

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 10/02/2019. 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.

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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](https://www.humana.com/medicaredruglist).

To get updated information about the drugs that Humana covers, please visit [Humana.com/medicaredruglist](https://www.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 172. 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](https://www.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](https://www.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](https://www.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 172.

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)
<i>acetamin-caff-dihydrocod 320.5</i> DL	1	QL (300 per 30 days)
<i>acetamin-caff-dihydrocod 325</i> DL	1	QL (300 per 30 days)
<i>acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5</i> DL	1	QL (2700 per 30 days)
<i>acetaminophen-cod #2 tablet</i> DL	1	QL (390 per 30 days)
<i>acetaminophen-cod #3 tablet</i> DL	1	QL (360 per 30 days)
<i>acetaminophen-cod #4 tablet</i> 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)
<i>ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> DL	1	PA,QL (360 per 30 days)
<i>aspirin-caff-dihydrocodein cap</i> DL	1	QL (330 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)
<i>bupap 50 mg-300 mg tablet</i> MO	1	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION DL	4	QL (240 per 30 days)
<i>buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch;</i> <i>buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch;</i> <i>buprenorphine 7.5 mcg/hr patch</i> DL	1	ST,QL (4 per 28 days)
<i>buprenorphine 0.3 mg/ml crpjct</i> DL	1	QL (240 per 30 days)
<i>butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule</i> DL	1	PA,QL (360 per 30 days)
<i>butalb-acetaminoph-caff-codein</i> DL	1	PA,QL (180 per 30 days)
<i>butalb-caff-acetaminoph-codein</i> DL	1	PA,QL (360 per 30 days)
<i>butalbital-acetaminophn 50-300</i> DL	4	PA,QL (180 per 30 days)
<i>butalbital-acetaminophn 50-300</i> MO	1	PA,QL (180 per 30 days)
<i>butalbital-acetaminophn 50-325</i> MO	1	QL (180 per 30 days)
<i>butalb-acetamin-caff 50-300-40</i> MO	1	PA,QL (180 per 30 days)
<i>butalb-acetamin-caff 50-325-40</i> MO	1	QL (180 per 30 days)
<i>butalb-aspirin-caff 50-325-40</i> MO	1	PA,QL (180 per 30 days)
<i>butalbital-asa-caffeine cap</i> MO	1	PA,QL (180 per 30 days)
<i>butorphanol 1 mg/ml vial</i> DL	1	QL (960 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
<i>butorphanol 10 mg/ml spray</i> DL	1	QL (5 per 28 days)
<i>butorphanol 2 mg/ml vial</i> 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)
<i>celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule</i> MO	1	QL (60 per 30 days)
<i>codeine sulfate 15 mg, 30 mg tablet</i> DL	1	QL (360 per 30 days)
<i>codeine sulfate 60 mg tablet</i> DL	1	QL (180 per 30 days)
<i>asa-butalb-caff-cod #3 capsule</i> 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)
<i>diclofenac epolamine 1.3% ptch</i> MO	1	PA,QL (60 per 30 days)
<i>diclofenac pot 50 mg tablet</i> MO	1	
<i>diclofenac 1.5% topical soln</i> MO	1	PA,QL (300 per 30 days)
<i>diclofenac sod ec 25 mg, 50 mg, 75 mg tab</i> MO	1	
<i>diclofenac sod er 100 mg tab</i> MO	1	
<i>diclofenac sodium 1% gel</i> MO	1	
<i>diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb</i> MO	1	
<i>diflunisal 500 mg tablet</i> 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)

Need more information about the indicators displayed by the 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
DOLOPHINE 5 MG TABLET DL	3	QL (480 per 30 days)
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)
<i>dvorah 325 mg-30 mg-16 mg tablet</i> DL	1	QL (300 per 30 days)
DYLOJECT 37.5 MG/ML VIAL MO	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE MO	3	PA
<i>ec-naproxen 375 mg, 500 mg tablet,delayed release</i> 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)
<i>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</i> 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)
<i>etodolac 200 mg, 300 mg capsule</i> MO	1	
<i>etodolac 400 mg, 500 mg tablet</i> MO	1	
<i>etodolac er 400 mg, 500 mg, 600 mg tablet</i> 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	
<i>fenoprofen 200 mg, 400 mg capsule</i> MO	1	
<i>fenoprofen 600 mg tablet</i> MO	1	
<i>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</i> DL	1	QL (20 per 30 days)
<i>fentanyl cit 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg buccal tb</i> DL	4	PA,QL (120 per 30 days)
<i>fentanyl cit ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> DL	4	PA,QL (120 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fentanyl 100 mcg/2 ml ampul</i> DL	1	B vs D,QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT DL	4	PA,QL (120 per 30 days)
<i>fioricet 50 mg-300 mg-40 mg capsule</i> 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)
<i>flurbiprofen 100 mg, 50 mg tablet</i> MO	1	
<i>hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg;</i> <i>hydrocodone-acetamin 7.5-300</i> DL	1	QL (390 per 30 days)
<i>hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;</i> <i>hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325</i> DL	1	QL (360 per 30 days)
<i>hydrocodone-acetamin 10-325/15</i> DL	1	QL (2700 per 30 days)
<i>hydrocodone-acetamin 7.5-325/15</i> DL	1	QL (5520 per 30 days)
<i>hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200</i> DL	1	QL (150 per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpuct</i> DL	1	B vs D,QL (720 per 30 days)
<i>hydromorphone 1 mg/ml solution</i> DL	1	QL (2400 per 30 days)
<i>hydromorphone 2 mg, 4 mg tablet</i> DL	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml isecure</i> DL	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml vial</i> DL	1	B vs D,QL (360 per 30 days)
<i>hydromorphone 4 mg/ml carpuct</i> DL	1	B vs D,QL (180 per 30 days)
<i>hydromorphone 8 mg tablet</i> DL	1	QL (240 per 30 days)
<i>hydromorphone hcl 1 mg/ml amp</i> DL	1	B vs D,QL (720 per 30 days)
<i>hydromorphone hcl 4 mg/ml amp</i> DL	1	B vs D,QL (180 per 30 days)
<i>hydromorphone hcl er 12 mg tab</i> DL	1	ST,QL (180 per 30 days)
<i>hydromorphone hcl er 16 mg tab</i> DL	1	ST,QL (120 per 30 days)
<i>hydromorphone hcl er 32 mg tab</i> DL	1	ST,QL (60 per 30 days)
<i>hydromorphone hcl er 8 mg tab</i> DL	1	ST,QL (240 per 30 days)
<i>hydromorphone 1 mg/ml vial</i> DL	1	B vs D,QL (720 per 30 days)
<i>hydromorphone 4 mg/ml vial</i> DL	1	B vs D,QL (180 per 30 days)
<i>hydromorphone hcl 10 mg/ml vl</i> 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)
<i>ibu 400 mg, 600 mg, 800 mg tablet</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IBUDONE 10 MG-200 MG TABLET DL	1	QL (150 per 30 days)
<i>ibudone 5-200 mg tablet</i> DL	1	QL (150 per 30 days)
<i>ibuprofen 100 mg/5 ml susp</i> MO	1	
<i>ibuprofen 400 mg, 600 mg, 800 mg tablet</i> MO	1	
<i>oxycodone-ibuprofen 5-400 tab</i> DL	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION DL	4	
INDOCIN 50 MG RECTAL SUPPOSITORY MO	1	
<i>indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>indomethacin 1 mg vial</i> 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)
<i>ketoprofen 25 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>ketoprofen er 200 mg capsule</i> MO	1	
<i>ketorolac 10 mg tablet</i> MO	1	QL (20 per 30 days)
<i>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</i> MO	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpject</i> MO	1	
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe</i> MO	1	
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY DL	4	PA,QL (30 per 30 days)
<i>levorphanol 2 mg tablet</i> DL	4	QL (240 per 30 days)
<i>levorphanol 3 mg tablet</i> DL	4	QL (150 per 30 days)
LODINE 400 MG TABLET MO	3	PA
<i>lorcet (hydrocodone) 5 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lorcet hd 10 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lorcet plus 7.5 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lortab elixir 10 mg-300 mg/15 ml oral solution</i> DL	1	QL (6000 per 30 days)
MARTEN-TAB 325-50 TABLET MO	1	QL (180 per 30 days)
<i>meclofenamate 100 mg, 50 mg capsule</i> MO	1	
<i>mefenamic acid 250 mg capsule</i> MO	1	
<i>meloxicam 15 mg tablet</i> MO	1	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i> MO	1	QL (60 per 30 days)
<i>meperidine 10 mg/ml cartrdge</i> DL	1	PA,QL (3600 per 30 days)
<i>meperidine 100 mg tablet</i> DL	1	PA,QL (360 per 30 days)

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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 tablet DL	1	PA,QL (480 per 30 days)
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 carpuject 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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg cap</i> DL	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap</i> DL	1	ST,QL (60 per 30 days)
<i>morphine sulfate er 30 mg, 45 mg cap</i> DL	1	ST,QL (30 per 30 days)
<i>morphine sulfate ir 15 mg, 30 mg tab</i> DL	1	QL (180 per 30 days)
<i>morphine 10 mg/10 ml vial; morphine sulfate 1 mg/ml vial</i> DL	1	B vs D,QL (3600 per 30 days)
<i>morphine 5 mg/10 ml vial</i> DL	1	B vs D,QL (7200 per 30 days)
<i>morphine 5 mg/ml vial</i> DL	1	B vs D,QL (720 per 30 days)
<i>morphine sulf 100 mg/5 ml conc</i> 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)
<i>nabumetone 500 mg, 750 mg tablet</i> MO	1	
<i>nalbuphine 100 mg/10 ml vial</i> DL	1	QL (240 per 30 days)
<i>nalbuphine 200 mg/10 ml vial</i> DL	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE MO	3	
NALFON 600 MG TABLET MO	1	
<i>nalocet 2.5 mg-300 mg tablet</i> 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
<i>naproxen 125 mg/5 ml suspen</i> MO	1	
<i>naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet</i> MO	1	
<i>naproxen sod cr 375 mg tablet</i> MO	1	ST,QL (120 per 30 days)
<i>naproxen sod cr 500 mg tablet</i> MO	1	ST,QL (90 per 30 days)
<i>naproxen sodium 275 mg, 550 mg tab</i> 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)
<i>oxaprozin 600 mg tablet</i> MO	1	

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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)
<i>oxycodon 10 mg/0.5 ml oral syr</i> DL	1	QL (270 per 30 days)
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet</i> DL	1	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml conc</i> DL	1	QL (270 per 30 days)
<i>oxycodone hcl 5 mg capsule</i> DL	1	QL (360 per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln</i> DL	1	QL (5400 per 30 days)
<i>oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet</i> DL	3	PA,QL (90 per 30 days)
<i>oxycodone hcl er 80 mg tablet</i> DL	3	PA,QL (120 per 30 days)
<i>oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325</i> DL	1	QL (360 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> 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)
<i>oxymorphone hcl 10 mg, 5 mg tablet</i> DL	1	QL (360 per 30 days)
<i>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</i> DL	1	ST,QL (60 per 30 days)
<i>panlor 325-30-16 mg tablet</i> 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)
<i>pentazocine-naloxone tablet</i> 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)
<i>phrenilin forte (with caffeine) 50 mg-300 mg-40 mg capsule</i> MO	1	PA,QL (180 per 30 days)
<i>piroxicam 10 mg, 20 mg capsule</i> MO	1	
PONSTEL 250 MG KAPSEALS MO	3	PA
<i>primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet</i> DL	4	QL (390 per 30 days)
<i>profeno 600 mg tablet</i> MO	1	
QMIIZ ODT 15 MG, 7.5 MG DISINTEGRATING TABLET MO	3	ST,QL (30 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,ORAL ONLY (NOT FEEDING TUBES) DL	4	PA,QL (180 per 30 days)
ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) DL	4	PA,QL (360 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY DL	4	PA,QL (5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>sulindac 150 mg, 200 mg tablet</i> MO	1	
TALWIN 30 MG/ML INJECTION SOLUTION DL	3	QL (360 per 30 days)
<i>tencon 50 mg-325 mg tablet</i> MO	1	QL (180 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE MO	3	ST,QL (90 per 30 days)
<i>tolmetin sodium 200 mg, 600 mg tab</i> MO	1	
<i>tolmetin sodium 400 mg cap</i> MO	1	
<i>tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet</i> DL	1	QL (30 per 30 days)
<i>tramadol hcl 50 mg tablet</i> DL	1	QL (240 per 30 days)
<i>tramadol hcl er 100 mg, 150 mg, 200 mg, 300 mg capsule</i> DL	1	ST,QL (30 per 30 days)
<i>tramadol-acetaminophn 37.5-325</i> 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)
<i>vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution</i> DL	4	QL (450 per 30 days)
<i>vanatol s 50 mg-325 mg-40 mg/15 ml oral solution</i> DL	4	QL (450 per 30 days)
<i>vicodin 5 mg-300 mg tablet</i> DL	1	QL (390 per 30 days)
<i>vicodin es 7.5 mg-300 mg tablet</i> DL	1	QL (390 per 30 days)
<i>vicodin hp 10 mg-300 mg tablet</i> 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)
ZIPSOR 25 MG CAPSULE DL	4	QL (120 per 30 days)

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

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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	
marcaine-epinephrine 0.5 %-1:200,000 injection cartridge MO	1	

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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 (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
<i>mepivacaine hcl 3% cartridge</i> 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	
<i>polocaine 1 % (10 mg/ml), 2 % injection solution</i> MO	1	
<i>polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution</i> MO	1	
<i>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</i> MO	1	
SENSORCAINE 0.25 % (2.5 MG/ML) INJECTION SOLUTION MO	1	
<i>sensorcaine 0.5 % (5 mg/ml) injection solution</i> MO	1	
SENSORCAINE-MPF 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	1	
<i>sensorcaine-mpf 0.75 % (7.5 mg/ml) injection solution</i> MO	1	
<i>sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution</i> MO	1	
<i>sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution</i> MO	1	
SENSORCAINE-MPF/EPINEPHRINE 0.5 %-1:200,000, 0.75 %-1:200,000 INJECTION SOLUTION MO	1	
<i>sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution</i> MO	1	
SYNERA 70 MG-70 MG PATCH DL	4	PA
<i>vivacaine 0.5 %-1:200,000 injection cartridge</i> MO	1	
ZTLIDO 1.8 % TOPICAL PATCH DL	4	PA,QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calc dr 333 mg tab</i> 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)
<i>buprenorphine 2 mg, 8 mg tablet sl</i> MO	1	QL (90 per 30 days)
<i>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</i> MO	1	QL (90 per 30 days)
<i>buprenor-nalox 12-3 mg sl film</i> MO	1	QL (60 per 30 days)
<i>buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl</i> MO	3	PA,QL (90 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bupropion hcl sr 150 mg tablet</i> 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)
<i>disulfiram 250 mg, 500 mg tablet</i> 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)
<i>naloxone 0.4 mg/ml vial</i> MO	1	
<i>naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe</i> MO	1	
<i>naltrexone 50 mg tablet</i> 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	2	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	2	QL (60 per 30 days)
ZYBAN SR 150 MG TABLET MO	3	QL (90 per 30 days)
Antibacterials		
<i>acetic acid 2% ear solution</i> MO	1	
<i>amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial</i> MO	1	
<i>amoxicillin 125 mg, 250 mg tab chew</i> MO	1	
<i>amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp</i> MO	1	
<i>amoxicillin 250 mg, 500 mg capsule</i> MO	1	
<i>amoxicillin 500 mg, 875 mg tablet</i> MO	1	
<i>amox-clav 200-28.5 mg, 400-57 mg tab chew</i> MO	1	
<i>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</i> MO	1	
<i>amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet</i> MO	1	

