
PRIMSOL... 30
PRINIVIL... 94
PRISTIQ... 41
PRIVIGEN... 144
PRO COMFORT ALCOHOL PADS... 156
PRO COMFORT INSULIN SYRINGE... 156
PRO COMFORT PEN NEEDLE... 156
PROAIR HFA... 169
PROAIR RESPICLICK... 169
probenecid... 47
probenecid-colchicine... 47
procainamide... 94
PROCALAMINE 3%... 112
PROCARDIA XL... 94
PROCARDIA... 94
procentra... 100
prochlorperazine edisylate... 43
prochlorperazine maleate... 43
prochlorperazine... 43
PROCRIT... 82
procto-med hc... 125
procto-pak... 125

PROCTOFOAM HC... 147
proctosol hc... 125
proctozone-hc... 125
PROCYSBI... 118
PRODIGY INSULIN SYRINGE... 156
profeno... 17
progesterone micronized... 135
progesterone... 135
PROGLYCEM... 78
PROGRAF... 144
PROLASTIN-C... 119
PROLENSA... 164
PROLEUKIN... 56
PROLIA... 148
PROMACTA... 82
promethazine vc... 156
promethazine... 43
promethazine-phenylephrine... 157
promethegan... 44
PROMETRIUM... 135
propafenone... 94
propantheline... 116
proparacaine... 164
propranolol... 94
propranolol-hydrochlorothiazid... 94
propylthiouracil... 139
PROQUAD (PF)... 144
PROSCAR... 120
PROSOL 20 %... 112
protamine... 157
PROTONIX... 116
PROTOPIC... 104
protriptyline... 41
PROVENTIL HFA... 169
PROVERA... 135
PROVIGIL... 173
PROZAC... 41
PRUDOXIN... 104
psorcon... 125
PULMICORT FLEXHALER... 169
PULMICORT... 169
PULMOZYME... 169
PURIXAN... 56
PYLERA... 116
pyrazinamide... 49
pyridostigmine bromide... 48, 49

Q

QBRELIS... 94
QBREXZA... 104
QMIIZ ODT... 17
QNASL... 169
QTERN... 78
QUADRACEL (PF)... 144
QUALAQUIN... 60
QUARTETTE... 135
quasense... 135
QUDEXY XR... 36
questran light... 94
questran... 94
quetiapine... 64, 65
QUILLICHEW ER... 100
QUILLIVANT XR... 100
quinapril... 94
quinapril-hydrochlorothiazide... 94
quinidine gluconate... 94
quinidine sulfate... 94
quinine sulfate... 60
QVAR REDIHALER... 169
QVAR... 169

R

RABAVERT (PF)... 144
rabeprazole... 116
RADICAVA... 100
RAGWITEK... 169
rajani... 135
raloxifene... 135
ramelteon... 173
ramipril... 94
RANEXA... 94
ranitidine hcl... 116
ranolazine... 94
RAPAFLO... 120
RAPAMUNE... 144
rasagiline... 61

