



**Select
Health**

Select Health Medicare | 2025 Essential Formulary

LIST OF COVERED DRUGS

This formulary was updated on **01/01/2025**

For more recent information or other questions, please contact Select Health Member Services at **855-442-9900** (TTY users should call **711**), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

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Select Health Medicare 2025 Essential Formulary List of Covered Drugs

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

Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Select Health Medicare + Kroger pharmacy network includes limited lower-cost, preferred pharmacies in Bonneville County in Idaho. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **800-442-9900 (TTY 711)** or consult the online pharmacy directory at **selecthealth.org/medicare/pharmacy**.

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Multi-Language Interpreter Services

1-855-442-9900 (TTY:711)

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats by contacting Select Health Medicare at **855-442-9900 (TTY: 711)**

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-442-9900**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 **1-855-442-9900**。我们的中文工作人员很乐意帮助您。这是一项免费服务

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 **1-855-442-9900**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-855-442-9900**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch, viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-855-442-9900**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-442-9900** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-442-9900**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-442-9900**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-442-9900**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-442-9900**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-855-442-9900** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802 (Expires 12/31/2025)

OMB Approval No. 0938-1421

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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 Select Health. When it refers to “plan” or “our plan,” it means Select Health Medicare.

This document includes a list of the drugs (formulary) for our plan **which is current as of January 1, 2025** . For an updated formulary, please contact us. Our contact information, along with the dates 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, 2025, and from time to time during the year.

What is the Select Health Medicare Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Select Health in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Select Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Select Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: selecthealth.org/medicare/pharmacy.

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

- > **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled “*How do I request an exception to the Select Health Medicare Formulary?*”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- > **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 60-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Select Health Medicare Formulary?*”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2025 . To get updated information about the drugs covered by Select Health Medicare, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes throughout the plan year, Select Health may make changes via errata sheets mailed to you. Additionally, you may visit selecthealth.org/medicare for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on **page 1**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs/Hypotensive Agents. If you know what your drug is used for, look for the category name in the list that begins on **page 1**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 131**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Select Health Medicare 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic

drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussions of drug types, please see the Evidence of Coverage, Chapter 5, Section 1.3, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- > **Prior Authorization:** Select Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Select Health before you fill your prescriptions. If you don't get approval, Select Health may not cover the drug.
- > **Quantity Limits:** For certain drugs, Select Health limits the amount of the drug that Select Health will cover. For example, Select Health provides 60 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.
- > **Step Therapy:** In some cases, Select Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Select Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Select Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 1**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents

that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Select Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “*How do I request an exception to the Select Health Medicare formulary?*” on **page vi** for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs not normally covered by a Medicare Prescription Drug Plan. Select Health pays for certain OTC drugs through your Select Health Medicare Flexible Benefits Mastercard. Please see your *Evidence of Coverage* for additional details on your OTC drug coverage. The cost to Select Health will not count towards your total Part D drug costs.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Select Health Medicare does not cover your drug, you have two options:

- > You can ask Member Services for a list of similar drugs that are covered by Select Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Select Health Medicare.
- > You can ask Select Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Select Health Medicare Formulary?

You can ask Select Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- > You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- > You can ask us to waive a coverage restriction including prior authorizations, step therapy, or a quantity limits on your drug. For example, for certain drugs, Select Health

limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Select Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within **72 hours** of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to **72 hours** for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than **24 hours** after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first **90 days** you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary **30-day** supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum **30-day** supply of medication. If coverage is not approved, after your first **30-day** supply, we will not pay for these drugs, even if you have been a member of the plan less than **90-days**.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a **31-day** emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to **30 days** (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should

use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Select Health Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Select Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Select Health Medicare Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by Select Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on **page 131**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ADVAIR) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

The information in the **Requirements/Limits** column tells you if Select Health has any special requirements for coverage of your drug.

- PA** – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.
- QL** – We limit the amount of the drug covered in a specific time period.
- ST** – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- LA** – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call **711**.
- NM** – This drug is not available through our mail order pharmacy.
- HI** – This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call **711**.
- BvsD** – This drug may be covered under the Part B or Part D Medicare benefit.
- GC** – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.
- IC** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	2	SUM7 (Excluded from Auto Extension)
<i>ivermectin 3 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>praziquantel 600 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ANTIBACTERIALS		
<i>amikacin sulfate 500 mg/2ml solution</i>	2	HI, UB, NOTE, SUM7 (Excluded from Auto Extension)
AMOXICILL-CLARITHRO-LANSOPRAZ --500 & 500 & 30 MG THER PACK	3	QL (122 PER 14 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>amoxicillin 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	UB, SUM7 (Excluded from Auto Extension)
<i>amoxicillin amoxicillin 125 mg chew tab, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab</i>	2	SUM7 (Excluded from Auto Extension)
<i>amoxicillin-pot clavulanate -200-28.5 mg/5ml, -400-57 mg/5ml, -600-42.9 mg/5ml</i>	2	UB, SUM7 (Excluded from Auto Extension)
<i>amoxicillin-pot clavulanate amoxicillin-pot clavulanate 400-57 mg chew tab, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 875-125 mg tab</i>	2	SUM7 (Excluded from Auto Extension)
<i>ampicillin 500 mg cap</i>	2	SUM7 (Excluded from Auto Extension)
AMPICILLIN SODIUM AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	2	HI, NOTE, SUM7 (Excluded from Auto Extension)

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy
LA: Limited Access, HI: Home Infusion, NM: Non-Mail Order
BvD: This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page ix

DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ampicillin-sulbactam sodium -1.5 (1-0.5) gm soln, -3 (2-1) gm soln, -15 (10-5) gm soln</i>	2	HI, UB, NOTE, SUM7 (Excluded from Auto Extension)
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	QL (252 PER 30 DAYS), BVD (INHALATION), SUM7 (Excluded from Auto Extension)
<i>azithromycin 100 mg/5ml, 200 mg/5ml</i>	2	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>azithromycin 250 mg tab</i>	2	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>azithromycin 500 mg recon soln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>azithromycin azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>aztreonam 1 gm soln, 2 gm soln</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
BAXDELA 300 MG RECON SOLN	5	QL (28 PER 14 DAYS), HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
BAXDELA 450 MG TAB	5	QL (28 PER 14 DAYS), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
BICILLIN C-R -1200000 UNIT/2ML SUSPENSION	4	BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
BICILLIN C-R 900/300 -900000-300000 UNIT/2ML SUSPENSION	4	BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
BICILLIN L-A -600000 UNIT/MSUSP PRSYR, -1200000 UNIT/2MSUSP PRSYR, -2400000 UNIT/4MSUSP PRSYR	4	BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CAYSTON 75 MG RECON SOLN	5	PA, QL (280 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
CEFACLOR 250 MG CAP, 500 MG CAP	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
CEFACLOR ER 500 MG TAB 12H	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefadroxil cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefazolin sodium 1 gm soln, 10 gm soln, 500 mg soln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>cefdinir 125 mg/5ml, 250 mg/5ml</i>	2	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefdinir 300 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefepime hcl 1 gm soln, 2 gm soln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>cefixime 100 mg/5ml, 200 mg/5ml</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefixime 400 mg cap</i>	3	QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>cefoxitin sodium 1 gm soln, 2 gm soln, 10 gm soln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ceftriaxone sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cefuroxime sodium 1.5 gm soln, 750 mg soln</i>	3	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>cephalexin 125 mg/5ml, 250 mg/5ml</i>	2	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cephalexin 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ciprofloxacin in d5w ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>clarithromycin clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>clarithromycin er 500 mg tab 24h</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	3	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>clindamycin phosphate in d5w 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>colistimethate sodium (cba) 150 mg recon soln</i>	2	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
DALVANCE 500 MG RECON SOLN	4	HI, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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<i>daptomycin 500 mg recon soln</i>	2	QL (150 PER 30 DAYS), HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>daptomycin 350 mg recon soln, daptomycin 350 mg recon soln</i>	2	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>dicloxacillin sodium 250 mg cap, 500 mg cap</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
DIFICID 200 MG TAB	5	ST, QL (20 PER 10 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
DIFICID 40 MG/ML RECON SUSP	5	ST, QL (136 PER 10 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>doxy 100 mg recon soln</i>	4	HI, BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>doxycycline hyclate 20 mg tab</i>	2	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>doxycycline hyclate 50 mg cap, 100 mg cap, 100 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ertapenem sodium 1 gm recon soln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>erythrocin lactobionate erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln</i>	2	HI, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>erythromycin base 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>erythromycin base erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i>	2	UB, SUM7 (Excluded from Auto Extension)
<i>erythromycin lactobionate 500 mg recon soln</i>	2	SUM7 (Excluded from Auto Extension)
FIRVANQ 25 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS), NOTE, SUM7 (Excluded from Auto Extension)
FIRVANQ 50 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS), UB, NOTE, SUM7 (Excluded from Auto Extension)
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>gentamicin sulfate 40 mg/ml solution</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	4	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>levofloxacin in d5w in 500 mg/100ml, in 750 mg/150ml</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>linezolid 100 mg/5ml recon susp</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>linezolid 600 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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<i>linezolid 600 mg/300ml solution</i>	3	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>meropenem 1 gm soln, 500 mg soln</i>	2	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>moxifloxacin hcl 400 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	3	HI, BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>nafcillin sodium 1 gm soln, 2 gm soln, 10 gm soln</i>	2	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>neomycin sulfate 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
NUZYRA 100 MG RECON SOLN	4	QL (15 PER 14 DAYS), HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
NUZYRA 150 MG TAB	4	QL (30 PER 14 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ofloxacin ofloxacin 300 mg tab, ofloxacin 400 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>penicillin g potassium 20000000 unit recon soln</i>	2	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	2	HI, BVD (INJECTABLE/INFUSIBLE), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>penicillin v potassium penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>piperacillin sod-tazobactam so -13.5 (12-1.5) gm recon ln</i>	2	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>piperacillin sod-tazobactam so -3-0.375 gm ln, -40.5 (36-4.5) gm ln, -2.25 (2-0.25) gm ln, -3.375 (3-0.375) gm ln, -4-0.5 gm ln, -4.5 (4-0.5) gm ln</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
SIVEXTRO 200 MG RECON SOLN	4	QL (6 PER 30 OVER TIME), HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
SIVEXTRO 200 MG TAB	4	QL (6 PER 30 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
STREPTOMYCIN SULFATE 1 GM RECON SOLN	2	PA, UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>sulfadiazine 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -800-160 mg/20ml suspension</i>	2	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>sulfamethoxazole-trimethoprim -400-80 mg tab, -800-160 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	2	NM (Non-Mail Order)
TEFLARO 400 MG RECON SOLN, 600 MG RECON SOLN	4	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>tigecycline 50 mg recon soln</i>	2	QL (28 PER 14 DAYS), HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA, BVD (INHALATION), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>tobramycin sulfate tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>vancomycin hcl 1 gm soln, 10 gm soln, 500 mg soln, 750 mg soln</i>	3	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>vancomycin hcl 25 mg/ml recon soln</i>	3	QL (450 PER 30 DAYS), NOTE, SUM7 (Excluded from Auto Extension)
<i>vancomycin hcl 50 mg/ml soln, 250 mg/5ml soln</i>	3	QL (450 PER 30 DAYS), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
XIFAXAN 200 MG TAB	4	PA, QL (180 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
XIFAXAN 550 MG TAB	5	PA, QL (90 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

ANTIFUNGALS

AMPHOTERICIN B 50 MG RECON SOLN	4	HI, NOTE, SUM7 (Excluded from Auto Extension)
<i>amphotericin b liposome 50 mg recon susp</i>	4	HI, UB, NOTE, SUM7 (Excluded from Auto Extension)
<i>casposfungin acetate 50 mg soln, 70 mg soln</i>	4	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>fluconazole 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>fluconazole in sodium chloride in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%</i>	2	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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<i>flucytosine 250 mg cap, 500 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>itraconazole 10 mg/ml solution</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>itraconazole 100 mg cap</i>	3	QL (126 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ketoconazole 200 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>miconazole sodium 50 mg soln, 100 mg soln</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE, SUM7 (Excluded from Auto Extension)
NOXAFIL 300 MG PACKET	5	PA, QL (31 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>nystatin 100000 unit/ml suspension</i>	2	UB, NM (Non-Mail Order)
<i>nystatin 500000 unit tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>posaconazole 100 mg tab dr</i>	5	PA, QL (240 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>posaconazole 40 mg/ml suspension</i>	5	PA, UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>terbinafine hcl 250 mg tab</i>	2	QL (90 PER 30 DAYS), NM (Non- Mail Order), SUM7 (Excluded from Auto Extension)
VIVJOA 150 MG CAP THPK	4	PA, QL (21 PER 180 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>voriconazole 200 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non- Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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<i>voriconazole 40 mg/ml recon susp</i>	3	QL (450 PER 30 DAYS), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>voriconazole 50 mg tab</i>	3	QL (360 PER 30 DAYS), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>voriconazole voriconazole 200 mg recon soln, voriconazole 200 mg recon soln</i>	3	HI, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

ANTIMYCOBACTERIALS

<i>dapsone 25 mg tab, 100 mg tab</i>	3	UB, SUM7 (Excluded from Auto Extension)
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>isoniazid 100 mg tab, 300 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PRETOMANID 200 MG TAB	3	PA, QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
PRIFTIN 150 MG TAB	4	QL (32 PER 28 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>pyrazinamide 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>rifabutin 150 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>rifampin 150 mg cap, 300 mg cap</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>rifampin 600 mg recon soln</i>	3	HI, UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
SIRTURO 100 MG TAB	5	PA, QL (188 PER 180 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
SIRTURO 20 MG TAB	5	PA, QL (940 PER 180 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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TRECTOR 250 MG TAB	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>atovaquone-proguanil hcl -62.5-25 mg tab, - 250-100 mg tab</i>	3	NM (Non-Mail Order)
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order)
COARTEM 20-120 MG TAB	4	QL (24 PER 30 OVER TIME), NM (Non-Mail Order)
<i>hydroxychloroquine sulfate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	2	NM (Non-Mail Order)
IMPAVIDO 50 MG CAP	4	PA, QL (84 PER 28 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
KRINTAFEL 150 MG TAB	4	QL (4 PER 30 OVER TIME), NM (Non-Mail Order)
LAMPIT 30 MG TAB, 120 MG TAB	4	PA, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>mefloquine hcl 250 mg tab</i>	2	QL (5 PER 30 OVER TIME), NM (Non-Mail Order)
<i>metronidazole 250 mg tab, 375 mg cap</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>metronidazole 500 mg tab</i>	2	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>metronidazole metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), UB, NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)
<i>nitazoxanide nitazoxanide 500 mg tab, nitazoxanide 500 mg tab</i>	4	QL (20 PER 10 DAYS), NM (Non- Mail Order), SUM7 (Excluded from Auto Extension)
<i>pentamidine isethionate 300 mg recon soln</i>	2	PA, HI, BVD (INHALATION), NM (Non-Mail Order), NOTE, SUM7 (Excluded from Auto Extension)

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<i>primaquine phosphate primaquine phosphate 26.3 base) mg tab, primaquine phosphate 26.3 base) mg tab</i>	2	NM (Non-Mail Order)
<i>pyrimethamine 25 mg tab</i>	5	
<i>quinine sulfate 324 mg cap</i>	3	NM (Non-Mail Order)
<i>tinidazole 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