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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 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 intramuscular solution MO	1	
bacitracin 50,000 unit vial MO	1	
bacitracin 500 unit/gm ophth MO	1	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
cefactor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefactor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen MO	1	
cefactor 250 mg, 500 mg capsule MO	1	
cefactor 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	
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefepodoxime 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	
ciprofloxacin-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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 vial 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)
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 PELLETTIZED CAP MO	3	PA
minocycline 100 mg, 50 mg, 75 mg capsule MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sulfamethoxazole-tmp inj vial</i> MO	1	
<i>sulfamethoxazole-tmp susp</i> 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)
<i>tazicef 1 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 2 gram, 6 gram solution for injection</i> MO	1	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION DL	4	
<i>tetracycline 250 mg, 500 mg capsule</i> MO	1	
<i>tigecycline 50 mg vial</i> DL	4	
TINDAMAX 500 MG TABLET MO	3	
<i>tinidazole 250 mg, 500 mg tablet</i> MO	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
<i>tobramycin 0.3% eye drop</i> MO	1	
<i>tobramycin 300 mg/5 ml ampule</i> DL	4	PA
<i>tobramycin 1.2 gm vial</i> DL	4	
<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> MO	1	
<i>tobramycin pak 300 mg/5 ml</i> DL	4	PA
TOBREX 0.3 % EYE DROPS MO	3	
TOBREX 0.3 % EYE OINTMENT MO	3	
<i>trimethoprim 100 mg tablet</i> MO	1	
TYGACIL 50 MG INTRAVENOUS SOLUTION DL	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION MO	3	
VABOMERE 2 GRAM INTRAVENOUS SOLUTION DL	4	QL (84 per 14 days)
VANCOGIN 125 MG CAPSULE DL	4	PA,QL (120 per 30 days)
VANCOGIN 250 MG CAPSULE DL	4	PA,QL (240 per 30 days)
<i>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</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>carbamazepine 100 mg tab chew</i> MO	1	
<i>carbamazepine 100 mg/5 ml susp</i> MO	1	
<i>carbamazepine 200 mg tablet</i> MO	1	
<i>carbamazepine er 100 mg, 200 mg tablet</i> MO	1	QL (120 per 30 days)
<i>carbamazepine er 100 mg, 200 mg, 300 mg cap</i> MO	1	
<i>carbamazepine er 400 mg tablet</i> 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	
<i>clobazam 10 mg, 20 mg tablet</i> DL	1	PA,QL (60 per 30 days)
<i>clobazam 2.5 mg/ml suspension</i> 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	
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
<i>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</i> DL	1	
<i>dilantin 30 mg capsule</i> MO	1	
<i>dilantin extended 100 mg capsule</i> MO	1	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	1	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	3	
<i>divalproex dr 125 mg cap sprnk</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> MO	1	
<i>divalproex sod er 250 mg, 500 mg tab</i> MO	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION DL	4	PA
<i>epitol 200 mg tablet</i> MO	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
<i>ethosuximide 250 mg capsule</i> MO	1	
<i>ethosuximide 250 mg/5 ml soln</i> MO	1	
<i>felbamate 400 mg, 600 mg tablet</i> MO	1	
<i>felbamate 600 mg/5 ml susp</i> DL	4	
FELBATOL 400 MG, 600 MG TABLET DL	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION DL	4	
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml v1</i> 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)
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> MO	1	QL (270 per 30 days)
<i>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</i> MO	1	QL (2250 per 30 days)
<i>gabapentin 600 mg, 800 mg tablet</i> 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)
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
<i>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</i> 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)
<i>phenelzine sulfate 15 mg tab</i> MO	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
<i>protriptyline hcl 10 mg, 5 mg tablet</i> 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)
<i>sertraline 20 mg/ml oral conc</i> MO	1	
<i>sertraline hcl 100 mg tablet</i> MO	1	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> 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
<i>tranylcypromine sulf 10 mg tab</i> MO	1	
<i>trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet</i> MO	1	
<i>trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp</i> MO	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
<i>venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet</i> MO	1	
<i>venlafaxine hcl er 150 mg cap</i> MO	1	QL (60 per 30 days)
<i>venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab</i> MO	1	QL (30 per 30 days)
<i>venlafaxine hcl er 37.5 mg cap</i> MO	1	QL (30 per 30 days)
<i>venlafaxine hcl er 75 mg cap</i> MO	1	QL (90 per 30 days)
<i>venlafaxine hcl er 75 mg tab</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>aprepitant 125 mg, 40 mg capsule</i> MO	1	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> MO	1	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> 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	
<i>compro 25 mg rectal suppository</i> MO	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE MO	3	QL (120 per 30 days)
<i>dimenhydrinate 50 mg/ml vial</i> MO	1	PA
<i>doxylamine-pyridoxine 10-10 mg</i> MO	1	QL (120 per 30 days)
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> MO	1	B vs D,QL (120 per 30 days)
<i>droperidol 2.5 mg/ml vial</i> MO	1	
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
<i>fosaprepitant 150 mg vial</i> MO	1	PA
<i>granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial</i> MO	1	
<i>granisetron hcl 1 mg tablet</i> MO	1	B vs D,QL (28 per 28 days)
<i>granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial</i> MO	1	
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL (120 per 30 days)
<i>meclizine 12.5 mg, 25 mg tablet</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 syr MO	1	PA
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>nyamyc 100,000 unit/gram topical powder</i> MO	1	
<i>nystatin 100,000 unit/gm cream</i> MO	1	
<i>nystatin 100,000 unit/gm oint</i> MO	1	
<i>nystatin 100,000 unit/gm powd</i> MO	1	
<i>nystatin 100,000 unit/ml susp</i> MO	1	
<i>nystatin 500,000 unit oral tab</i> MO	1	
<i>nystatin-triamcinolone cream</i> MO	1	
<i>nystatin-triamcinolone ointm</i> MO	1	
<i>nystop 100,000 unit/gram topical powder</i> 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)
<i>oxiconazole nitrate 1% cream</i> DL	4	
OXISTAT 1 % LOTION MO	3	
OXISTAT 1 % TOPICAL CREAM DL	4	
PENLAC 8 % TOPICAL SOLUTION MO	3	
<i>posaconazole 200 mg/5 ml susp</i> DL	4	PA,QL (840 per 28 days)
<i>posaconazole dr 100 mg tablet</i> 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	
<i>terbinafine hcl 250 mg tablet</i> MO	1	QL (90 per 365 days)
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> MO	1	
<i>terconazole 80 mg suppository</i> MO	1	
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
<i>voriconazole 200 mg vial</i> DL	4	PA
<i>voriconazole 200 mg, 50 mg tablet</i> DL	4	PA,QL (120 per 30 days)
<i>voriconazole 40 mg/ml susp</i> DL	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
Antigout Agents		
<i>allopurinol 100 mg, 300 mg tablet</i> MO	1	
<i>allopurinol sodium 500 mg vial</i> MO	1	
ALOPRIM 500 MG INTRAVENOUS 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
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)
<i>febuxostat 40 mg, 80 mg tablet</i> MO	1	ST,QL (30 per 30 days)
<i>probenecid 500 mg tablet</i> MO	1	
<i>probenecid-colchicine tablet</i> 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		
<i>almotriptan malate 12.5 mg, 6.25 mg tab</i> 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	
<i>dihydroergotamine 1 mg/ml amp</i> DL	4	
<i>dihydroergotamine 4 mg/ml spry</i> DL	4	QL (8 per 30 days)
<i>eletriptan hbr 20 mg, 40 mg tablet</i> MO	1	ST,QL (9 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	QL (20 per 28 days)
<i>ergotamine-caffeine 1-100mg tb</i> MO	1	
FROVA 2.5 MG TABLET DL	4	ST,QL (12 per 30 days)
<i>frovatriptan succ 2.5 mg tab</i> 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)
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)
<i>migergot 2 mg-100 mg rectal suppository</i> 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)
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> MO	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION DL	4	ST,QL (16 per 30 days)
RELPAK 20 MG, 40 MG TABLET DL	4	ST,QL (9 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet</i> MO	1	QL (12 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PRIFTIN 150 MG TABLET MO	3	
<i>pyrazinamide 500 mg tablet</i> MO	1	
<i>rifabutin 150 mg capsule</i> 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	
<i>rifampin 150 mg, 300 mg capsule</i> MO	1	
<i>rifampin iv 600 mg vial</i> DL	4	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
SIRTURO 100 MG TABLET DL	4	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET MO	3	
Antineoplastics		
<i>abiraterone acetate 250 mg tab</i> DL	4	PA,QL (120 per 30 days)
ABRAXANE 100 MG INTRAVENOUS SUSPENSION DL	4	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> MO	1	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION MO	1	B vs D
<i>adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution</i> 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)
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)
<i>amifostine 500 mg vial</i> DL	4	B vs D
<i>anastrozole 1 mg tablet</i> 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	
<i>arsenic trioxide 10 mg/10ml vl; arsenic trioxide 12 mg/6 ml vl</i> 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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>bexarotene 75 mg capsule</i> DL	4	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> MO	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> MO	1	B vs D
<i>bortezomib 3.5 mg vial</i> 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)
<i>busulfan 60 mg/10 ml vial</i> 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)
CAPRELSA 300 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> MO	1	B vs D
<i>carmustine 100 mg vial</i> MO	1	B vs D
CASODEX 50 MG TABLET MO	3	QL (30 per 30 days)
<i>cisplatin 100 mg/100 ml vial</i> MO	1	B vs D
<i>cladribine 10 mg/10 ml vial</i> DL	4	B vs D
<i>clofarabine 20 mg/20 ml vial</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial</i> MO	1	B vs D
<i>cyclophosphamide 25 mg, 50 mg capsule</i> MO	1	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
<i>cytarabine 20 mg/ml vial</i> MO	1	B vs D
<i>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</i> MO	1	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> MO	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION DL	4	PA
<i>dactinomycin 0.5 mg vial</i> DL	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA
<i>daunorubicin 20 mg/4 ml vial</i> 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)
<i>decitabine 50 mg vial</i> DL	4	PA
<i>dexrazoxane 250 mg, 500 mg vial</i> 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
<i>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</i> MO	1	B vs D
<i>docetaxel 160 mg/8 ml vial</i> MO	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION DL	4	B vs D
<i>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</i> MO	1	B vs D
<i>doxorubicin liposome 20mg/10ml</i> 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
ELLENC 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
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml vial</i> MO	1	B vs D
<i>epirubicin hcl 50 mg vial</i> 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)
<i>erlotinib hcl 100 mg, 150 mg tablet</i> DL	4	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 vial; fluorouracil 2,500 mg/50 ml vial; 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)
gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial; 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	
HYCANTIN 4 MG INTRAVENOUS SOLUTION DL	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HYDREA 500 MG CAPSULE MO	3	
<i>hydroxyurea 500 mg capsule</i> MO	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	4	PA,QL (21 per 28 days)
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
<i>idarubicin hcl 20 mg/20 ml vial</i> 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
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial</i> MO	1	B vs D
<i>imatinib mesylate 100 mg tab</i> DL	4	PA,QL (90 per 30 days)
<i>imatinib mesylate 400 mg tab</i> 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)
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)
IRESSA 250 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>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 vial</i> 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
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 500 MG/50 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)
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEKTOVI 15 MG TABLET DL	4	PA,QL (180 per 30 days)
<i>melphalan 2 mg tablet</i> MO	1	B vs D
<i>melphalan hcl 50 mg vial</i> MO	1	B vs D
<i>mercaptopurine 50 mg tablet</i> MO	1	
<i>mesna 1 gram/10 ml vial</i> MO	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION DL	4	B vs D
MESNEX 400 MG TABLET DL	4	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> MO	1	B vs D
<i>mitoxantrone 20 mg/10 ml vial</i> 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
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
NERLYNX 40 MG TABLET DL	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET DL	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET DL	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> 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)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial;</i> <i>oxaliplatin 50 mg/10 ml vial</i> MO	1	B vs D
<i>paclitaxel 300 mg/50 ml vial</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>romidepsin 10 mg kit</i> DL	4	PA
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL (120 per 30 days)
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)
<i>tamoxifen 10 mg, 20 mg tablet</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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		
<i>albendazole 200 mg tablet</i> 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)
<i>atovaquone 750 mg/5 ml susp</i> DL	4	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> MO	1	
<i>benznidazole 100 mg tablet</i> MO	3	QL (240 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
croton 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
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 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	
STROMEKTOL 3 MG TABLET MO	3	
ANTIPARKINSON AGENTS		
amantadine 100 mg capsule MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>rasagiline mesylate 0.5 mg, 1 mg tab</i> 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)
<i>ropinirole hcl 0.25 mg, 3 mg tablet</i> MO	1	QL (180 per 30 days)
<i>ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet</i> MO	1	QL (90 per 30 days)
<i>ropinirole hcl 4 mg tablet</i> MO	1	
<i>ropinirole hcl 5 mg tablet</i> MO	1	QL (144 per 30 days)
<i>ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet</i> 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)
<i>selegiline hcl 5 mg capsule</i> MO	1	
<i>selegiline hcl 5 mg tablet</i> 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
<i>tolcapone 100 mg tablet</i> DL	4	PA
<i>trihexyphenidyl 2 mg, 5 mg tablet</i> MO	1	PA
<i>trihexyphenidyl 2 mg/5 ml elx</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>aripiprazole 1 mg/ml solution</i> DL	4	QL (750 per 30 days)
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>aripiprazole odt 10 mg, 15 mg tablet</i> 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)
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)
<i>chlorpromazine 10 mg, 25 mg tablet</i> MO	1	B vs D
<i>chlorpromazine 100 mg, 200 mg, 50 mg tablet</i> MO	1	
<i>chlorpromazine 25 mg/ml amp</i> MO	1	
<i>clozapine 100 mg tablet</i> MO	1	QL (270 per 30 days)
<i>clozapine 200 mg tablet</i> MO	1	QL (135 per 30 days)
<i>clozapine 25 mg tablet</i> MO	1	QL (1080 per 30 days)
<i>clozapine 50 mg tablet</i> MO	1	
<i>clozapine odt 100 mg tablet</i> MO	1	PA, QL (270 per 30 days)
<i>clozapine odt 12.5 mg tablet</i> MO	1	PA
<i>clozapine odt 150 mg tablet</i> MO	1	PA, QL (180 per 30 days)
<i>clozapine odt 200 mg tablet</i> MO	1	PA, QL (135 per 30 days)
<i>clozapine odt 25 mg tablet</i> 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)
<i>fluphenazine dec 125 mg/5 ml</i> MO	1	
<i>fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet</i> MO	1	
<i>fluphenazine 2.5 mg/5 ml elix</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fluphenazine 2.5 mg/ml vial</i> MO	1	
<i>fluphenazine 5 mg/ml conc</i> 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
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet</i> MO	1	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> MO	1	
<i>haloperidol lac 2 mg/ml conc</i> MO	1	
<i>haloperidol lac 5 mg/ml syring</i> MO	1	
<i>haloperidol lac 5 mg/ml vial</i> 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)
<i>loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule</i> MO	1	
<i>molindone hcl 10 mg tablet</i> MO	1	PA,QL (240 per 30 days)
<i>molindone hcl 25 mg tablet</i> MO	1	PA,QL (270 per 30 days)
<i>molindone hcl 5 mg tablet</i> 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)
<i>olanzapine 10 mg vial</i> MO	1	
<i>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</i> MO	1	QL (30 per 30 days)
<i>olanzapine 15 mg, 20 mg tablet; olanzapine odt 15 mg, 20 mg tablet</i> MO	1	QL (60 per 30 days)
ORAP 1 MG, 2 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
<i>paliperidone er 1.5 mg, 3 mg, 9 mg tablet</i> MO	1	PA,QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i> MO	1	PA,QL (60 per 30 days)
<i>perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet</i> MO	1	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT DL	4	QL (1 per 28 days)
<i>pimozide 1 mg, 2 mg tablet</i> MO	1	
<i>quetiapine er 150 mg tablet</i> MO	1	QL (90 per 30 days)
<i>quetiapine er 200 mg tablet</i> MO	1	QL (30 per 30 days)
<i>quetiapine er 300 mg, 400 mg tablet</i> MO	1	QL (60 per 30 days)
<i>quetiapine er 50 mg tablet</i> MO	1	QL (120 per 30 days)
<i>quetiapine fumarate 100 mg, 300 mg, 400 mg tab</i> MO	1	QL (90 per 30 days)
<i>quetiapine fumarate 200 mg, 25 mg, 50 mg tab</i> 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, 2 MG, 3 MG, 4 MG ODT DL	4	QL (60 per 30 days)
<i>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</i> MO	1	QL (60 per 30 days)
<i>risperidone 0.5 mg odt; risperidone 0.5 mg tablet</i> MO	1	QL (120 per 30 days)
<i>risperidone 1 mg/ml solution</i> 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)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> MO	1	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule</i> MO	1	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> MO	1	QL (90 per 30 days)
FLUMADINE 100 MG TABLET MO	3	
<i>fosamprenavir 700 mg tablet</i> DL	4	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus bttl</i> 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)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> DL	4	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
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	
<i>lamivudine 10 mg/ml oral soln</i> MO	1	QL (900 per 30 days)
<i>lamivudine 150 mg tablet</i> MO	1	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> MO	1	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> MO	1	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> MO	1	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400mg</i> DL	4	PA,QL (28 per 28 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>ribasphere 200 mg capsule</i> DL	4	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> 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	
<i>ribavirin 200 mg capsule</i> MO	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> DL	4	B vs D
<i>rimantadine hcl 100 mg tablet</i> MO	1	
<i>ritonavir 100 mg tablet</i> 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)
<i>sofosbuvir-velpatasvir 400-100</i> DL	4	PA,QL (28 per 28 days)
SOVALDI 400 MG TABLET DL	4	PA,QL (28 per 28 days)
<i>stavudine 15 mg, 20 mg capsule</i> MO	1	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> MO	1	QL (60 per 30 days)
STRIBILD 150 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>tenofovir disop fum 300 mg tb</i> MO	1	QL (30 per 30 days)
TIVICAY 10 MG TABLET MO	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	4	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i> 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)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> 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)
<i>valganciclovir 450 mg tablet</i> DL	4	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> 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,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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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; alprazolam xr 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diazepam 10 mg tablet DL	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject 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)
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 carpject DL	1	
lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Blood Glucose Regulators		
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> 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)
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), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 30-4 UNIT / 60-8 UNIT; AFREZZA 60-4 UNIT / 30-8 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)
<i>chlorpropamide 100 mg, 250 mg tablet</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN 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	
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	
<i>insulin lispro 100 unit/ml pen</i> MO	3	ST
<i>insulin lispro 100 unit/ml vl</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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	
<i>metformin er 1,000 mg gastr-tb; metformin er 1,000 mg osm-tab</i> DL	4	ST,QL (60 per 30 days)
<i>metformin er 500 mg gastrc-tb</i> DL	4	ST,QL (120 per 30 days)
<i>metformin er 500 mg osmotic tb</i> DL	4	ST,QL (150 per 30 days)
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> MO	1	
<i>metformin hcl 500 mg/5 ml soln</i> MO	1	QL (750 per 30 days)
<i>metformin hcl er 500 mg tablet</i> MO	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> MO	1	QL (60 per 30 days)
<i>miglitol 100 mg, 25 mg, 50 mg tablet</i> MO	1	
<i>nateglinide 120 mg, 60 mg tablet</i> MO	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	3	PA,QL (30 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> MO	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> MO	1	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> MO	1	QL (90 per 30 days)
<i>prandin 1 mg, 2 mg tablet</i> 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)
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> MO	1	
<i>repaglinide-metformin 1-500 mg, 2-500 mg</i> 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)
<i>tolazamide 250 mg, 500 mg tablet</i> MO	1	
<i>tolbutamide 500 mg tablet</i> MO	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	

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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	
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	
<i>aminocaproic acid 0.25 gram/ml</i> DL	4	
<i>aminocaproic acid 1,000 mg, 500 mg tab</i> DL	4	
<i>aminocaproic acid 5 g/20 ml vl</i> MO	1	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
<i>aspirin-dipyridam er 25-200 mg</i> MO	1	ST,QL (60 per 30 days)
<i>azacitidine 100 mg vial</i> 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)
<i>cilostazol 100 mg, 50 mg tablet</i> MO	1	
<i>clopidogrel 300 mg tablet</i> MO	1	
<i>clopidogrel 75 mg tablet</i> 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
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> 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)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> MO	1	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> MO	1	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> MO	1	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> MO	1	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial</i> MO	1	
<i>fondaparinux 10 mg/0.8 ml syr</i> DL	4	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> MO	1	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> DL	4	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> 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)
<i>heparin 10,000 unit/10 ml vial; 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</i> MO	1	
<i>heparin 5,000 unit/ml carpuct</i> MO	1	
<i>heparin sod 5,000 unit/ml syrg</i> MO	1	
<i>heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml</i> MO	1	
<i>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</i> MO	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION MO	3	
<i>jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
<i>prasugrel 10 mg, 5 mg tablet</i> 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 INTRAVENOUS SOLUTION 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)
<i>tranexamic acid 1,000 mg/10 ml</i> MO	1	PA
<i>tranexamic acid 650 mg tablet</i> MO	1	QL (30 per 5 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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-valsarta-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-valsarta-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	

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<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> MO	1	
<i>bumetanide 2.5 mg/10 ml vial</i> MO	1	
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	
<i>candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb</i> MO	1	QL (60 per 30 days)
<i>candesartan cilexetil 32 mg tb</i> MO	1	QL (30 per 30 days)
<i>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</i> MO	1	QL (30 per 30 days)
<i>captopril 100 mg tablet</i> MO	1	QL (135 per 30 days)
<i>captopril 12.5 mg, 25 mg, 50 mg tablet</i> MO	1	
<i>captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet</i> 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)
<i>cartia xt 120 mg, 180 mg, 240 mg capsule,extended release</i> MO	1	QL (60 per 30 days)
<i>cartia xt 300 mg capsule,extended release</i> MO	1	QL (30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet</i> MO	1	
<i>carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule</i> 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)

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chlorothiazide 250 mg, 500 mg tablet MO	1	
chlorothiazide sod 500 mg vial MO	1	
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	
DEMSEER 250 MG CAPSULE DL	4	
DIAMOX SEQUELS ER 500 MG CAP MO	3	PA
DIBENZYLIN 10 MG CAPSULE DL	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet MO	1	QL (30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) tablet MO	1	QL (30 per 30 days)
digoxin 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 25 mg/5 ml vial MO	1	
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)
EDECIN 25 MG TABLET DL	4	QL (480 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet MO	1	
enalaprilat 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIBRICOR 105 MG, 35 MG TABLET MO	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab MO	1	
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 100 mg/10 ml syring MO	1	
furosemide 20 mg, 40 mg, 80 mg tablet MO	1	
gemfibrozil 600 mg tablet MO	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET MO	3	
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	
INSPIRA 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>isosorbide mononit 10 mg, 20 mg tab</i> MO	1	
<i>isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb</i> MO	1	
<i>isradipine 2.5 mg, 5 mg capsule</i> MO	1	
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)
<i>labetalol hcl 100 mg, 200 mg, 300 mg tablet</i> MO	1	
<i>labetalol hcl 100 mg/20 ml vial</i> 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	
<i>lidocaine hcl 2% vial</i> MO	1	
<i>lidocaine 0.4% in d5w 250 ml; lidocaine 0.8% in d5w soln</i> 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)
<i>lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet</i> MO	1	
<i>lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> 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	
<i>losartan potassium 100 mg, 25 mg, 50 mg tab</i> MO	1	QL (60 per 30 days)
<i>losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab</i> MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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 carpject 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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml</i> MO	1	B vs D
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	3	
<i>minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr transdermal 24 hour patch</i> MO	1	QL (30 per 30 days)
<i>minitran 0.4 mg/hr transdermal 24 hour patch</i> MO	1	QL (60 per 30 days)
<i>minoxidil 10 mg, 2.5 mg tablet</i> MO	1	
<i>moexipril hcl 15 mg, 7.5 mg tablet</i> MO	1	
<i>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</i> MO	1	
MULTAQ 400 MG TABLET MO	2	QL (60 per 30 days)
<i>nadolol 20 mg, 40 mg, 80 mg tablet</i> MO	1	
<i>nadolol-bendroflu 40-5 mg, 80-5 mg tab</i> MO	1	
NATRECOR 1.5 MG VIAL MO	3	
<i>neptazane 25 mg tablet</i> 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	
<i>niacin er 1,000 mg, 500 mg, 750 mg tablet</i> MO	1	
<i>niacor 500 mg tablet</i> MO	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET, EXTENDED RELEASE MO	3	PA
<i>nicardipine 20 mg, 30 mg capsule</i> MO	1	
<i>nicardipine 25 mg/10 ml ampule</i> MO	1	
<i>nifedipine 10 mg, 20 mg capsule</i> MO	1	
<i>nifedipine er 30 mg, 60 mg, 90 mg tablet</i> MO	1	QL (60 per 30 days)
<i>nimodipine 30 mg capsule</i> MO	1	
<i>nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>nisoldipine er 25.5 mg, 30 mg tablet</i> 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)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch</i> MO	1	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl</i> MO	1	
<i>nitroglycerin 0.4 mg/hr patch</i> MO	1	QL (60 per 30 days)
<i>nitroglycerin 400 mcg spray</i> MO	1	
<i>nitroglycerin 5 mg/ml vial</i> MO	1	
<i>nitroglycerin lingual 0.4 mg</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>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</i> MO	1	
NITROLINGUAL 400 MCG/SPRAY MO	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
<i>norepinephrine 4 mg/4 ml vial</i> 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)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab</i> MO	1	QL (30 per 30 days)
<i>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</i> MO	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> MO	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> 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	
<i>pacerone 200 mg tablet</i> MO	1	
PACERONE 400 MG TABLET MO	1	QL (60 per 30 days)
<i>pentoxifylline er 400 mg tab</i> MO	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> MO	1	
<i>phenoxybenzamine hcl 10 mg cap</i> DL	4	
<i>phenylephrine 10 mg/ml vial</i> MO	1	
<i>pindolol 10 mg, 5 mg tablet</i> 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)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg tab</i> MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 vial; 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RYTHMOL SR 425 MG CAPSULE,EXTENDED RELEASE DL	4	PA
<i>simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet</i> MO	1	QL (30 per 30 days)
SODIUM EDECIN 50 MG INTRAVENOUS SOLUTION MO	3	
<i>sorine 120 mg, 160 mg, 240 mg, 80 mg tablet</i> MO	1	
<i>sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet</i> MO	1	
<i>sotalol hcl 150 mg/10 ml vial</i> MO	1	
<i>sotalol af 120 mg, 160 mg, 80 mg tablet</i> MO	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION MO	3	
<i>spironolactone-hctz 25-25 tab</i> MO	1	
<i>spironolactone 100 mg, 25 mg, 50 mg tablet</i> 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	
<i>taztia xt 120 mg, 180 mg, 240 mg capsule,extended release</i> MO	1	QL (60 per 30 days)
<i>taztia xt 300 mg, 360 mg capsule,extended release</i> 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)
<i>telmisartan 20 mg, 40 mg tablet</i> MO	1	QL (30 per 30 days)
<i>telmisartan 80 mg tablet</i> MO	1	QL (60 per 30 days)
<i>telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10</i> MO	1	QL (30 per 30 days)
<i>telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb</i> MO	1	ST,QL (30 per 30 days)
<i>telmisartan-hctz 80-12.5 mg tb</i> 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	
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule</i> 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
<i>timolol maleate 10 mg, 20 mg, 5 mg tablet</i> MO	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
<i>torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> MO	1	
<i>trandolapril 1 mg, 2 mg, 4 mg tablet</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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		
<i>adderall 10 mg, 15 mg, 20 mg, 5 mg tablet</i> MO	1	PA,QL (90 per 30 days)
ADDERALL 12.5 MG, 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
<i>adderall 30 mg tablet</i> 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)
<i>amphetamine sulfate 10 mg, 5 mg tab</i> 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)
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule</i> MO	1	QL (60 per 30 days)
<i>atomoxetine hcl 100 mg, 60 mg, 80 mg capsule</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
<i>glatiramer 20 mg/ml syringe</i> DL	4	PA,QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i> DL	4	PA,QL (12 per 28 days)
<i>glatopa 20 mg/ml subcutaneous syringe</i> DL	4	PA,QL (30 per 30 days)
<i>glatopa 40 mg/ml subcutaneous syringe</i> 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)
<i>guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet</i> 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK DL	4	PA
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)
<i>relexxii 72 mg tablet,extended release</i> MO	1	QL (30 per 30 days)
RILUTEK 50 MG TABLET DL	4	
<i>riluzole 50 mg tablet</i> 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)
<i>tetrabenazine 12.5 mg tablet</i> DL	4	PA,QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i> 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)
<i>zenzedi 10 mg tablet</i> 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)
<i>zenzedi 5 mg tablet</i> MO	1	QL (150 per 30 days)
ZINBRYTA 150 MG/ML SYRINGE DL	4	PA,QL (1 per 30 days)