RASUVO (PF)... 144
RAVICTI... 119
RAYALDEE... 148
RAYOS... 125
RAZADYNE ER... 39
RAZADYNE... 39
REBETOL... 69
REBIF (WITH ALBUMIN)... 101
REBIF REBIDOSE... 101
REBIF TITRATION PACK... 101
RECLAST... 148
reclipsen (28)... 135
RECOMBIVAX HB (PF)... 144
RECTIV... 104
REGLAN... 44
REGONOL... 49
REGRANEX... 104
RELAFEN DS... 17
RELENZA DISKHALER... 69
relexxii... 101
RELION NEEDLES... 157
RELION PEN NEEDLES... 157
RELISTOR... 116, 117
RELPAX... 48
REMERON SOLTAB... 41
REMERON... 41
REMICADE... 144
REMODULIN... 169
RENACIDIN... 157
RENAGEL... 112
RENFLEXIS... 144
RENVELA... 112
REOPRO... 82
repaglinide... 78
repaglinide-metformin... 78
REPATHA PUSHTRONEX... 94
REPATHA SURECLICK... 94
REPATHA SYRINGE... 94
REQUIP XL... 61
REQUIP... 61
RESCRIPTOR... 69
RESECTISOL... 94
RESTASIS MULTIDOSE... 164
RESTASIS... 164
RESTORIL... 173
RETACRIT... 82
RETIN-A MICRO PUMP... 105
RETIN-A MICRO... 104
RETIN-A... 104
RETROVIR... 69
REVATIO... 169
REVCOVI... 119
REVLIMID... 56
revonto... 66
REXULTI... 65
REYATAZ... 69
RHOFADE... 105
RHOPHYLAC... 144
RHOPRESSA... 164
RIASTAP... 82
RIBASPHERE RIBAPAK... 70
ribasphere... 69, 70
ribavirin... 70
RIDAURA... 144
rifabutin... 49
RIFADIN... 49
RIFAMATE... 49
rifampin... 49
RIFATER... 49
RILUTEK... 101
riluzole... 101
rimantadine... 70
RIMSO-50... 157
ringer's... 112, 157
RINVOQ ER... 144
RIOMET... 78
risedronate... 148
RISPERDAL CONSTA... 65
RISPERDAL M-TAB... 65
RISPERDAL... 65
risperidone... 65
RITALIN LA... 101
RITALIN... 101
ritonavir... 70

RITUXAN HYCELA... 56
RITUXAN... 56
rivastigmine tartrate... 39
rivastigmine... 39
RIVELSA... 135
rizatriptan... 48
ROBAXIN... 172
ROBAXIN-750... 172
ROBINUL FORTE... 117
ROBINUL... 117
ROCALTROL... 148
ROCKLATAN... 164
romidepsin... 56
ropinirole... 61, 62
ropivacaine (pf)... 20
rosadan... 30
rosuvastatin... 94
ROTARIX... 145
ROTATEQ VACCINE... 145
ROWASA... 147
roweepra xr... 36
roweepra... 36
ROXICODONE... 17
ROXYBOND... 17
ROZEREM... 173
ROZLYTREK... 56
RUBRACA... 56
RUCONEST... 145
RUZURGI... 101
RYCLORA... 169
RYDAPT... 57
RYTARY... 62
RYTHMOL SR... 94
RYVENT... 169

S

SABRIL... 37
SAFESNAP INSULIN SYRINGE... 157
SAFETY PEN NEEDLE... 157
SAFYRAL... 135
SAIZEN CLICK.EASY... 127
SAIZEN SAIZENPREP... 127
SAIZEN... 127
SALAGEN (PILOCARPINE)... 102
SAMSCA... 112
SANCUSO... 44
SANDIMMUNE... 145
SANDOSTATIN LAR DEPOT... 139
SANDOSTATIN... 139
SANTYL... 105
SAPHRIS... 65
SARAFEM... 41
SAVAYSA... 82
SAVELLA... 101
scopolamine base... 44
se-natal 19 (with docusate)... 112
se-natal 19... 112
SEASONIQUE... 135
SECONAL SODIUM... 37
SEEBRI NEOHALER... 169
SEGLUROMET... 78
SELECT-OB (FOLIC ACID)... 112
SELECT-OB + DHA... 112
SELECT-OB... 112
selegiline hcl... 62
selenium sulfide... 105
SELZENTRY... 70
SEMPREX-D... 157
SENSIPAR... 148
SENSORCAINE... 20
sensorcaine-epinephrine... 20
sensorcaine-mpf spinal... 20
SENSORCAINE-MPF... 20
sensorcaine-mpf/epinephrine... 20
SEREVENT DISKUS... 169
SERNIVO... 125
SEROQUEL XR... 65
SEROQUEL... 65
SEROSTIM... 127
sertraline... 41
setlakin... 135
sevelamer carbonate... 112
sevelamer hcl... 112
SFROWASA... 147
sharobel... 135