ANTIVIRALS

<i>abacavir sulfate 20 mg/ml solution</i>	4	SUM7 (Excluded from Auto Extension)
<i>abacavir sulfate 300 mg tab</i>	4	QL (180 PER 30 DAYS), UB, SUM7 (Excluded from Auto Extension)
<i>abacavir sulfate-lamivudine -600-300 mg tab</i>	4	QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>acyclovir 200 mg cap, 400 mg tab, 800 mg tab</i>	1	SUM7 (Excluded from Auto Extension)
<i>acyclovir 200 mg/5ml suspension</i>	2	SUM7 (Excluded from Auto Extension)
<i>acyclovir sodium 50 mg/ml solution</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), UB, SUM7 (Excluded from Auto Extension)
<i>adefovir dipivoxil 10 mg tab</i>	3	QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>amantadine hcl 50 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS)
APTIVUS 250 MG CAP	5	QL (120 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
BARACLUDGE 0.05 MG/ML SOLUTION	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
BIKTARVY 30-120-15 MG TAB, 50-200-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CIMDUO 300-300 MG TAB	5	QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
COMPLERA 200-25-300 MG TAB	5	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>darunavir 600 mg tab</i>	5	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>darunavir 800 mg tab</i>	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
DELSTRIGO 100-300-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
DESCOVY 120-15 MG TAB, 200-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
DOVATO 50-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
EDURANT 25 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>efavirenz 600 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>efavirenz-emtricitab-tenofo df --600-200-300 mg</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>efavirenz-lamivudine-tenofovir --400-300-300 mg tab, --600-300-300 mg tab</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>emtricitabine 200 mg cap</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab, -200-300 mg tab</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
EMTRIVA 10 MG/ML SOLUTION	4	QL (720 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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<i>entecavir 0.5 mg tab, 1 mg tab</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>etravirine 100 mg tab, 200 mg tab</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
EVOTAZ 300-150 MG TAB	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>fosamprenavir calcium 700 mg tab</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
FUZEON 90 MG RECON SOLN	5	QL (60 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
GENVOYA 150-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
INTELENCE 25 MG TAB	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ISENTRESS 100 MG CHEW TAB	5	QL (180 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ISENTRESS 100 MG PACKET	5	QL (60 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ISENTRESS 25 MG CHEW TAB	4	QL (180 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ISENTRESS 400 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ISENTRESS HD 600 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
JULUCA 50-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lamivudine 10 mg/ml solution</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>lamivudine 100 mg tab, 150 mg tab, 300 mg tab</i>	4	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>lamivudine-zidovudine -150-300 mg tab</i>	4	UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	5	PA, QL (168 PER 365 OVER TIME), SUM7 (Excluded from Auto Extension)
LIVTENCITY 200 MG TAB	5	PA, QL (336 PER 28 DAYS), SUM7 (Excluded from Auto Extension)
<i>lopinavir-ritonavir -100-25 mg tab</i>	4	QL (300 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>lopinavir-ritonavir -200-50 mg tab</i>	4	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>lopinavir-ritonavir -400-100 mg/5ml solution</i>	4	QL (390 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>maraviroc 150 mg tab, 300 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
MAVYRET 100-40 MG TAB	5	PA, QL (84 PER 28 DAYS), SUM7 (Excluded from Auto Extension)
MAVYRET 50-20 MG PACKET	5	PA, QL (140 PER 28 DAYS), SUM7 (Excluded from Auto Extension)
<i>nevirapine 200 mg tab</i>	4	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL (1200 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>nevirapine er 400 mg tab 24h</i>	4	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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NORVIR 100 MG PACKET	4	QL (360 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
ODEFSEY 200-25-25 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>oseltamivir phosphate 30 mg cap</i>	3	QL (84 PER 180 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>oseltamivir phosphate 45 mg cap</i>	3	QL (42 PER 180 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>oseltamivir phosphate 75 mg cap</i>	3	QL (42 PER 180 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PAXLOVID (150/100) MG & 0MG TAB THPK	5	QL (30 PER 5 DAYS), UB, \$0 (Preventive), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	5	QL (30 PER 5 DAYS), UB, \$0 (Preventive), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 30 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PEGASYS 180 MCG/ML SOLUTION	5	PA, QL (4 PER 28 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PIFELTRO 100 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PREVYMIS 240 MG TAB, 480 MG TAB	5	PA, QL (100 PER 365 OVER TIME), SUM7 (Excluded from Auto Extension)
PREZCOBIX 800-150 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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PREZISTA 100 MG/ML SUSPENSION	5	QL (360 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PREZISTA 150 MG TAB	5	QL (180 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
PREZISTA 75 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	QL (60 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
REYATAZ 50 MG PACKET	5	QL (240 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
RIBAVIRIN 200 MG CAP	3	QL (210 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
RIBAVIRIN 200 MG TAB	3	QL (210 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ritonavir 100 mg tab</i>	4	QL (450 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
RUKOBIA 600 MG TAB ER 12H	5	QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
SELZENTRY 20 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
SELZENTRY 25 MG TAB	4	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
SELZENTRY 75 MG TAB	5	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
SOFOSBUVIR-VELPATASVIR -400-100 MG TAB	5	PA, QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
STRIBILD 150-150-200-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SUNLENCA 4 X 300 MG TAB THPK	5	QL (4 PER 180 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 PER 180 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
TIVICAY 10 MG TAB	4	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
TIVICAY 25 MG TAB, 50 MG TAB	5	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
TIVICAY PD 5 MG TAB SOL	5	QL (180 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
TRIUMEQ 600-50-300 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
TRIUMEQ PD 60-5-30 MG TAB SOL	5	QL (180 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
TYBOST 150 MG TAB	3	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	2	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>valganciclovir hcl 450 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
VEMLIDY 25 MG TAB	5	PA, QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)

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VIRACEPT 250 MG TAB, 625 MG TAB	5	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB	5	QL (30 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
VIREAD 40 MG/GM POWDER	5	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
VOSEVI 400-100-100 MG TAB	5	PA, QL (28 PER 28 DAYS), SUM7 (Excluded from Auto Extension)
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
XOFLUZA (80 MG DOSE) OFLUZA 2 40 TAB THPK	4	QL (8 PER 365 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>zidovudine 50 mg/5ml syrup, 100 mg cap, 300 mg tab</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

URINARY ANTI-INFECTIVES

<i>fosfomycin tromethamine 3 gm packet</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>methenamine hippurate 1 gm tab</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>nitrofurantoin 25 mg/5ml suspension, 50 mg/10ml suspension</i>	3	PA, UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap, 100 mg cap</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>nitrofurantoin monohyd macro 100 mg cap</i>	3	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>polymyxin b-trimethoprim -10000-0.1 unit/ml-% solution</i>	2	UB
<i>trimethoprim trimethoprim 100 mg tab, trimethoprim 100 mg tab</i>	2	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	2	QL (4500 PER 30 DAYS)
<i>cyproheptadine hcl 4 mg tab</i>	3	QL (450 PER 30 DAYS)
<i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i>	3	NOTE
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	2	BVD (ORAL ANTIEMETICS), NOTE
PROMETHEGAN PROMETHEGAN 50 MG SUPPOS, PROMETHEGAN 25 MG SUPPOS	3	NOTE
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine hcl 1 mg/ml, 5 mg/5ml</i>	2	QL (300 PER 30 DAYS), UB
<i>desloratadine 5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	QL (30 PER 30 DAYS)
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tab</i>	3	QL (120 PER 30 DAYS)
AKEEGA 50-500 MG TAB, 100-500 MG TAB	5	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAP	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	5	PA, QL (30 PER 180 OVER TIME)
ALUNBRIG 90 MG TAB, 180 MG TAB	5	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAP	5	PA, QL (240 PER 30 DAYS)
AYVAKIT 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB	5	PA, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
BALVERSA 3 MG TAB, 4 MG TAB, 5 MG TAB	5	PA, QL (84 PER 28 DAYS)
<i>bexarotene 75 mg cap</i>	5	PA
<i>bicalutamide 50 mg tab</i>	2	QL (30 PER 30 DAYS)
BOSULIF 100 MG CAP, 100 MG TAB	5	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TAB, 500 MG TAB	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5	PA, QL (210 PER 30 DAYS)
BRAFTOVI 75 MG CAP	5	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAP	5	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TAB, 40 MG TAB, 60 MG TAB	5	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAP, 100 MG TAB	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TAB, 300 MG TAB	5	PA, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	5	PA, UB
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	5	PA, UB
COMETRIQ (60 MG DAILY DOSE) 20 KIT	5	PA, UB
COPIKTRA 15 MG CAP, 25 MG CAP	5	PA, QL (60 PER 30 DAYS)
COTELLIC 20 MG TAB	5	PA, LA, QL (63 PER 28 DAYS)
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB	2	PA, BVD (Immunosuppressant/Oral Chemo), NOTE
DAURISMO 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
DROXIA 200 MG CAP, 300 MG CAP, 400 MG CAP	4	

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ERIVEDGE 150 MG CAP	5	PA, QL (30 PER 30 DAYS)
ERLEADA 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5	PA, QL (120 PER 30 DAYS)
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	3	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tab</i>	3	PA, QL (60 PER 30 DAYS)
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	5	PA, QL (120 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS), NOTE
<i>everolimus 2 mg tab, 3 mg tab, 5 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
FOTIVDA 0.89 MG CAP, 1.34 MG CAP	5	PA, QL (21 PER 28 OVER TIME)
FRUZAQLA 1 MG CAP	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TAB, 30 MG TAB, 40 MG TAB	5	PA, QL (30 PER 30 DAYS)
GLEOSTINE 10 MG CAP	4	PA, QL (26 PER 42 OVER TIME)
GLEOSTINE 100 MG CAP	5	PA, QL (3 PER 42 OVER TIME)
GLEOSTINE 40 MG CAP	5	PA, QL (7 PER 42 OVER TIME)
<i>hydroxyurea 500 mg cap</i>	2	
IBRANCE 75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB	5	PA, QL (21 PER 28 OVER TIME)
ICLUSIG 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB	5	PA, QL (30 PER 30 DAYS)
IDHIFA 50 MG TAB, 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	3	QL (60 PER 30 DAYS)

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IMBRUVICA 140 MG CAP	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 PER 30 DAYS)
INLYTA 1 MG TAB	5	PA, QL (600 PER 30 DAYS)
INLYTA 5 MG TAB	5	PA, QL (120 PER 30 DAYS)
INQOVI 35-100 MG TAB	5	PA, QL (5 PER 28 OVER TIME), UB
INREBIC 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
IWILFIN 192 MG TAB	5	PA, QL (240 PER 30 DAYS)
JAKAFI 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	5	PA, QL (60 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS), NOTE
JAYPIRCA 100 MG TAB	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5	PA, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE) (TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (400 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (600 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (91 PER 28 DAYS)
KOSELUGO 10 MG CAP, 25 MG CAP	5	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>lapatinib ditosylate 250 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
<i>lenalidomide 2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap</i>	5	PA, LA, QL (28 PER 28 DAYS), NOTE

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LENVIMA (10 MG DAILY DOSE) CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG DAILY DOSE) (CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LONSURF 15-6.14 MG TAB, 20-8.19 MG TAB	5	PA, QL (80 PER 28 DAYS)
LORBRENA 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TAB	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TAB, 150 MG TAB	5	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TAB	3	
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
MATULANE 50 MG CAP	5	
MEKINIST 0.05 MG/ML RECON SOLN	5	PA, QL (1200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MEKINIST 0.5 MG TAB	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TAB	5	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>mercaptopurine 50 mg tab</i>	2	
<i>methotrexate sodium (pf) methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution</i>	2	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
<i>methotrexate sodium 2.5 mg tab</i>	2	BVD (ORAL CHEMO), UB, NOTE
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	2	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
NERLYNX 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
<i>nilutamide 150 mg tab</i>	5	UB
NINLARO 2.3 MG CAP, 3 MG CAP, 4 MG CAP	5	PA, QL (3 PER 28 OVER TIME)
NUBEQA 300 MG TAB	5	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAP	5	PA, LA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TAB, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5	PA, QL (24 PER 28 OVER TIME)
OJEMDA 25 MG/ML RECON SUSP	5	PA, QL (96 PER 28 OVER TIME)
OJJAARA 100 MG TAB, 150 MG TAB, 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
ONUREG 200 MG TAB, 300 MG TAB	5	PA, QL (14 PER 28 OVER TIME)
ORSERDU 345 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5	PA, QL (90 PER 30 DAYS)
<i>pazopanib hcl 200 mg tab</i>	5	PA
PEMAZYRE 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	5	PA
PIQRAY (200 MG DAILY DOSE) (TAB THPK)	5	PA, QL (30 PER 30 DAYS), UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	5	PA, QL (60 PER 30 DAYS), UB
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	5	PA, QL (60 PER 30 DAYS), UB
POMALYST 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	5	PA, QL (21 PER 28 OVER TIME)
PURIXAN 2000 MG/100ML SUSPENSION	5	PA, QL (300 PER 30 DAYS), NM (Non-Mail Order)
QINLOCK 50 MG TAB	5	PA, QL (90 PER 30 DAYS), UB
RASUVO RSUVO 10 MG/0.2ML SOLN -INJ	3	ST, QL (0.8 PER 28 OVER TIME)
RASUVO RSUVO 12.5 MG/0.25ML SOLN -INJ	3	ST, QL (1 PER 28 OVER TIME)
RASUVO RSUVO 15 MG/0.3ML SOLN -INJ	3	ST, QL (1.2 PER 28 OVER TIME)
RASUVO RSUVO 17.5 MG/0.35ML SOLN -INJ	3	ST, QL (1.4 PER 28 OVER TIME)
RASUVO RSUVO 20 MG/0.4ML SOLN -INJ	3	ST, QL (1.6 PER 28 OVER TIME)
RASUVO RSUVO 22.5 MG/0.45ML SOLN -INJ	3	ST, QL (1.8 PER 28 OVER TIME)
RASUVO RSUVO 25 MG/0.5ML SOLN -INJ	3	ST, QL (2 PER 28 OVER TIME)
RASUVO RSUVO 30 MG/0.6ML SOLN -INJ	3	ST, QL (2.4 PER 28 OVER TIME)
RASUVO RSUVO 7.5 MG/0.15ML SOLN -INJ	3	ST, QL (0.6 PER 28 OVER TIME)
RETEVMO 120 MG TAB, 160 MG TAB	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAP, 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAP, 80 MG TAB	5	PA, QL (120 PER 30 DAYS)
REVLIMID 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	5	PA, LA, QL (28 PER 28 DAYS), NOTE

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REZLIDHIA 150 MG CAP	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAP	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5	PA, QL (360 PER 30 DAYS)
RUBRACA 200 MG TAB, 250 MG TAB, 300 MG TAB	5	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAP	5	PA, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TAB	5	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TAB	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib tosylate 200 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 140 MG TAB	5	PA, QL (60 PER 30 DAYS)
STIVARGA 40 MG TAB	5	PA, QL (84 PER 21 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg cap, 37.5 mg cap, 50 mg cap</i>	5	PA, QL (30 PER 30 DAYS)
TABRECTA 150 MG TAB, 200 MG TAB	5	PA, QL (120 PER 30 DAYS), UB
TAFINLAR 10 MG TAB SOL	5	PA, QL (900 PER 30 DAYS)
TAFINLAR 50 MG CAP, 75 MG CAP	5	PA, QL (120 PER 30 DAYS)
TAGRISSE 40 MG TAB, 80 MG TAB	5	PA, LA, QL (30 PER 30 DAYS)
TALZENNA 0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	5	PA, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5	PA, QL (90 PER 30 DAYS)
TASIGNA 150 MG CAP, 200 MG CAP	5	PA, QL (120 PER 30 DAYS), UB
TASIGNA 50 MG CAP	5	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TAB	5	PA, QL (240 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TEPMETKO 225 MG TAB	5	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TAB	5	PA, QL (60 PER 30 DAYS)
<i>torpenz 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5	QL (360 PER 30 DAYS)
TREXALL 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	3	BVD (ORAL CHEMO), NOTE
TRUQAP 160 MG TAB, 200 MG TAB	5	PA, QL (64 PER 28 OVER TIME)
TUKYSA 50 MG TAB, 150 MG TAB	5	PA, QL (120 PER 30 DAYS)
TURALIO 125 MG CAP	5	PA, QL (120 PER 30 DAYS)
VANFLYTA 17.7 MG TAB	5	PA, QL (30 PER 30 DAYS)
VANFLYTA 26.5 MG TAB	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA 10 MG TAB	4	PA, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA, QL (120 PER 30 DAYS)
VERZENIO 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	5	PA, QL (60 PER 30 DAYS)
VIJOICE 200 & 50 MG TAB THPK	5	PA, QL (56 PER 28 DAYS)
VIJOICE 50 MG PACKET	5	PA, QL (30 PER 30 DAYS)
VIJOICE 50 MG TAB THPK, 125 MG TAB THPK	5	PA, QL (28 PER 28 DAYS)
VITRAKVI 100 MG CAP	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TAB, 30 MG TAB, 45 MG TAB	5	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
WELIREG 40 MG TAB	5	PA, QL (90 PER 30 DAYS)

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XALKORI 150 MG CAP SPRINK	5	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	5	PA, QL (120 PER 30 DAYS)
XALKORI 200 MG CAP, 250 MG CAP	5	PA, QL (60 PER 30 DAYS)
XOSPATA 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	PA, QL (8 PER 28 OVER TIME), UB
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME), UB
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	PA, QL (8 PER 28 OVER TIME), UB
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME), UB
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (24 PER 28 OVER TIME), UB
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	PA, QL (8 PER 28 OVER TIME), UB
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (32 PER 28 OVER TIME), UB
XTANDI 40 MG CAP, 40 MG TAB, 80 MG TAB	5	PA, QL (120 PER 30 DAYS)
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	5	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TAB	5	PA, QL (240 PER 30 DAYS)
ZOLINZA 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ZYDELIG 100 MG TAB, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TAB	5	PA, QL (150 PER 30 DAYS)

ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND VACCINES

ANTITOXINS AND IMMUNE GLOBULINS

BIVIGAM 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
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DRUG NAME	TIER	REQUIREMENTS/LIMITS
GAMMAGARD 1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN, 10 GM RECON SOLN	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
GAMMAKED 1 GM/10ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
GAMMAPLEX 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
GAMUNEX-C -1 GM/10ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 25 GM/500ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
OCTAGAM 30 GM/300ML SOLUTION	5	PA, BVD (IVIG), NOTE, SUM7 (Excluded from Auto Extension)
PRIVIGEN 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION	5	PA, BVD (IVIG), UB, NOTE, SUM7 (Excluded from Auto Extension)
TOXOIDS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE), NOTE
BOOSTRIX 5-2.5-18.5 -MCG/0.5 SUSP PRSYR, 5-2.5-18.5 -MCG/0.5 SUSPENSION	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE), NOTE
DAPTACEL 23-15-5 SUSPENSION	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
DIPHThERIA-TETANUS TOXOIDS DT -25-5 LFU/0.5ML SUSPENSION	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE), NOTE
INFANRIX 25-58-10 SUSPENSION	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE)
KINRIX 0.5 ML SUSP PRSYR	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE)
PEDIARIX SUSP PRSYR	3	BVD (Vaccine - Tetanus), \$0 (PREVENTIVE)
PENTACEL RECON SUSP	3	BVD (Vaccine - Tetanus), UB
QUADRACEL 0.5 ML SUSP PRSYR	3	UB, \$0 (PREVENTIVE)
QUADRACEL SUSPENSION	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE)
TDVAX 2-2 LF/0.5ML SUSPENSION	3	UB, \$0 (PREVENTIVE), NOTE
TENIVAC 5-2 LFU INJECTABLE	3	BVD (Vaccine - Tetanus), UB, \$0 (PREVENTIVE), NOTE

VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	3	\$0 (PREVENTIVE)
ACTHIB RECON SOLN	3	\$0 (PREVENTIVE)
AREXVY 120 MCG/0.5ML RECON SUSP	3	\$0 (PREVENTIVE)
BCG VACCINE 50 MG RECON SOLN	3	UB, \$0 (PREVENTIVE)
BEXSERO SUSP PRSYR	3	\$0 (PREVENTIVE)
ENGERIX-B -10 MCG/0.5ML SUSP PRSYR, -20 MCG/ML SUSP PRSYR, -20 MCG/ML SUSPENSION	3	PA, UB, \$0 (PREVENTIVE), NOTE
GARDASIL 9 9 SUSP PRSYR, 9 SUSPENSION	3	\$0 (PREVENTIVE)
HAVRIX 720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION	3	UB, \$0 (PREVENTIVE)
HEPLISAV-B -20 MCG/0.5ML SOLN PRSYR	3	PA, \$0 (PREVENTIVE), NOTE
HIBERIX 10 MCG RECON SOLN	3	\$0 (PREVENTIVE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	UB, \$0 (PREVENTIVE)
IPOL INJECTABLE	3	UB, \$0 (PREVENTIVE)
IXCHIQ RECON SOLN	3	PA, \$0 (PREVENTIVE)
IXIARO SUSPENSION	3	UB, \$0 (PREVENTIVE)
JYNNEOS 0.5 ML SUSPENSION	3	\$0 (PREVENTIVE)
M-M-R II -- ECON SOLN	3	\$0 (PREVENTIVE)
MENACTRA SOLUTION	3	UB, \$0 (PREVENTIVE)
MENQUADFI SOLUTION	3	\$0 (PREVENTIVE)
MENVEO RECON SOLN	3	UB, \$0 (PREVENTIVE)
MENVEO SOLUTION	3	\$0 (PREVENTIVE)
MRESVIA 50 MCG/0.5ML SUSP PRSYR	3	\$0 (PREVENTIVE)
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	3	UB, \$0 (PREVENTIVE)
PENBRAYA RECON SUSP	3	\$0 (PREVENTIVE)
PREHEVBRIO 10 MCG/ML SUSPENSION	3	PA, BVD (VACCINE - HEP B), \$0 (PREVENTIVE), NOTE
PRIORIX RECON SUSP	3	\$0 (PREVENTIVE)
PROQUAD RECON SUSP	3	UB, \$0 (PREVENTIVE)
RABAVERT RECON SUSP	3	UB, \$0 (PREVENTIVE)
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	3	PA, UB, \$0 (PREVENTIVE), NOTE
ROTARIX RECON SUSP, SUSPENSION	3	\$0 (PREVENTIVE)
ROTATEQ SOLUTION	3	\$0 (PREVENTIVE)
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	\$0 (PREVENTIVE)
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR	3	\$0 (PREVENTIVE)

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TRUMENBA SUSP PRSYR	3	\$0 (PREVENTIVE)
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3	PA, \$0 (PREVENTIVE), NOTE
TYPHIM VI 25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION	3	UB, \$0 (PREVENTIVE)
VAQTA 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION	3	UB, \$0 (PREVENTIVE)
VARIVAX 1350 PFU/0.5ML RECON SUSP	3	UB, \$0 (Preventive)
VAXCHORA RECON SUSP	3	PA, \$0 (PREVENTIVE)
YF-VAX - INJECTABLE	3	\$0 (PREVENTIVE)

AUTONOMIC DRUGS

ANTICHOLINERGIC AGENTS

ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS), UB
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	UB
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	4	ST, QL (10.7 PER 30 DAYS), UB
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 PER 30 DAYS), UB
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	QL (8 PER 30 DAYS), UB
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>dicyclomine hcl 10 mg/5ml solution</i>	2	QL (2400 PER 30 DAYS), UB
<i>diphenoxylate-atropine -2.5-0.025 mg tab</i>	2	
DIPHENOXYLATE-ATROPINE -2.5-0.025 MG/5ML LIQUID	2	UB
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	2	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	4	ST, QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	2	PA, BVD (INHALATION), UB, NOTE
<i>ipratropium-albuterol -0.5-2.5 (3) mg/3ml solution</i>	2	PA, BVD (INHALATION), UB, NOTE
<i>methscopolamine bromide 2.5 mg tab</i>	2	
<i>methscopolamine bromide 5 mg tab</i>	2	UB
<i>scopolamine 1 mg/3days patch 72hr</i>	3	QL (10 PER 28 OVER TIME)
SPIRIVA HANDIHALER 18 MCG CAP	3	QL (30 PER 30 DAYS), UB
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS), UB
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS), UB
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL 10 MG INHALER	4	PA, QL (1344 PER 30 OVER TIME), UB
NICOTROL NS 10 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS), UB
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	QL (106 PER 365 OVER TIME), UB
<i>varenicline tartrate 0.5 mg tab</i>	3	QL (336 PER 365 OVER TIME)
<i>varenicline tartrate 1 mg tab</i>	3	QL (336 PER 365 OVER TIME), UB
<i>varenicline tartrate(continue) 1 mg tab</i>	3	QL (336 PER 365 OVER TIME), UB

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PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>cevimeline hcl 30 mg cap</i>	3	
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab</i>	2	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	UB
<i>galantamine hydrobromide er er 8 mg cap er, er 16 mg cap er, er 24 mg cap er</i>	3	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	3	
<i>pyridostigmine bromide er 180 mg tab</i>	3	
<i>pyridostigmine bromide pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution</i>	3	
<i>rivastigmine 4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch</i>	3	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	2	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
<i>carisoprodol 350 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab</i>	2	
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
<i>metaxalone 400 mg tab, 800 mg tab</i>	3	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	2	
SOHONOS 1 MG CAP, 1.5 MG CAP, 2.5 MG CAP	5	PA, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SOHONOS 10 MG CAP	5	PA, QL (60 PER 30 DAYS)
SOHONOS 5 MG CAP	5	PA, QL (30 PER 30 DAYS), BVD (INJECTABLE/INFUSIBLE), UB
<i>tizanidine hcl 2 mg cap</i>	2	ST, QL (540 PER 30 DAYS)
<i>tizanidine hcl 2 mg tab</i>	2	QL (540 PER 30 DAYS)
<i>tizanidine hcl 4 mg cap</i>	2	ST, QL (270 PER 30 DAYS)
<i>tizanidine hcl 4 mg tab</i>	2	QL (270 PER 30 DAYS)
<i>tizanidine hcl 6 mg cap</i>	2	ST, QL (180 PER 30 DAYS)

SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

<i>alfuzosin hcl er 10 mg tab 24h</i>	2	QL (30 PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	PA, UB, SUM7 (Excluded from Auto Extension)
<i>dutasteride-tamsulosin hcl -0.5-0.4 mg cap</i>	3	QL (30 PER 30 DAYS)
ERGOLOID MESYLATES 1 MG TAB	2	QL (90 PER 30 DAYS)
<i>phenoxybenzamine hcl 10 mg cap</i>	5	PA, QL (3600 PER 30 DAYS)
<i>silodosin 4 mg cap, 8 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	1	QL (60 PER 30 DAYS)

SYMPATHOMIMETIC (ADRENERGIC) AGENTS

<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	2	PA, BVD (INHALATION), UB, NOTE
<i>albuterol sulfate 2 mg tab, 2 mg/5ml syrup, 4 mg tab</i>	2	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	2	QL (17 PER 30 OVER TIME), UB
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QL (36 PER 30 OVER TIME), UB
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	3	PA, QL (120 PER 30 DAYS), BVD (INHALATION), UB, NOTE
AUVI-Q UVI-0.1 MG/0.1ML SOLN -INJ	3	
AUVI-Q UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	3	UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS), UB
BREO ELLIPTA 50-25 MCG/INH AER POW BA, 200-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
<i>breyna 80-4.5 mcg/act, 160-4.5 mcg/act</i>	4	QL (20.4 PER 30 DAYS), UB
<i>budesonide-formoterol fumarate -80-4.5 mcg/act, -160-4.5 mcg/act</i>	4	QL (20.4 PER 30 DAYS), UB
<i>droxidopa 100 mg cap, 200 mg cap, 300 mg cap</i>	4	PA, QL (180 PER 30 DAYS)
EPINEPHRINE 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	3	QL (2 PER 30 OVER TIME), UB
<i>epinephrine 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln</i>	3	UB
<i>fluticasone-salmeterol -100-50 mcg/act, -250- 50 mcg/act, -500-50 mcg/act</i>	3	QL (60 PER 30 DAYS), UB
FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL	3	QL (12 PER 30 DAYS), UB
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	PA, QL (120 PER 30 DAYS), BVD (INHALATION), UB, NOTE
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	2	PA, BVD (INHALATION), UB, NOTE
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	UB
LUCEMYRA 0.18 MG TAB	5	PA, QL (150 PER 30 DAYS)
<i>midodrine hcl 2.5 mg tab, 5 mg tab, 10 mg tab</i>	3	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS), UB
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS), UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	3	QL (36 PER 30 DAYS), UB
<i>wixela inhub 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 PER 30 DAYS), UB

BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS

ANTIHEMORRHAGIC AGENTS

<i>tranexamic acid 650 mg tab</i>	2	QL (30 PER 30 DAYS)
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ANTITHROMBOTIC AGENTS

<i>anagrelide hcl 0.5 mg cap, 1 mg cap</i>	2	SUM7 (Excluded from Auto Extension)
BRILINTA 60 MG TAB, 90 MG TAB	3	QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
CABLIVI 11 MG KIT	5	PA, QL (31 PER 30 DAYS), UB, SUM7 (Excluded from Auto Extension)
<i>cilostazol 50 mg tab, 100 mg tab</i>	2	SUM7 (Excluded from Auto Extension)
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>dabigatran etexilate mesylate 75 mg cap, 110 mg cap, 150 mg cap</i>	2	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TAB	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	3	UB
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4	QL (30 PER 30 DAYS), UB
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 PER 30 DAYS), UB

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<i>heparin sodium (porcine) 1000 unit/ml solution</i>	3	BVD (HEPARIN), UB, ESRD, NOTE
<i>heparin sodium (porcine) 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	BVD (HEPARIN), UB, ESRD
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	3	BVD (HEPARIN), UB, ESRD, NOTE
<i>jantoven 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	3	
<i>pentoxifylline er 400 mg tab</i>	2	SUM7 (Excluded from Auto Extension)
<i>prasugrel hcl 5 mg tab, 10 mg tab</i>	2	QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
SAVAYSA 15 MG TAB, 30 MG TAB, 60 MG TAB	4	QL (30 PER 30 DAYS)
TAVALISSE 100 MG TAB, 150 MG TAB	5	PA, QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	
XARELTO 1 MG/ML RECON SUSP	3	QL (600 PER 30 DAYS)
XARELTO 10 MG TAB, 20 MG TAB	3	QL (30 PER 30 DAYS)
XARELTO 15 MG TAB	3	QL (42 PER 30 DAYS)
XARELTO 2.5 MG TAB	3	QL (60 PER 30 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (102 PER 365 OVER TIME), UB

HEMATOPOIETIC AGENTS

ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	PA, BVD (EPO), ESRD, NOTE
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	5	PA, BVD (EPO), UB, ESRD, NOTE

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION	3	PA, BVD (EPO), UB, ESRD, NOTE
DOPTELET 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
EPOGEN 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	4	PA, BVD (EPO), UB, ESRD, NOTE
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
FYLNETRA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
GRANIX 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE)
GRANIX 300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION	5	PA
LEUKINE 250 MCG RECON SOLN	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
MULPLETA 3 MG TAB	5	PA, QL (7 PER 30 OVER TIME)
NEULASTA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
NEUPOGEN 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	5	PA, BVD (INJECTABLE/INFUSIBLE), UB
NIVESTYM 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
PROMACTA 12.5 MG PACKET	5	PA, QL (180 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PROMACTA 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB	5	PA, QL (30 PER 30 DAYS)
PROMACTA 25 MG PACKET	5	PA, QL (90 PER 30 DAYS)
RELEUKO 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
RETACRIT 10000 UNIT/ML SOLUTION	3	PA, BVD (EPO), UB, ESRD, NOTE
RETACRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	3	PA, BVD (EPO), ESRD, NOTE
RETACRIT 20000 UNIT/ML SOLUTION	3	PA, UB, ESRD, NOTE
STIMUFEND 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
UDENYCA 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
UDENYCA UDENYCA6 MG/0.6ML SOLN -INJ	5	PA, BVD (Inj/Infusible Chemo), NOTE
ZARXIO 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	5	PA, NOTE
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE

CARDIOVASCULAR DRUGS

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	2	
<i>terazosin hcl 1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap</i>	1	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTILIPEMIC AGENTS		
ALTOPREV 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	4	QL (30 PER 30 DAYS)
<i>amlodipine-atorvastatin -10-20 mg tab, -2.5-20 mg tab, -5-10 mg tab, -10-10 mg tab, -2.5-10 mg tab, -5-20 mg tab, -5-40 mg tab, -5-80 mg tab, -10-40 mg tab, -10-80 mg tab, -2.5-40 mg tab</i>	1	ST, QL (30 PER 30 DAYS)
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	3	QL (720 PER 30 DAYS), UB
<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	3	QL (1195 PER 30 DAYS), UB
<i>colesevelam hcl 3.75 gm packet</i>	4	QL (180 PER 30 DAYS)
<i>colesevelam hcl 625 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>colestipol hcl 1 gm tab</i>	3	QL (480 PER 30 DAYS)
<i>colestipol hcl 5 gm granules, 5 gm packet</i>	3	QL (900 PER 30 DAYS)
<i>ezetimibe 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin -10-10 mg tab, -10-20 mg tab, -10-40 mg tab, -10-80 mg tab</i>	1	ST, QL (30 PER 30 DAYS)
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	3	QL (60 PER 30 DAYS)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (120 PER 30 DAYS)
<i>fluvastatin sodium 40 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tab</i>	2	QL (60 PER 30 DAYS), UB
<i>icosapent ethyl 0.5 gm cap, 1 gm cap</i>	3	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP	5	PA, QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (60 PER 30 DAYS)
NEXLETOL 180 MG TAB	3	PA, QL (30 PER 30 DAYS)
NEXLIZET 180-10 MG TAB	3	PA, QL (30 PER 30 DAYS)
<i>niacin er (antihyperlipidemic) er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er</i>	2	QL (120 PER 30 DAYS)
<i>omega-3-acid ethyl esters --1 gm cap</i>	3	QL (120 PER 30 DAYS)
<i>pitavastatin calcium 1 mg tab, 2 mg tab, 4 mg tab</i>	1	ST, QL (30 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>pravastatin sodium 40 mg tab, 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>prevalite 4 gm packet, 4 gm/dose powder</i>	3	QL (1195 PER 30 DAYS), UB
REPATHA 140 MG/ML SOLN PRSYR	3	PA, QL (3 PER 30 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA, QL (3.5 PER 30 OVER TIME)
REPATHA SURECLICK REPTH140 MG/ML SOLN -INJ	3	PA, QL (3 PER 30 OVER TIME)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin 10 mg tab, 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>simvastatin 5 mg tab, 40 mg tab, 80 mg tab</i>	1	QL (30 PER 30 DAYS)
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>acebutolol hcl 400 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>atenolol-chlorthalidone -50-25 mg tab, -100-25 mg tab</i>	2	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	2	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	2	
<i>bisoprolol-hydrochlorothiazide -5-6.25 mg tab, -10-6.25 mg tab, -2.5-6.25 mg tab</i>	2	
CARTEOLOL HCL 1 % SOLUTION	2	UB