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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-bnzy perox 0.1-2.5% MO	1	
AKTIPAK 3 %-5 % TOPICAL GEL 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
AZELEX 20 % TOPICAL CREAM MO	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 % topical 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	
EPIFOAM 1 %-1 % TOPICAL MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>erythromycin-benzoyl gel</i> 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
<i>fluorouracil 0.5% cream</i> DL	4	
<i>fluorouracil 2% topical soln; fluorouracil 5% topical soln</i> MO	1	
<i>fluorouracil 5% cream</i> MO	1	
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA,QL (6 per 365 days)
<i>imiquimod 3.75% cream pump</i> DL	4	ST,QL (15 per 30 days)
<i>imiquimod 5% cream packet</i> MO	1	QL (12 per 30 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg capsule</i> MO	1	QL (60 per 30 days)
<i>isotretinoin 40 mg capsule</i> MO	1	QL (120 per 30 days)
<i>methoxsalen 10 mg capsule</i> DL	4	
MIRVASO 0.33 % TOPICAL GEL; MIRVASO 0.33 % TOPICAL GEL WITH PUMP MO	3	ST
<i>myorisan 10 mg, 20 mg, 30 mg capsule</i> MO	1	QL (60 per 30 days)
<i>myorisan 40 mg capsule</i> MO	1	QL (120 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM MO	1	
<i>neuac 1.2 % (1 % base)-5 % topical gel</i> 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)
<i>pimecrolimus 1% cream</i> MO	1	
<i>plixda 0.1% swab</i> MO	1	QL (30 per 30 days)
<i>podofilox 0.5% topical soln</i> MO	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT DL	4	
PRUDOXIN 5 % TOPICAL CREAM DL	4	PA
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
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>selenium sulfide 2.5% lotion</i> 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)
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> 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)
<i>tazarotene 0.1% cream</i> 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 (1 per 28 days)
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (8 per 365 days)
TRETIN-X 0.075 % TOPICAL CREAM MO	1	PA
<i>tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel</i> MO	1	PA
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> MO	1	PA
<i>tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube</i> 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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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
<i>complete natal dha 29 mg-1 mg-250 mg oral pack</i> 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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
eliphos 667 mg tablet 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)
focalgin 90 dha combo pack MO	1	
focalgin ca combo pack MO	1	
folivane-ob 85 mg-1 mg capsule MO	3	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>hemenatal ob tablet</i> MO	3	
<i>hemenatal ob + dha combo pack</i> 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
<i>kionex powder</i> MO	1	
KIONEX 15 GM/60 ML SUSPENSION MO	1	
<i>klor-con 20 meq oral packet</i> 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	
<i>klor-con m10 meq tablet,extended release</i> MO	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	1	
<i>klor-con m20 meq tablet,extended release</i> MO	1	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp</i> MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MO	3	
<i>lactated ringers injection</i> 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 1 g/10 ml soln MO	1	
levomefolate dha capsule MO	1	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET DL	4	PA,QL (30 per 30 days)
<i>m-natal plus 27 mg iron-1 mg tablet</i> MO	1	
magnesium sulfate 50% syringe MO	1	
magnesium sulfate 50% vial MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
prn ob+dha 27 mg-1 mg-50 mg-250 mg oral 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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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
REVELA 0.8 GRAM ORAL POWDER PACKET MO	2	QL (540 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>ringer's iv solution</i> MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	QL (60 per 30 days)
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> MO	1	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> MO	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MO	3	
<i>sevelamer 0.8 gm powder packet</i> MO	1	QL (540 per 30 days)
<i>sevelamer 2.4 gm powder packet</i> MO	1	QL (180 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> MO	1	QL (540 per 30 days)
<i>sevelamer hcl 400 mg, 800 mg tablet</i> MO	1	ST
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
<i>sodium acetate 40 meq/20 ml vl</i> MO	1	
<i>sodium bicarb 8.4% abboject</i> MO	1	
<i>sodium chloride 100 meq/40 ml</i> MO	1	
<i>saline 0.45% soln-excel con</i> MO	1	
<i>sodium chloride 0.45% soln</i> MO	1	
<i>sodium chloride 0.9% solution</i> MO	1	
<i>sodium chloride 0.9% vial</i> MO	1	
<i>sodium chloride 3% iv soln</i> MO	1	
<i>sodium chloride 5% iv soln</i> MO	1	
<i>sodium lactate 50 meq/10 ml vl</i> MO	1	
<i>sodium phosphate 45 mmol/15 ml</i> MO	1	
<i>sod polystyren sulf 15 g/60 ml</i> MO	1	
<i>sodium polystyrene sulf powder</i> MO	1	
<i>sps 15 gm/60 ml suspension</i> MO	1	
<i>sps 30 gm/120 ml enema; sps 50 gm/200 ml enema</i> 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	
SYPRINE 250 MG CAPSULE DL	4	PA,QL (240 per 30 days)
<i>taron-c dha 35 mg-1 mg-200 mg capsule</i> MO	1	
<i>taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule</i> 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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>trientine hcl 250 mg capsule</i> DL	4	QL (240 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg tablet</i> MO	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MO	3	
<i>triveen-duo dha 29 mg-1 mg-400 mg oral pack</i> MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	3	B vs D
<i>ultimatecare one capsule</i> MO	1	
<i>ultimatecare one nf capsule</i> 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)
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE MO	3	
<i>virt-c dha 35 mg-1 mg-200 mg capsule</i> MO	1	
<i>virt-nate dha 28 mg iron-1 mg-200 mg capsule</i> 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	
<i>vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule</i> MO	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MO	3	
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
<i>alose tron hcl 0.5 mg, 1 mg tablet</i> DL	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lansoprazol-amoxicil-clarithro</i> MO	1	ST
<i>atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 1 mg/10 ml syringe</i> MO	1	PA
BENTYL 10 MG CAPSULE MO	3	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
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> MO	1	
<i>cimetidine 300 mg/5 ml soln</i> 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
<i>constulose 10 gram/15 ml oral solution</i> 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)
<i>dicyclomine 10 mg capsule</i> MO	1	
<i>dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg/2 ml vial</i> MO	1	
<i>dicyclomine 20 mg tablet</i> MO	1	
<i>diphenoxylat-atrop 2.5-0.025/5</i> MO	1	
<i>diphenoxylate-atrop 2.5-0.025</i> MO	1	
ENDARI 5 GRAM ORAL POWDER PACKET DL	4	PA
<i>enulose 10 gram/15 ml oral solution</i> MO	1	
<i>esomeprazole mag dr 20 mg, 40 mg cap</i> MO	1	QL (30 per 30 days)
<i>esomeprazole sodium 20 mg, 40 mg vial</i> MO	1	
<i>esomeprazole dr 24.65 mg, 49.3 mg cap</i> MO	3	QL (30 per 30 days)
<i>famotidine 20 mg, 40 mg tablet</i> MO	1	
<i>famotidine 40 mg/4 ml vial</i> MO	1	
<i>famotidine 40 mg/5 ml susp</i> MO	1	
<i>famotidine 20 mg/2 ml vial</i> MO	1	
<i>famotidine 20 mg piggyback</i> MO	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
<i>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</i> MO	1	
<i>gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</i> MO	1	
<i>gavilyte-n 420 gram oral solution</i> MO	1	
<i>generlac 10 gram/15 ml oral solution</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 syring 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	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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
sucrafate 1 gm tablet MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>trilyte with flavor packets 420 gram oral solution</i> 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
<i>ursodiol 250 mg, 500 mg tablet</i> MO	1	
<i>ursodiol 300 mg capsule</i> 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	
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>miglustat 100 mg capsule</i> DL	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
<i>nitisinone 10 mg, 2 mg, 5 mg capsule</i> 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)
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	
<i>sodium phenylbutyrate 500mg tb</i> DL	4	
<i>sodium phenylbutyrate powder</i> DL	4	

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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 20,000 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		
<i>alfuzosin hcl er 10 mg tablet</i> MO	1	QL (30 per 30 days)
AVODART 0.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> MO	1	
CIALIS 2.5 MG, 5 MG TABLET MO	3	PA
<i>darifenacin er 15 mg, 7.5 mg tablet</i> 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)
<i>dutasteride 0.5 mg capsule</i> MO	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> MO	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE DL	4	QL (90 per 30 days)
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
<i>finasteride 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> MO	1	
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>oxybutynin 5 mg tablet</i> MO	1	
<i>oxybutynin 5 mg/5 ml syrup</i> MO	1	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> 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)
<i>silodosin 4 mg, 8 mg capsule</i> MO	1	QL (30 per 30 days)
<i>solifenacin 10 mg, 5 mg tablet</i> MO	1	PA,QL (30 per 30 days)
<i>tadalafil 2.5 mg, 5 mg tablet</i> MO	1	PA
<i>tamsulosin hcl 0.4 mg capsule</i> MO	1	QL (60 per 30 days)
THIOLA 100 MG TABLET DL	4	
THIOLA EC 100 MG, 300 MG TABLET,DELAYED RELEASE DL	4	
<i>tolterodine tart er 2 mg, 4 mg cap</i> MO	1	QL (30 per 30 days)
<i>tolterodine tartrate 1 mg, 2 mg tab</i> MO	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
<i>tropium chloride 20 mg tablet</i> MO	1	
<i>tropium chloride er 60 mg cap</i> 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)		
<i>a-hydrocort 100 mg solution for injection</i> 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	
<i>alclometasone dipr 0.05% oint</i> MO	1	
<i>alclometasone dipro 0.05% crm</i> MO	1	
<i>amcinonide 0.1% cream</i> MO	1	
<i>amcinonide 0.1% lotion</i> MO	1	
<i>amcinonide 0.1% ointment</i> MO	1	
<i>anusol-hc 2.5 % topical cream with perineal applicator</i> MO	1	
<i>apexicon e 0.05 % topical cream</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
<i>cortisone 25 mg tablet</i> MO	1	
CUTIVATE 0.05 % LOTION DL	4	PA
CUTIVATE 0.05 % TOPICAL CREAM DL	4	PA
<i>decadron 0.5 mg, 0.75 mg, 4 mg, 6 mg tablet</i> MO	1	
<i>decadron 0.5 mg/5 ml oral elixir</i> MO	1	
<i>deltasone 20 mg tablet</i> MO	1	B vs D
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION MO	3	
DERMA-SMOOTHIE/FS BODY OIL 0.01 % MO	3	
DERMA-SMOOTHIE/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	
<i>desonide 0.05% cream</i> MO	1	
<i>desonide 0.05% lotion</i> MO	1	
<i>desonide 0.05% ointment</i> MO	1	
DESOWEN 0.05 % LOTION MO	1	PA
DESOWEN 0.05 % TOPICAL CREAM MO	3	
<i>desoximetasone 0.05% cream; desoximetasone 0.25% cream</i> MO	1	
<i>desoximetasone 0.05% gel</i> MO	1	
<i>desoximetasone 0.05% ointment; desoximetasone 0.25% ointment</i> MO	1	
<i>desoximetasone 0.25% spray</i> MO	1	
<i>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</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml elx</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml liq</i> MO	1	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO	1	
<i>dexamethasone 10 mg/ml vial</i> MO	1	
<i>dexamethasone 10 mg/ml, 4 mg/ml vial</i> MO	1	
<i>dexamethasone 4 mg/ml syringe</i> MO	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK MO	1	
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	
<i>diflorasone 0.05% cream</i> DL	4	
<i>diflorasone 0.05% ointment</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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; methylprednisolone ss 1,000 mg, 125 mg, 40 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	
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOPICORT 0.25 % TOPICAL OINTMENT MO	1	
TOPICORT 0.25 % TOPICAL SPRAY MO	3	
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 400 mg/10ml 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	
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
ZORBIVE 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
<i>carboprost 250 mcg/ml vial</i> 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	
<i>afirmelle 0.1 mg-20 mcg tablet</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
abra 0.1 mg-20 mcg tablet MO	1	
abra 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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
BREVICON 28 TABLET MO	3	
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	
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) 0.1 mg-20 mcg tablet MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>desogestr-eth estrad eth estra</i> MO	1	
<i>desogest-eth estra 0.15-0.03mg</i> 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	
<i>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</i> MO	1	QL (8 per 28 days)
<i>drops-ee-levomef 3-0.02-0.451; drops-ee-levomef 3-0.03-0.451</i> MO	1	
<i>drosiprone-ee 3-0.02 mg, 3-0.03 mg tab</i> 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)
<i>elinest 0.3 mg-30 mcg tablet</i> MO	1	
ELLA 30 MG TABLET MO	2	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> MO	1	
ENDOMETRIN 100 MG VAGINAL INSERT DL	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> MO	1	
<i>enskyce 0.15 mg-0.03 mg tablet</i> MO	1	
<i>errin 0.35 mg tablet</i> MO	1	
<i>estarylla 0.25 mg-35 mcg tablet</i> 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	
<i>estradiol 0.01% cream</i> MO	1	
<i>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</i> MO	1	QL (8 per 28 days)
<i>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</i> MO	1	QL (4 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt</i> MO	1	
<i>estradiol valerate 20 mg/ml, 40 mg/ml vl</i> MO	1	
<i>estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb</i> MO	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING MO	3	QL (1 per 90 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
hydroxyprogesterone 250 mg/ml vial DL	4	PA
hydroxyprogesterone 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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
lomedica 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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 mg-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-lynyah 0.25 mg-35 mcg tablet MO	1	
MONONESSA 28 TABLET MO	1	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-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	
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
yuvaferm 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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)		
<i>cabergoline 0.5 mg tablet</i> 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
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> 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)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 0.05 mg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial</i> MO	1	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> MO	1	PA
ORILISSA 150 MG TABLET DL	4	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 10 MCG/0.5 ML PED VL 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)
ENVARUSUS 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)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> MO	1	B vs D
<i>gengraf 100 mg/ml oral solution</i> MO	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	4	PA,QL (24 per 28 days)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
<i>icatibant 30 mg/3 ml syringe</i> 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	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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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
RENFLIXIS 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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>balsalazide disodium 750 mg cp</i> MO	1	
<i>budesonide ec 3 mg capsule</i> MO	1	
<i>budesonide er 9 mg tablet</i> 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
<i>colocort 100 mg enema</i> 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)
<i>hydrocortisone 100 mg/60 ml</i> MO	1	
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE MO	3	ST,QL (120 per 30 days)
<i>mesalamine 1,000 mg supp</i> DL	4	ST,QL (30 per 30 days)
<i>mesalamine 4 gm/60 ml enema</i> MO	1	QL (1800 per 30 days)
<i>mesalamine 800 mg dr tablet</i> MO	1	ST,QL (180 per 30 days)
<i>mesalamine dr 1.2 gm tablet</i> MO	1	QL (120 per 30 days)
<i>mesalamine dr 400 mg capsule</i> 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)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> MO	1	
UCERIS 2 MG/ACTION 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)

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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 vial 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 DL	4	PA,QL (2.4 per 28 days)
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)

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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
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	

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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	
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	

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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	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> MO	1	
<i>calcium disodium versenate 200 mg/ml injection solution</i> 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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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; 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" 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	
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
<i>enlon 10 mg/ml vial</i> 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	
<i>flumazenil 0.5 mg/5 ml vial</i> MO	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> 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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 1 ML 28GX1/2"; EQL INSULIN 1 ML SYRINGE; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRING 0.5 ML 27GX1/2"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 27GX1/2"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 0.5 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)
<i>lactated ringers irrigation</i> 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	
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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" MO	1	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	1	
<i>methergine 0.2 mg tablet</i> DL	4	
<i>methylergonovine 0.2 mg tablet</i> MO	1	
<i>methylergonovine 0.2 mg/ml amp</i> 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	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	1	
<i>neomy-polymyxin b 40 mg/ml amp</i> 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	
<i>oxytocin 10 units/ml vial</i> 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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
<i>promethazine vc 6.25 mg-5 mg/5 ml oral syrup</i> MO	1	PA
<i>promethazine-phenylephrine syr</i> MO	1	PA
<i>protamine 250 mg/25 ml vial</i> 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	
<i>ringers irrigation solution</i> 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	
<i>sod phenylacet-sod benzoate vl</i> DL	4	
<i>sodium chloride 0.9% irrig.</i> MO	1	
<i>sorbitol-mannitol irrig</i> 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	

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

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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	
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	

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

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THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE MO	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE MO	1	
TRUE COMFORT ALCOHOL PADS MO	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 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	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTRA FLO 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	1	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MO	1	
UNIFINE 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	
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	
ALOCRIAL 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>olopatadine hcl 0.2% eye drop</i> 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	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> MO	1	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> MO	1	
<i>polymyxin b-tmp eye drops</i> 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	
<i>prednisolone ac 1% eye drop</i> MO	1	
<i>prednisolone sod 1% eye drop</i> MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
<i>proparacaine 0.5% eye drops</i> 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)
<i>sulf-pred 10-0.23% eye drops</i> MO	1	
<i>timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution</i> MO	1	
<i>timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> 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	
<i>tobramycin-dexameth ophth susp</i> MO	1	
TRAVATAN Z 0.004 % EYE DROPS MO	2	QL (2.5 per 25 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
travoprost 0.004% eye drop MO	1	ST,QL (5 per 28 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	
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	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 vial 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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
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	
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-inject; 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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg v1</i> DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE 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)
<i>flunisolide 0.025% spray</i> MO	1	QL (50 per 30 days)
<i>fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50</i> MO	1	QL (60 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14</i> MO	2	QL (1 per 30 days)
<i>fluticasone prop 50 mcg spray</i> 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)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> MO	1	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> MO	1	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> MO	1	B vs D
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> 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)
<i>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</i> MO	1	B vs D
<i>levalbuterol tar hfa 45mcg inh</i> MO	1	ST,QL (30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i> MO	1	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i> 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)
<i>metaproterenol 10 mg, 20 mg tablet</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
PERFORMIST 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 REDHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL MO	3	ST,QL (10.6 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QVAR REDHALER 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)
<i>sildenafil 10 mg/ml oral susp</i> DL	4	PA,QL (180 per 30 days)
<i>sildenafil 20 mg tablet</i> MO	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG TABLET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG 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 HANDHALER 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)
<i>tadalafil 20 mg tablet</i> DL	4	PA,QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> DL	4	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE MO	1	
<i>theophylline 80 mg/15 ml soln</i> MO	1	
<i>theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet</i> MO	1	
<i>theophylline er 400 mg, 600 mg tablet</i> MO	1	
<i>theophylline er 450 mg tab</i> MO	1	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> 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)
<i>treprostinil 100 mg/20 ml vial; treprostinil 20 mg/20 ml vial; treprostinil 200 mg/20 ml vial; treprostinil 50 mg/20 ml vial</i> 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
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
<i>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</i> 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)
<i>zafirlukast 10 mg, 20 mg tablet</i> MO	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	3	ST,QL (6.1 per 28 days)
<i>zileuton er 600 mg tablet</i> DL	4	ST,QL (120 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
carisoprodol-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)
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)
PARAFON FORTE DSC 500 MG CAPLT MO	3	ST
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)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
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/SPRAY (0.1 ML) 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... 119
abacavir... 65
abacavir-lamivudine... 65
abacavir-lamivudine-zidovudine... 65
ABELCET... 44
ABILIFY MAINTENA... 61, 62
ABILIFY MYCITE... 62
ABILIFY... 61
abiraterone... 49
ABRAXANE... 49
ABSORICA... 101
ABSTRAL... 10
acamprosate... 20
ACANYA... 101
acarbose... 73
ACCOLATE... 163
ACCUPRIL... 82
ACCURETIC... 82
acebutolol... 82
ACETADOTE... 147
acetaminophen-caff-dihydrocod... 10
acetaminophen-codeine... 10
acetazolamide sodium... 82
acetazolamide... 82
acetic acid... 21, 147
acetylcysteine... 147, 163
ACIPHEX SPRINKLE... 112
ACIPHEX... 112
acitretin... 101
ACTEMRA ACTPEN... 138
ACTEMRA... 138
ACTHAR... 119
ACTHIB (PF)... 138
ACTIGALL... 112
ACTIMMUNE... 138
ACTIQ... 10
ACTIVELLA... 126
ACTONEL... 145, 146
ACTOPLUS MET XR... 73
ACTOPLUS MET... 73
ACTOS... 73
ACULAR LS... 159
ACULAR... 159
ACUVAIL (PF)... 159
acyclovir sodium... 65
acyclovir... 65
ACZONE... 101
ADACEL(TDAP ADOLESN/ADULT)(PF)... 138
ADAGEN... 116
ADALAT CC... 82
adapalene... 101
adapalene-benzoyl peroxide... 101
ADCIRCA... 163
ADDERALL XR... 96
adderall... 96
adefovir... 65
ADEMPAS... 163
adenosine... 82
ADLYXIN... 73
ADMELOG SOLOSTAR U-100 INSULIN... 73
ADMELOG U-100 INSULIN LISPRO... 73
ADRENALIN... 163
adriamycin... 49
adrucil... 49
ADVAIR DISKUS... 163
ADVAIR HFA... 163
ADVOCATE PEN NEEDLE... 147
ADVOCATE SYRINGES... 148
ADZENYS ER... 96
ADZENYS XR-ODT... 96
AEROSPAN... 163
afeditab cr... 82
AFINITOR DISPERZ... 49
AFINITOR... 49
afirmelle... 126
AFREZZA... 73
AGGRASTAT CONCENTRATE... 78
AGGRASTAT IN SODIUM CHLORIDE... 78
AGGRENOX... 78
AGRYLIN... 78
AIMOVIG AUTOINJECTOR (2 PACK)... 148
AIMOVIG AUTOINJECTOR... 148
AIRDUO RESPICLICK... 163
AJOVY... 148
ak-poly-bac... 159
AKTEN (PF)... 159