SHINGRIX (PF)... 145
SIGNIFOR LAR... 139
SIGNIFOR... 139
SIKLOS... 57
sildenafil (pulm.hypertension)... 169
SILENOR... 173
SILIQ... 105
silodosin... 120
SILVADENE... 30
silver sulfadiazine... 30
SIMBRINZA... 164
simliya (28)... 135
simpesse... 135
SIMPONI ARIA... 145
SIMPONI... 145
SIMULECT... 145
simvastatin... 94
SINEMET CR... 62
SINEMET... 62
SINGULAIR... 169, 170
sirolimus... 145
SIRTURO... 49
SITAVIG... 70
SIVEXTRO... 30
SKELAXIN... 172
SKLICE... 60
SKYRIZI... 105
SLYND... 135
SMOFLIPID... 112
sodium acetate... 112
sodium benzoate-sod phenylacet... 157
sodium bicarbonate... 112
sodium chloride 0.45 %... 112
sodium chloride 0.9 %... 112
sodium chloride 3 %... 112
sodium chloride 5 %... 112
sodium chloride... 112, 157
SODIUM EDECRIN... 94
sodium lactate... 112
sodium phenylbutyrate... 119
sodium phosphate... 112
sodium polystyrene (sorb free)... 112
sodium polystyrene sulfonate... 112
sofosbuvir-velpatasvir... 70
SOLARAZE... 105
solifenacin... 120
SOLIQUA 100/33... 78
SOLODYN... 30
SOLOSEC... 30
soloxide... 31
SOLTAMOX... 57
SOLU-CORTEF (PF)... 125
SOLU-CORTEF... 125
SOLU-MEDROL (PF)... 125
SOLU-MEDROL... 125
SOMA... 172
SOMATULINE DEPOT... 139
SOMAVERT... 139
SONATA... 173
SOOLANTRA... 105
sorbitol-mannitol... 157
SORIATANE... 105
SORILUX... 105
sorine... 94
sotalol af... 95
sotalol... 95
SOTYLIZE... 95
SOVALDI... 70
SPIRIVA RESPIMAT... 170
SPIRIVA WITH HANDIHALER... 170
spironolacton-hydrochlorothiaz... 95
spironolactone... 95
SPORANOX PULSEPAK... 46
SPORANOX... 46
sprintec (28)... 135
SPRITAM... 37
SPRIX... 18
SPRYCEL... 57
SPS (WITH SORBITOL)... 112
sronyx... 135
SSD... 31

STALEVO 100... 62
STALEVO 125... 62
STALEVO 150... 62
STALEVO 200... 62
STALEVO 50... 62
STALEVO 75... 62
STARLIX... 78
stavudine... 70
STEGLATRO... 78
STEGLUJAN... 78
STELARA... 105
STIMATE... 127
STIOLTO RESPIMAT... 170
STIVARGA... 57
STRATTERA... 101
STRENSIQ... 119
streptomycin... 31
STRIANT... 135
STRIBILD... 70
STRIVERDI RESPIMAT... 170
STROMECTOL... 60
SUBOXONE... 21
SUBSYS... 18
subvenite starter (blue) kit... 37
subvenite starter (green) kit... 37
subvenite starter (orange) kit... 37
subvenite... 37
SUCRAID... 119
sucralfate... 117
SULAR... 95
sulfacetamide sodium (acne)... 31
sulfacetamide sodium... 31
sulfacetamide-prednisolone... 164
sulfadiazine... 31
sulfamethoxazole-trimethoprim... 31
SULFAMYLON... 31
sulfasalazine... 147
SULFATRIM... 31
sulindac... 18
sumatriptan succinate... 48
sumatriptan... 48
sumatriptan-naproxen... 48
SUMAVEL DOSEPRO... 48
SUNOSI... 173
SUPRAX... 31
SUPREP BOWEL PREP KIT... 117
SURE COMFORT ALCOHOL PREP PADS... 157
SURE COMFORT INS. SYR. U-100... 157
SURE COMFORT INSULIN SYRINGE... 157
SURE COMFORT PEN NEEDLE... 157
SURE-FINE PEN NEEDLES... 157
SURE-JECT INSULIN SYRINGE... 158
SURE-PREP ALCOHOL PREP PADS... 158
SURMONTIL... 41
SUSTIVA... 70
SUTENT... 57
syeda... 135
SYLATRON... 70
SYLVANT... 145
SYMBICORT... 170
SYMBYAX... 41
SYMDEKO... 170
SYMFI LO... 70
SYMFI... 70
SYMJEPI... 170
SYMLINPEN 120... 78
SYMLINPEN 60... 78
SYMPAZAN... 37
SYMPROIC... 117
SYMTUZA... 70
SYNAGIS... 145
SYNALAR... 125
SYNAREL... 139
SYNDROS... 44
SYNERA... 20
SYNERCID... 31
SYNJARDY XR... 78
SYNJARDY... 78
SYNRIBO... 57