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<i>carvedilol 3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab</i>	1	
<i>carvedilol phosphate er er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er</i>	3	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	
<i>metoprolol succinate er er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>metoprolol-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab</i>	3	
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	3	
<i>nebivolol hcl 10 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>nebivolol hcl 2.5 mg tab, 5 mg tab, 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>pindolol 5 mg tab, 10 mg tab</i>	2	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	
<i>propranolol hcl er er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er</i>	2	
PROPRANOLOL HCL PROPRANOLOL HCL 40 MG/5ML SOLUTION, PROPRANOLOL HCL 20 MG/5ML SOLUTION	2	
<i>sorine 120 mg tab, 160 mg tab</i>	3	
<i>sotalol hcl (af) 80 mg tab, 120 mg tab, 160 mg tab</i>	2	
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	2	
<i>sotalol hcl 80 mg tab</i>	2	UB
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besy-benazepril hcl -5-10 mg cap, -5-40 mg cap, -10-40 mg cap, -2.5-10 mg cap, -5-20 mg cap, -10-20 mg cap</i>	1	
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>amlodipine besylate-valsartan -5-160 mg tab, -5-320 mg tab, -10-160 mg tab, -10-320 mg tab</i>	1	
<i>amlodipine-olmesartan -5-20 mg tab, -5-40 mg tab, -10-20 mg tab, -10-40 mg tab</i>	1	
<i>cartia xt 120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er</i>	3	
<i>dilt-xr -120 mg cap er, -180 mg cap er, -240 mg cap er</i>	3	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	2	
<i>diltiazem hcl er beads er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er</i>	2	
<i>diltiazem hcl er coated beads er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er</i>	2	
<i>diltiazem hcl er er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h</i>	2	
<i>felodipine er er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er</i>	2	
<i>isradipine 2.5 mg cap, 5 mg cap</i>	2	
<i>matzim la 180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er</i>	3	
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	2	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	

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<i>nifedipine er er 30 mg tab er, er 60 mg tab er, er 90 mg tab er</i>	1	
<i>nifedipine er osmotic release er 30 mg tab er, er 60 mg tab er, er 90 mg tab er</i>	1	
<i>nisoldipine er nisoldipine er 34 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 30 mg tab er 24h, nisoldipine er 40 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h</i>	2	
<i>olmesartan-amlodipine-hctz --20-5-12.5 mg tab, --40-10-12.5 mg tab, --40-10-25 mg tab, --40-5-12.5 mg tab, --40-5-25 mg tab</i>	1	
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	1	
<i>tiadylt er er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er</i>	3	
TRANDOLAPRIL-VERAPAMIL HCL ER -ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER	1	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	
<i>verapamil hcl er er 120 mg cap er, er 180 mg cap er, er 240 mg cap er</i>	2	
<i>verapamil hcl er er 120 mg tab er, er 180 mg tab er, er 240 mg tab er</i>	1	
CARDIAC DRUGS		
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	
CORLANOR 5 MG/5ML SOLUTION	4	ST, QL (450 PER 30 DAYS), UB
<i>digoxin 125 mcg tab, 250 mcg tab</i>	2	
<i>digoxin 62.5 mcg tab</i>	3	
<i>digoxin digoxin 0.05 mg/ml solution, digoxin 0.05 mg/ml solution</i>	2	UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap</i>	3	
<i>flecainide acetate 50 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>ivabradine hcl 5 mg tab, 7.5 mg tab</i>	4	ST, QL (60 PER 30 DAYS)
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	3	
MULTAQ 400 MG TAB	4	
NORPACE CR 100 MG CAP ER 12H, 150 MG CAP ER 12H	4	
<i>pacerone 100 mg tab, 200 mg tab, 400 mg tab</i>	3	
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	2	
<i>propafenone hcl er er 225 mg cap er, er 325 mg cap er, er 425 mg cap er</i>	3	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	2	NM (Non-Mail Order)
<i>ranolazine er er 500 mg tab er, er 1000 mg tab er</i>	3	QL (120 PER 30 DAYS)
VYNDAMAX 61 MG CAP	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAP	5	PA, QL (120 PER 30 DAYS)
HYPOTENSIVE AGENTS		
<i>clonidine 0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk</i>	3	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	
<i>clonidine hcl er 0.1 mg tab 12h</i>	1	QL (120 PER 30 DAYS)
<i>furosemide 10 mg/ml solution</i>	2	BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	2	
NYMALIZE 6 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren fumarate 150 mg tab, 300 mg tab</i>	2	ST, QL (30 PER 30 DAYS), UB
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>benazepril-hydrochlorothiazide -5-6.25 mg tab, -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
<i>candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	1	
<i>candesartan cilexetil-hctz -16-12.5 mg tab, -32-12.5 mg tab, -32-25 mg tab</i>	1	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
EDARBYCLOR 40-12.5 MG TAB, 40-25 MG TAB	4	ST
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>enalapril-hydrochlorothiazide -5-12.5 mg tab, -10-25 mg tab</i>	1	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	3	QL (60 PER 30 DAYS)
ENTRESTO 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	3	QL (240 PER 30 DAYS)
<i>eplerenone 25 mg tab, 50 mg tab</i>	3	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>fosinopril sodium-hctz -10-12.5 mg tab, -20-12.5 mg tab</i>	1	
<i>irbesartan 75 mg tab, 150 mg tab, 300 mg tab</i>	1	
<i>irbesartan-hydrochlorothiazide -150-12.5 mg tab, -300-12.5 mg tab</i>	1	
KERENDIA 10 MG TAB, 20 MG TAB	4	PA, QL (30 PER 30 DAYS)
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	

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<i>lisinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>losartan potassium-hctz -50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	1	
<i>moexipril hcl 7.5 mg tab, 15 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	
<i>olmesartan medoxomil-hctz -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	1	
PERINDOPRIL ERBUMINE PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB	1	
<i>quinapril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	UB
<i>ramipril 1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap</i>	1	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>spironolactone-hctz -25-25 mg tab</i>	2	
<i>telmisartan 20 mg tab, 40 mg tab, 80 mg tab</i>	1	UB
<i>telmisartan-hctz -40-12.5 mg tab, -80-12.5 mg tab, -80-25 mg tab</i>	1	UB
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	
<i>valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab</i>	1	
VASODILATING AGENTS		
<i>aspirin-dipyridamole er -25-200 mg cap 12h</i>	3	QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	2	
<i>isosorbide mononitrate er er 30 mg tab er, er 60 mg tab er, er 120 mg tab er</i>	2	
NITRO-BID -2 % OINTMENT	4	UB
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	2	
<i>nitroglycerin 0.4 % ointment</i>	4	QL (30 PER 30 OVER TIME), UB
<i>nitroglycerin 0.4 mg/spray solution</i>	3	UB
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	3	UB
RECTIV 0.4 % OINTMENT	4	QL (30 PER 30 DAYS), UB
<i>sildenafil citrate 10 mg/ml recon susp</i>	3	PA, QL (180 PER 30 DAYS), UB, SUM7 (Excluded from Auto Extension)
<i>sildenafil citrate 20 mg tab</i>	3	PA, QL (90 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tadalafil (pah) 20 mg tab</i>	3	PA, QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tadalafil 5 mg tab</i>	3	PA, QL (30 PER 30 DAYS)
TADLIQ 20 MG/5ML SUSPENSION	5	PA, QL (300 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
VERQUVO 2.5 MG TAB, 5 MG TAB, 10 MG TAB	3	PA, QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

ANALGESICS AND ANTIPYRETICS

<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	4	QL (390 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>ascomp-codeine -50-325-40-30 mg cap</i>	3	QL (180 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)

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<i>bac 50-325-40 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	3	QL (4 PER 28 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>buprenorphine hcl 2 mg sl tab</i>	3	QL (210 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>buprenorphine hcl 8 mg sl tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg tab, -8-2 mg tab</i>	2	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg, -4-1 mg, -8-2 mg, -12-3 mg</i>	2	QL (120 PER 30 DAYS), UB, NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>butalbital-apap-caff-cod ---50-300-40-30 mg cap, ---50-325-40-30 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>butalbital-apap-caffeine --50-300-40 mg cap, --50-325-40 mg cap, --50-325-40 mg tab</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>butalbital-asa-caff-codeine ---50-325-40-30 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>butalbital-aspirin-caffeine --50-325-40 mg cap</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order)
<i>celecoxib 100 mg cap</i>	2	QL (240 PER 30 DAYS)
<i>celecoxib 200 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>celecoxib 50 mg cap</i>	2	QL (480 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac potassium(migraine) 50 mg packet</i>	3	ST, QL (9 PER 30 OVER TIME)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	2	

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<i>diclofenac sodium er 100 mg tab 24h</i>	2	
<i>diflunisal 500 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>etodolac 200 mg cap, 400 mg tab, 500 mg tab</i>	2	
<i>etodolac er 600 mg tab 24h</i>	2	QL (30 PER 30 DAYS)
<i>etodolac er er 400 mg tab er, er 500 mg tab er</i>	2	QL (60 PER 30 DAYS)
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	2	
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	4	PA, QL (10 PER 30 OVER TIME), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>fentanyl citrate fentanyl citrate 600 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1600 mcg loz handle</i>	5	PA, QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>flurbiprofen 100 mg tab</i>	2	
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	3	QL (240 PER 30 DAYS), UB, SUM7 (Excluded from Auto Extension)
<i>hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>ibu 600 mg tab, 800 mg tab</i>	2	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	2	
<i>indomethacin 25 mg cap</i>	2	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg cap</i>	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 100 MG CAP	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 50 MG CAP	2	QL (240 PER 30 DAYS)

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<i>meloxicam 7.5 mg tab, 15 mg tab</i>	2	
<i>methadone hcl 5 mg tab, 10 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>morphine sulfate er 15 mg tab</i>	3	QL (90 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>morphine sulfate er er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	3	QL (60 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>morphine sulfate morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>nabumetone 500 mg tab, 750 mg tab</i>	2	
<i>naproxen 125 mg/5ml suspension, 250 mg tab, 375 mg tab, 500 mg tab</i>	2	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	2	
<i>oxycodone hcl 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (120 PER 30 DAYS), NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	3	QL (180 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>piroxicam 10 mg cap, 20 mg cap</i>	2	
<i>sulindac 150 mg tab, 200 mg tab</i>	2	
<i>tramadol hcl 100 mg tab</i>	3	QL (120 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tramadol hcl 50 mg tab</i>	3	QL (240 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tramadol hcl er 100 mg tab 24h</i>	3	QL (120 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tramadol hcl er 200 mg tab 24h</i>	3	QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tramadol hcl er 300 mg tab 24h</i>	3	QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>tramadol-acetaminophen -37.5-325 mg tab</i>	3	QL (120 PER 30 DAYS), SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS		
<i>amphetamine-dextroamphet er -er 5 mg cap er, -er 10 mg cap er, -er 15 mg cap er, -er 20 mg cap er, -er 25 mg cap er, -er 30 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>amphetamine-dextroamphetamine -dextro5 mg tab, -dextro7.5 mg tab, -dextro10 mg tab, -dextro12.5 mg tab, -dextro15 mg tab, -dextro20 mg tab, -dextro30 mg tab</i>	3	QL (60 PER 30 DAYS)
<i>armodafinil 50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>dexmethylphenidate hcl er er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	3	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap 24h</i>	3	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap er, er 15 mg cap er</i>	3	QL (120 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	3	ST, QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch</i>	4	ST, QL (30 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	3	QL (900 PER 30 DAYS), UB
<i>methylphenidate hcl 2.5 mg chew tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg chew tab, 10 mg chew tab</i>	3	QL (180 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	3	QL (1800 PER 30 DAYS), UB
<i>methylphenidate hcl er (cd) 10 mg cap</i>	3	QL (180 PER 30 DAYS)
<i>methylphenidate hcl er (cd) er 20 mg cap er, er 50 mg cap er, er 60 mg cap er</i>	3	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd) er 30 mg cap er, er 40 mg cap er</i>	3	QL (60 PER 30 DAYS)

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<i>methylphenidate hcl er (la) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (osm) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er, er 72 mg tab er</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er 10 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>methylphenidate hcl er 20 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 18 mg tab er 24h</i>	3	QL (60 PER 30 DAYS)
<i>modafinil 100 mg tab, 200 mg tab</i>	3	QL (90 PER 30 DAYS)
WAKIX 4.45 MG TAB, 17.8 MG TAB	5	PA, QL (60 PER 30 DAYS)
ANTICONSULSANTS		
APTIOU 200 MG TAB, 400 MG TAB	5	ST, QL (30 PER 30 DAYS)
APTIOU 600 MG TAB, 800 MG TAB	5	ST, QL (60 PER 30 DAYS)
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	5	ST, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5	ST, QL (600 PER 30 DAYS), NOTE
<i>carbamazepine 100 mg chew tab</i>	2	QL (480 PER 30 DAYS)
<i>carbamazepine 100 mg/5ml suspension, 200 mg/10ml suspension</i>	2	QL (2400 PER 30 DAYS)
<i>carbamazepine 200 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>carbamazepine er 300 mg cap 12h</i>	3	QL (150 PER 30 DAYS)
<i>carbamazepine er 400 mg tab 12h</i>	3	QL (120 PER 30 DAYS)
<i>carbamazepine er er 100 mg cap er, er 100 mg tab er</i>	3	QL (480 PER 30 DAYS)
<i>carbamazepine er er 200 mg cap er, er 200 mg tab er</i>	3	QL (240 PER 30 DAYS)

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<i>clobazam 10 mg tab, 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	QL (480 PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp</i>	3	QL (300 PER 30 DAYS)
<i>clonazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (300 PER 30 DAYS)
DIACOMIT 250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET	4	PA, QL (300 PER 30 DAYS)
DILANTIN 100 MG CAP	4	QL (300 PER 30 DAYS)
DILANTIN 125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS), UB
DILANTIN 30 MG CAP	4	QL (600 PER 30 DAYS)
DILANTIN INFATABS 50 MG CHEW	4	QL (600 PER 30 DAYS)
<i>divalproex sodium 125 mg cap dr</i>	2	QL (1080 PER 30 DAYS)
<i>divalproex sodium 125 mg tab dr</i>	2	QL (600 PER 30 DAYS)
<i>divalproex sodium 250 mg tab dr</i>	2	QL (510 PER 30 DAYS)
<i>divalproex sodium 500 mg tab dr</i>	2	QL (270 PER 30 DAYS)
<i>divalproex sodium er 250 mg tab 24h</i>	2	QL (510 PER 30 DAYS)
<i>divalproex sodium er 500 mg tab 24h</i>	2	QL (270 PER 30 DAYS)
EPIDIOLEX 100 MG/ML SOLUTION	5	PA, QL (900 PER 30 DAYS)
<i>epitol 200 mg tab</i>	2	QL (240 PER 30 DAYS)
EPRONTIA 25 MG/ML SOLUTION	4	QL (480 PER 30 DAYS)
EQUETRO 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	4	ST, QL (180 PER 30 DAYS)
<i>ethosuximide 250 mg cap</i>	2	
<i>ethosuximide 250 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS), UB
<i>felbamate 400 mg tab</i>	3	QL (270 PER 30 DAYS)
<i>felbamate 600 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>felbamate 600 mg/5ml suspension</i>	3	QL (900 PER 30 DAYS), UB