AKTIPAK... 101
 AKYNZEO (FOSNETUPITANT)... 42
 AKYNZEO (NETUPITANT)... 42
 ALA-CORT... 119
 ALA-SCALP... 119
 albendazole... 58
 ALBENZA... 58
 albuterol sulfate... 164
 ALCaine... 159
 alclometasone... 119
 ALCOHOL PADS... 148
 ALCOHOL PREP PADS... 148
 ALCOHOL SWABS... 148
 ALCOHOL WIPES... 148
 ALDACTAZIDE... 82
 ALDACTONE... 82
 ALDARA... 101
 ALDURAZYME... 116
 ALECENSA... 49
 alendronate... 146
 alfuzosin... 118
 ALIMTA... 49
 ALINIA... 58
 ALIQOPA... 49
 aliskiren... 82
 ALKERAN (AS HCL)... 49
 ALKERAN... 49
 allopurinol sodium... 46
 allopurinol... 46
 ALLZITAL... 10
 almotriptan malate... 47
 ALOCRIL... 159
 ALOMIDE... 159
 ALOPRIM... 46
 ALORA... 127
 alosetron... 112
 ALPHAGAN P... 159
 ALPRAZOLAM INTENSOL... 71
 alprazolam... 71
 ALREX... 159
 ALTACE... 82
 altavera (28)... 127
 ALTOPREV... 82
 ALTRENO... 101
 ALUNBRIG... 49
 ALVESCO... 164
 alyacen 1/35 (28)... 127
 alyacen 7/7/7 (28)... 127
 alyq... 164
 amabelz... 127
 amantadine hcl... 59, 60
 AMARYL... 73
 AMBIEN CR... 170
 AMBIEN... 170
 AMBISOME... 44
 ambrisentan... 164
 amcinonide... 119
 AMERGE... 47
 AMETHIA LO... 127
 amethia... 127
 amethyst (28)... 127
 AMICAR... 78
 amifostine crystalline... 49
 amikacin... 21
 amiloride... 82
 amiloride-hydrochlorothiazide... 82
 aminocaproic acid... 78
 aminophylline... 164
 AMINOSYN II 10 %... 105
 AMINOSYN II 15 %... 105
 AMINOSYN II 7 %... 105
 AMINOSYN II 8.5 %... 105
 AMINOSYN II 8.5 %-ELECTROLYTES... 105
 AMINOSYN M 3.5 %... 105
 AMINOSYN 10 %... 105
 AMINOSYN 7 % WITH ELECTROLYTES... 105
 AMINOSYN 8.5 %... 105
 AMINOSYN 8.5 %-ELECTROLYTES... 105
 AMINOSYN-HBC 7%... 105
 AMINOSYN-PF 10 %... 105
 AMINOSYN-PF 7 % (SULFITE-FREE)... 105
 AMINOSYN-RF 5.2 %... 105
 amiodarone... 82
 AMITIZA... 112
 amitriptyline... 38
 amitriptyline-chlordiazepoxide... 39
 amlodipine... 82
 amlodipine-atorvastatin... 83
 amlodipine-benazepril... 83
 amlodipine-olmesartan... 83
 amlodipine-valsartan... 83
 amlodipine-valsartan-hcthiazid... 83
 ammonium lactate... 101
 AMMONUL... 148
 amnesteem... 101

amoxapine... 39
 amoxicil-clarithromy-lansopraz... 113
 amoxicillin... 21
 amoxicillin-pot clavulanate... 21, 22
 amphetamine sulfate... 96
 amphotericin b... 44
 ampicillin sodium... 22
 ampicillin... 22
 ampicillin-sulbactam... 22
 AMPYRA... 96
 AMRIX... 170
 ANADROL-50... 127
 ANAFRANIL... 39
 anagrelide... 78
 ANAPROX DS... 10
 anastrozole... 49
 ANCOBON... 44
 ANDRODERM... 127
 ANDROGEL... 127
 ANDROID... 127
 ANGELIQ... 127
 ANNOVERA... 127
 ANORO ELLIPTA... 164
 ANTABUSE... 20
 ANTARA... 83
 anusol-hc... 119
 ANZEMET... 42
 apexicon e... 119
 APIDRA SOLOSTAR U-100 INSULIN... 73
 APIDRA U-100 INSULIN... 73
 APLENZIN... 39
 APOKYN... 60
 apraclonidine... 159
 aprepitant... 42
 apri... 127
 APRISO... 145
 APTENSIO XR... 96
 APTIOM... 33
 APTIVUS... 65, 66
 ARALAST NP... 116
 aranelle (28)... 127
 ARANESP (IN POLYSORBATE)... 78, 79
 ARAVA... 138
 ARCALYST... 138
 ARCAPTA NEOHALER... 164
 ARICEPT... 38
 ARIKAYCE... 22
 ARIMIDEX... 49
 aripiprazole... 62
 ARISTADA INITIO... 62
 ARISTADA... 62
 ARISTOSPAN INTRA-ARTICULAR... 120
 ARISTOSPAN INTRALESIONAL... 120
 ARIXTRA... 79
 armodafinil... 170
 ARMONAIR RESPICLICK... 164
 ARMOUR THYROID... 136
 ARNUITY ELLIPTA... 164
 AROMASIN... 49
 ARRANON... 49
 arsenic trioxide... 49
 ARTHROTEC 50... 10
 ARTHROTEC 75... 10
 ARYMO ER... 10
 ARZERRA... 49
 ASACOL HD... 145
 ascomp with codeine... 10
 ashlyna... 127
 ASMANEX HFA... 164
 ASMANEX TWISTHALER... 164
 aspirin-caffeine-dihydrocodein... 10
 aspirin-dipyridamole... 79
 ASSURE ID INSULIN SAFETY... 148
 ASSURE ID PEN NEEDLE... 148
 ASTAGRAF XL... 138
 ASTEPRO... 164
 ATACAND HCT... 83
 ATACAND... 83
 atazanavir... 66
 ATELVIA... 146
 atenolol... 83
 atenolol-chlorthalidone... 83
 ATGAM... 139
 ATIVAN... 71
 atomoxetine... 96
 atorvastatin... 83
 atovaquone... 58
 atovaquone-proguanil... 58
 ATRALIN... 101
 ATRIPLA... 66
 atropine... 113, 160
 ATROVENT HFA... 164
 AUBAGIO... 96
 aubra eq... 127
 aubra... 127
 AUGMENTIN ES-600... 22

AUGMENTIN XR... 22	AZACTAM IN DEXTROSE (ISO-OSM)... 22	balziva (28)... 128
AUGMENTIN... 22	AZACTAM... 22	BAND-AID GAUZE PADS... 148
aurovela fe 1.5/30 (28)... 127	AZASAN... 139	BANZEL... 33
aurovela fe 1-20 (28)... 127	AZASITE... 22	BAQSIMI... 73
aurovela 1.5/30 (21)... 127	azathioprine sodium... 139	BARACLUDE... 66
aurovela 1/20 (21)... 127	azathioprine... 139	BASAGLAR KWIKPEN U-100 INSULIN... 73
aurovela 24 fe... 127	azelaic acid... 101	BAVENCIO... 50
AURYXIA... 105	azelastine... 160, 164	BAXDELA... 23
AUSTEDO... 96	AZELEX... 101	bcg vaccine, live (pf)... 139
AUTOJECT 2 INJECTION DEVICE... 148	AZILECT... 60	BD ALCOHOL SWABS... 148
AUTOPEN 1 TO 21 UNITS... 148	azithromycin... 22	BD AUTOSHIELD DUO PEN NEEDLE... 148
AUTOPEN 2 TO 42 UNITS... 148	AZOPT... 160	BD ECLIPSE LUER-LOK... 148
AVALIDE... 83	AZOR... 83	BD INSULIN SYRINGE HALF UNIT... 148
AVANDIA... 73	aztreonam... 22	BD INSULIN SYRINGE MICRO-FINE... 148
AVAPRO... 83	AZULFIDINE EN-TABS... 145	BD INSULIN SYRINGE SAFETY-LOK... 148
AVASTIN... 49	AZULFIDINE... 145	BD INSULIN SYRINGE SLIP TIP... 148
AVC VAGINAL... 22	azurette (28)... 128	BD INSULIN SYRINGE U-500... 148
AVEED... 127	B	BD INSULIN SYRINGE ULTRA-FINE... 149
AVELOX IN NACL (ISO-OSMOTIC)... 22	baciim... 22	BD INSULIN SYRINGE... 148
AVELOX... 22	bacitracin... 22	BD LO-DOSE MICRO-FINE IV... 149
aviane... 127	bacitracin-polymyxin b... 160	BD LO-DOSE ULTRA-FINE... 149
avidoxy... 22	baclofen... 65	BD NANO 2ND GEN PEN NEEDLE... 149
AVITA... 101	BACTRIM DS... 22	BD SAFETYGLIDE INSULIN SYRINGE... 149
AVODART... 118	BACTRIM... 22	BD SAFETYGLIDE SYRINGE... 149
AVONEX (WITH ALBUMIN)... 97	BACTROBAN NASAL... 22	BD ULTRA-FINE MICRO PEN NEEDLE... 149
AVONEX... 96	BACTROBAN... 22	BD ULTRA-FINE MINI PEN NEEDLE... 149
AVYCAZ... 22	BAL IN OIL... 148	
AXERT... 47	bal-care dha... 105	
AXIRON... 127	balanced salt... 160	
AYGESTIN... 127	BALCOLTRA... 128	
ayuna... 127	balsalazide... 145	
azacitidine... 79	BALVERSA... 49, 50	

BD ULTRA-FINE NANO PEN NEEDLE... 149	betamethasone dipropionate... 120	blisovi fe 1.5/30 (28)... 128
BD ULTRA-FINE ORIG PEN NEEDLE... 149	betamethasone valerate... 120	blisovi fe 1/20 (28)... 128
BD ULTRA-FINE SHORT PEN NEEDLE... 149	betamethasone, augmented... 120	blisovi 24 fe... 128
BD VEO INSULIN SYR HALF UNIT... 149	BETAPACE AF... 83	BONIVA... 146
BD VEO INSULIN SYRINGE UF... 149	BETAPACE... 83	BONJESTA... 42
BECONASE AQ... 164	BETASERON... 97	BOOSTRIX TDAP... 139
bekyree (28)... 128	betaxolol... 83, 160	BORDERED GAUZE... 149
BELBUCA... 10	bethanechol chloride... 118	bortezomib... 50
BELEODAQ... 50	BETHKIS... 23	bosentan... 164
BELSOMRA... 171	BETIMOL... 160	BOSULIF... 50
benazepril... 83	BETOPTIC S... 160	BRAFTOVI... 50
benazepril-hydrochlorothiazide... 83	BEVESPI AEROSPHERE... 164	BREO ELLIPTA... 164
BENDEKA... 50	BEVYXXA... 79	BREVIBLOC IN NAACL (ISO-OSM)... 83
BENICAR HCT... 83	bexarotene... 50	BREVIBLOC... 83
BENICAR... 83	BEXSERO... 139	BREVICON (28)... 128
BENLYSTA... 139	BEYAZ... 128	briellyn... 128
BENTYL... 113	bicalutamide... 50	BRILINTA... 79
BENZACLIN PUMP... 102	BICILLIN C-R... 23	brimonidine... 160
BENZACLIN... 102	BICILLIN L-A... 23	BRISDELLE... 39
BENZAMYCIN... 102	BICNU... 50	BRIVIACT... 33
benznidazole... 58, 59	BIDIL... 83	bromfenac... 160
benztropine... 60	BIJUVA... 128	bromocriptine... 60
BEPREVE... 160	BIKTARVY... 66	BROMSITE... 160
BERINERT... 139	BILTRICIDE... 59	BROVANA... 165
besser... 120	bimatoprost... 160	BRYHALI... 120
BESIVANCE... 23	BINOSTO... 146	BSS PLUS... 160
BESPONSA... 50	bisoprolol fumarate... 83	BSS... 160
BETADINE OPHTHALMIC PREP... 160	bisoprolol-hydrochlorothiazide... 83	budesonide... 145, 165
BETAGAN... 160	BIVIGAM... 139	bumetanide... 84
betamethasone acet,sod phos... 120	bleomycin... 50	BUNAVAIL... 20
	BLEPH-10... 23	bupap... 10
	BLEPHAMIDE S.O.P.... 160	BUPHENYL... 116
	BLEPHAMIDE... 160	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
 bupropion hcl (smoking deter)... 21
 bupropion hcl... 39
 buspirone... 71
 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... 73
 BYDUREON... 73
 BYETTA... 73
 BYSTOLIC... 84
 BYVALSON... 84

C

c-nate dha... 105
 cabergoline... 137
 CABLIVI... 149
 CABOMETYX... 50
 CADUET... 84
 CAFKIT... 149
 CAFERGOT... 47
 caffeine citrate... 149
 CALAN SR... 84
 CALAN... 84
 calcipotriene... 102
 calcipotriene-betamethasone... 102
 calcitonin (salmon)... 146
 calcitrene... 102
 calcitriol... 102, 146
 calcium acetate... 105
 calcium chloride... 105
 calcium disodium versenate... 149
 calcium gluc in nacl, iso-osm... 105
 calcium gluconate... 105
 CALDOLOR... 11
 CALQUENCE... 50
 CAMBIA... 11
 camila... 128
 CAMPTOSAR... 50
 CAMRESE LO... 128
 CAMRESE... 128
 CANASA... 145
 CANCIDAS... 44
 candesartan... 84
 candesartan-hydrochlorothiazid... 84
 CAPASTAT... 48
 CAPEX... 120
 CAPITAL WITH CODEINE... 11
 CAPRELSA... 50
 captopril... 84
 captopril-hydrochlorothiazide... 84
 CARAC... 102
 CARAFATE... 113
 CARBAGLU... 105
 carbamazepine... 33
 CARBATROL... 33
 carbidopa... 60
 carbidopa-levodopa... 60
 carbidopa-levodopa-entacapone... 60
 carbinoxamine maleate... 165
 CARBOCAINE (PF)... 19
 CARBOCAINE... 19
 carboplatin... 50
 carboprost tromethamine... 126
 CARDIZEM CD... 84
 CARDIZEM LA... 84
 CARDIZEM... 84
 CARDURA XL... 84
 CARDURA... 84
 CAREFINE PEN NEEDLE... 149
 CARETOUCH ALCOHOL PREP PAD... 149
 CARETOUCH INSULIN SYRINGE... 149
 CARETOUCH PEN NEEDLE... 149
 CARIMUNE NF NANOFILTERED... 139
 carisoprodol... 170
 carisoprodol-asa-codeine... 170
 carisoprodol-aspirin... 170
 carmustine... 50
 CARNITOR (SUGAR-FREE)... 105
 CARNITOR... 105
 CAROSPIR... 84

carteolol... 160	CEFTIN... 24	chlorhexidine gluconate... 101
cartia xt... 84	ceftriaxone in dextrose,iso-os... 24	chloroprocaine (pf)... 19
carvedilol phosphate... 84	ceftriaxone... 24	chloroquine phosphate... 59
carvedilol... 84	cefuroxime axetil... 24	chlorothiazide sodium... 85
CASODEX... 50	cefuroxime sodium... 24	chlorothiazide... 85
caspofungin... 44	CELEBEX... 11	chlorpromazine... 62
CATAPRES... 84	celecoxib... 11	chlorpropamide... 73
CATAPRES-TTS-1... 84	CELESTONE SOLUSPAN... 120	chlorthalidone... 85
CATAPRES-TTS-2... 84	CELEXA... 39	chlorzoxazone... 170
CATAPRES-TTS-3... 84	CELLCEPT INTRAVENOUS... 139	CHOLBAM... 116
CAYSTON... 165	CELLCEPT... 139	cholestyramine (with sugar)... 85
caziant (28)... 128	CELONTIN... 33	cholestyramine light... 85
CEDAX... 23	CENTANY... 24	chorionic gonadotropin, human... 125
cefaclor... 23	cephalexin... 24	CIALIS... 118
cefadroxil... 23	CEQUA... 160	ciclodan... 44
cefazolin in dextrose (iso-os)... 23	CERDELGA... 116	ciclopirox... 44
cefazolin... 23	CEREBYX... 33	cidofovir... 66
cefdinir... 23	CEREZYME... 116	cilostazol... 79
cefepime in dextrose 5 %... 23	CERVIDIL... 149	CILOXAN... 24
cefepime in dextrose,iso-osm... 23	CESAMET... 42	CIMDUO... 66
cefepime... 23	cetirizine... 165	cimetidine hcl... 113
cefixime... 23	cevimeline... 101	cimetidine... 113
CEFOTAN... 23	CHANTIX CONTINUING MONTH BOX... 21	CIMZIA POWDER FOR RECONST... 139
cefotaxime... 23	CHANTIX STARTING MONTH BOX... 21	CIMZIA STARTER KIT... 139
cefotetan in dextrose, iso-osm... 23	CHANTIX... 21	CIMZIA... 139
cefotetan... 23	chateal (28)... 128	cinacalcet... 146
cefoxitin in dextrose, iso-osm... 23	chateal eq (28)... 128	CINQAIR... 165
cefoxitin... 23	CHEMET... 105	CINRYZE... 139
cefpodoxime... 23, 24	CHENODAL... 113	CINVANTI... 150
cefprozil... 24	chloramphenicol sod succinate... 24	CIPRO HC... 163
ceftazidime in d5w... 24	chlordiazepoxide hcl... 71	CIPRO IN D5W... 24
ceftazidime... 24		
ceftibuten... 24		

CIPRO... 24
 CIPRODEX... 163
 ciprofloxacin (mixture)... 24
 ciprofloxacin hcl... 24
 ciprofloxacin in 5 % dextrose... 24
 ciprofloxacin lactate... 24
 ciprofloxacin... 24
 cisplatin... 50
 citalopram... 39
 CITRANATAL (DUAL-IRON)... 106
 CITRANATAL ASSURE... 106
 CITRANATAL B-CALM (FE GLUC)... 106
 CITRANATAL DHA (ALGAL OIL)... 106
 CITRANATAL 90 DHA (ALGAL OIL)... 106
 cladribine... 50
 CLAFORAN... 24
 claravis... 102
 CLARINEX... 165
 CLARINEX-D 12 HOUR... 150
 clarithromycin... 24, 25
 clemastine... 165
 CLENPIQ... 113
 CLEOCIN HCL... 25
 CLEOCIN IN 5 % DEXTROSE... 25
 CLEOCIN PEDIATRIC... 25
 CLEOCIN T... 25
 CLEOCIN... 25
 CLEVIPREX... 85
 CLICKFINE PEN NEEDLE... 150
 CLIMARA PRO... 128
 CLIMARA... 128
 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... 102
 clindamycin-tretinoin... 102
 CLINDESSE... 25
 CLINIMIX E 2.75%/D10W SULF FREE... 106
 CLINIMIX E 2.75%/D5W SULF FREE... 106
 CLINIMIX E 4.25%/D10W SULF FREE... 106
 CLINIMIX E 4.25%/D25W SULF FREE... 106
 CLINIMIX E 4.25%/D5W SULF FREE... 106
 CLINIMIX E 5%/D15W SULFIT FREE... 106
 CLINIMIX E 5%/D20W SULFIT FREE... 106
 CLINIMIX E 5%/D25W SULFIT FREE... 106
 CLINIMIX 2.75%/D5W SULFIT FREE... 106
 CLINIMIX 4.25%-D20W SULF-FREE... 106
 CLINIMIX 4.25%-D25W SULF-FREE... 106
 CLINIMIX 4.25%/D10W SULF FREE... 106
 CLINIMIX 4.25%/D5W SULFIT FREE... 106
 CLINIMIX 5%/D15W SULFITE FREE... 106
 CLINIMIX 5%/D25W SULFITE-FREE... 106
 CLINISOL SF 15 %... 106
 CLINOLIPID... 106
 clobazam... 33
 clobetasol... 120
 clobetasol-emollient... 120
 CLOBEX... 120
 clocortolone pivalate... 120
 clodan... 120
 CLODERM... 120
 clofarabine... 50
 CLOLAR... 50
 clomipramine... 39
 clonazepam... 71
 clonidine hcl... 85, 97
 clonidine... 85
 clopidogrel... 79
 clorazepate dipotassium... 71
 CLOROTEKAL... 19
 clotrimazole... 44
 clotrimazole-betamethasone... 44
 clozapine... 62
 CLOZARIL... 62
 COARTEM... 59
 codeine sulfate... 11
 codeine-butalbital-asa-caff... 11
 COGENTIN... 60