SYNTHROID... 137

SYPRINE... 113

T

TABLOID... 57

TACLONEX... 105

tacrolimus... 105, 145

tadalafil (pulm. hypertension)... 170

tadalafil... 120

TAFINLAR... 57

TAGRISSO... 57

TAKHZYRO... 145

TALTZ AUTOINJECTOR (2 PACK)... 105

TALTZ AUTOINJECTOR (3 PACK)... 105

TALTZ AUTOINJECTOR... 105

TALTZ SYRINGE (2 PACK)... 105

TALTZ SYRINGE (3 PACK)... 105

TALTZ SYRINGE... 105

TALWIN... 18

TALZENNA... 57

TAMIFLU... 70

tamoxifen... 57

tamsulosin... 120

TANZEUM... 78

TAPAZOLE... 139

taperdex... 125

TARCEVA... 57

TARGADOX... 31

TARGRETIN... 57

tarina fe 1-20 eq (28)... 135

tarina fe 1/20 (28)... 135

tarina 24 fe... 135

TARKA... 95

taron-c dha... 113

taron-prex prenatal-dha... 113

TASIGNA... 57

TASMAR... 62

TAVALISSE... 158

TAXOTERE... 57

TAYTULLA... 136

tazarotene... 105

tazicef... 31

TAZORAC... 105

taztia xt... 95

tdvax... 145

TECENTRIQ... 57

TECFIDERA... 101

TECHLITE INSULIN SYR HALF UNIT... 158

TECHLITE INSULIN SYRINGE... 158

TECHLITE PEN NEEDLE... 158

TECHNIVIE... 70

TEFLARO... 31

TEGRETOL XR... 37

TEGRETOL... 37

TEGSEDI... 158

TEKTURNA HCT... 95

TEKTURNA... 95

telmisartan... 95

telmisartan-amlodipine... 95

telmisartan-hydrochlorothiazid... 95

temazepam... 173

TEMIXYS... 70

TEMODAR... 57

TEMOVATE... 126

temsirolimus... 57

tencon... 18

teniposide... 57

TENIVAC (PF)... 145

tenofovir disoproxil fumarate... 70

TENORETIC 100... 95

TENORETIC 50... 95

TENORMIN... 95

TERAZOL 7... 46

terazosin... 95

terbinafine hcl... 46

terbutaline... 170

terconazole... 46

TERUMO INSULIN SYRINGE... 158

TESTIM... 136

testosterone cypionate... 136

testosterone enanthate... 136

testosterone... 136

TESTRED... 136

tetanus,diphtheria tox ped(pf)... 145
tetrabenazine... 101
tetracycline... 31
TEXACORT... 126
THALOMID... 57
THAM... 113
THEO-24... 170
theophylline in dextrose 5 %... 170
theophylline... 170
THINPRO INSULIN SYRINGE... 158
THIOLA EC... 120
THIOLA... 120
thioridazine... 65
thiotepa... 57
thiothixene... 65
THYMOGLOBULIN... 145
THYROLAR-1... 138
THYROLAR-1/2... 138
THYROLAR-1/4... 138
THYROLAR-2... 138
THYROLAR-3... 138
tiagabine... 37
TIAZAC... 95
TIBSOVO... 57
TIGAN... 44
tigecycline... 31
TIGLUTIK... 101
TIKOSYN... 95
TILIA FE... 136
timolol maleate... 95, 164
TIMOPTIC OCUDOSE (PF)... 164
TIMOPTIC... 164
TIMOPTIC-XE... 164
TINDAMAX... 31
tinidazole... 31
TIROSINT... 138
TIROSINT-SOL... 138
TIVICAY... 71
TIVORBEX... 18
tizanidine... 66
TOBI PODHALER... 170
TOBI... 31