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FINTEPLA 2.2 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS), UB
FYCOMPA 0.5 MG/ML SUSPENSION	5	ST, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TAB	4	ST, QL (30 PER 30 DAYS)
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	ST, QL (30 PER 30 DAYS)
<i>gabapentin 100 mg cap</i>	2	QL (960 PER 30 DAYS)
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	2	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	2	QL (330 PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	2	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	4	QL (1200 PER 30 DAYS)
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	2	QL (60 PER 30 DAYS)
LAMICTAL ODT 100 MG TAB DISP	4	QL (60 PER 30 DAYS)
LAMICTAL ODT 200 MG TAB DISP	4	QL (90 PER 30 DAYS)
<i>lamotrigine 100 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>lamotrigine 100 mg tab disp</i>	3	QL (60 PER 30 DAYS)
<i>lamotrigine 150 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>lamotrigine 200 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>lamotrigine 200 mg tab disp</i>	3	QL (90 PER 30 DAYS)
<i>lamotrigine 21 x 25 mg & 7 x 50 mg kit</i>	4	QL (28 PER 180 OVER TIME), UB
<i>lamotrigine 25 & 50 & 100 mg kit</i>	4	QL (70 PER 365 OVER TIME), UB
<i>lamotrigine 25 mg tab</i>	2	QL (720 PER 30 DAYS)
<i>lamotrigine 25 mg tab disp</i>	3	QL (210 PER 30 DAYS)
<i>lamotrigine 42 x 50 mg & 14x100 mg kit</i>	4	QL (56 PER 365 OVER TIME), UB
<i>lamotrigine 5 mg chew tab, 25 mg chew tab</i>	2	QL (600 PER 30 DAYS)
<i>lamotrigine 50 mg tab disp</i>	3	QL (120 PER 30 DAYS)
<i>lamotrigine er 25 mg tab 24h</i>	3	QL (60 PER 30 DAYS)

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<i>lamotrigine er 50 mg tab 24h</i>	3	QL (30 PER 30 DAYS)
<i>lamotrigine er er 100 mg tab er, er 200 mg tab er, er 250 mg tab er, er 300 mg tab er</i>	3	QL (90 PER 30 DAYS)
<i>lamotrigine starter kit-blue -35 x 25 mg</i>	4	QL (70 PER 365 OVER TIME), UB
<i>lamotrigine starter kit-green -84 x 25 mg & 14x100 mg</i>	4	QL (196 PER 365 OVER TIME), UB
<i>lamotrigine starter kit-orange -42 x 25 mg & 7 x 100 mg</i>	4	QL (98 PER 365 OVER TIME), UB
<i>levetiracetam 100 mg/ml, 500 mg/5ml</i>	3	QL (900 PER 30 DAYS), UB
<i>levetiracetam 250 mg tab</i>	2	QL (480 PER 30 DAYS)
<i>levetiracetam 500 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>levetiracetam 750 mg tab, 1000 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>levetiracetam er er 500 mg tab er, er 750 mg tab er</i>	3	QL (120 PER 30 DAYS)
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	4	QL (10 PER 30 OVER TIME)
<i>magnesium sulfate 50 % solution</i>	2	HI, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>methsuximide 300 mg cap</i>	4	QL (120 PER 30 DAYS)
<i>oxcarbazepine 150 mg tab</i>	2	QL (600 PER 30 DAYS)
<i>oxcarbazepine 300 mg tab</i>	2	QL (300 PER 30 DAYS)
<i>oxcarbazepine 300 mg/5ml suspension</i>	3	QL (1200 PER 30 DAYS), UB
<i>oxcarbazepine 600 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	2	
<i>phenytoin 100 mg/4ml suspension, 125 mg/5ml suspension</i>	2	QL (750 PER 30 DAYS), UB
<i>phenytoin 50 mg chew tab</i>	2	QL (600 PER 30 DAYS)
<i>phenytoin infatabs infas 50 mg chew</i>	2	QL (600 PER 30 DAYS)

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<i>phenytoin sodium extended 100 mg cap</i>	2	QL (300 PER 30 DAYS)
<i>phenytoin sodium extended 200 mg cap</i>	2	QL (180 PER 30 DAYS)
<i>phenytoin sodium extended 300 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	2	
PRIMIDONE 125 MG TAB	2	QL (480 PER 30 DAYS)
<i>primidone 250 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>primidone 50 mg tab</i>	2	QL (1200 PER 30 DAYS)
<i>rufinamide 200 mg tab</i>	4	PA, QL (120 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5	PA, QL (2400 PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5	PA, QL (240 PER 30 DAYS)
SPRITAM 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	4	ST, QL (90 PER 30 DAYS)
SYMPAZAN 5 MG FILM, 10 MG FILM, 20 MG FILM	5	PA, QL (60 PER 30 DAYS)
<i>tiagabine hcl 12 mg tab</i>	4	QL (120 PER 30 DAYS)
<i>tiagabine hcl 16 mg tab</i>	4	QL (90 PER 30 DAYS)
<i>tiagabine hcl 2 mg tab</i>	4	QL (840 PER 30 DAYS)
<i>tiagabine hcl 4 mg tab</i>	4	QL (420 PER 30 DAYS)
<i>topiramate 100 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>topiramate 15 mg cap, 25 mg cap</i>	2	QL (480 PER 30 DAYS)
<i>topiramate 200 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>topiramate 25 mg tab</i>	2	QL (720 PER 30 DAYS)
<i>topiramate 50 mg tab</i>	2	QL (360 PER 30 DAYS)
<i>valproic acid 250 mg cap</i>	2	QL (540 PER 30 DAYS)
<i>valproic acid 250 mg/5ml, 500 mg/10ml</i>	2	QL (3000 PER 30 DAYS)
<i>vigabatrin 500 mg packet</i>	5	PA, QL (9000 PER 30 DAYS)
<i>vigabatrin 500 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
<i>vigadrone 500 mg packet</i>	5	PA, QL (180 PER 30 DAYS)

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VIGAFYDE 100 MG/ML SOLUTION	5	PA, QL (750 PER 30 OVER TIME)
<i>vigpoder 500 mg packet</i>	5	PA, QL (180 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	5	QL (56 PER 28 DAYS), UB
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	5	QL (56 PER 28 DAYS), UB
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	5	QL (60 PER 30 DAYS)
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	5	QL (28 PER 28 DAYS), UB
ZONISADE 100 MG/5ML SUSPENSION	5	PA
<i>zonisamide 100 mg cap</i>	2	QL (180 PER 30 DAYS)
<i>zonisamide 25 mg cap</i>	2	QL (720 PER 30 DAYS)
<i>zonisamide 50 mg cap</i>	2	QL (360 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	5	PA, QL (1080 PER 30 DAYS)
ANTIMIGRAINE AGENTS		
AJOVY 225 MG/1.5ML SOLN PRSYR	3	ST, QL (4.5 PER 84 OVER TIME)
AJOVY JOVY 225 MG/1.5ML SOLN - INJ	3	ST, QL (4.5 PER 84 OVER TIME), UB
<i>eletriptan hydrobromide 20 mg tab</i>	2	QL (9 PER 30 OVER TIME), UB
<i>eletriptan hydrobromide 40 mg tab</i>	2	QL (9 PER 30 OVER TIME)
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	4	PA, QL (3 PER 30 OVER TIME)
EMGALITY 120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR	4	PA, QL (4 PER 84 OVER TIME)
<i>frovatriptan succinate 2.5 mg tab</i>	4	ST, QL (12 PER 30 OVER TIME)
<i>naratriptan hcl 1 mg tab, 2.5 mg tab</i>	3	QL (9 PER 30 OVER TIME)
NURTEC 75 MG TAB DISP	3	PA, QL (8 PER 30 OVER TIME)

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QULIPTA 10 MG TAB, 30 MG TAB, 60 MG TAB	4	PA, QL (30 PER 30 DAYS)
REYVOW 50 MG TAB, 100 MG TAB	4	PA, QL (8 PER 30 OVER TIME), UB
<i>rizatriptan benzoate 5 mg tab</i>	2	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	2	QL (18 PER 30 OVER TIME), UB
<i>sumatriptan 5 mg/act, 20 mg/act</i>	3	ST, QL (12 PER 30 OVER TIME), UB
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	QL (9 PER 30 OVER TIME), UB
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	3	QL (4 PER 30 OVER TIME), UB
<i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i>	3	QL (4 PER 30 OVER TIME), UB
UBRELVY 50 MG TAB, 100 MG TAB	3	PA, QL (16 PER 30 OVER TIME)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	3	QL (9 PER 30 OVER TIME), UB
<i>zolmitriptan 5 mg solution</i>	4	ST, QL (8 PER 30 OVER TIME)

ANTIPARKINSONIAN AGENTS

<i>apomorphine hcl 30 mg/3ml soln cart</i>	5	PA, UB, NOTE
<i>benztropine mesylate 0.5 mg tab, 1 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>benztropine mesylate 2 mg tab</i>	2	
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	3	
<i>cabergoline 0.5 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>carbidopa 25 mg tab</i>	2	
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA- LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB, CARBIDOPA-LEVODOPA 25- 100 MG TAB, CARBIDOPA- LEVODOPA 25-250 MG TAB	2	

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<i>carbidopa-levodopa er -er 25-100 mg tab er, -er 50-200 mg tab er</i>	2	QL (360 PER 30 DAYS)
<i>carbidopa-levodopa-entacapone carbidopa-levodopa-entacapone 18.75-75-200 mg tab, carbidopa-levodopa-entacapone 50-200-200 mg tab, carbidopa-levodopa-entacapone 12.5-50-200 mg tab, carbidopa-levodopa-entacapone 18.75-75-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab, carbidopa-levodopa-entacapone 12.5-50-200 mg tab, carbidopa-levodopa-entacapone 25-100-200 mg tab, carbidopa-levodopa-entacapone 31.25-125-200 mg tab, carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	3	
<i>entacapone 200 mg tab</i>	3	UB
<i>pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>pramipexole dihydrochloride er er 0.375 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er</i>	3	ST, QL (30 PER 30 DAYS)
<i>pramipexole dihydrochloride er er 0.75 mg tab er, er 1.5 mg tab er</i>	3	ST, QL (90 PER 30 DAYS)
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	3	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	2	
<i>ropinirole hcl er er 2 mg tab er, er 4 mg tab er, er 6 mg tab er, er 8 mg tab er, er 12 mg tab er</i>	3	QL (90 PER 30 DAYS)
RYTARY 23.75-95 MG CAP ER	3	ST, QL (750 PER 30 DAYS)
RYTARY 36.25-145 MG CAP ER	3	ST, QL (480 PER 30 DAYS)
RYTARY 48.75-195 MG CAP ER	3	ST, QL (360 PER 30 DAYS)
RYTARY 61.25-245 MG CAP ER	3	ST, QL (300 PER 30 DAYS)
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	3	
<i>tolcapone 100 mg tab</i>	5	PA, QL (180 PER 30 DAYS)
TRIHENYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	

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<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	2	QL (150 PER 30 DAYS)
ZELAPAR 1.25 MG TAB DISP	5	PA, QL (60 PER 30 DAYS)
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp</i>	3	QL (150 PER 30 DAYS)
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er</i>	3	QL (90 PER 30 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	QL (300 PER 30 DAYS)
<i>alprazolam xr 0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er</i>	3	QL (90 PER 30 DAYS)
BELSOMRA 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	4	ST, QL (30 PER 30 DAYS)
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	2	
<i>clorazepate dipotassium 15 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tab, 7.5 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml conc</i>	2	QL (240 PER 30 DAYS)
<i>diazepam diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel</i>	2	UB
<i>diazepam intensol 5 mg/ml conc</i>	2	QL (240 PER 30 DAYS)
<i>eszopiclone 1 mg tab, 2 mg tab, 3 mg tab</i>	2	QL (30 PER 30 DAYS)
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, QL (150 PER 30 DAYS), UB
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>hydroxyzine pamoate hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap</i>	2	

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<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 PER 30 DAYS), UB
<i>lorazepam intensol 2 mg/ml conc</i>	2	QL (150 PER 30 DAYS), UB
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL (10 PER 30 OVER TIME), UB
<i>ramelteon 8 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg cap</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>temazepam 30 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>triazolam 0.125 mg tab, 0.25 mg tab</i>	3	QL (30 PER 30 DAYS)
VALTOCO 10 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME), UB
VALTOCO 15 MG DOSE 7.5 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME), UB
VALTOCO 20 MG DOSE 10 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME), UB
VALTOCO 5 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME), UB
<i>zaleplon 5 mg cap, 10 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>zolpidem tartrate er er 6.25 mg tab er, er 12.5 mg tab er</i>	2	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS

<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap</i>	3	QL (30 PER 30 DAYS)
<i>guanfacine hcl er er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er</i>	2	
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	3	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	2	QL (49 PER 28 DAYS), UB
<i>memantine hcl 5 mg tab, 10 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>memantine hcl er er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er</i>	2	QL (30 PER 30 DAYS)

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QELBREE 100 MG CAP ER 24H	4	ST, QL (30 PER 30 DAYS)
QELBREE 150 MG CAP ER 24H	4	ST, QL (60 PER 30 DAYS)
QELBREE 200 MG CAP ER 24H	4	ST, QL (90 PER 30 DAYS)
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
<i>riluzole 50 mg tab</i>	3	
SUNOSI 75 MG TAB, 150 MG TAB	4	ST, QL (30 PER 30 DAYS)
OPIATE ANTAGONISTS		
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	2	QL (2 PER 30 OVER TIME), UB
<i>naloxone hcl naloxone hcl 2 mg/2ml soln prsy, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml solution, naloxone hcl 4 mg/10ml solution</i>	2	QL (2 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB
<i>naltrexone hcl 50 mg tab</i>	2	
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	PA, QL (2.4 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	PA, QL (3.2 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
ABILIFY MAINTENA 300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER	5	PA, QL (2 PER 28 OVER TIME), UB, NOTE
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
<i>amoxapine 25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab</i>	2	
APLENZIN 174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H	4	ST, QL (30 PER 30 DAYS)

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<i>aripiprazole 1 mg/ml solution</i>	2	QL (900 PER 30 DAYS), UB
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	2	QL (60 PER 30 DAYS)
<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	2	
ARISTADA 1064 MG/3.9ML PRSYR	5	PA, QL (3.9 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
ARISTADA 441 MG/1.6ML PRSYR	5	PA, QL (1.6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
ARISTADA 662 MG/2.4ML PRSYR	5	PA, QL (2.4 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
ARISTADA 882 MG/3.2ML PRSYR	5	PA, QL (3.2 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	PA, QL (2.4 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
<i>asenapine maleate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	3	ST, QL (60 PER 30 DAYS), UB
AUVELITY 45-105 MG TAB ER	5	ST, QL (60 PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	2	
<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	2	
<i>bupropion hcl er (sr) er 100 mg tab er, er 150 mg tab er, er 200 mg tab er</i>	2	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	2	
CAPLYTA 10.5 MG CAP, 21 MG CAP, 42 MG CAP	5	PA, QL (30 PER 30 DAYS)
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	2	
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	3	
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	

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<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
CITALOPRAM HYDROBROMIDE 30 MG CAP	3	
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	3	ST
<i>clozapine 100 mg tab, 150 mg tab disp, 200 mg tab disp</i>	3	QL (180 PER 30 DAYS)
<i>clozapine 200 mg tab</i>	3	QL (135 PER 30 DAYS)
<i>clozapine 25 mg tab, 50 mg tab</i>	3	QL (90 PER 30 DAYS)
<i>clozapine clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp</i>	3	QL (270 PER 30 DAYS)
<i>compro 25 mg suppos</i>	2	NOTE
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	2	
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	2	QL (30 PER 30 DAYS)
<i>desvenlafaxine succinate er er 25 mg tab er, er 50 mg tab er, er 100 mg tab er</i>	2	QL (30 PER 30 DAYS)
<i>doxepin hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	2	
<i>doxepin hcl 10 mg/ml conc</i>	2	UB
DRIZALMA SPRINKLE 20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR	4	ST, QL (60 PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	2	
<i>duloxetine hcl 40 mg cp dr part</i>	2	QL (60 PER 30 DAYS)
EMSAM 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR	5	ST, QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	