COLAZAL... 145	COREG CR... 85	cryelle (28)... 128
COLCRYS... 47	COREG... 85	CRYSVITA... 116
COLESTID FLAVORED... 85	coremino... 25	CUBICIN RF... 26
COLESTID... 85	CORGARD... 85	CUBICIN... 25
colestipol... 85	CORLANOR... 85	CUPRIMINE... 106
colistin (colistimethate na)... 25	CORLOPAM... 85	CURITY ALCOHOL SWABS... 150
colocort... 145	cormax... 120	CURITY GAUZE... 150
COLY-MYCIN M PARENTERAL... 25	CORTEF... 121	CUTAQUIG... 139
COLY-MYCIN S... 163	CORTENEMA... 145	CUTIVATE... 121
COLYTE WITH FLAVOR PACKS... 113	CORTIFOAM... 145	CUVPOSA... 113
COMBIGAN... 160	cortisone... 121	cyclafem 1/35 (28)... 128
COMBIPATCH... 128	CORTISPORIN... 102	cyclafem 7/7/7 (28)... 128
COMBIVENT RESPIMAT... 165	CORTISPORIN-TC... 163	CYCLESSA (28)... 128
COMBIVIR... 66	CORVERT... 85	cyclobenzaprine... 170
COMETRIQ... 50	CORZIDE... 85	cyclophosphamide... 51
COMFORT EZ INSULIN SYRINGE... 150	COSENTYX (2 SYRINGES)... 102	cycloserine... 48
COMFORT EZ PEN NEEDLES... 150	COSENTYX PEN (2 PENS)... 102	CYCLOSET... 73
COMPAZINE... 42	COSENTYX PEN... 102	cyclosporine modified... 139
COMPLERA... 66	COSENTYX... 102	cyclosporine... 139
complete natal dha... 106	COSMEGEN... 50	CYKLOKAPRON... 79
compro... 42	COSOPT (PF)... 160	CYMBALTA... 39
COMTAN... 60	COSOPT... 160	cyproheptadine... 165
CONCEPT DHA... 106	COTELLIC... 50	CYRAMZA... 51
CONCEPT OB... 106	COTEMPLA XR-ODT... 97	cyred eq... 128
CONCERTA... 97	COUMADIN... 79	cyred... 128
CONDYLOX... 102	COZAAR... 85	CYSTADANE... 116
constulose... 113	CREON... 116	CYSTAGON... 116
CONZIP... 11	CRESEMBA... 44	CYSTARAN... 160
COPAXONE... 97	CRESTOR... 85	cytarabine (pf)... 51
COPEGUS... 66	CRINONE... 128	cytarabine... 51
COPIKTRA... 50	CRIXIVAN... 66	CYTOGAM... 139
CORDRAN TAPE LARGE ROLL... 120	cromolyn... 160, 165	CYTOMEL... 136
	crotan... 59	CYTOTEC... 113

CYTOVENE... 66

D

D.H.E.45... 47

dacarbazine... 51

DACOGEN... 51

dactinomycin... 51

DAKLINZA... 66

dalfampridine... 97

DALIRESP... 165

DALVANCE... 26

danazol... 128

DANTRIUM... 65

dantrolene... 65

dapsone... 48, 102

DAPTACEL (DTAP PEDIATRIC) (PF)... 139

daptomycin... 26

DARAPRIM... 59

darifenacin... 118

DARZALEX... 51

dasetta 1/35 (28)... 128

dasetta 7/7/7 (28)... 128

daunorubicin... 51

DAURISMO... 51

DAXBIA... 26

DAYPRO... 11

daysee... 128

DAYTRANA... 97

DDAVP... 125

deblitane... 128

decadron... 121

decitabine... 51

deferroxamine... 107

DEFITELIO... 150

DELESTROGEN... 128

DELSTRIGO... 66

deltasone... 121

delyla (28)... 128

DELZICOL... 145

DEMADEX... 85

demeclocycline... 26

DEMEROL (PF)... 11

DEMEROL... 11

DEMSEER... 85

DENAVIR... 66

DEPACON... 33

DEPAKENE... 33

DEPAKOTE ER... 33

DEPAKOTE SPRINKLES... 33

DEPAKOTE... 33

DEPEN TITRATABS... 107

DEPO-ESTRADIOL... 129

DEPO-MEDROL... 121

DEPO-PROVERA... 129

DEPO-SUBQ PROVERA 104... 129

DEPO-TESTOSTERONE... 129

DERMA-SMOOTH/FS BODY OIL... 121

DERMA-SMOOTH/FS SCALP OIL... 121

DERMACEA... 150

DERMATOP... 121

DERMOTIC OIL... 163

DESCOVY... 66

DESFERAL... 107

desipramine... 39

desloratadine... 165

desmopressin... 125

desog-e.estradiol/e.estradiol... 129

desogestrel-ethinyl estradiol... 129

DESONATE... 121

desonide... 121

DESOWEN... 121

desoximetasone... 121

DESOXYN... 97

desvenlafaxine succinate... 39

desvenlafaxine... 39

DETROL LA... 118

DETROL... 118

DEXAMETHASONE INTENSOL... 121

dexamethasone sodium phos (pf)... 121

dexamethasone sodium phosphate... 121, 160

dexamethasone... 121

dexchlorpheniramine maleate... 165

DEXEDRINE SPANSULE... 97

DEXILANT... 113

dexmethylphenidate... 97

DEXPAK 10 DAY... 121

DEXPAK 13 DAY... 121

DEXPAK 6 DAY... 121

dexrazoxane hcl... 51

dextroamphetamine... 97

dextroamphetamine-amphetamine... 97

dextrose 10 % and 0.2 % nacl... 107

dextrose 10 % in water (d10w)... 107

dextrose 20 % in water (d20w)... 107	diflunisal... 11	DOLOPHINE... 11, 12
dextrose 25 % in water (d25w)... 107	digitek... 85	donepezil... 38
dextrose 30 % in water (d30w)... 107	digox... 85	dopamine in 5 % dextrose... 86
dextrose 40 % in water (d40w)... 107	digoxin... 85	dopamine... 86
dextrose 5 % in water (d5w)... 107	dihydroergotamine... 47	DOPRAM... 165
dextrose 5 %-lactated ringers... 107	dilantin extended... 33	DOPTelet (10 TAB PACK)... 79
dextrose 5%-0.2 % sod chloride... 107	DILANTIN INFATABS... 33	DOPTelet (15 TAB PACK)... 79
dextrose 5%-0.3 % sod.chloride... 107	dilantin... 33	DOPTelet (30 TAB PACK)... 79
dextrose 50 % in water (d50w)... 107	DILANTIN-125... 33	DORIBAX... 26
dextrose 70 % in water (d70w)... 107	DILATRATE-SR... 85	doripenem... 26
DIAMOX SEQUELS... 85	DILAUDID... 11	DORYX MPC... 26
DIASSTAT ACUDIAL... 33	dilt-xr... 86	DORYX... 26
DIASSTAT... 33	diltiazem hcl... 86	dorzolamide... 160
diazepam intensol... 72	dimenhydrinate... 42	dorzolamide-timolol (pf)... 160
diazepam... 33, 72	DIOVAN HCT... 86	dorzolamide-timolol... 160
DIBENZYLINE... 85	DIOVAN... 86	dothelle dha... 107
DICLEGIS... 42	DIPENTUM... 145	dotti... 129
diclofenac epolamine... 11	diphenhydramine hcl... 165	DOVATO... 66
diclofenac potassium... 11	diphenoxylate-atropine... 113	DOVONEX... 102
diclofenac sodium... 11, 102, 160	DIPROLENE... 122	doxazosin... 86
diclofenac-misoprostol... 11	dipyridamole... 79	doxepin... 72, 102
dicloxacillin... 26	disopyramide phosphate... 86	doxercalciferol... 146
dicyclomine... 113	disulfiram... 21	DOXIL... 51
didanosine... 66	DITROPAN XL... 118	doxorubicin... 51
DIFFERIN... 102	DIURIL IV... 86	doxorubicin, peg-liposomal... 51
DIFICID... 26	DIURIL... 86	doxy-100... 26
diflorasone... 121	divalproex... 33, 34	doxycycline hyclate... 26
DIFLUCAN... 44	DIVIGEL... 129	doxycycline monohydrate... 26
	dobutamine in d5w... 86	doxylamine-pyridoxine (vit b6)... 42
	dobutamine... 86	dronabinol... 42
	DOCEFREZ... 51	droperidol... 42
	docetaxel... 51	DROPLET INSULIN SYR HALF UNIT... 150
	dofetilide... 86	

DROPLET INSULIN SYRINGE... 150	d2.5 %-0.45 % sodium chloride... 107	EDURANT... 66
DROPLET PEN NEEDLE... 150	d5 % and 0.9 % sodium chloride... 107	efavirenz... 66
DROPSAFE PEN NEEDLE... 150	d5 %-0.45 % sodium chloride... 107	EFFEXOR XR... 39
drospirenone-e.estradiol-lm.fa... 129		EFFIENT... 79
drospirenone-ethinyl estradiol... 129	E	EFUDEX... 102
DROXIA... 51	E.E.S. GRANULES... 26	EGATEN... 59
DUAVEE... 129	E.E.S. 400... 26	EGRIFTA... 125
DUET DHA WITH OMEGA-3... 107	EASY COMFORT ALCOHOL PAD... 150	ELAPRASE... 116
DUETACT... 73	EASY COMFORT INSULIN SYRINGE... 151	electrolyte-48 in d5w... 107
DUEXIS... 12	EASY COMFORT PEN NEEDLES... 151	ELELYSO... 117
DULERA... 165	EASY GLIDE INSULIN SYRINGE... 151	ELESTAT... 160
duloxetine... 39	EASY GLIDE PEN NEEDLE... 151	ELESTRIN... 129
DUOBRII... 102	EASY TOUCH ALCOHOL PREP PADS... 151	eletriptan... 47
DUOPA... 60	EASY TOUCH FLIPLOCK INSULIN... 151	ELIDEL... 102
DUPIXENT... 165	EASY TOUCH INSULIN SAFETY SYR... 151	ELIGARD (3 MONTH)... 137
DURAGESIC... 12	EASY TOUCH INSULIN SYRINGE... 151	ELIGARD (4 MONTH)... 137
DURAMORPH (PF)... 12	EASY TOUCH LUER LOCK INSULIN... 151	ELIGARD (6 MONTH)... 137
DUREZOL... 160	EASY TOUCH PEN NEEDLE... 151	ELIGARD... 137
dutasteride... 118	EASY TOUCH SHEATHLOCK INSULIN... 151	ELIMITE... 59
dutasteride-tamsulosin... 118	EASY TOUCH UNI-SLIP... 151	elinest... 129
DUTOPROL... 86	EASY TOUCH... 151	eliphos... 107
DUZALLO... 47	EC-NAPROSYN... 12	ELIQUIS... 79
dvorah... 12	ec-naproxen... 12	ELITEK... 51
DXEVO... 122	econazole... 44	ELIXOPHYLLIN... 165
DYANAVEL XR... 97	EDARBI... 86	ELLA... 129
DYAZIDE... 86	EDARBYCLOR... 86	ELLENCE... 51
DYLOJECT... 12	EDECRIN... 86	ELMIRON... 118
DYMISTA... 165	EDLUAR... 171	ELOCON... 122
DYRENIUM... 86		EMADINE... 160
d10 %-0.45 % sodium chloride... 107		EMBEDA... 12
		EMCYT... 51
		EMEND (FOSAPREPITANT)... 42
		EMEND... 42

EMFLAZA... 151	EPANED... 87	ertapenem... 26
EMGALITY PEN... 152	EPCLUSA... 66	ERWINAZE... 52
EMGALITY SYRINGE... 152	EPIDIOLEX... 34	ery pads... 26
emoquette... 129	EPIDUO FORTE... 102	ERY-TAB... 26
EMPLICITI... 51	EPIDUO... 102	ERYGEL... 26
EMSAM... 39	EPIFOAM... 102	ERYPED 200... 26
EMTRIVA... 66	epinastine... 160	ERYPED 400... 26
emverm... 59	epinephrine... 165	ERYTHROCIN (AS STEARATE)... 27
ENABLEX... 118	EPIPEN JR 2-PAK... 166	ERYTHROCIN... 27
enalapril maleate... 87	EPIPEN JR... 165	erythromycin ethylsuccinate... 27
enalapril-hydrochlorothiazide... 87	EPIPEN 2-PAK... 165	erythromycin with ethanol... 27
enalaprilat... 87	EPIPEN... 165	erythromycin... 27
ENBREL MINI... 140	epirubicin... 51	erythromycin-benzoyl peroxide... 103
ENBREL SURECLICK... 140	epitol... 34	ESBRIET... 166
ENBREL... 139, 140	EPIVIR HBV... 66	escitalopram oxalate... 39
ENDARI... 113	EPIVIR... 66	ESGIC... 12
endocet... 12	eplerenone... 87	esmolol in nacl (iso-osm)... 87
ENDOMETRIN... 129	EPOGEN... 79, 80	esmolol... 87
ENGERIX-B (PF)... 140	epoprostenol (glycine)... 166	esomeprazole magnesium... 113
ENGERIX-B PEDIATRIC (PF)... 140	eprosartan... 87	esomeprazole sodium... 113
enlon... 152	eptifibatide... 80	esomeprazole strontium... 113
ENLON-PLUS... 152	EPZICOM... 67	estarylla... 129
enoxaparin... 79	EQUETRO... 34	estazolam... 72
enpresse... 129	ERAXIS(WATER DILUENT)... 44	ESTRACE... 129
enskyce... 129	ERBITUX... 51	estradiol valerate... 129
ENSTILAR... 102	ergoloid... 38	estradiol... 129
entacapone... 60	ERGOMAR... 47	estradiol-norethindrone acet... 129
entecavir... 66	ergotamine-caffeine... 47	ESTRING... 129
ENTOCORT EC... 145	ERIVEDGE... 51	estropipate... 130
ENTRESTO... 87	ERLEADA... 51	ESTROSTEP FE-28... 130
ENTYVIO... 140	erlotinib... 51, 52	eszopiclone... 171
enulose... 113	errin... 129	ethacrynate sodium... 87
ENVARUSUS XR... 140	ERTACZO... 44	

ethacrynic acid... 87	ezetimibe-simvastatin... 87	fentanyl citrate (pf)... 13
ethambutol... 48	F	fentanyl citrate... 12
ethosuximide... 34	FABIOR... 103	fentanyl... 12
ethynodiol diac-eth estradiol... 130	FABRAZYME... 117	FENTORA... 13
ETHYOL... 52	falmina (28)... 130	FERRIPROX... 107
etidronate disodium... 146	famciclovir... 67	FETZIMA... 39
etodolac... 12	famotidine (pf)... 113	FEXMID... 170
ETOPOPHOS... 52	famotidine (pf)-nacl (iso-os)... 113	FIASP FLEXTOUCH U-100 INSULIN... 74
etoposide... 52	famotidine... 113	FIASP U-100 INSULIN... 74
EUCRISA... 103	FANAPT... 62	FIBRICOR... 88
EURAX... 59	FARESTON... 52	FINACEA... 103
EVAMIST... 130	FARXIGA... 73	finasteride... 118
EVEKEO ODT... 97	FARYDAK... 52	fioricet... 13
EVEKEO... 97	FASENRA... 166	FIORINAL... 13
EVENITY... 146	FASLODEX... 52	FIORINAL-CODEINE #3... 13
EVISTA... 130	fayosim... 130	FIRAZYR... 140
EVOCLIN... 27	FAZACLO... 62	FIRDAPSE... 98
EVOMELA... 52	febuxostat... 47	FIRMAGON KIT W DILUENT SYRINGE... 137
EVOTAZ... 67	felbamate... 34	FIRMAGON... 137
EVOXAC... 101	FELBATOL... 34	FIRVANQ... 27
EVZIO... 21	FELDENE... 12	flac otic oil... 163
EXALGO ER... 12	felodipine... 87	FLAGYL... 27
EXEL INSULIN... 152	FEMARA... 52	FLAREX... 160
EXELDERM... 44	FEMHRT LOW DOSE... 130	flavoxate... 118
EXELON... 38	FEMRING... 130	FLEBOGAMMA DIF... 140
exemestane... 52	femynor... 130	flecainide... 88
EXFORGE HCT... 87	fenofibrate micronized... 87	FLECTOR... 13
EXFORGE... 87	fenofibrate nanocrystallized... 87	FLOLIPID... 88
EXJADE... 107	fenofibrate... 87	FLOMAX... 118
EXTAVIA... 98	fenofibric acid (choline)... 87	FLOVENT DISKUS... 166
EXTINA... 44	fenofibric acid... 87	FLOVENT HFA... 166
EZALLOR SPRINKLE... 87	FENOGLIDE... 87	
ezetimibe... 87	fenoprofen... 12	

floxuridine... 52	FML S.O.P.... 161	FURADANTIN... 27
fluconazole in dextrose(iso-o)... 45	focalgin ca... 107	furosemide... 88
fluconazole in nacl (iso-osm)... 45	focalgin 90 dha... 107	FUSILEV... 52
fluconazole... 44	FOCALIN XR... 98	FUZEON... 67
flucytosine... 45	FOCALIN... 98	fyavolv... 130
fludarabine... 52	folivane-ob... 107	FYCOMPA... 34
fludrocortisone... 122	FOLOTYN... 52	G
FLUMADINE... 67	fomepizole... 152	gabapentin... 34
flumazenil... 152	fondaparinux... 80	GABITRIL... 34
flunisolide... 166	FORFIVO XL... 40	GALAFOLD... 152
fluocinolone acetonide oil... 163	FORTAMET... 74	galantamine... 38
fluocinolone and shower cap... 122	FORTAZ IN DEXTROSE 5 %... 27	GAMASTAN S/D... 140
fluocinolone... 122	FORTAZ... 27	GAMASTAN... 140
fluocinonide... 122	FORTEO... 146	GAMMAGARD LIQUID... 140
fluocinonide-e... 122	FORTESTA... 130	GAMMAGARD S-D (IGA < 1 MCG/ML)... 140
fluocinonide-emollient... 122	FOSAMAX PLUS D... 146	GAMMAKED... 140
fluorometholone... 161	FOSAMAX... 146	GAMMAPLEX (WITH SORBITOL)... 140
fluorouracil... 52, 103	fosamprenavir... 67	GAMMAPLEX... 140
fluoxetine... 39, 40	fosaprepitant... 42	GAMUNEX-C... 140
fluphenazine decanoate... 62	foscarnet... 67	ganciclovir sodium... 67
fluphenazine hcl... 62, 63	FOSCAVIR... 67	GARDASIL 9 (PF)... 140
flurandrenolide... 122	fosinopril... 88	GASTROCROM... 166
flurazepam... 171	fosinopril-hydrochlorothiazide... 88	gatifloxacin... 27
flurbiprofen sodium... 161	fosphenytoin... 34	GATTEX ONE-VIAL... 113
flurbiprofen... 13	FOSRENOL... 107	GATTEX 30-VIAL... 113
flutamide... 52	FRAGMIN... 80	GAUZE BANDAGE... 152
fluticasone propion-salmeterol... 166	FREAMINE HBC 6.9 %... 107	GAUZE PAD... 152
fluticasone propionate... 122, 166	FREAMINE III 10 %... 107	gavilyte-c... 113
fluvastatin... 88	FREESTYLE PRECISION... 152	gavilyte-g... 113
fluvoxamine... 40	FROVA... 47	gavilyte-n... 113
FML FORTE... 161	frovatriptan... 47	GAZYVA... 52
FML LIQUIFILM... 161	FULPHILA... 80	
	fulvestrant... 52	

GELNIQUE... 119	GLUCOPHAGE... 74	H
gemcitabine... 52	GLUCOTROL XL... 74	HAEGARDA... 140
gemfibrozil... 88	GLUCOTROL... 74	hailey 24 fe... 130
GEMZAR... 52	GLUCOVANCE... 74	hailey... 130
GENERESS FE... 130	GLUMETZA... 74	HALAVEN... 52
generlac... 113	glyburide micronized... 74	halcinonide... 122
gengraf... 140	glyburide... 74	HALCION... 72
GENOTROPIN MINIQUICK... 126	glyburide-metformin... 74	HALDOL DECANOATE... 63
GENOTROPIN... 125	GLYCATE... 114	HALDOL... 63
gentak... 27	GLYCOPHOS... 107	halobetasol propionate... 122
gentamicin in nacl (iso-osm)... 27	glycopyrrolate (pf) in water... 114	HALOG... 122
gentamicin sulfate (ped) (pf)... 27	glycopyrrolate... 114	haloperidol decanoate... 63
gentamicin sulfate (pf)... 27	glydo... 19	haloperidol lactate... 63
gentamicin... 27	GLYNASE... 74	haloperidol... 63
GENVOYA... 67	GLYSET... 74	HARVONI... 67
GEODON... 63	GLYXAMBI... 74	HAVRIX (PF)... 140
GIANVI (28)... 130	GOCOVRI... 60	HEALTHWISE INSULIN SYRINGE... 152
GIAZO... 145	GOLYTELY... 114	HEALTHWISE PEN NEEDLE... 152
gildagia... 130	GONITRO... 88	HEALTHY ACCENTS UNIFINE PENTIP... 152
GILENYA... 98	GRALISE 30-DAY STARTER PACK... 98	heather... 130
GILOTRIF... 52	GRALISE... 98	HECTOROL... 146
GLASSIA... 117	granisetron (pf)... 42	HEMABATE... 126
glatiramer... 98	granisetron hcl... 42	HEMANGEOL... 88
glatopa... 98	GRANIX... 80	hemenatal ob + dha... 108
GLEEVEC... 52	GRASTEK... 166	hemenatal ob... 108
GLEOSTINE... 52	GRIS-PEG (ULTRAMICROSIZE)... 45	heparin (porcine)... 80
glimepiride... 74	griseofulvin microsize... 45	heparin, porcine (pf)... 80
glipizide... 74	griseofulvin ultramicrosize... 45	HEPATAMINE 8%... 108
glipizide-metformin... 74	guanfacine... 88, 98	HEPSERA... 67
GLUCAGEN HYPOKIT... 74	guanidine... 48	HERCEPTIN HYLECTA... 52
GLUCAGON EMERGENCY KIT (HUMAN)... 74	GVOKE HYPOPEN... 74	HERCEPTIN... 52
GLUCOPHAGE XR... 74	GVOKE SYRINGE... 74	
	gynazole-1... 45	