TOBRADEX ST... 164
TOBRADEX... 164
tobramycin in 0.225 % nacl... 31
tobramycin sulfate... 31
tobramycin with nebulizer... 31
tobramycin... 31
tobramycin-dexamethasone... 164
TOBREX... 31
TOFRANIL... 41
TOLAK... 105
tolazamide... 78
tolbutamide... 78
tolcapone... 62
tolmetin... 18
TOLSURA... 47
tolterodine... 120
TOPAMAX... 37
TOPCARE CLICKFINE... 158
TOPCARE ULTRA COMFORT... 158
TOPICORT... 126
topiramate... 37
toposar... 57
topotecan... 57
TOPROL XL... 95
toremifene... 57
TORISEL... 58
torsemide... 95
TOSYMRA... 48
TOTECT... 58
TOUJEO MAX U-300 SOLOSTAR... 78
TOUJEO SOLOSTAR U-300 INSULIN... 78
tovet emollient... 126
TOVIAZ... 120
TPN ELECTROLYTES... 113
TRACLEER... 170
TRADJENTA... 78
tramadol... 18
tramadol-acetaminophen... 18
trandolapril... 95
trandolapril-verapamil... 95
tranexamic acid... 82

TRANSDERM-SCOP... 44
TRANXENE T-TAB... 73
tranylcypromine... 41
TRAVASOL 10 %... 113
TRAVATAN Z... 164
trazodone... 41
TREANDA... 58
TRECATOR... 49
TRELEGY ELLIPTA... 170
TRELSTAR... 139
TREMFYA... 105
treprostinil sodium... 170
TRESIBA FLEXTOUCH U-100... 78
TRESIBA FLEXTOUCH U-200... 79
TRESIBA U-100 INSULIN... 79
TRETIN-X... 105
tretinoin (chemotherapy)... 58
tretinoin microspheres... 106
tretinoin... 105
TREXALL... 145
TREXIMET... 48
TREZIX... 18
tri femynor... 136
tri-estarylla... 136
tri-legest fe... 136
tri-linyah... 136
tri-lo-estarylla... 136
tri-lo-marzia... 136
tri-lo-mili... 136
tri-lo-sprintec... 136
tri-mili... 136
TRI-NORINYL (28)... 136
tri-previfem (28)... 136
tri-sprintec (28)... 136
tri-vylibra lo... 136
tri-vylibra... 136
triamcinolone acetonide... 102, 126
triamterene... 95
triamterene-hydrochlorothiazid... 95, 96
trianex... 126
triazolam... 73
TRIBENZOR... 96
TRICARE PRENATAL DHA ONE(DSS)... 113
TRICARE... 113
TRICOR... 96
triderm... 126
TRIDESILON... 126
trientine... 113
trifluoperazine... 65
trifluridine... 71
TRIGLIDE... 96
trihexyphenidyl... 62
triklo... 96
TRILEPTAL... 37
TRILIPIX... 96
trilyte with flavor packets... 117
trimethobenzamide... 44
trimethoprim... 31
trimipramine... 42
trinatal rx 1... 113
TRINESSA (28)... 136
TRINESSA LO... 136
TRINTELLIX... 42
TRIOSTAT... 138
TRIPTODUR... 139
TRISENOX... 58
TRISTART DHA... 113
TRIUMEQ... 71
triveen-duo dha... 113
trivora (28)... 136
TRIZIVIR... 71
TROGARZO... 71
TROKENDI XR... 37
TROPHAMINE 10 %... 113
TROPHAMINE 6%... 113
trospium... 120
TRUE COMFORT ALCOHOL PADS... 158
TRUE COMFORT INSULIN SYRINGE... 159
TRUE COMFORT PEN NEEDLE... 159
TRUEPLUS INSULIN... 159