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FANAPT 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	4	PA, QL (8 PER 30 OVER TIME), UB
FETZIMA 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	4	ST, QL (30 PER 30 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST, QL (30 PER 30 DAYS), UB
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	3	
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap</i>	1	
<i>fluoxetine hcl 20 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
FLUOXETINE HCL 90 MG CAP DR	3	QL (4 PER 28 OVER TIME), UB
<i>fluoxetine hcl fluoxetine hcl 10 mg tab, fluoxetine hcl 60 mg tab, fluoxetine hcl 60 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>fluphenazine decanoate 25 mg/ml solution</i>	3	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	3	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>fluphenazine hcl fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir</i>	3	
<i>fluvoxamine maleate 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>fluvoxamine maleate er er 100 mg cap er, er 150 mg cap er</i>	3	
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	2	

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<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>haloperidol lactate 2 mg/ml conc</i>	2	UB
<i>haloperidol lactate 5 mg/ml solution</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	2	
<i>imipramine pamoate 75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap</i>	2	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	PA, QL (3.5 PER 180 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	PA, QL (5 PER 180 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	PA, QL (0.88 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	PA, QL (1.32 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	PA, QL (1.75 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	PA, QL (2.63 PER 90 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE

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<i>lithium 8 meq/5ml solution</i>	2	
<i>lithium carbonate er er 300 mg tab er, er 450 mg tab er</i>	2	
<i>lithium carbonate lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap</i>	2	
<i>loxapine succinate 5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap</i>	2	
<i>lurasidone hcl 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab</i>	2	QL (30 PER 30 DAYS)
LYBALVI 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	4	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TAB	4	
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab disp</i>	2	QL (30 PER 30 DAYS), UB
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab</i>	2	
MOLINDONE HCL 5 MG TAB, 10 MG TAB, 25 MG TAB	2	QL (270 PER 30 DAYS)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	3	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	2	
NUPLAZID 10 MG TAB, 34 MG CAP	5	PA, QL (60 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	2	
<i>olanzapine 5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl -3-25 mg cap, -6-25 mg cap, -6-50 mg cap, -12-25 mg cap, -12-50 mg cap</i>	4	

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<i>paliperidone er 6 mg tab 24h</i>	3	QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	3	QL (30 PER 30 DAYS)
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	2	
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl er 25 mg tab 24h</i>	2	QL (90 PER 30 DAYS)
<i>paroxetine hcl er er 12.5 mg tab er, er 37.5 mg tab er</i>	2	QL (30 PER 30 DAYS)
PAXIL 10 MG/5ML SUSPENSION	4	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	2	
PERSERIS 90 MG PRSYR, 120 MG PRSYR	5	PA, QL (1 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
<i>phenelzine sulfate phenelzine sulfate 15 mg tab, phenelzine sulfate 15 mg tab</i>	2	
PIMOZIDE 1 MG TAB, 2 MG TAB	2	QL (150 PER 30 DAYS)
<i>prochlorperazine 25 mg suppos</i>	3	BVD (ORAL ANTIEMETICS), NOTE
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	2	BVD (ORAL ANTIEMETICS), NOTE
<i>protriptyline hcl 5 mg tab, 10 mg tab</i>	4	ST
<i>quetiapine fumarate er er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er</i>	3	
<i>quetiapine fumarate quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab</i>	2	
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	4	PA, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>risperidone 0.25 mg tab</i>	2	
RISPERIDONE 0.25 MG TAB DISP	2	QL (30 PER 30 DAYS)
<i>risperidone 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp</i>	2	QL (60 PER 30 DAYS)
<i>risperidone 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	2	UB
<i>risperidone 1 mg/ml solution</i>	2	QL (240 PER 30 DAYS), UB
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	4	PA, UB, NOTE
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	5	PA, UB, NOTE
SECUADO 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	5	ST, QL (30 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml conc</i>	2	QL (300 PER 30 DAYS), UB
<i>sertraline hcl 25 mg tab, 50 mg tab, 100 mg tab</i>	1	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	2	
<i>thiothixene 1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap</i>	2	
<i>tranylcypromine sulfate 10 mg tab</i>	3	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	
<i>trifluoperazine hcl 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab</i>	2	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	4	ST
TRINTELLIX 5 MG TAB, 10 MG TAB, 20 MG TAB	4	ST, QL (30 PER 30 DAYS)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	PA, QL (0.28 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
UZEDY 125 MG/0.35ML SUSP PRSYR	5	PA, QL (0.35 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE

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UZEDY 150 MG/0.42ML SUSP PRSYR	5	PA, QL (0.42 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
UZEDY 200 MG/0.56ML SUSP PRSYR	5	PA, QL (0.56 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
UZEDY 250 MG/0.7ML SUSP PRSYR	5	PA, QL (0.7 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
UZEDY 50 MG/0.14ML SUSP PRSYR	5	PA, QL (0.14 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
UZEDY 75 MG/0.21ML SUSP PRSYR	5	PA, QL (0.21 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	4	ST, QL (60 PER 30 DAYS)
<i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	2	
<i>venlafaxine hcl er 150 mg cap 24h</i>	2	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap 24h</i>	2	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap 24h</i>	2	QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	5	PA, QL (600 PER 30 DAYS)
<i>vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab</i>	3	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	5	PA, QL (30 PER 30 DAYS)
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	2	UB
<i>ziprasidone mesylate 20 mg recon soln</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZURZUVAE 20 MG CAP, 25 MG CAP, 30 MG CAP	5	PA, QL (28 PER 14 DAYS)
ZYPREXA RELPREVV 210 MG RECON SUSP	4	PA, UB

VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS

AUSTEDO 6 MG TAB, 9 MG TAB, 12 MG TAB	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H, 12 MG TAB ER 24H	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 PER 180 OVER TIME)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 PER 180 OVER TIME), UB
<i>tetrabenazine 12.5 mg tab</i>	2	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5	PA, QL (120 PER 30 DAYS)

ELECTROLYTIC, CALORIC, AND WATER BALANCE

AMMONIA DETOXICANTS

<i>carglumic acid 200 mg tab sol</i>	5	PA
<i>constulose 10 gm/15ml solution</i>	2	UB
<i>enulose 10 gm/15ml solution</i>	2	UB
<i>generlac 10 gm/15ml solution</i>	3	UB
<i>lactulose encephalopathy 10 gm/15ml solution</i>	2	UB
<i>lactulose lactulose 10 gm packet, lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution</i>	2	UB
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	5	UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) % SOLUTION	3	HI, UB, NOTE
CLINIMIX E/DEXTROSE (4.25/10) % SOLUTION	3	HI, UB, NOTE
CLINIMIX E/DEXTROSE (4.25/5) % SOLUTION	3	HI, UB, NOTE
CLINIMIX E/DEXTROSE (5/15) % SOLUTION	3	HI, UB, NOTE
CLINIMIX E/DEXTROSE (5/20) (/20) % SOLUTION	3	HI, UB, NOTE
CLINIMIX E/DEXTROSE (8/10) % SOLUTION	3	BVD (TPN), NOTE
CLINIMIX E/DEXTROSE (8/14) (/14) % SOLUTION	3	BVD (TPN), NOTE
CLINIMIX/DEXTROSE (4.25/10) % SOLUTION	3	HI, UB, NOTE
CLINIMIX/DEXTROSE (4.25/25) (/25) % SOLUTION	3	BVD (TPN), UB, NOTE
CLINIMIX/DEXTROSE (4.25/5) % SOLUTION	3	HI, UB, NOTE
CLINIMIX/DEXTROSE (5/15) % SOLUTION	3	HI, UB, NOTE
CLINIMIX/DEXTROSE (5/20) (/20) % SOLUTION	3	HI, UB, NOTE
CLINIMIX/DEXTROSE (5/25) (/2) % SOLUTION	3	BVD (TPN), UB, NOTE
CLINIMIX/DEXTROSE (6/5) (/5) % SOLUTION	3	BVD (TPN), NOTE
CLINIMIX/DEXTROSE (8/10) % SOLUTION	3	BVD (TPN), NOTE
CLINIMIX/DEXTROSE (8/14) (/14) % SOLUTION	3	BVD (TPN), NOTE
<i>clinisol sf 15 % solution</i>	2	HI, UB, NOTE

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>dextrose 10 % solution</i>	2	HI, UB
<i>dextrose 5 % solution</i>	2	HI
<i>glucose 5 % solution</i>	2	HI
ISOLYTE-P IN D5W -IN SOLUTION	3	HI, UB
NUTRILIPID 20 % EMULSION	3	HI, UB, NOTE
<i>plenamine 15 % solution</i>	2	HI, UB, NOTE
PREMASOL 10 % SOLUTION	3	HI, UB, NOTE
PROSOL 20 % SOLUTION	3	HI, UB, NOTE
TRAVASOL 10 % SOLUTION	3	HI, UB, NOTE
TROPHAMINE 10 % SOLUTION	3	HI, UB, NOTE

DIURETICS

<i>amiloride hcl 5 mg tab</i>	2	
AMILORIDE- HYDROCHLOROTHIAZIDE -5-50 MG TAB	2	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	2	
DIURIL 250 MG/5ML SUSPENSION	3	
<i>ethacrynic acid 25 mg tab</i>	4	PA, QL (480 PER 30 DAYS)
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	
FUROSEMIDE FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION	2	UB
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK	5	PA, QL (60 PER 30 DAYS), UB
JYNARQUE 15 MG TAB, 30 MG TAB	5	PA, QL (120 PER 30 DAYS)
JYNARQUE 45 15 MG TAB THPK, 60 30 MG TAB THPK, 90 30 MG TAB THPK	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>metolazone 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>tolvaptan 30 mg tab</i>	5	QL (120 PER 30 DAYS)
<i>tolvaptan tolvaptan 15 mg tab, tolvaptan 15 mg tab</i>	5	QL (30 PER 30 DAYS)
<i>toremide 5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab</i>	2	
<i>triamterene 50 mg cap, 100 mg cap</i>	3	QL (90 PER 30 DAYS)
<i>triamterene-hctz -37.5-25 mg cap, -37.5-25 mg tab, -75-50 mg tab</i>	1	
ION-REMOVING AGENTS		
<i>kionex 15 gm/60ml suspension</i>	3	UB
LOKELMA 10 GM PACKET	3	PA, QL (90 PER 30 DAYS)
LOKELMA 5 GM PACKET	3	PA, QL (30 PER 30 DAYS)
<i>sodium polystyrene sulfonate powder</i>	3	UB
SPS (SODIUM POLYSTYRENE SULF) SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION	3	UB
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	5	PA, QL (30 PER 30 DAYS)
REPLACEMENT PREPARATIONS		
<i>dextrose-nacl -5-0.45 %, -5-0.9 %</i>	2	HI, UB, NOTE

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>dextrose-sodium chloride dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 2.5-0.45 % solution</i>	2	HI, UB, NOTE
ISOLYTE-S PH 7.4 IOLYTE- OLUTION	3	HI, UB
<i>kcl in dextrose-nacl in -10-5-0.45 meq/l-%-%, in -20-5-0.2 meq/l-%-%, in -20-5-0.225 meq/l-%-%, in -20-5-0.45 meq/l-%-%, in -20-5-0.9 meq/l-%-%, in -30-5-0.45 meq/l-%-%, in -40-5-0.45 meq/l-%-%, in -40-5-0.9 meq/l-%-%</i>	2	HI, UB
KCL-LACTATED RINGERS-D5W --20 MEQ/L SOLUTION	2	HI, UB
<i>klor-con -8 tab er, -20 packet</i>	3	
<i>klor-con 10 -meq tab er</i>	3	
<i>klor-con m10 -meq tab er</i>	3	
<i>klor-con m15 -meq tab er</i>	4	
<i>klor-con m20 -meq tab er</i>	3	
MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION	3	HI, UB
PLASMA-LYTE 148 - SOLUTION	3	HI, UB
PLASMA-LYTE A PLSM- SOLUTION	3	HI, UB
<i>potassium chloride 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	3	UB, NOTE
<i>potassium chloride 2 meq/ml solution</i>	3	HI, NOTE
<i>potassium chloride 20 meq packet</i>	3	
<i>potassium chloride crys er er 10 tab er, er 15 tab er, er 20 tab er</i>	1	
<i>potassium chloride er er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er</i>	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	2	HI, UB, NOTE
<i>potassium chloride in nacl potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution</i>	3	HI, UB, NOTE
<i>potassium chloride potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution</i>	3	HI, UB, NOTE
<i>potassium citrate er er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er</i>	3	
<i>sodium chloride (pf) 0.9 % solution</i>	2	HI, UB, NOTE
<i>sodium chloride 0.45 %, 3 %, 5 %</i>	2	HI, UB, NOTE
<i>sodium chloride 0.9 % solution</i>	2	PA, HI, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
TPN ELECTROLYTES CONC	2	HI, UB
URICOSURIC AGENTS		
<i>colchicine-probenecid -0.5-500 mg tab</i>	3	
<i>probenecid 500 mg tab</i>	3	
ENZYMES		
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR	5	PA, QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
REVCovi 2.4 MG/1.5ML SOLUTION	5	PA
SUCRAID 8500 UNIT/ML SOLUTION	5	PA, LA, QL (354 PER 30 DAYS), NOTE

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>ak-poly-bac --500-10000 unit/gm ointment</i>	2	UB
AZASITE 1 % SOLUTION	4	QL (10 PER 30 OVER TIME), UB
<i>bacitra-neomycin-polymyxin-hc ---1 % ointment</i>	2	UB
BACITRACIN 500 UNIT/GM OINTMENT	2	UB
<i>bacitracin-polymyxin b acitracin-500-10000 unit/gm ointment</i>	2	UB
BESIVANCE 0.6 % SUSPENSION	4	QL (15 PER 30 OVER TIME), UB
<i>chlorhexidine gluconate 0.12 % solution</i>	2	UB
CILOXAN 0.3 % OINTMENT	4	QL (17.5 PER 30 OVER TIME), UB
CIPRO HC 0.2-1 % SUSPENSION	3	UB
<i>ciprofloxacin hcl 0.3 % solution</i>	3	UB
<i>ciprofloxacin-dexamethasone -0.3-0.1 % suspension</i>	3	UB
<i>erythromycin 5 mg/gm ointment</i>	2	UB
<i>gatifloxacin 0.5 % solution</i>	3	QL (15 PER 30 OVER TIME), UB
<i>gentamicin sulfate 0.3 % solution</i>	2	UB
LEVOFLOXACIN 0.5 % SOLUTION	2	UB
<i>moxifloxacin hcl 0.5 % solution</i>	2	QL (15 PER 30 OVER TIME), UB
<i>neomycin-bacitracin zn-polymyx --3.5-400-10000, --5-400-10000</i>	2	UB
<i>neomycin-polymyxin-dexameth --3.5-10000-0.1 ointment, --3.5-10000-0.1 suspension</i>	2	UB
NEOMYCIN-POLYMYXIN-GRAMICIDIN --1.75-10000-.025 SOLUTION	2	UB

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<i>neomycin-polymyxin-hc neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution, neomycin-polymyxin-hc 3.5-10000-1 suspension, neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	3	UB
<i>ofloxacin 0.3 % solution</i>	2	UB
<i>perio gard 0.12 % solution</i>	2	UB
<i>sulfacetamide sodium sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution</i>	2	UB
SULFACETAMIDE-PREDNISOLONE - 10-0.23 % SOLUTION	2	UB
TOBRADEX 0.3-0.1 % OINTMENT	4	UB
<i>tobramycin 0.3 % solution</i>	2	UB
<i>tobramycin-dexamethasone -0.3-0.1 % suspension</i>	3	UB
TOBREX 0.3 % OINTMENT	4	
TRIFLURIDINE 1 % SOLUTION	3	UB
XDEMYVY 0.25 % SOLUTION	5	PA
ZIRGAN 0.15 % GEL	4	UB
ZYLET 0.5-0.3 % SUSPENSION	4	UB

ANTI-INFLAMMATORY AGENTS

ARNUITY ELLIPTA 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	3	QL (30 PER 30 DAYS)
<i>bromfenac sodium (once-daily) -0.09 % solution</i>	3	UB
<i>cyclosporine 0.05 % emulsion</i>	3	QL (60 PER 30 DAYS), UB
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	UB
<i>diclofenac sodium 0.1 % solution</i>	2	UB
<i>difluprednate 0.05 % emulsion</i>	3	QL (15 PER 30 OVER TIME), UB
FLAREX 0.1 % SUSPENSION	4	UB