HETLIOZ... 171	HUMULIN N NPH INSULIN KWIKPEN... 75	hydroxyurea... 53
HEXALEN... 52	HUMULIN N NPH U-100 INSULIN... 75	hydroxyzine hcl... 72
HIBERIX (PF)... 140	HUMULIN R REGULAR U-100 INSULN... 75	hydroxyzine pamoate... 166
hidex... 122	HUMULIN R U-500 (CONC) INSULIN... 75	HYPERRAB (PF)... 141
HIPREX... 27	HUMULIN R U-500 (CONC) KWIKPEN... 75	HYPERRAB S/D (PF)... 141
HIZENTRA... 140	HUMULIN 70/30 U-100 INSULIN... 75	HYPERTET S/D (PF)... 141
HORIZANT... 98	HUMULIN 70/30 U-100 KWIKPEN... 75	HYSINGLA ER... 13
HUMALOG JUNIOR KWIKPEN U-100... 74	HYCAMTIN... 52	HYZAAR... 88
HUMALOG KWIKPEN INSULIN... 74	hydralazine... 88	I
HUMALOG MIX 50-50 INSULN U-100... 74	HYDREA... 53	ibandronate... 146
HUMALOG MIX 50-50 KWIKPEN... 75	hydrochlorothiazide... 88	IBRANCE... 53
HUMALOG MIX 75-25 KWIKPEN... 75	hydrocodone-acetaminophen... 13	ibu... 13
HUMALOG MIX 75-25(U-100)INSULN... 75	hydrocodone-ibuprofen... 13	IBUDONE... 14
HUMALOG U-100 INSULIN... 75	hydrocortisone butyr-emollient... 122	ibuprofen... 14
HUMAPEN LUXURA HD... 152	hydrocortisone butyrate... 122, 123	ibuprofen-oxycodone... 14
HUMATROPE... 126	hydrocortisone valerate... 123	ibutilide fumarate... 88
HUMIRA PEDIATRIC CROHNS START... 141	hydrocortisone... 122, 145	icatibant... 141
HUMIRA PEN CROHNS-UC-HS START... 141	hydrocortisone-acetic acid... 163	ICLUSIG... 53
HUMIRA PEN PSOR-UVEITS-ADOL HS... 141	hydrocortisone-min oil-wht pet... 123	IDAMYCIN PFS... 53
HUMIRA PEN... 141	hydromorphone (pf)... 13	idarubicin... 53
HUMIRA... 140, 141	hydromorphone... 13	IDHIFA... 53
HUMIRA(CF) PEDI CROHNS STARTER... 141	hydroxychloroquine... 59	IFEX... 53
HUMIRA(CF) PEN CROHNS-UC-HS... 141	hydroxyproggest(pf)(preg presv)... 130	ifosfamide... 53
HUMIRA(CF) PEN PSOR-UV-ADOL HS... 141	hydroxyprogesterone cap(ppres)... 130	ILEVRO... 161
HUMIRA(CF) PEN... 141	hydroxyprogesterone caproate... 130	ILUMYA... 103
HUMIRA(CF)... 141		imatinib... 53
		IMBRUVICA... 53
		IMFINZI... 53
		imipenem-cilastatin... 27
		imipramine hcl... 40
		imipramine pamoate... 40
		imiquimod... 103
		IMITREX STATDOSE PEN... 47

IMITREX STATDOSE REFILL... 47
 IMITREX... 47
 IMLYGIC... 53
 IMOGAM RABIES-HT (PF)... 141
 IMOVAX RABIES VACCINE (PF)... 141
 IMPAVIDO... 59
 IMPOYZ... 123
 IMURAN... 141
 INBRIJA... 60
 incassia... 130
 INCONTROL ALCOHOL PADS... 152
 INCONTROL PEN NEEDLE... 152
 INCRELEX... 126
 INCRUSE ELLIPTA... 166
 indapamide... 88
 INDERAL LA... 88
 INDOCIN... 14
 indomethacin sodium... 14
 indomethacin... 14
 INFANRIX (DTAP) (PF)... 141
 INFLECTRA... 141
 INFUGEM... 53
 INFUMORPH P/F... 14
 INGREZZA INITIATION PACK... 98
 INGREZZA... 98
 INLYTA... 53
 INNOPRAN XL... 88
 INSPRA... 88
 insulin lispro... 75
 INSULIN SYR/NDL U100 HALF
 MARK... 152
 INSULIN SYRINGE MICROFINE... 152
 INSULIN SYRINGE NEEDLELESS...
 152
 INSULIN SYRINGE... 152
 INSULIN SYRINGE-NEEDLE U-100...
 153
 INSUPEN... 153
 INTEGRILIN... 80
 INTELENCE... 67
 INTERMEZZO... 171
 INTRALIPID... 108
 INTRON A... 67
 introvale... 130
 INTUNIVER... 98
 INVANZ... 27
 INVEGA SUSTENNA... 63
 INVEGA TRINZA... 63
 INVEGA... 63
 INVELTYS... 161
 INVIRASE... 67
 INVOKAMET XR... 75
 INVOKAMET... 75
 INVOKANA... 75
 IONOSOL-B IN D5W... 108
 IONOSOL-MB IN D5W... 108
 IOPIDINE... 161
 IPOL... 141
 ipratropium bromide... 166
 ipratropium-albuterol... 166
 irbesartan... 88
 irbesartan-hydrochlorothiazide... 88
 IRENKA... 40
 IRESSA... 53
 irinotecan... 53
 ISENTRESS HD... 67
 ISENTRESS... 67
 isibloom... 130
 isochron... 88
 ISOLYTE S PH 7.4... 108
 ISOLYTE-P IN 5 % DEXTROSE... 108
 ISOLYTE-S... 108
 isoniazid... 48
 ISOPTO CARPINE... 161
 ISORDIL TITRADOSE... 88
 ISORDIL... 88
 isosorbide dinitrate... 88
 isosorbide mononitrate... 89
 isotretinoin... 103
 isradipine... 89
 ISTALOL... 161
 ISTODAX... 53
 ISUPREL... 89
 itraconazole... 45
 IV PREP WIPES... 153
 ivermectin... 59
 IXEMPRA... 53
 IXIARO (PF)... 141

J

 JADENU SPRINKLE... 108
 JADENU... 108
 JAKAFI... 53
 JALYN... 119
 jantoven... 80
 JANUMET XR... 75
 JANUMET... 75
 JANUVIA... 75
 JARDIANCE... 75
 jasmiel (28)... 130
 jencycla... 130

JENTADUETO XR... 75, 76

JENTADUETO... 75

JEVANTIQUE LO... 130

JEVTANA... 53

jinteli... 130

JOLESSA... 130

JOLIVETTE... 130

JUBLIA... 45

juleber... 130

JULUCA... 67

junel fe 1.5/30 (28)... 130

junel fe 1/20 (28)... 130

junel fe 24... 130

junel 1.5/30 (21)... 130

junel 1/20 (21)... 130

JUXTAPID... 89

JYNARQUE... 108

K

K-TAB... 108

KABIVEN... 108

KADCYLA... 53

KADIAN... 14

kaitlib fe... 131

KALETRA... 67

kalliga... 131

KALYDECO... 166

KANUMA... 117

KAPSPARGO SPRINKLE... 89

KAPVAY... 98

KARBINAL ER... 166

kariva (28)... 131

KATERZIA... 89

KAZANO... 76

KEDRAB (PF)... 141

KEFLEX... 27

kelnor 1-50... 131

kelnor 1/35 (28)... 131

KENALOG... 123

KENALOG-80... 123

KENGREAL... 80

KEPIVANCE... 101

KEPPRA XR... 34

KEPPRA... 34

KERYDIN... 45

ketoconazole... 45

ketoprofen... 14

ketorolac... 14, 161

KEVEYIS... 89

KEVZARA... 141

KEYTRUDA... 53

KHAPZORY... 53

KHEDEZLA... 40

kimidess (28)... 131

KINERET... 141

KINRIX (PF)... 142

KIONEX (WITH SORBITOL)... 108

kionex... 108

KISQALI FEMARA CO-PACK... 54

KISQALI... 53, 54

KITABIS PAK... 27

KLARON... 28

KLONOPIN... 72

klor-con m10... 108

KLOR-CON M15... 108

klor-con m20... 108

klor-con sprinkle... 108

KLOR-CON 10... 108

KLOR-CON 8... 108

klor-con... 108

KOMBIGLYZE XR... 76

KORLYM... 153

KOSHER PRENATAL PLUS IRON... 108

KRINTAFEL... 59

KRISTALOSE... 114

kurvelo (28)... 131

KUVAN... 117

KYNAMRO... 89

KYPROLIS... 54

L

l norgest/e.estradiol-e.estrad... 131

labetalol... 89

LACRISERT... 161

lactated ringers... 108, 153

lactulose... 114

LAMICTAL ODT STARTER (BLUE)... 34

LAMICTAL ODT STARTER (GREEN)...
34

LAMICTAL ODT STARTER (ORANGE)...
34

LAMICTAL ODT... 34

LAMICTAL STARTER (BLUE) KIT... 34

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... 34	LETAIRIS... 166	LEXETTE... 123
LAMISIL... 45	letrozole... 54	LEXIVA... 68
lamivudine... 67	leucovorin calcium... 54	LIALDA... 145
lamivudine-zidovudine... 67	LEUKERAN... 54	LIBTAYO... 54
lamotrigine... 35	LEUKINE... 80	lidocaine (pf) in d7.5w... 19
LANOXIN PEDIATRIC... 89	leuprolide... 137	lidocaine (pf)... 19, 89
LANOXIN... 89	levabuterol hcl... 166	lidocaine hcl... 19
lansoprazole... 114	levabuterol tartrate... 166	lidocaine in 5 % dextrose (pf)... 89
lanthanum... 108	LEVAQUIN... 28	lidocaine viscous... 19
LANTUS SOLOSTAR U-100 INSULIN... 76	LEVEMIR FLEXTOUCH U-100 INSULN... 76	lidocaine... 19
LANTUS U-100 INSULIN... 76	LEVEMIR U-100 INSULIN... 76	lidocaine-epinephrine bit... 19
larin fe 1.5/30 (28)... 131	levetiracetam in nacl (iso-os)... 35	lidocaine-epinephrine... 19
larin fe 1/20 (28)... 131	levetiracetam... 35	lidocaine-prilocaine... 19
larin 1.5/30 (21)... 131	LEVO-T... 136	LIDODERM... 19
larin 1/20 (21)... 131	levobunolol... 161	lillow (28)... 131
larin 24 fe... 131	levocarnitine (with sugar)... 108	LINCOCIN... 28
larissia... 131	levocarnitine... 108	lincomycin... 28
LARTRUVO... 54	levocetirizine... 166	lindane... 59
LASIX... 89	levofloxacin in d5w... 28	linezolid in dextrose 5%... 28
LASTACAPT... 161	levofloxacin... 28	linezolid... 28
latanoprost... 161	levoleucovorin calcium... 54	linezolid-0.9% sodium chloride... 28
LATUDA... 63	levomefolate dha... 108	LINZESS... 114
LAYOLIS FE... 131	levonest (28)... 131	liothyronine... 136
LAZANDA... 14	levonorg-eth estrad triphasic... 131	LIPITOR... 89
ledipasvir-sofosbuvir... 67	levonorgestrel-ethinyl estrad... 131	lipodox 50... 54
LEENA 28... 131	LEVOPHED (BITARTRATE)... 89	lipodox... 54
leflunomide... 142	levora-28... 131	LIPOFEN... 89
LEMTRADA... 98	levorphanol tartrate... 14	lisinopril... 89
LENVIMA... 54	levothyroxine... 136	lisinopril-hydrochlorothiazide... 89
LESCOL XL... 89	LEVOXYL... 136	LITE TOUCH INSULIN PEN NEEDLES... 153
LESCOL... 89	LEVULAN... 54	LITE TOUCH INSULIN SYRINGE... 153
lessina... 131	LEXAPRO... 40	lithium carbonate... 72

lithium citrate... 72	lorcet hd... 14	LUPRON DEPOT-PED (3 MONTH)... 137
LITHOBID... 72	lorcet plus... 14	LUPRON DEPOT-PED... 137
LITHOSTAT... 153	lortab elixir... 14	lutera (28)... 132
LIVALO... 89	loryna (28)... 131	LUXIQ... 123
LO LOESTRIN FE... 131	LORZONE... 170	LUZU... 45
lo-zumandimine (28)... 131	losartan... 89	LYNPARZA... 54
LOCOID LIPOCREAM... 123	losartan-hydrochlorothiazide... 89	LYRICA CR... 98
LOCOID... 123	LOSEASONIQUE... 131	LYRICA... 98
locort... 123	LOTEMAX SM... 161	LYSODREN... 137
LODINE... 14	LOTEMAX... 161	LYSTEDA... 81
LODOSYN... 160	LOTENSIN HCT... 90	lyza... 132
loestrin fe 1.5/30 (28-day)... 131	LOTENSIN... 90	
loestrin fe 1/20 (28-day)... 131	loteprednol etabonate... 161	M
loestrin 1.5/30 (21)... 131	LOTREL... 90	M-M-R II (PF)... 142
loestrin 1/20 (21)... 131	LOTRISONE... 45	m-natal plus... 108
LOKELMA... 108	LOTRONEX... 114	MACROBID... 28
lomedina 24 fe... 131	lovastatin... 90	MACRODANTIN... 28
LOMOTIL... 114	LOVAZA... 90	mafenide acetate... 28
LONHALA MAGNAIR REFILL... 166	LOVENOX... 80, 81	MAGELLAN INSULIN SAFETY SYRNG... 153
LONHALA MAGNAIR STARTER... 166	low-ogestrel (28)... 131	MAGELLAN SYRINGE... 153
LONSURF... 54	loxapine succinate... 63	magnesium sulfate in d5w... 109
loperamide... 114	LUCEMYRA... 21	magnesium sulfate in water... 109
LOPID... 89	luliconazole... 45	magnesium sulfate... 108
lopinavir-ritonavir... 68	LUMIGAN... 161	MAKENA (PF)... 132
LOPREEZA... 131	LUMIZYME... 117	MAKENA... 132
LOPRESSOR HCT... 89	LUMOXITI... 54	MALARONE PEDIATRIC... 59
LOPRESSOR... 89	LUNESTA... 171	MALARONE... 59
LOPROX (AS OLAMINE)... 45	LUPANETA PACK (1 MONTH)... 137	malathion... 59
LOPROX... 45	LUPANETA PACK (3 MONTH)... 137	mannitol 10 %... 90
LORAZEPAM INTENSOL... 72	LUPRON DEPOT (3 MONTH)... 137	mannitol 20 %... 90
lorazepam... 72	LUPRON DEPOT (4 MONTH)... 137	mannitol 25 %... 90
LORBRENA... 54	LUPRON DEPOT (6 MONTH)... 137	mannitol 5 %... 90
lorcet (hydrocodone)... 14	LUPRON DEPOT... 137	

maprotiline... 40	MAXZIDE-25MG... 90	meropenem-0.9% sodium chloride... 28
MARCAINE (PF)... 19	MAYZENT STARTER PACK... 99	MERREM... 28
MARCAINE SPINAL (PF)... 19	MAYZENT... 98	mesalamine... 145
MARCAINE... 19	meclizine... 42	mesna... 55
MARCAINE-EPINEPHRINE (PF)... 20	meclofenamate... 14	MESNEX... 55
MARCAINE-EPINEPHRINE... 19	MEDROL (PAK)... 123	MESTINON TIMESPAN... 48
MARINOL... 42	MEDROL... 123	MESTINON... 48
marlissa (28)... 132	medroxyprogesterone... 132	metadate er... 99
MARPLAN... 40	mefenamic acid... 14	metaproterenol... 166, 167
MARQIBO... 54	mefloquine... 59	metaxall... 170
MARTEN-TAB... 14	MEGACE ES... 132	metaxalone... 170
MATULANE... 54	megestrol... 132	metformin... 76
matzim la... 90	MEKINIST... 54	methadone intensol... 15
MAVENCLAD (10 TABLET PACK)... 98	MEKTOVI... 55	methadone... 15
MAVENCLAD (4 TABLET PACK)... 98	melodetta 24 fe... 132	METHADOSE... 15
MAVENCLAD (5 TABLET PACK)... 98	meloxicam... 14	methamphetamine... 99
MAVENCLAD (6 TABLET PACK)... 98	melphalan hcl... 55	methazolamide... 90
MAVENCLAD (7 TABLET PACK)... 98	melphalan... 55	methenamine hippurate... 28
MAVENCLAD (8 TABLET PACK)... 98	memantine... 38	methergine... 154
MAVENCLAD (9 TABLET PACK)... 98	MENACTRA (PF)... 142	methimazole... 138
MAVYRET... 68	MENEST... 132	METHITEST... 132
MAXALT... 47	MENOSTAR... 132	methocarbamol... 170
MAXALT-MLT... 47	MENTAX... 45	methotrexate sodium (pf)... 142
MAXI-COMFORT INSULIN SYRINGE... 153	MENVEO A-C-Y-W-135-DIP (PF)... 142	methotrexate sodium... 142
MAXICOMFORT II PEN NEEDLE... 153	meperidine (pf)... 15	methoxsalen... 103
MAXICOMFORT INSULIN SYRINGE... 154	meperidine... 14, 15	methscopolamine... 114
MAXICOMFORT SAFETY PEN NEEDLE... 154	mepivacaine (pf)... 20	methylclothiazide... 90
MAXIDEX... 161	meprobamate... 72	methyl dopa... 90
MAXIPIME... 28	MEPRON... 59	methyl dopa-hydrochlorothiazide... 90
MAXITROL... 161	MEPSEVII... 117	methyl dopate... 90
MAXZIDE... 90	mercaptopurine... 55	methylergonovine... 154
	meropenem... 28	

METHYLIN... 99
 methylphenidate hcl... 99
 methylprednisolone acetate... 123
 methylprednisolone sodium succ... 123
 methylprednisolone... 123
 methyltestosterone... 132
 metipranolol... 161
 metoclopramide hcl... 43
 metolazone... 90
 metoprolol succinate... 90
 metoprolol ta-hydrochlorothiaz... 90
 metoprolol tartrate... 90
 METRO I.V.... 28
 METROCREAM... 28
 METROGEL VAGINAL... 28
 METROGEL... 28
 METROLOTION... 28
 metronidazole in nacl (iso-os)... 28
 metronidazole... 28
 mexiletine... 90
 MIACALCIN... 146
 mibelas 24 fe... 132
 MICARDIS HCT... 90
 MICARDIS... 90
 miconazole nitrate-zinc ox-pet... 45
 miconazole-3... 45
 MICORT-HC... 123
 MICRODOT INSULIN PEN NEEDLE... 154
 MICROGESTIN FE 1.5/30 (28)... 132
 MICROGESTIN FE 1/20 (28)... 132
 MICROGESTIN 1.5/30 (21)... 132
 MICROGESTIN 1/20 (21)... 132
 MICROGESTIN 24 FE... 132
 MICROZIDE... 90
 midodrine... 90
 migergot... 47
 miglitol... 76
 miglustat... 117
 MIGRANAL... 47
 mili... 132
 MILLIPRED DP... 123
 MILLIPRED... 123
 milrinone in 5 % dextrose... 91
 milrinone... 90
 mimvey lo... 132
 mimvey... 132
 MINASTRIN 24 FE... 132
 MINI ULTRA-THIN II... 154
 MINIPRESS... 91
 minitran... 91
 MINIVELLE... 132
 MINOCIN... 28
 minocycline... 28, 29
 minoxidil... 91
 MIOSTAT... 161
 MIRAPEX ER... 60
 MIRAPEX... 60
 MIRCERA... 81
 mircette (28)... 132
 mirtazapine... 40
 MIRVASO... 103
 misoprostol... 114
 mitigo (pf)... 15
 mitomycin... 55
 mitoxantrone... 55
 MOBIC... 15
 modafinil... 171
 moderiba dose pack... 68
 moderiba... 68
 moexipril... 91
 moexipril-hydrochlorothiazide... 91
 molindone... 63
 mometasone... 123, 167
 mondoxyne nl... 29
 mono-lynyah... 132
 MONOJECT INSULIN SAFETY SYRINGE... 154
 MONOJECT INSULIN SYRINGE... 154
 MONOJECT SYRINGE... 154
 MONOJECT ULTRA COMFORT INSULIN... 154
 MONONESSA (28)... 132
 montelukast... 167
 MONUROL... 29
 morgidox... 29
 MORPHABOND ER... 15
 morphine (pf)... 16
 morphine concentrate... 16
 morphine... 15, 16
 MOTEGRITY... 114
 MOTOFEN... 114
 MOVANTIK... 114
 MOVIPREP... 114
 MOXEZA... 29
 moxifloxacin... 29
 moxifloxacin-sod.ace,sul-water... 29
 moxifloxacin-sod.chloride(iso)... 29

MOZOBIL... 81
 MS CONTIN... 16
 MULPLETA... 81
 MULTAQ... 91
 mupirocin calcium... 29
 mupirocin... 29
 MUSTARGEN... 55
 MUTAMYCIN... 55
 MYALEPT... 114
 MYAMBUTOL... 48
 MYCAMINE... 45
 MYCOBUTIN... 48
 mycophenolate mofetil hcl... 142
 mycophenolate mofetil... 142
 mycophenolate sodium... 142
 MYDAYIS... 99
 MYFORTIC... 142
 MYLOTARG... 55
 myorisan... 103
 MYRBETRIQ... 119
 MYSOLINE... 35
 MYTESI... 114
 myzilra... 132

N

nabumetone... 16
 nadolol... 91
 nadolol-bendroflumethiazide... 91
 nafcillin in dextrose iso-osm... 29
 nafcillin... 29
 naftifine... 45
 NAFTIN... 45
 NAGLAZYME... 117
 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... 47
 NARCAN... 21
 NARDIL... 40
 NAROPIN (PF)... 20
 NASONEX... 167
 NATACHEW (FE BIS-GLYCINATE)... 109
 NATACYN... 45
 NATAZIA... 132
 nateglinide... 76
 NATELLE ONE... 109
 NATESTO... 132
 NATPARA... 146
 NATRECOR... 91
 NATROBA... 59
 NAVELBINE... 55
 NAYZILAM... 35
 NEBUPENT... 59
 necon 0.5/35 (28)... 132
 NECON 7/7/7 (28)... 132
 nefazodone... 40
 NEMBUTAL SODIUM... 35
 neo-polycin hc... 161
 neo-polycin... 161
 NEO-SYNALAR... 103
 neomycin... 29
 neomycin-bacitracin-poly-hc... 161
 neomycin-bacitracin-polymyxin... 161
 neomycin-polymyxin b gu... 154
 neomycin-polymyxin b-dexameth... 161
 neomycin-polymyxin-gramicidin... 161
 neomycin-polymyxin-hc... 161, 163
 NEORAL... 142
 NEOSPORIN GU IRRIGANT... 154
 NEPHRAMINE 5.4 %... 109
 neptazane... 91
 NERLYNX... 55
 NESACAINE... 20
 NESACAINE-MPF... 20
 NESINA... 76
 neuac... 103
 NEULASTA... 81
 NEUPOGEN... 81
 NEUPRO... 60
 NEURONTIN... 35
 NEVANAC... 161
 nevirapine... 68
 NEXA PLUS... 109
 NEXAVAR... 55
 NEXIUM IV... 114
 NEXIUM PACKET... 114
 NEXIUM... 114