TRUEPLUS PEN NEEDLE... 159

TRULANCE... 117

TRULICITY... 79

TRUMENBA... 145

TRUSOPT... 164

TRUVADA... 71

TUDORZA PRESSAIR... 170

tulana... 136

TURALIO... 58

TWINRIX (PF)... 145

TWYNSTA... 96

TYBOST... 71

tydemy... 136

TYGACIL... 31

TYKERB... 58

TYLENOL-CODEINE #3... 18

TYLENOL-CODEINE #4... 18

TYMLOS... 148

TYPHIM VI... 145

TYSABRI... 101

TYVASO INSTITUTIONAL START KIT... 170

TYVASO REFILL KIT... 171

TYVASO STARTER KIT... 171

TYVASO... 170

U

UCERIS... 147

UDENYCA... 82

ULORIC... 47

ULTICARE INSULIN SYR HALF UNIT... 159

ULTICARE INSULIN SYRINGE... 159

ULTICARE PEN NEEDLE... 159

ULTICARE... 159

ULTILET ALCOHOL SWAB... 159

ULTILET INSULIN SYRINGE... 159

ULTILET PEN NEEDLE... 159

ultimatecare one nf... 113

ultimatecare one... 113

ULTRA CMFT INS SYR HALF UNIT... 159

ULTRA COMFORT INSULIN SYRINGE... 160

ULTRA FLO PEN NEEDLE... 160

ULTRA THIN PEN NEEDLE... 160

ULTRA-THIN II (SHORT) INS SYR... 160

ULTRA-THIN II (SHORT) PEN NDL... 160

ULTRA-THIN II INS PEN NEEDLES... 160

ULTRA-THIN II INSULIN SYRINGE... 160

ULTRACARE INSULIN SYRINGE... 160

ULTRACARE PEN NEEDLE... 160

ULTRACET... 18

ULTRAM... 18

ULTRAVATE... 126

UNASYN... 31

UNIFINE PENTIPS PLUS... 160

UNIFINE PENTIPS... 160

UNITHROID... 138

UNITUXIN... 58

UPTRAVI... 171

URECHOLINE... 120

UROCIT-K 10... 113

UROCIT-K 15... 113

UROCIT-K 5... 113

UROXATRAL... 120

URSO FORTE... 117

URSO 250... 117

ursodiol... 117

UTIBRON NEOHALER... 171

UVADEX... 106

V

V-GO 20... 160

V-GO 30... 160

V-GO 40... 160

VABOMERE... 32

VAGIFEM... 136

valacyclovir... 71

VALCHLOR... 58

VALCYTE... 71

valganciclovir... 71

VALIUM... 73

valproate sodium... 37

valproic acid (as sodium salt)... 37
valproic acid... 37
valrubicin... 58
valsartan... 96
valsartan-hydrochlorothiazide... 96
VALSTAR... 58
VALTREX... 71
vanatol lq... 18
vanatol s... 18
VANCOCIN... 32
vancomycin in dextrose 5 %... 32
vancomycin in 0.9 % sodium chl... 32
vancomycin... 32
VANDAZOLE... 32
VANISHPOINT SYRINGE... 161
VANOS... 126
VAPRISOL IN 5 % DEXTROSE... 113
VAQTA (PF)... 145
VARIVAX (PF)... 145
VARIZIG... 145
VARUBI... 44
VASCEPA... 96
VASERETIC... 96
VASOTEC... 96
VAZCULEP... 96
vecamyl... 96
VECTIBIX... 58
VECTICAL... 106
VELCADE... 58
VELETRI... 171
velivet triphasic regimen (28)... 136