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<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	QL (50 PER 30 OVER TIME), UB
<i>fluocinolone acetonide 0.01 % oil</i>	3	UB
<i>fluorometholone 0.1 % suspension</i>	3	UB
FLURBIPROFEN SODIUM 0.03 % SOLUTION	3	UB
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (16 PER 30 OVER TIME), UB
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	QL (240 PER 30 DAYS), UB
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS), UB
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	QL (12 PER 30 DAYS), UB
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	QL (24 PER 30 DAYS), UB
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL (10.6 PER 30 DAYS), UB
FML FORTE 0.25 % SUSPENSION	4	UB
<i>hydrocortisone-acetic acid -1-2 % solution</i>	3	UB
ILEVRO 0.3 % SUSPENSION	4	QL (15 PER 30 OVER TIME), UB
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	2	UB
<i>kourzeq 0.1 % paste</i>	2	UB
LOTEMAX 0.5 % OINTMENT	4	QL (15 PER 30 OVER TIME), UB
LOTEMAX SM 0.38 % GEL	4	QL (15 PER 30 OVER TIME), UB
<i>loteprednol etabonate 0.2 % suspension</i>	4	QL (15 PER 30 OVER TIME), UB
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	3	QL (15 PER 30 OVER TIME), UB
MAXIDEX 0.1 % SUSPENSION	4	
<i>mometasone furoate 50 mcg/act suspension</i>	3	QL (34 PER 30 OVER TIME), UB
NEVANAC 0.1 % SUSPENSION	4	QL (15 PER 30 OVER TIME), UB
OMNARIS 50 MCG/ACT SUSPENSION	4	ST, QL (12.5 PER 30 OVER TIME), UB

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<i>prednisolone acetate 1 % suspension</i>	3	QL (30 PER 30 DAYS), UB
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	UB
QNASL 80 MCG/ACT AERO SOLN	4	ST, QL (10.6 PER 30 OVER TIME), UB
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	4	ST, QL (10.6 PER 30 OVER TIME)
<i>triamcinolone acetonide 0.1 % paste</i>	2	UB
TYRVAYA 0.03 MG/ACT SOLUTION	3	QL (8.4 PER 30 OVER TIME)
XHANCE 93 MCG/ACT EXHU	4	PA
XIIDRA 5 % SOLUTION	3	QL (60 PER 30 DAYS), UB
ANTIALLERGIC AGENTS		
ALOMIDE 0.1 % SOLUTION	4	QL (30 PER 30 DAYS), UB
<i>azelastine hcl 0.05 % solution</i>	3	UB
<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	2	QL (60 PER 30 DAYS), UB
<i>bepotastine besilate 1.5 % solution</i>	3	QL (15 PER 30 OVER TIME), UB
<i>olopatadine hcl 0.6 % solution</i>	3	ST, QL (30.5 PER 30 OVER TIME), UB
ANTIGLAUCOMA AGENTS		
ALPHAGAN P ALHAGAN 0.1 % SOLUTION	3	QL (15 PER 30 OVER TIME), UB
BETAXOLOL HCL 0.5 % SOLUTION	2	UB
BETOPTIC-S -0.25 % UPENION	4	UB
<i>bimatoprost 0.03 % solution</i>	3	QL (7.5 PER 30 OVER TIME), UB
<i>brimonidine tartrate 0.2 % solution</i>	2	UB
<i>brinzolamide 1 % suspension</i>	3	QL (15 PER 30 OVER TIME), UB
COMBIGAN 0.2-0.5 % SOLUTION	3	QL (10 PER 30 OVER TIME), UB
<i>dorzolamide hcl 2 % solution</i>	2	UB
<i>dorzolamide hcl-timolol mal -22.3-6.8 mg/ml solution</i>	3	UB

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<i>dorzolamide hcl-timolol mal pf -2-0.5 % solution</i>	3	UB
<i>latanoprost 0.005 % solution</i>	2	UB
LEVOBUNOLOL HCL 0.5 % SOLUTION	2	UB
LUMIGAN 0.01 % SOLUTION	3	QL (5 PER 30 OVER TIME), UB
<i>methazolamide 25 mg tab, 50 mg tab</i>	3	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	3	UB
RHOPRESSA 0.02 % SOLUTION	4	ST, QL (60 PER 30 DAYS), UB
ROCKLATAN 0.02-0.005 % SOLUTION	4	ST, QL (5 PER 30 OVER TIME)
SIMBRINZA 1-0.2 % SUSPENSION	3	QL (16 PER 30 OVER TIME), UB
<i>timolol maleate (once-daily) -0.5 % solution</i>	3	UB
<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln</i>	3	UB
<i>timolol maleate 0.25 %, 0.5 %</i>	2	UB
<i>timolol maleate ocudose 0.5 % solution</i>	2	UB
<i>timolol maleate pf 0.25 %, 0.5 %</i>	2	UB
VYZULTA 0.024 % SOLUTION	4	ST
XELPROS 0.005 % EMULSION	4	QL (2.5 PER 30 OVER TIME)

EENT DRUGS, MISCELLANEOUS

<i>acetic acid 2 % solution</i>	2	UB
APRACLONIDINE HCL 0.5 % SOLUTION	2	UB
CYSTADROPS 0.37 % SOLUTION	5	PA, QL (20 PER 30 OVER TIME)
CYSTARAN 0.44 % SOLUTION	5	PA, QL (60 PER 30 DAYS), UB
IOPIDINE 1 % SOLUTION	4	UB
<i>ipratropium bromide 0.03 %, 0.06 %</i>	2	UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl 0.5 mg tab, 1 mg tab</i>	4	QL (60 PER 30 DAYS)
<i>balsalazide disodium 750 mg cap</i>	3	
<i>budesonide er 9 mg tab 24h</i>	5	ST, QL (30 PER 30 DAYS)
DIPENTUM 250 MG CAP	4	
<i>mesalamine 1.2 gm tab dr</i>	3	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap 24h</i>	3	QL (120 PER 30 DAYS)
ROWASA 4 GM KIT	4	UB
ANTIDIARRHEA AGENTS		
<i>loperamide hcl 2 mg cap</i>	2	UB
XERMELO 250 MG TAB	5	PA, QL (90 PER 30 DAYS)
ANTIEMETICS		
ANZEMET 50 MG TAB	4	PA, ST, QL (7 PER 30 OVER TIME), NOTE
<i>aprepitant 125 mg cap</i>	3	PA, QL (3 PER 30 OVER TIME), BVD (ORAL EMEND), NOTE
<i>aprepitant 40 mg cap</i>	3	PA, QL (1 PER 30 OVER TIME), BVD (ORAL EMEND), NOTE
<i>aprepitant 80 125 mg cap, 80 125 mg misc</i>	3	PA, QL (9 PER 30 OVER TIME), BVD (ORAL EMEND), UB, NOTE
<i>aprepitant 80 mg cap</i>	3	PA, QL (6 PER 30 OVER TIME), BVD (ORAL EMEND), UB, NOTE
<i>dronabinol 2.5 mg cap, 5 mg cap, 10 mg cap</i>	3	PA, QL (60 PER 30 DAYS), BVD (ORAL ANTIEMETICS), NOTE
<i>granisetron hcl 1 mg tab</i>	3	PA, BVD (ORAL ANTIEMETICS), UB, NOTE
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	2	PA, QL (240 PER 30 DAYS), BVD (ORAL ANTIEMETICS), NOTE

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	2	PA, QL (240 PER 30 DAYS), BVD (ORAL ANTIEMETICS), NOTE
<i>ondansetron hcl 4 mg/5ml solution</i>	2	PA, BVD (ORAL ANTIEMETICS), UB, NOTE
VARUBI (180 MG DOSE) 2 X 90 TAB THPK	4	PA, QL (4 PER 28 OVER TIME), BVD (ORAL ANTIEMETICS), NOTE

ANTIULCER AGENTS AND ACID SUPPRESSANTS

<i>bis subcit-metronid-tetracyc --140-125-125 mg cap</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	4	NM (Non-Mail Order), SUM7 (Excluded from Auto Extension)
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	2	
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	2	
<i>famotidine 20 mg tab</i>	2	UB
<i>famotidine 40 mg tab</i>	2	
<i>famotidine 40 mg/5ml recon susp</i>	3	
<i>lansoprazole 15 mg cap dr, 30 mg cap dr</i>	2	
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	2	UB
NIZATIDINE NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP	2	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	2	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	2	
<i>pantoprazole sodium 40 mg packet</i>	3	QL (60 PER 30 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	3	QL (60 PER 30 DAYS)
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	3	UB

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CATHARTICS AND LAXATIVES		
CLENPIQ 10-3.5-12 MG-GM - GM/160ML SOLUTION, 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	
GAVILYTE-C -240 GM REON SOLN	2	UB
<i>gavilyte-g -236 m recon soln</i>	2	UB
<i>gavilyte-n with flavor pack -420 gm recosol</i>	2	UB
<i>na sulfate-k sulfate-mg sulf --17.5-3.13-1.6 gm/177ml solution</i>	3	
<i>peg 3350-kcl-na bicarb-nacl ---cl 420 gm recon soln</i>	2	UB
<i>peg-3350/electrolytes -236 gm recon soln</i>	2	UB
<i>peg-3350/electrolytes/ascorbat -100 gm recon soln</i>	3	
<i>peg-kcl-nacl-nasulf-na asc-c -kl-l-sulf--100 gm reon soln</i>	3	
PLENVU 140 GM RECON SOLN	4	ST
SUPREP BOWEL PREP KIT SU17.5- 3.13-1.6 GM/177ML SOLUTION	3	
CHOLELITHOLYTIC AGENTS		
CHENODAL 250 MG TAB	4	QL (240 PER 30 DAYS)
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	3	
DIGESTANTS		
CREON 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000- 38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART	3	
PANCREAZE 2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800- 56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART	3	

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PERTZYE 16000 CP DR PART, 16000-57500 CP DR PART, 24000- 86250 CP DR PART	5	
PERTZYE 4000 CP DR PART, 4000- 14375 CP DR PART, 8000 CP DR PART	4	
VIOKACE 10440-39150 UNIT TAB	4	
VIOKACE 20880 TAB, 20880-78300 TAB	5	
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000- 32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000- 189600 CP DR PART	3	
GI DRUGS, MISCELLANEOUS		
CHOLBAM 50 MG CAP, 250 MG CAP	5	PA, QL (120 PER 30 DAYS)
LINZESS 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	3	QL (30 PER 30 DAYS)
<i>lubiprostone 8 mcg cap, 24 mcg cap</i>	2	QL (60 PER 30 DAYS)
MOVANTIK 12.5 MG TAB, 25 MG TAB	3	QL (30 PER 30 DAYS)
REZDIFFRA 60 MG TAB, 80 MG TAB, 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
SYMPROIC 0.2 MG TAB	3	
PROKINETIC AGENTS		
METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	2	
<i>metoclopramide hcl 5 mg/5ml, 10 mg/10ml</i>	3	UB
MOTEGRITY 1 MG TAB, 2 MG TAB	4	ST, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAP	4	
<i>deferasirox 125 mg tab sol</i>	4	QL (720 PER 30 DAYS)
<i>deferasirox 180 mg tab</i>	5	QL (450 PER 30 DAYS)
<i>deferasirox 250 mg tab sol</i>	5	PA, QL (360 PER 30 DAYS)
<i>deferasirox 360 mg tab</i>	3	QL (120 PER 30 DAYS)
<i>deferasirox 500 mg tab sol</i>	5	PA, QL (180 PER 30 DAYS)
<i>deferasirox 90 mg packet, 180 mg packet, 360 mg packet</i>	5	PA, QL (120 PER 30 DAYS)
<i>deferasirox 90 mg tab</i>	4	QL (240 PER 30 DAYS)
<i>deferasirox granules 90 mg packet, 180 mg packet, 360 mg packet</i>	5	PA, QL (120 PER 30 DAYS)
<i>deferiprone 500 mg tab, 1000 mg tab</i>	5	
FERRIPROX 100 MG/ML SOLUTION	5	QL (2970 PER 30 DAYS)
<i>penicillamine 250 mg tab</i>	5	
TRIENTINE HCL TRIENTINE HCL 250 MG CAP, TRIENTINE HCL 500 MG CAP	5	PA

HORMONES AND SYNTHETIC SUBSTITUTES

ADRENALS

ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS), UB
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS), UB
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS), UB
ASMANEX HFA 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS)
ASMANEX HFA 50 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS), UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	3	PA, QL (240 PER 30 DAYS), BVD (INHALATION), UB, NOTE
<i>budesonide 3 mg cp dr part</i>	3	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	UB
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
HEMADY 20 MG TAB	4	PA, QL (60 PER 30 DAYS)
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	2	
INTRAROSA 6.5 MG INSERT	4	QL (30 PER 30 DAYS)
<i>methylprednisolone 4 mg tab thpk</i>	2	UB
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	3	UB
<i>prednisolone sodium phosphate prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 30 mg tab disp, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 30 mg tab disp, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg tab disp</i>	3	
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL 5 MG/ML CONC	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TARPEYO 4 MG CAP DR	5	PA, QL (120 PER 30 DAYS)
ANDROGENS		
<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	2	
<i>depo-testosterone -100 mg/ml solution</i>	4	PA, QL (10 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB
<i>depo-testosterone depo-testosterone 200 mg/ml solution, depo-testosterone 200 mg/ml solution</i>	4	PA, QL (10 PER 30 OVER TIME), UB
<i>testosterone 1.62 % gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	3	QL (150 PER 30 DAYS), UB
<i>testosterone 30 mg/act solution</i>	3	PA, QL (180 PER 30 DAYS), UB
<i>testosterone cypionate 100 mg/ml solution</i>	3	QL (10 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB
<i>testosterone cypionate 200 mg/ml solution</i>	3	QL (10 PER 28 OVER TIME), UB
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	3	QL (10 PER 28 OVER TIME), UB
<i>testosterone testosterone 10 mg/act (2%) gel, testosterone 10 mg/act (2%) gel</i>	3	PA, QL (120 PER 30 DAYS), UB
<i>testosterone testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel</i>	3	QL (300 PER 30 DAYS), UB
ANTIDIABETIC AGENTS		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (90 PER 30 DAYS)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	1	QL (30 PER 30 DAYS)
ALOGLIPTIN-METFORMIN HCL - 12.5-1000 MG TAB, -12.5-500 MG TAB	1	QL (60 PER 30 DAYS)
ALOGLIPTIN-PIOGLITAZONE -12.5-30 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	1	QL (30 PER 30 DAYS)

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FARXIGA 5 MG TAB, 10 MG TAB	3	QL (30 PER 30 DAYS)
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	
<i>glipizide er er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er</i>	1	
<i>glipizide glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab</i>	1	
<i>glipizide xl 2.5 mg tab er, 5 mg tab er, 10 mg tab er</i>	1	
<i>glipizide-metformin hcl -2.5-250 mg tab, -2.5-500 mg tab, -5-500 mg tab</i>	1	
<i>glyburide-metformin -1.25-250 mg tab, -2.5-500 mg tab, -5-500 mg tab</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI 10-5 MG TAB, 25-5 MG TAB	3	QL (30 PER 30 DAYS)
HUMALOG 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN), UB
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN), UB
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN)
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	3	\$35 (35\$/30), UB
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	3	\$35 (35\$/30), BVD (INSULIN), UB
HUMULIN R U-500 (CONCENTRATED) HMLIN - (CONCENTATED) NIT/ML SOLTION	3	\$35 (35\$/30), BVD (INSULIN), UB
HUMULIN R U-500 KWIKPEN HMLIN -KWIKNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN)
INSULIN ASP PROT & ASP FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (35\$/30), BVD (INSULIN), UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
INSULIN ASPART 100 UNIT/ML SOLUTION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN), UB
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	\$35 (35\$/30), BVD (INSULIN), UB
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	4	PA, QL (120 PER 30 DAYS), \$35 (35\$/30), UB
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	4	PA, QL (120 PER 30 DAYS), \$35 (35\$/30), UB
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	3	\$35 (35\$/30), BVD (INSULIN), UB
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN), UB
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	3	\$35 (35\$/30), BVD (INSULIN), UB
JANUMET 50-1000 MG TAB, 50-500 MG TAB	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
JANUVIA 25 MG TAB, 50 MG TAB, 100 MG TAB	3	QL (30 PER 30 DAYS)
JARDIANCE 10 MG TAB, 25 MG TAB	3	QL (30 PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB	3	QL (60 PER 30 DAYS)
JENTADUETO 2.5-500 MG TAB	3	QL (120 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)