NEXTERONE... 91	NOCTIVA... 126	NORVASC... 92
niacin... 91	nolix... 123	NORVIR... 68
niacor... 91	NORA-BE... 133	NOVAREL... 126
NIASPAN EXTENDED-RELEASE... 91	NORCO... 16	NOVOFINE AUTOCOVER... 154
nicardipine... 91	NORDITROPIN FLEXP... 126	NOVOFINE PLUS... 154
NICOTROL NS... 21	norepinephrine bitartrate... 92	NOVOFINE 30... 154
NICOTROL... 21	noreth-ethinyl estradiol-iron... 133	NOVOFINE 32... 154
nifedipine... 91	norethindrone (contraceptive)... 133	NOVOLIN N NPH U-100 INSULIN... 76
nikki (28)... 132	norethindrone ac-eth estradiol... 133	NOVOLIN R REGULAR U-100 INSULN... 76
NILANDRON... 55	norethindrone acetate... 133	NOVOLIN 70-30 FLEXPEN U-100... 76
nilutamide... 55	norethindrone-e.estradiol-iron... 133	NOVOLIN 70/30 U-100 INSULIN... 76
nimodipine... 91	norgesic forte... 170	NOVOLOG FLEXPEN U-100 INSULIN... 76
NINLARO... 55	norgestimate-ethinyl estradiol... 133	NOVOLOG MIX 70-30 U-100 INSULN... 76
NIPENT... 55	NORITATE... 29	NOVOLOG MIX 70-30FLEXPEN U-100... 76
nisoldipine... 91	norlyda... 133	NOVOLOG PENFILL U-100 INSULIN... 76
nitisinone... 117	norlyroc... 133	NOVOLOG U-100 INSULIN ASPART... 76
NITRO-BID... 91	NORMOSOL-M IN 5 % DEXTROSE... 109	NOVOPEN ECHO... 154
NITRO-DUR... 91	NORMOSOL-R IN 5 % DEXTROSE... 109	NOVOTWIST... 154
nitrofurantoin macrocrystal... 29	NORMOSOL-R PH 7.4... 109	NOXAFIL... 45
nitrofurantoin monohyd/m-cryst... 29	NORMOSOL-R... 109	NUBEQA... 55
nitrofurantoin... 29	NORPACE CR... 92	NUCALA... 167
nitroglycerin in 5 % dextrose... 92	NORPACE... 92	NUCYNTA ER... 16
nitroglycerin... 91	NORPRAMIN... 40	NUCYNTA... 16
NITROLINGUAL... 92	NORTHERA... 92	NUEDEXTA... 99
NITROMIST... 92	nortrel 0.5/35 (28)... 133	NULYTELY WITH FLAVOR PACKS... 114
NITROSTAT... 92	nortrel 1/35 (21)... 133	NUPLAZID... 63
NITYR... 117	nortrel 1/35 (28)... 133	
NIVESTYM... 81	nortrel 7/7/7 (28)... 133	
nizatidine... 114	nortriptyline... 40	
NIZORAL... 45		
NOCDURNA (MEN)... 126		
NOCDURNA (WOMEN)... 126		

NUTRESTORE... 114
 NUTRILIPID... 109
 NUTROPIN AQ NUSPIN... 126
 NUVARING... 133
 NUVESSA... 29
 NUVIGIL... 171
 NUZYRA (7 DAY WITH LOAD DOSE)... 29
 NUZYRA (7 DAY)... 29
 NUZYRA... 29
 nyamyc... 46
 NYMALIZE... 92
 nystatin... 46
 nystatin-triamcinolone... 46
 nystop... 46

O

O-CAL PRENATAL... 109
 OB COMPLETE ONE... 109
 OB COMPLETE PETITE... 109
 OB COMPLETE PREMIER... 109
 OB COMPLETE... 109
 OCALIVA... 117
 OCELLA... 133
 OCREVUS... 99
 OCTAGAM... 142
 octreotide acetate... 137
 OCUFLOX... 29
 ODEFSEY... 68
 ODOMZO... 55
 OFEV... 167
 ofloxacin... 29
 ogestrel (28)... 133
 okebo... 29

olanzapine... 63
 olanzapine-fluoxetine... 40
 olmesartan... 92
 olmesartan-amlodipin-hcthiazyd... 92
 olmesartan-hydrochlorothiazide... 92
 olopatadine... 161, 162, 167
 OLUMIANT... 142
 OLUX... 123
 OLUX-E... 124
 OLYSIO... 68
 OMECLAMOX-PAK... 114
 omega-3 acid ethyl esters... 92
 OMEGAVEN... 109
 omeppi... 114
 omeprazole... 114
 omeprazole-sodium bicarbonate... 115
 OMNARIS... 167
 OMNIPOD DASH INSULIN POD... 154
 OMNIPOD INSULIN MANAGEMENT... 154
 OMNIPOD INSULIN REFILL... 154
 OMNIPRED... 162
 OMNITROPE... 126
 ONCASPAR... 55
 ondansetron hcl (pf)... 43
 ondansetron hcl... 43
 ondansetron... 43
 ONEXTON... 103
 ONFI... 35
 ONGLYZA... 77
 ONIVYDE... 55

ONMEL... 46
 ONZETRA XSAIL... 47
 OPANA... 16
 OPDIVO... 55
 opium tincture... 115
 OPSUMIT... 167
 ORACEA... 29
 ORALAIR... 167
 oralone... 101
 ORAP... 63
 ORAPRED ODT... 124
 ORAVIG... 46
 ORBACTIV... 29
 ORENCIA CLICKJECT... 142
 ORENCIA... 142
 ORENITRAM... 167
 ORFADIN... 117
 ORILISSA... 137, 138
 ORKAMBI... 167
 orphenadrine citrate... 170
 orphenadrine-asa-caffeine... 170
 orphengesic forte... 170
 orsythia... 133
 ORTHO MICRONOR... 133
 ORTHO TRI-CYCLEN (28)... 133
 ORTHO TRI-CYCLEN LO (28)... 133
 ORTHO-CYCLEN (28)... 133
 ORTHO-NOVUM 1/35 (28)... 133
 ORTHO-NOVUM 7/7/7 (28)... 133
 oseltamivir... 68
 OSENI... 77
 OSMITROL 10 %... 92
 OSMITROL 15 %... 92

OSMITROL 20 %... 92
OSMITROL 5 %... 92
OSMOLEX ER... 60
OSMOPREP... 115
OTEZLA STARTER... 142
OTEZLA... 142
OTOVEL... 163
OTREXUP (PF)... 142
ovide... 59
oxacillin in dextrose(iso-osm)... 30
oxacillin... 29, 30
oxaliplatin... 55
oxandrolone... 133
oxaprozin... 16
OXAYDO... 17
oxazepam... 72
oxcarbazepine... 36
OXERVATE... 162
oxiconazole... 46
OXISTAT... 46
OXSORALEN ULTRA... 103
OXTELLAR XR... 36
oxybutynin chloride... 119
oxycodone... 17
oxycodone-acetaminophen... 17
oxycodone-aspirin... 17
OXYCONTIN... 17
oxymorphone... 17
oxytocin... 154
OXYTROL... 119
OZEMPIC... 77

P

PACERONE... 92
paclitaxel... 55
paliperidone... 64
PALYNZIQ... 117
PAMELOR... 40
pamidronate... 146
PANCREAZE... 117
PANDEL... 124
panlor(acetam-caff-dihydrocod)... 17
PANRETIN... 55
pantoprazole... 115
PANZYGA... 142
PARAFON FORTE DSC... 170
paricalcitol... 146, 147
PARLODEL... 60
PARNATE... 40
paroex oral rinse... 101
paromomycin... 30
paroxetine hcl... 40
paroxetine mesylate(menop.sym)... 40
PASER... 48
PATADAY... 162
PATANASE... 167
PATANOL... 162
PAXIL CR... 40, 41
PAXIL... 40
PAZEO... 162
PCE... 30
PEDIARIX (PF)... 142
PEDVAX HIB (PF)... 142
peg 3350-electrolytes... 115
peg-electrolyte soln... 115
peg-prep... 115
PEGANONE... 36
PEGASYS PROCLICK... 68
PEGASYS... 68
PEGINTRON... 68
PEN NEEDLE... 154
PEN NEEDLE, DIABETIC... 155
penicillamine... 109
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)... 142
PENTAM... 59
pentamidine... 59
PENTASA... 145
pentazocine-naloxone... 17
PENTIPS... 155
pentobarbital sodium... 36
pentoxifylline... 92
pepcid... 115
PERCOCET... 17
PERFOROMIST... 167
PERIKABIVEN... 109
perindopril erbumine... 92
periogard... 101
PERJETA... 55
permethrin... 59
perphenazine... 64
perphenazine-amitriptyline... 41

PERSERIS... 64
 PERTZYE... 117
 PEXEVA... 41
 pfizerpen-g... 30
 phenadoz... 43
 phenelzine... 41
 phenergan... 43
 phenobarbital sodium... 36
 phenobarbital... 36
 phenoxybenzamine... 92
 phenylephrine hcl... 92
 PHENYTEK... 36
 phenytoin sodium extended... 36
 phenytoin sodium... 36
 phenytoin... 36
 philith... 133
 PHOSLYRA... 109
 PHOSPHOLINE IODIDE... 162
 phrenilin forte(with caffeine)... 17
 PHYSIOLYTE... 155
 PHYSIOSOL IRRIGATION... 155
 PICATO... 103
 PIFELTRO... 68
 pilocarpine hcl... 101, 162
 pimecrolimus... 103
 pimoziide... 64
 pimtrea (28)... 133
 pindolol... 92
 pioglitazone... 77
 pioglitazone-glimepiride... 77
 pioglitazone-metformin... 77
 piperacillin-tazobactam... 30
 PIQRAY... 55
 pirmella... 133
 piroxicam... 17
 PITOCIN... 155
 PLAQUENIL... 59
 PLASMA-LYTE A... 109
 PLASMA-LYTE 148... 109
 PLAVIX... 81
 PLEGRIDY... 99
 plenamine... 109
 PLENVU... 115
 PLIAGLIS... 20
 plixda... 103
 pnv ob+dha... 109
 podofilox... 103
 POLIVY... 55
 polocaine... 20
 polocaine-mpf... 20
 polycin... 162
 polymyxin b sulf-trimethoprim... 162
 polymyxin b sulfate... 30
 POLYTRIM... 162
 POMALYST... 55
 PONSTEL... 17
 portia 28... 133
 PORTRAZZA... 56
 posaconazole... 46
 potassium acetate... 109
 potassium chlorid-d5-0.45%nacl... 109
 potassium chloride in lr-d5... 110
 potassium chloride in water... 110
 potassium chloride in 0.9%nacl... 109
 potassium chloride in 5 % dex... 110
 potassium chloride... 109
 potassium chloride-d5-0.2%nacl... 110
 potassium chloride-d5-0.3%nacl... 110
 potassium chloride-d5-0.9%nacl... 110
 potassium chloride-0.45 % nacl... 110
 potassium citrate... 110
 POTELIGEO... 56
 pr natal 400 ec... 110
 pr natal 400... 110
 pr natal 430 ec... 110
 pr natal 430... 110
 PRADAXA... 81
 PRALUENT PEN... 92
 pramipexole... 60
 prandin... 77
 prasugrel... 81
 PRAVACHOL... 92
 pravastatin... 92, 93
 praziquantel... 59
 prazosin... 93
 PRECOSE... 77
 PRED FORTE... 162
 PRED MILD... 162
 PRED-G S.O.P... 162
 PRED-G... 162
 prednicarbate... 124
 prednisolone acetate... 162
 prednisolone sodium phosphate... 124, 162

prednisolone... 124	previfem... 134	procto-med hc... 124
PREDNISON INTENSOL... 124	PREVPAC... 115	procto-pak... 124
prednisone... 124	PREVYMIS... 68	PROCTOFOAM HC... 145
PREFERA-OB ONE... 110	PREZCOBIX... 68	proctosol hc... 124
PREFERA-OB PLUS DHA... 110	PREZISTA... 68	proctozone-hc... 124
PREFERA-OB... 110	PRIALT... 155	PROCYSBI... 117
prefest... 133	PRIFTIN... 49	PRODIGY INSULIN SYRINGE... 155
pregabalin... 99	PRILOSEC... 115	profeno... 17
PREGNYL... 126	primaquine... 59	progesterone micronized... 134
PREMARIN... 133	PRIMAXIN IV... 30	progesterone... 134
PREMASOL 10 %... 110	primidone... 36	PROGLYCEM... 77
PREMASOL 6 %... 110	primlev... 17	PROGRAF... 143
PREMPHASE... 134	PRIMSOL... 30	PROLASTIN-C... 117
PREMPRO... 134	PRINIVIL... 93	PROLENSA... 162
prenaissance plus... 110	PRISTIQ... 41	PROLEUKIN... 56
prenaissance... 110	PRIVIGEN... 142	PROLIA... 147
PRENATA... 110	PRO COMFORT ALCOHOL PADS... 155	PROMACTA... 81
PRENATABS FA... 110	PRO COMFORT INSULIN SYRINGE... 155	promethazine vc... 155
prenatal plus (calcium carb)... 110	PRO COMFORT PEN NEEDLE... 155	promethazine... 43
prenatal plus dha... 110	PROAIR HFA... 167	promethazine-phenylephrine... 155
prenatal vitamin plus low iron... 110	PROAIR RESPICLICK... 167	promethegan... 43
PRENATE AM... 110	probenecid... 47	PROMETRIUM... 134
PRENATE DHA... 110	probenecid-colchicine... 47	propafenone... 93
PRENATE ELITE... 110	procainamide... 93	propantheline... 115
PRENATE ESSENTIAL... 110	PROCALAMINE 3%... 110	proparacaine... 162
preplus... 110	PROCARDIA XL... 93	propranolol... 93
PREPOPIK... 115	PROCARDIA... 93	propranolol-hydrochlorothiazid... 93
PRESTALIA... 93	procentra... 99	propylthiouracil... 138
PREVACID SOLUTAB... 115	prochlorperazine edisylate... 43	PROQUAD (PF)... 143
PREVACID... 115	prochlorperazine maleate... 43	PROSCAR... 119
prevalite... 93	prochlorperazine... 43	PROSOL 20 %... 110
PREVENT DROPSAFE PEN NEEDLE... 155	PROCRIT... 81	protamine... 155
		PROTONIX... 115

PROTOPIC... 103
 protriptyline... 41
 PROVENTIL HFA... 167
 PROVERA... 134
 PROVIGIL... 171
 PROZAC... 41
 PRUDOXIN... 103
 psorcon... 124
 PULMICORT FLEXHALER... 167
 PULMICORT... 167
 PULMOZYME... 167
 PURIXAN... 56
 PYLERA... 115
 pyrazinamide... 49
 pyridostigmine bromide... 48

Q

QBRELIS... 93
 QMIIZ ODT... 17
 QNASL... 167
 QTERN... 77
 QUADRACEL (PF)... 143
 QUALAQUIN... 59
 QUARTETTE... 134
 quasense... 134
 QUDEXY XR... 36
 questran light... 93
 questran... 93
 quetiapine... 64
 QUILLICHEW ER... 99
 QUILLIVANT XR... 99
 quinapril... 93
 quinapril-hydrochlorothiazide... 93
 quinidine gluconate... 93

quinidine sulfate... 93
 quinine sulfate... 59
 QVAR REDIHALER... 167, 168
 QVAR... 167

R

RABAVERT (PF)... 143
 rabeprazole... 115
 RADICAVA... 100
 RAGWITEK... 168
 rajani... 134
 raloxifene... 134
 ramelteon... 171
 ramipril... 93
 RANEXA... 93
 ranitidine hcl... 115
 ranolazine... 93
 RAPAFLO... 119
 RAPAMUNE... 143
 rasagiline... 61
 RASUVO (PF)... 143
 RAVICTI... 117
 RAYALDEE... 147
 RAYOS... 124
 RAZADYNE ER... 38
 RAZADYNE... 38
 REBETOL... 68
 REBIF (WITH ALBUMIN)... 100
 REBIF REBIDOSE... 100
 REBIF TITRATION PACK... 100
 RECLAST... 147
 reclusen (28)... 134
 RECOMBIVAX HB (PF)... 143
 RECTIV... 103

REGLAN... 43
 REGONOL... 48
 REGRANEX... 103
 RELENZA DISKHALER... 68
 relexxii... 100
 RELION NEEDLES... 155
 RELION PEN NEEDLES... 155
 RELISTOR... 115
 RELPAX... 47
 REMERON SOLTAB... 41
 REMERON... 41
 REMICADE... 143
 REMODULIN... 168
 RENACIDIN... 155
 RENAGEL... 110
 RENFLEXIS... 143
 RENVELA... 110, 111
 REOPRO... 81
 repaglinide... 77
 repaglinide-metformin... 77
 REPATHA PUSHTRONEX... 93
 REPATHA SURECLICK... 93
 REPATHA SYRINGE... 93
 REQUIP XL... 61
 REQUIP... 61
 RESCRIPTOR... 69
 RESECTISOL... 93
 RESTASIS MULTIDOSE... 162
 RESTASIS... 162
 RESTORIL... 171
 RETACRIT... 81
 RETIN-A MICRO PUMP... 103
 RETIN-A MICRO... 103

RETIN-A... 103	RITALIN LA... 100	RYTARY... 61
RETROVIR... 69	RITALIN... 100	RYTHMOL SR... 93, 94
REVATIO... 168	ritonavir... 69	RYVENT... 168
REVCovi... 117	RITUXAN HYCELA... 56	S
REVLIMID... 56	RITUXAN... 56	SABRIL... 36
revonto... 65	rivastigmine tartrate... 38	SAFESNAP INSULIN SYRINGE... 155
REXULTI... 64	rivastigmine... 38	SAFETY PEN NEEDLE... 155
REYATAZ... 69	RIVELSA... 134	SAFYRAL... 134
RHOFADE... 103	rizatriptan... 47	SAIZEN CLICK.EASY... 126
RHOPHYLAC... 143	ROBAXIN... 170	SAIZEN SAIZENPREP... 126
RHOPRESSA... 162	ROBAXIN-750... 170	SAIZEN... 126
RIASTAP... 81	ROBINUL FORTE... 115	SALAGEN (PILOCARPINE)... 101
RIBASPHERE RIBAPAK... 69	ROBINUL... 115	SAMSCA... 111
ribasphere... 69	ROCALTROL... 147	SANCUSO... 43
ribavirin... 69	ROCKLATAN... 162	SANDIMMUNE... 143
RIDAURA... 143	romidepsin... 56	SANDOSTATIN LAR DEPOT... 138
rifabutin... 49	ropinirole... 61	SANDOSTATIN... 138
RIFADIN... 49	ropivacaine (pf)... 20	SANTYL... 103
RIFAMATE... 49	rosadan... 30	SAPHRIS... 64
rifampin... 49	rosuvastatin... 93	SARAFEM... 41
RIFATER... 49	ROTARIX... 143	SAVAYSA... 81
RILUTEK... 100	ROTATEQ VACCINE... 143	SAVELLA... 100
riluzole... 100	ROWASA... 145	scopolamine base... 43
rimantadine... 69	roweepra xr... 36	se-natal 19 (with docusate)... 111
RIMSO-50... 155	roweepra... 36	se-natal 19... 111
ringer's... 111, 155	ROXICODONE... 17	SEASONIQUE... 134
RINVOQ ER... 143	ROXYBOND... 17	SECONAL SODIUM... 36
RIOMET... 77	ROZEREM... 171	SEEBRI NEOHALER... 168
risedronate... 147	RUBRACA... 56	SEGLUROMET... 77
RISPERDAL CONSTA... 64	RUCONEST... 143	SELECT-OB (FOLIC ACID)... 111
RISPERDAL M-TAB... 64	RUZURGI... 100	SELECT-OB + DHA... 111
RISPERDAL... 64	RYCLORA... 168	SELECT-OB... 111
risperidone... 64	RYDAPT... 56	selegiline hcl... 61

selenium sulfide... 104	SIMPONI ARIA... 144	solifenacin... 119
SELZENTRY... 69	SIMPONI... 143	SOLQUA 100/33... 77
SEMPREX-D... 155	SIMULECT... 144	SOLODYN... 30
SENSIPAR... 147	simvastatin... 94	SOLOSEC... 30
SENSORCAINE... 20	SINEMET CR... 61	soloxide... 30
sensorcaine-mpf spinal... 20	SINEMET... 61	SOLTAMOX... 56
SENSORCAINE-MPF... 20	SINGULAIR... 168	SOLU-CORTEF (PF)... 124
sensorcaine-mpf/epinephrine... 20	sirolimus... 144	SOLU-CORTEF... 124
sensorcaine/epinephrine... 20	SIRTURO... 49	SOLU-MEDROL (PF)... 124
SEREVENT DISKUS... 168	SIVEXTRO... 30	SOLU-MEDROL... 124
SERNIVO... 124	SKELAXIN... 170	SOMA... 170
SEROQUEL XR... 64	SKLICE... 59	SOMATULINE DEPOT... 138
SEROQUEL... 64	SKYRIZI... 104	SOMAVERT... 138
SEROSTIM... 126	SLYND... 134	SONATA... 171
sertraline... 41	SMOFLIPID... 111	SOOLANTRA... 104
setlakin... 134	sodium acetate... 111	sorbitol-mannitol... 155
sevelamer carbonate... 111	sodium benzoate-sod phenylacet... 155	SORIATANE... 104
sevelamer hcl... 111	sodium bicarbonate... 111	SORILUX... 104
SFROWASA... 145	sodium chloride 0.45 %... 111	sorine... 94
sharobel... 134	sodium chloride 0.9 %... 111	sotalol af... 94
SHINGRIX (PF)... 143	sodium chloride 3 %... 111	sotalol... 94
SIGNIFOR LAR... 138	sodium chloride 5 %... 111	SOTYLIZE... 94
SIGNIFOR... 138	sodium chloride... 111, 155	SOVALDI... 69
SIKLOS... 56	SODIUM EDECRIN... 94	SPIRIVA RESPIMAT... 168
sildenafil (antihypertensive)... 168	sodium lactate... 111	SPIRIVA WITH HANDIHALER... 168
SILENOR... 171	sodium phenylbutyrate... 117	spironolacton-hydrochlorothiaz... 94
SILIQ... 104	sodium phosphate... 111	spironolactone... 94
silodosin... 119	sodium polystyrene (sorb free)... 111	SPORANOX PULSEPAK... 46
SILVADENE... 30	sodium polystyrene sulfonate... 111	SPORANOX... 46
silver sulfadiazine... 30	sofosbuvir-velpatasvir... 69	sprintec (28)... 134
SIMBRINZA... 162	SOLARAZE... 104	SPRITAM... 36
simliya (28)... 134		SPRIX... 17
simpesse... 134		