VELPHORO... 113
VELTASSA... 113
VEMLIDY... 71
VENCLEXTA STARTING PACK... 58
VENCLEXTA... 58
venlafaxine... 42
VENTAVIS... 171
VENTOLIN HFA... 171
verapamil... 96
VEREGEN... 106
VERELAN PM... 96
VERELAN... 96
VERIFINE PEN NEEDLE... 161
VERIPRED 20... 126
VERSACLOZ... 65
VERZENIO... 58
VESICARE... 120
vestura (28)... 136
VFEND IV... 47
VFEND... 47
VIBATIV... 32
VIBERZI... 117
VIBRAMYCIN... 32
vicodin es... 18
vicodin hp... 18
vicodin... 18
VICTOZA 2-PAK... 79
VICTOZA 3-PAK... 79
VIDAZA... 82
VIDEX EC... 71
VIDEX 2 GRAM PEDIATRIC... 71
VIDEX 4 GRAM PEDIATRIC... 71
VIEKIRA PAK... 71
VIEKIRA XR... 71
vienva... 136
vigabatrin... 37, 38
vigadrone... 38
VIGAMOX... 32
VIIBRYD... 42
VIMOVO... 18
VIMPAT... 38
vinblastine... 58
vincasar pfs... 58
vincristine... 58
vinorelbine... 58
VIOKACE... 119
viorele (28)... 136
VIRACEPT... 71
VIRAMUNE XR... 71
VIRAMUNE... 71
VIRAZOLE... 71
VIREAD... 71

virt-c dha... 113
virt-nate dha... 113
VISTARIL... 171
VISTOGARD... 161
VITAFOL FE+ (WITH DOCUSATE)... 113
VITAFOL GUMMIES... 113
VITAFOL NANO... 113
VITAFOL ULTRA... 113
VITAFOL-OB... 113
VITAFOL-OB+DHA... 113
VITAFOL-ONE... 113
VITAMED MD ONE RX... 113
VITRAKVI... 58
vivacaine... 20
VIVELLE-DOT... 137
VIVITROL... 21
VIVLODEX... 18
VIZIMPRO... 58
VOGELXO... 137
VOLTAREN... 18
VOLTAREN-XR... 18
voriconazole... 47
VOSEVI... 71
VOTRIENT... 58
vp-ch-pnv... 113
VP-PNV-DHA... 113
VPRIV... 119
VRAYLAR... 65
VUSION... 47
vyfemla (28)... 137
vylibra... 137
VYNDAMAX... 96
VYNDAQEL... 96
VYTORIN 10-10... 97
VYTORIN 10-20... 97
VYTORIN 10-40... 97
VYTORIN 10-80... 97
VYVANSE... 101
VYXEOS... 58
VYZULTA... 164

W

WAKIX... 173
warfarin... 83
water for irrigation, sterile... 161
WEBCOL... 161
WELCHOL... 97
WELLBUTRIN SR... 42
WELLBUTRIN XL... 42
wera (28)... 137
WINRHO SDF... 146
wixela inhub... 171
wymzya fe... 137

X

XADAGO... 62
XALATAN... 164
XALKORI... 58
XANAX XR... 73
XANAX... 73
XARELTO... 83
XATMEP... 146
XELJANZ XR... 146
XELJANZ... 146
XELPROS... 164
XEMBIFY... 146
XENAZINE... 101
XENICAL... 161
XENLETA... 32
XEPI... 32
XERAVA... 32
XERESE... 71
XERMELO... 117
XGEVA... 148
XHANCE... 171
XIFAXAN... 117
XIGDUO XR... 79
XIIDRA... 164
XIMINO... 32
XODOL 10/300... 18
XODOL 5/300... 18
XODOL 7.5/300... 18
XOFLUZA... 71
XOLAIR... 146
XOPENEX CONCENTRATE... 171

XOPENEX HFA... 171
XOPENEX... 171
XOSPATA... 58
XPOVIO... 58, 59
XTAMPZA ER... 18
XTANDI... 59
xulane... 137
XULTOPHY 100/3.6... 79
XURIDEN... 161
XYOSTED... 137
XYREM... 173

Y

YASMIN (28)... 137
YAZ (28)... 137
YERVOY... 59
YF-VAX (PF)... 146
YONDELIS... 59
YONSA... 59
YOSPRALA... 83
YUPELRI... 171
yuvafem... 137

Z

zafirlukast... 171
zaleplon... 173
ZALTRAP... 59
ZAMICET... 18
ZANAFLEX... 66
ZANOSAR... 59
ZANTAC... 117
zarah... 137
ZARONTIN... 38
ZARXIO... 83
ZAVESCA... 119
ZEBUTAL... 18
ZEGERID... 117
ZEJULA... 59
ZELAPAR... 62
ZELBORAF... 59
ZELNORM... 117
ZEMAIRA... 119
ZEMBRACE SYMTOUCH... 48
ZEMDRI... 32
ZEMPLAR... 148
zenatane... 106
zenchent (28)... 137
ZENPEP... 119
zenzedi... 101
ZEPATIER... 71
ZERBAXA... 32
ZERIT... 72
ZESTORETIC... 97
ZESTRIL... 97
ZETIA... 97
ZETONNA... 171
ZIAC... 97
ZIAGEN... 72
ZIANA... 106
zidovudine... 72
zileuton... 171
ZILRETTA... 126
ZINACEF IN STERILE WATER... 32
ZINACEF... 32
ZINBRYTA... 101
ZINECARD (AS HCL)... 59
ZINPLAVA... 32
ZIOPTAN (PF)... 164
ziprasidone hcl... 65
ZIPSOR... 19
ZIRGAN... 72
ZITHROMAX TRI-PAK... 32
ZITHROMAX Z-PAK... 33
ZITHROMAX... 32
ZMAX... 33
ZOCOR... 97
ZODEX... 126
ZOFRAN ODT... 44
ZOFRAN... 44
ZOHYDRO ER... 19
ZOLADEX... 139
zoledronic ac-mannitol-0.9nacl... 148
zoledronic acid... 148, 149
zoledronic acid-mannitol-water... 149

ZOLINZA... 59
zolmitriptan... 48
ZOLOFT... 42
zolpidem... 173
ZOLPIMIST... 173
ZOMACTON... 127
ZOMETA... 149
ZOMIG ZMT... 48
ZOMIG... 48
ZONACORT... 126
ZONALON... 106
ZONEGRAN... 38
zonisamide... 38
ZONTIVITY... 83
ZORBTIVE... 127
ZORTRESS... 146
ZORVOLEX... 19
ZOSTAVAX (PF)... 146
ZOSYN IN DEXTROSE (ISO-OSM)... 33
ZOSYN... 33
zovia 1/35e (28)... 137
zovia 1/50e (28)... 137
ZOVIRAX... 72
ZTLIDO... 20
ZUBSOLV... 21
ZULRESSO... 42
zumandimine (28)... 137
ZUPLENZ... 44
ZURAMPIC... 47
ZYBAN... 21
ZYCLARA... 106
ZYDELIG... 59
ZYFLO CR... 171
ZYFLO... 171
ZYKADIA... 59
ZYLET... 164
ZYLOPRIM... 47
ZYMAXID... 33
ZYPITAMAG... 97
ZYPREXA RELPREVV... 65
ZYPREXA ZYDIS... 66
ZYPREXA... 65
ZYTIGA... 59
ZYVOX... 33
1ST TIER UNIFINE PENTIPS PLUS... 149
1ST TIER UNIFINE PENTIPS... 149

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **1-866-396-8810** or if you use a **TTY**, call **711**.
- 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.

1-866-396-8810 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, 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.

1-866-396-8810 (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.
日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dę́ę́ niká'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN_P 1018

Notes

This formulary was updated on 11/13/2019. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana®

Humana.com