SPRYCEL... 56
 SPS (WITH SORBITOL)... 111
 sronyx... 134
 SSD... 30
 STALEVO 100... 61
 STALEVO 125... 61
 STALEVO 150... 61
 STALEVO 200... 61
 STALEVO 50... 61
 STALEVO 75... 61
 STARLIX... 77
 stavudine... 69
 STEGLATRO... 77
 STEGLUJAN... 77
 STELARA... 104
 STIMATE... 126
 STIOLTO RESPIMAT... 168
 STIVARGA... 56
 STRATTERA... 100
 STRENSIQ... 118
 streptomycin... 30
 STRIANT... 134
 STRIBILD... 69
 STRIVERDI RESPIMAT... 168
 STROMECTOL... 59
 SUBOXONE... 21
 SUBSYS... 18
 subvenite starter (blue) kit... 36
 subvenite starter (green) kit... 37
 subvenite starter (orange) kit... 37
 subvenite... 36
 SUCRAID... 118
 sucralfate... 115
 SULAR... 94
 sulfacetamide sodium (acne)... 30
 sulfacetamide sodium... 30
 sulfacetamide-prednisolone... 162
 sulfadiazine... 30
 sulfamethoxazole-trimethoprim... 30, 31
 SULFAMYLON... 31
 sulfasalazine... 145
 SULFATRIM... 31
 sulindac... 18
 sumatriptan succinate... 48
 sumatriptan... 48
 sumatriptan-naproxen... 48
 SUMAVEL DOSEPRO... 48
 SUNOSI... 171
 SUPRAX... 31
 SUPREP BOWEL PREP KIT... 116
 SURE COMFORT ALCOHOL PREP PADS... 155
 SURE COMFORT INS. SYR. U-100... 155
 SURE COMFORT INSULIN SYRINGE... 156
 SURE COMFORT PEN NEEDLE... 156
 SURE-FINE PEN NEEDLES... 156
 SURE-JECT INSULIN SYRINGE... 156
 SURE-PREP ALCOHOL PREP PADS... 156
 SURMONTIL... 41
 SUSTIVA... 69
 SUTENT... 56
 syeda... 134
 SYLATRON... 69
 SYLVANT... 144
 SYMBICORT... 168
 SYMBYAX... 41
 SYMDEKO... 168
 SYMFILLO... 70
 SYMFI... 69
 SYMJEPI... 168
 SYMLINPEN 120... 77
 SYMLINPEN 60... 77
 SYMPAZAN... 37
 SYMPROIC... 116
 SYMTUZA... 70
 SYNAGIS... 144
 SYNALAR... 124
 SYNAREL... 138
 SYNDROS... 43
 SYNERA... 20
 SYNERCID... 31
 SYNJARDY XR... 77
 SYNJARDY... 77
 SYNRIBO... 56
 SYNTHROID... 136
 SYPRINE... 111

T

TABLOID... 56
 TACLONEX... 104
 tacrolimus... 104, 144
 tadalafil (antihypertensive)... 168
 tadalafil... 119
 TAFINLAR... 56
 TAGRISSO... 56
 TAKHZYRO... 144

TALTZ AUTOINJECTOR (2 PACK)... 104	tdvax... 144	TERUMO INSULIN SYRINGE... 156
TALTZ AUTOINJECTOR (3 PACK)... 104	TECENTRIQ... 56, 57	TESTIM... 134
TALTZ AUTOINJECTOR... 104	TECFIDERA... 100	testosterone cypionate... 135
TALTZ SYRINGE (2 PACK)... 104	TECHLITE INSULIN SYR HALF UNIT... 156	testosterone enanthate... 135
TALTZ SYRINGE (3 PACK)... 104	TECHLITE INSULIN SYRINGE... 156	testosterone... 134, 135
TALTZ SYRINGE... 104	TECHLITE PEN NEEDLE... 156	TESTRED... 135
TALWIN... 18	TECHNIVIE... 70	tetanus,diphtheria tox ped(pf)... 144
TALZENNA... 56	TEFLARO... 31	tetrabenazine... 100
TAMIFLU... 70	TEGRETOL XR... 37	tetracycline... 31
tamoxifen... 56	TEGRETOL... 37	TEXACORT... 124
tamsulosin... 119	TEGSEDI... 156	THALOMID... 57
TANZEUM... 77	TEKTURNA HCT... 94	THAM... 111
TAPAZOLE... 138	TEKTURNA... 94	THEO-24... 168
taperdex... 124	telmisartan... 94	theophylline in dextrose 5 %... 169
TARCEVA... 56	telmisartan-amlodipine... 94	theophylline... 168
TARGADOX... 31	telmisartan-hydrochlorothiazid... 94	THINPRO INSULIN SYRINGE... 157
TARGRETIN... 56	temazepam... 171	THIOLA EC... 119
tarina fe 1-20 eq (28)... 134	TEMODAR... 57	THIOLA... 119
tarina fe 1/20 (28)... 134	TEMOVATE... 124	thioridazine... 64
tarina 24 fe... 134	temsirolimus... 57	thiotepa... 57
TARKA... 94	tencon... 18	thiothixene... 64
taron-c dha... 111	teniposide... 57	THYMOGLOBULIN... 144
taron-prex prenatal-dha... 111	TENIVAC (PF)... 144	THYROLAR-1... 136
TASIGNA... 56	tenofovir disoproxil fumarate... 70	THYROLAR-1/2... 136
TASMAR... 61	TENORETIC 100... 94	THYROLAR-1/4... 136
TAVALISSE... 156	TENORETIC 50... 94	THYROLAR-2... 136
TAXOTERE... 56	TENORMIN... 94	THYROLAR-3... 136
TAYTULLA... 134	TERAZOL 7... 46	tiagabine... 37
tazarotene... 104	terazosin... 94	TIAZAC... 94
tazicef... 31	terbinafine hcl... 46	TIBSOVO... 57
TAZORAC... 104	terbutaline... 168	TIGAN... 43
taztia xt... 94	terconazole... 46	tigecycline... 31

TIGLUTIK... 100	TOPCARE CLICKFINE... 157	TRELEGY ELLIPTA... 169
TIKOSYN... 94	TOPCARE ULTRA COMFORT... 157	TRELSTAR... 138
TILIA FE... 135	TOPICORT... 124, 125	TREMFYA... 104
timolol maleate... 94, 162	topiramate... 37	treprostinil sodium... 169
TIMOPTIC OCUDOSE (PF)... 162	toposar... 57	TRESIBA FLEXTOUCH U-100... 78
TIMOPTIC... 162	topotecan... 57	TRESIBA FLEXTOUCH U-200... 78
TIMOPTIC-XE... 162	TOPROL XL... 94	TRESIBA U-100 INSULIN... 78
TINDAMAX... 31	toremifene... 57	TRETIN-X... 104
tinidazole... 31	TORISEL... 57	tretinoin (chemotherapy)... 57
TIROSINT... 136	torseamide... 94	tretinoin microspheres... 104
TIROSINT-SOL... 137	TOSYMRA... 48	tretinoin... 104
TIVICAY... 70	TOTECT... 57	TREXALL... 144
TIVORBEX... 18	TOUJEO MAX U-300 SOLOSTAR... 77	TREXIMET... 48
tizanidine... 65	TOUJEO SOLOSTAR U-300 INSULIN... 78	TREZIX... 18
TOBI PODHALER... 169	TOVIAZ... 119	tri femynor... 135
TOBI... 31	TPN ELECTROLYTES... 111	tri-estarylla... 135
TOBRADEX ST... 162	TRACLEER... 169	tri-legest fe... 135
TOBRADEX... 162	TRADJENTA... 78	tri-linyah... 135
tobramycin in 0.225 % nacl... 31	tramadol... 18	tri-lo-estarylla... 135
tobramycin sulfate... 31	tramadol-acetaminophen... 18	tri-lo-marzia... 135
tobramycin with nebulizer... 31	trandolapril... 94	tri-lo-mili... 135
tobramycin... 31	trandolapril-verapamil... 95	tri-lo-sprintec... 135
tobramycin-dexamethasone... 162	tranexamic acid... 81	tri-mili... 135
TOBEX... 31	TRANSDERM-SCOP... 43	TRI-NORINYL (28)... 135
TOFRANIL... 41	TRANXENE T-TAB... 72	tri-previfem (28)... 135
TOLAK... 104	tranylcypromine... 41	tri-sprintec (28)... 135
tolazamide... 77	TRAVASOL 10 %... 112	tri-vylibra lo... 135
tolbutamide... 77	TRAVATAN Z... 162	tri-vylibra... 135
tolcapone... 61	travoprost (benzalkonium)... 163	triamcinolone acetonide... 101, 125
tolmetin... 18	trazodone... 41	triamterene... 95
TOLSURA... 46	TREANDA... 57	triamterene-hydrochlorothiazid... 95
tolterodine... 119	TRECTOR... 49	trianex... 125
TOPAMAX... 37		

triazolam... 72	TROKENDI XR... 37	TYVASO... 169
TRIBENZOR... 95	TROPHAMINE 10 %... 112	U
TRICARE PRENATAL DHA ONE(DSS)... 112	TROPHAMINE 6%... 112	UCERIS... 145
TRICARE... 112	trosipium... 119	UDENYCA... 82
TRICOR... 95	TRUE COMFORT ALCOHOL PADS... 157	ULORIC... 47
triderm... 125	TRUE COMFORT INSULIN SYRINGE... 157	ULTICARE INSULIN SYR HALF UNIT... 157
TRIDESILON... 125	TRUE COMFORT PEN NEEDLE... 157	ULTICARE INSULIN SYRINGE... 157
trientine... 112	TRUEPLUS INSULIN... 157	ULTICARE PEN NEEDLE... 157
trifluoperazine... 64	TRUEPLUS PEN NEEDLE... 157	ULTICARE... 157
trifluridine... 70	TRULANCE... 116	ULTILET ALCOHOL SWAB... 157
TRIGLIDE... 95	TRULICITY... 78	ULTILET INSULIN SYRINGE... 158
trihexyphenidyl... 61	TRUMENBA... 144	ULTILET PEN NEEDLE... 158
triklo... 95	TRUSOPT... 163	ultimatecare one nf... 112
TRILEPTAL... 37	TRUVADA... 70	ultimatecare one... 112
TRILIPIX... 95	TUDORZA PRESSAIR... 169	ULTRA CMFT INS SYR HALF UNIT... 158
trilyte with flavor packets... 116	tulana... 135	ULTRA COMFORT INSULIN SYRINGE... 158
trimethobenzamide... 43	TURALIO... 57	ULTRA FLO PEN NEEDLE... 158
trimethoprim... 31	TWINRIX (PF)... 144	ULTRA THIN PEN NEEDLE... 158
trimipramine... 41	TWYNSTA... 95	ULTRA-THIN II (SHORT) INS SYR... 158
trinatal rx 1... 112	TYBOST... 70	ULTRA-THIN II (SHORT) PEN NDL... 158
TRINESSA (28)... 135	tydemy... 135	ULTRA-THIN II INS PEN NEEDLES... 158
TRINESSA LO... 135	TYGACIL... 31	ULTRA-THIN II INSULIN SYRINGE... 158
TRINTELLIX... 41	TYKERB... 57	ULTRACARE INSULIN SYRINGE... 159
TRIOSTAT... 137	TYLENOL-CODEINE #3... 18	ULTRACARE PEN NEEDLE... 159
TRIPTODUR... 138	TYLENOL-CODEINE #4... 18	ULTRACET... 18
TRISENOX... 57	TYMLOS... 147	ULTRAM... 18
TRISTART DHA... 112	TYPHIM VI... 144	ULTRAVATE... 125
TRIUMEQ... 70	TYSABRI... 100	UNASYN... 31
triveen-duo dha... 112	TYVASO INSTITUTIONAL START KIT... 169	
trivora (28)... 135	TYVASO REFILL KIT... 169	
TRIZIVIR... 70	TYVASO STARTER KIT... 169	
TROGARZO... 70		

UNIFINE PENTIPS PLUS... 159	VALTRES... 70	VENTOLIN HFA... 169
UNIFINE PENTIPS... 159	vanatol lq... 18	verapamil... 95
UNITHROID... 137	vanatol s... 18	VEREGEN... 105
UNITUXIN... 57	VANCOGIN... 31	VERELAN PM... 96
UPTRAVI... 169	vancomycin in dextrose 5 %... 32	VERELAN... 95
URECHOLINE... 119	vancomycin in 0.9 % sodium chl... 32	VERIFINE PEN NEEDLE... 159
UROCIT-K 10... 112	vancomycin... 31, 32	VERIPRED 20... 125
UROCIT-K 15... 112	VANDAZOLE... 32	VERSACLOZ... 65
UROCIT-K 5... 112	VANISHPOINT SYRINGE... 159	VERZENIO... 57
UROXATRAL... 119	VANOS... 125	VESICARE... 119
URSO FORTE... 116	VAPRISOL IN 5 % DEXTROSE... 112	vestura (28)... 135
URSO 250... 116	VAQTA (PF)... 144	VFEND IV... 46
ursodiol... 116	VARIVAX (PF)... 144	VFEND... 46
UTIBRON NEOHALER... 169	VARIZIG... 144	VIBATIV... 32
UVADEX... 104	VARUBI... 43	VIBERZI... 116
	VASCEPA... 95	VIBRAMYCIN... 32
V	VASERETIC... 95	vicodin es... 18
V-GO 20... 159	VASOTEC... 95	vicodin hp... 18
V-GO 30... 159	VAZCULEP... 95	vicodin... 18
V-GO 40... 159	vecamyl... 95	VICTOZA 2-PAK... 78
VABOMERE... 31	VECTIBIX... 57	VICTOZA 3-PAK... 78
VAGIFEM... 135	VECTICAL... 104	VIDAZA... 82
valacyclovir... 70	VELCADE... 57	VIDEX EC... 70
VALCHLOR... 57	VELETRI... 169	VIDEX 2 GRAM PEDIATRIC... 70
VALCYTE... 70	velivet triphasic regimen (28)... 135	VIDEX 4 GRAM PEDIATRIC... 70
valganciclovir... 70	VELPHORO... 112	VIEKIRA PAK... 70
VALIUM... 72	VELTASSA... 112	VIEKIRA XR... 70
valproate sodium... 37	VEMLIDY... 70	vienva... 135
valproic acid (as sodium salt)... 37	VENCLEXTA STARTING PACK... 57	vigabatrin... 37
valproic acid... 37	VENCLEXTA... 57	vigadrone... 37
valrubicin... 57	venlafaxine... 41	VIGAMOX... 32
valsartan... 95	VENTAVIS... 169	VIIBRYD... 41
valsartan-hydrochlorothiazide... 95		VIMOVO... 18
VALSTAR... 57		

VIMPAT... 37	VOLTAREN... 18	XALATAN... 163
VINATE DHA RF... 112	VOLTAREN-XR... 18	XALKORI... 58
vinblastine... 57	voriconazole... 46	XANAX XR... 72
vincasar pfs... 57	VOSEVI... 71	XANAX... 72
vincristine... 57	VOTRIENT... 58	XARELTO... 82
vinorelbine... 57	vp-ch-pnv... 112	XATMEP... 144
VIOKACE... 118	VP-PNV-DHA... 112	XELJANZ XR... 144
viorele (28)... 135	VPRIV... 118	XELJANZ... 144
VIRACEPT... 70	VRAYLAR... 65	XELPROS... 163
VIRAMUNE XR... 70	VUSION... 46	XENAZINE... 100
VIRAMUNE... 70	vyfemla (28)... 135	XENICAL... 159
VIRAZOLE... 70	vylibra... 135	XEPI... 32
VIREAD... 71	VYNDAMAX... 96	XERAVA... 32
virt-c dha... 112	VYTORIN 10-10... 96	XERESE... 71
virt-nate dha... 112	VYTORIN 10-20... 96	XERMELO... 116
VISTARIL... 169	VYTORIN 10-40... 96	XGEVA... 147
VISTOGARD... 159	VYTORIN 10-80... 96	XHANCE... 169
VITAFOL FE+ (WITH DOCUSATE)... 112	VYVANSE... 100	XIFAXAN... 116
VITAFOL GUMMIES... 112	VYXEOS... 58	XIGDUO XR... 78
VITAFOL NANO... 112	VYZULTA... 163	XIIDRA... 163
VITAFOL ULTRA... 112	W	XIMINO... 32
VITAFOL-OB... 112	warfarin... 82	XODOL 10/300... 18
VITAFOL-OB+DHA... 112	water for irrigation, sterile... 159	XODOL 5/300... 18
VITAFOL-ONE... 112	WEBCOL... 159	XODOL 7.5/300... 18
VITAMED MD ONE RX... 112	WELCHOL... 96	XOFLUZA... 71
VITRAKVI... 58	WELLBUTRIN SR... 41, 42	XOLAIR... 144
vivacaine... 20	WELLBUTRIN XL... 42	XOPENEX CONCENTRATE... 169
VIVELLE-DOT... 135	wera (28)... 136	XOPENEX HFA... 169
VIVITROL... 21	WINRHO SDF... 144	XOPENEX... 169
VIVLODEX... 18	wixela inhub... 169	XOSPATA... 58
VIZIMPRO... 58	wymzya fe... 136	XPOVIO... 58
VOGELXO... 135	X	XTAMPZA ER... 18
	XADAGO... 61	XTANDI... 58

xulane... 136	ZEMAIRA... 118	ZMAX... 32
XULTOPHY 100/3.6... 78	ZEMBRACE SYMTOUCH... 48	ZOCOR... 96
XURIDEN... 159	ZEMDRI... 32	ZODEX... 125
XYOSTED... 136	ZEMPLAR... 147	ZOFRAN ODT... 44
XYREM... 171	zenatane... 105	ZOFRAN... 43, 44
Y	zenchent (28)... 136	ZOHYDRO ER... 19
YASMIN (28)... 136	ZENPEP... 118	ZOLADEX... 138
YAZ (28)... 136	zenzedi... 100	zoledronic ac-mannitol-0.9nacl... 147
YERVOY... 58	ZEPATIER... 71	zoledronic acid... 147
YF-VAX (PF)... 144	ZERBAXA... 32	zoledronic acid-mannitol-water... 147
YONDELIS... 58	ZERIT... 71	ZOLINZA... 58
YONSA... 58	ZESTORETIC... 96	zolmitriptan... 48
YOSPRALA... 82	ZESTRIL... 96	ZOLOFT... 42
YUPELRI... 169	ZETIA... 96	zolpidem... 171
yuvafem... 136	ZETONNA... 169	ZOLPIMIST... 171
Z	ZIAC... 96	ZOMACTON... 126
zafirlukast... 169	ZIAGEN... 71	ZOMETA... 147
zaleplon... 171	ZIANA... 105	ZOMIG ZMT... 48
ZALTRAP... 58	zidovudine... 71	ZOMIG... 48
ZAMICET... 18	zileuton... 169	ZONACORT... 125
ZANAFLEX... 65	ZILRETTA... 125	ZONALON... 105
ZANOSAR... 58	ZINACEF IN STERILE WATER... 32	ZONEGRAN... 38
ZANTAC... 116	ZINACEF... 32	zonisamide... 38
zarah... 136	ZINBRYTA... 100	ZONTIVITY... 82
ZARONTIN... 37	ZINECARD (AS HCL)... 58	ZORBTIVE... 126
ZARXIO... 82	ZINPLAVA... 32	ZORTRESS... 144, 145
ZAVESCA... 118	ZIOPTAN (PF)... 163	ZORVOLEX... 19
ZEBUTAL... 18	ziprasidone hcl... 65	ZOSTAVAX (PF)... 145
ZEGERID... 116	ZIPSOR... 18	ZOSYN IN DEXTROSE (ISO-OSM)... 32
ZEJULA... 58	ZIRGAN... 71	ZOSYN... 32
ZELAPAR... 61	ZITHROMAX TRI-PAK... 32	zovia 1/35e (28)... 136
ZELBORAF... 58	ZITHROMAX Z-PAK... 32	
ZELNORM... 116	ZITHROMAX... 32	

zovia 1/50e (28)... 136
ZOVIRAX... 71
ZTLIDO... 20
ZUBSOLV... 21
ZULRESSO... 42
zumandimine (28)... 136
ZUPLENZ... 44
ZURAMPIC... 47
ZYBAN... 21
ZYCLARA... 105
ZYDELIG... 58
ZYFLO CR... 170
ZYFLO... 170
ZYKADIA... 58
ZYLET... 163
ZYLOPRIM... 47
ZYMAXID... 32
ZYPITAMAG... 96
ZYPREXA RELPREV... 65
ZYPREXA ZYDIS... 65
ZYPREXA... 65
ZYTIGA... 58
ZYVOX... 32
1ST TIER UNIFINE PENTIPS PLUS...
147
1ST TIER UNIFINE PENTIPS... 147

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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): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



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This formulary was updated on 10/02/2019. 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.



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