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JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
LANTUS 100 UNIT/ML SOLUTION	3	QL (120 PER 30 DAYS), \$35 (35\$/30), UB
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	QL (120 PER 30 DAYS), \$35 (35\$/30), UB
<i>metformin hcl 500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab</i>	1	
<i>metformin hcl er er 500 mg tab er, er 750 mg tab er</i>	1	
<i>mifepristone 300 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
MIGLITOL 25 MG TAB, 50 MG TAB, 100 MG TAB	2	
MOUNJARO MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	3	PA, QL (2 PER 28 OVER TIME)
<i>nateglinide 60 mg tab, 120 mg tab</i>	1	
NOVOLOG 100 UNIT/ML SOLUTION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
NOVOLOG 70/30 FLEXPEN RELION FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (35\$/30), BVD (INSULIN), UB
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN), UB
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	3	\$35 (35\$/30), BVD (INSULIN), UB
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
NOVOLOG MIX 70/30 FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	\$35 (35\$/30), BVD (INSULIN), UB
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	\$35 (35\$/30), BVD (INSULIN), UB

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NOVOLOG RELION 100 UNIT/ML SOLUTION	3	\$35 (35\$/30), BVD (INSULIN), UB, NOTE
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-glimepiride -30-2 mg tab, -30-4 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl-metformin hcl -15-500 mg tab, -15-850 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	
<i>saxagliptin hcl 2.5 mg tab, 5 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -2.5-1000 mg tab 24h</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin-metformin er -er 5-1000 mg tab er, -er 5-500 mg tab er</i>	1	QL (30 PER 30 DAYS)
SEGLUROMET 2.5-1000 MG TAB, 2.5-500 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	4	ST, QL (60 PER 30 DAYS)
SITAGLIPTIN 25 MG TAB, 50 MG TAB, 100 MG TAB	1	QL (30 PER 30 DAYS)
SITAGLIPTIN BASE-METFORMIN HCL -50-1000 MG TAB, -50-500 MG TAB	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	3	ST, QL (18 PER 30 OVER TIME), UB
STEGLATRO 5 MG TAB, 15 MG TAB	4	ST, QL (30 PER 30 DAYS)
SYMLINPEN 120 SYMLIN2700 MCG/2.7ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME), UB
SYMLINPEN 60 SYMLIN1500 MCG/1.5ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME), UB
SYNJARDY 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)

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TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (30 PER 30 DAYS), \$35 (35\$/30)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (45 PER 30 DAYS), \$35 (35\$/30), UB
TRADJENTA 5 MG TAB	3	QL (30 PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	3	
TRULICITY 0.75 MG/0.5ML SOLN -INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	3	PA, QL (4 PER 28 OVER TIME), UB
WEGOVY 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ, 1 MG/0.5ML SOLN -INJ	5	PA, QL (2 PER 28 OVER TIME), UB
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	5	PA, QL (3 PER 28 OVER TIME), UB
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	3	QL (30 PER 30 DAYS)

ANTIHYPOGLYCEMIC AGENTS

BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	UB
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	UB
<i>diazoxide 50 mg/ml suspension</i>	2	UB
GLUCAGON EMERGENCY 1 MG KIT	3	UB

CONTRACEPTIVES

<i>amethia 0.15-0.03 & 0.01 mg tab</i>	2	QL (91 PER 91 DAYS), UB
<i>apri 0.15-30 mg-mcg tab</i>	2	UB
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	2	UB

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<i>aviane 0.1-20 mg-mcg tab</i>	2	UB
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	2	UB
<i>balziva 0.4-35 mg-mcg tab</i>	2	UB
<i>blisovi fe 1.5/30 /-mg-mcg tab</i>	2	UB
<i>briellyn 0.4-35 mg-mcg tab</i>	2	UB
<i>camila 0.35 mg tab</i>	2	UB
<i>cryselle-28 -0.3-30 mg-mcg tab</i>	2	UB
<i>desogestrel-ethinyl estradiol -0.15-0.02/0.01 mg (21/5) tab, -0.15-30 mg-mcg tab</i>	2	UB
<i>dolishale 90-20 mcg tab</i>	2	UB
<i>drospiren-eth estrad-levomefol --3-0.02-0.451 mg tab</i>	2	UB
<i>drospirenone-ethinyl estradiol -3-0.02 mg tab, -3-0.03 mg tab</i>	2	UB
<i>eluryng 0.12-0.015 mg/24hr ring</i>	3	QL (1 PER 28 OVER TIME), UB, NOTE
<i>enilloring 0.12-0.015 mg/24hr</i>	3	QL (1 PER 28 OVER TIME), UB, NOTE
<i>errin 0.35 mg tab</i>	2	UB
<i>estarylla 0.25-35 mg-mcg tab</i>	2	UB
<i>estradiol-norethindrone acet -0.5-0.1 mg tab, -1-0.5 mg tab</i>	3	UB
<i>ethynodiol diac-eth estradiol ynodiol -1-35 mg-mcg tab, ynodiol -1-50 mg-mcg tab</i>	2	UB
<i>etonogestrel-ethinyl estradiol -0.12-0.015 mg/24hr ring</i>	2	QL (1 PER 28 OVER TIME), UB, NOTE
<i>fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab</i>	3	UB
<i>hailey 24 fe 1-20 mg-mcg() tab</i>	2	UB
<i>haloette 0.12-0.015 mg/24hr ring</i>	3	QL (1 PER 28 OVER TIME), UB, NOTE
<i>heather 0.35 mg tab</i>	2	UB
<i>iclevia 0.15-0.03 mg tab</i>	2	QL (91 PER 91 DAYS), UB

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<i>introvale 0.15-0.03 mg tab</i>	2	QL (91 PER 91 DAYS), UB
<i>jasmiel 3-0.02 mg tab</i>	2	UB
<i>jinteli 1-5 mg-mcg tab</i>	3	UB
<i>junel 1.5/30 /-mg-mcg tab</i>	2	UB
<i>junel 1/20 /-mg-mcg tab</i>	2	UB
<i>junel fe 1.5/30 /-mg-mcg tab</i>	2	UB
<i>junel fe 1/20 /-mg-mcg tab</i>	2	UB
<i>junel fe 24 1-20 mg-mcg() tab</i>	2	UB
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	2	UB
<i>kelnor 1/35 /-mg-mcg tab</i>	2	UB
<i>kelnor 1/50 /-mg-mcg tab</i>	2	UB
<i>lessina 0.1-20 mg-mcg tab</i>	2	UB
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	2	UB
<i>levonorg-eth estrad triphasic -50-30/75-40/ 125-30 mcg tab</i>	2	UB
<i>levonorgest-eth estrad 91-day --0.15-0.03 &0.01 mg tab</i>	2	UB
<i>levonorgest-eth estrad 91-day --0.15-0.03 mg tab</i>	2	QL (91 PER 91 DAYS), UB
<i>levonorgestrel-ethinyl estrad -90-20 mcg tab</i>	2	UB
<i>levora 0.15/30 (28) /-mg-mcg tab</i>	2	UB
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	PA, QL (1 PER 365 OVER TIME), UB, NOTE
LO LOESTRIN FE ESTRIN 1 MG-10 MCG / 10 MCG TAB	4	UB
<i>loestrin 1.5/30 (21) /-mg-mcg tab</i>	4	UB
<i>loestrin 1/20 (21) /-mg-mcg tab</i>	4	UB
<i>loestrin fe 1.5/30 /-mg-mcg tab</i>	4	UB
<i>loestrin fe 1/20 /-mg-mcg tab</i>	4	UB
<i>loryna 3-0.02 mg tab</i>	2	UB

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<i>luteal 0.1-20 mg-mcg tab</i>	2	UB
<i>lyleq 0.35 mg tab</i>	2	UB
<i>marlissa 0.15-30 mg-mcg tab</i>	2	UB
<i>merzee 1-20 mg-mcg(24) cap</i>	2	UB
<i>microgestin 1.5/30 /-mg-mcg tab</i>	2	UB
<i>microgestin 1/20 /-mg-mcg tab</i>	2	UB
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	2	UB
<i>microgestin fe 1.5/30 /-mg-mcg tab</i>	2	UB
<i>microgestin fe 1/20 /-mg-mcg tab</i>	2	UB
<i>mili 0.25-35 mg-mcg tab</i>	2	UB
<i>mimvey 1-0.5 mg tab</i>	3	UB
<i>necon 0.5/35 (28) /-mg-mcg tab</i>	2	UB
NEXPLANON 68 MG IMPLANT	3	PA, QL (1 PER 365 OVER TIME), UB
<i>norelgestromin-eth estradiol -150-35 mcg/24hr patch wk</i>	2	QL (4 PER 28 OVER TIME)
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab</i>	2	UB
<i>norethindron-ethinyl estrad-fe --1-20/1-30/1-35 mg-mcg tab</i>	2	UB
<i>norethindrone 0.35 mg tab</i>	2	UB
<i>norethindrone acet-ethinyl est -1-20 mg-mcg tab</i>	2	UB
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norethindrone-eth estradiol -0.5-2.5 mg-mcg tab, -1-5 mg-mcg tab</i>	3	UB
<i>norgestim-eth estrad triphasic -0.18/0.215/0.25 mg-25 mcg tab, -0.18/0.215/0.25 mg-35 mcg tab</i>	2	UB
<i>norgestimate-eth estradiol -0.25-35 mg-mcg tab</i>	2	UB
<i>nortrel 0.5/35 (28) /-mg-mcg tab</i>	2	UB

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<i>nortrel 1/35 (21) /-mg-mcg tab</i>	2	UB
<i>nortrel 1/35 (28) /-mg-mcg tab</i>	2	UB
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	UB
<i>nylia 1/35 /-mg-mcg tab</i>	2	UB
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	UB
<i>nymyo 0.25-35 mg-mcg tab</i>	2	UB
<i>portia-28 -0.15-30 mg-mcg tab</i>	2	UB
<i>reclipsen 0.15-30 mg-mcg tab</i>	2	UB
SAFYRAL 3-0.03-0.451 MG TAB	4	UB
<i>sprintec 28 0.25-35 mg-mcg tab</i>	2	UB
<i>sronyx 0.1-20 mg-mcg tab</i>	2	UB
<i>tarina 24 fe 1-20 mg-mcg() tab</i>	2	UB
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	2	UB
<i>tri-estarylla -0.18/0.215/0.25 mg-35 mcg tab</i>	2	UB
<i>tri-legest fe -1-20/1-30/1-35 mg-mcg tab</i>	2	UB
<i>tri-lo-estarylla --0.18/0.215/0.25 mg-25 mcg tab</i>	2	UB
<i>tri-lo-sprintec --0.18/0.215/0.25 mg-25 mcg tab</i>	2	UB
<i>tri-nymyo -0.18/0.215/0.25 mg-35 mcg tab</i>	2	UB
<i>tri-sprintec -0.18/0.215/0.25 mg-35 mcg tab</i>	2	UB
<i>tri-vylibra lo -0.18/0.215/0.25 mg-25 mcg tab</i>	2	UB
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	2	UB
<i>turqoz 0.3-30 mg-mcg tab</i>	2	UB
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	2	UB
<i>vestura 3-0.02 mg tab</i>	2	UB
<i>vienva 0.1-20 mg-mcg tab</i>	2	UB
<i>vylibra 0.25-35 mg-mcg tab</i>	2	UB
<i>xulane 150-35 mcg/24hr patch wk</i>	2	QL (4 PER 28 OVER TIME)

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<i>zovia 1/35 (28) /-mg-mcg tab</i>	2	UB
<i>zovia 1/35e (28) /e -mg-mcg tab</i>	2	UB
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
<i>anastrozole 1 mg tab</i>	2	QL (30 PER 30 DAYS)
DEPO-ESTRADIOL -5 MG/ML OIL	4	UB
<i>dotti 0.025 mg/24hr patch tw</i>	3	UB
<i>dotti 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	3	
DUAVEE 0.45-20 MG TAB	3	QL (30 PER 30 DAYS)
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk</i>	3	UB
<i>estradiol 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk</i>	3	
<i>estradiol 0.1 mg/gm cream</i>	3	QL (127.5 PER 30 OVER TIME), UB
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	3	QL (450 PER 30 DAYS)
<i>estradiol 10 mcg tab</i>	3	QL (30 PER 30 DAYS), UB
<i>exemestane 25 mg tab</i>	3	QL (60 PER 30 DAYS)
FEMRING 0.05 MG/24HR RING, 0.1 MG/24HR RING	4	ST, QL (1 PER 90 OVER TIME), UB
IMVEXXY MAINTENANCE PACK PACK 4 MCG INSERT, PACK 10 MCG INSERT	4	ST, QL (30 PER 30 DAYS)
IMVEXXY STARTER PACK PACK 4 MCG INSERT, PACK 10 MCG INSERT	4	ST, QL (30 PER 30 DAYS)
<i>letrozole 2.5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>lyllana 0.025 mg/24hr patch tw</i>	3	UB

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<i>lyllana 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	3	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA, QL (60 PER 30 DAYS), UB
OSPHENA 60 MG TAB	4	QL (30 PER 30 DAYS)
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	3	QL (30 PER 30 DAYS)
PREMARIN 0.625 MG/GM CREAM	3	ST, QL (60 PER 30 DAYS), UB
PREMPHASE 0.625-5 MG TAB	3	UB
PREMPRO 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	3	UB
<i>raloxifene hcl 60 mg tab</i>	3	QL (30 PER 30 DAYS)
SOLTAMOX 10 MG/5ML SOLUTION	4	
<i>tamoxifen citrate 10 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tamoxifen citrate 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>toremifene citrate 60 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>yuvafem 10 mcg tab</i>	3	QL (30 PER 30 DAYS), UB

GONADOTROPINS AND ANTIGONADOTROPINS

ELIGARD 7.5 MG KIT, 22.5 MG KIT, 30 MG KIT	4	PA, UB, NOTE
FIRMAGON (240 MG DOSE) 120 /VIAL RECON SOLN	5	PA, BVD (INJ/INFUSIBLE CHEMO), NOTE
FIRMAGON 80 MG RECON SOLN	4	PA, BVD (INJ/INFUSIBLE CHEMO), NOTE
<i>leuprolide acetate 1 mg/0.2ml kit</i>	4	BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
LEUPROLIDE ACETATE 22.5 MG INJECTABLE	4	PA, BVD (INJ/INFUSIBLE CHEMO), NOTE
LUPRON DEPOT (1-MONTH) -3.75 MG KIT, -7.5 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE

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LUPRON DEPOT (3-MONTH) -11.25 MG KIT, -22.5 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
LUPRON DEPOT (4-MONTH) -30 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
LUPRON DEPOT (6-MONTH) -45 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
LUPRON DEPOT-PED (1-MONTH) -- 7.5 MG KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
LUPRON DEPOT-PED (3-MONTH) -- 11.25 MG () KIT	5	PA, BVD (INJ/INFUSIBLE CHEMO), UB, NOTE
MYFEMBREE 40-1-0.5 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORGOVYX 120 MG TAB	5	PA, QL (32 PER 30 DAYS)
ORILISSA 150 MG TAB	5	PA, QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
ORILISSA 200 MG TAB	5	PA, QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
SYNAREL 2 MG/ML SOLUTION	4	PA, UB
TRELSTAR MIXJECT 3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP	4	PA, UB, NOTE

PARATHYROID AND ANTIPARATHYROID AGENTS

<i>calcitonin (salmon) 200 unit/act solution</i>	2	UB, ESRD
<i>cinacalcet hcl 30 mg tab, 60 mg tab, 90 mg tab</i>	4	QL (120 PER 30 DAYS), ESRD, NOTE

PITUITARY

<i>desmopressin ace spray refrig 0.01 % solution</i>	3	QL (15 PER 30 OVER TIME), UB
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	3	QL (180 PER 30 DAYS)
GENOTROPIN MINIQUICK 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	5	PA, UB, SUM7 (Excluded from Auto Extension)
OMNITROPE 5.8 MG RECON SOLN	5	PA, UB, SUM7 (Excluded from Auto Extension)

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PROGESTINS		
CRINONE 4 % GEL	4	PA, UB
DEPO-SUBQ PROVERA 104 - MG/0.65ML SUSP PRSYR	3	QL (1 PER 90 OVER TIME), UB
<i>medroxyprogesterone acetate 150 mg/ml susp prsy, 150 mg/ml suspension</i>	2	QL (1 PER 90 OVER TIME), UB
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	2	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	2	
<i>megestrol acetate megestrol acetate 40 mg/ml suspension, megestrol acetate 625 mg/5ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 625 mg/5ml suspension, megestrol acetate 800 mg/20ml suspension</i>	2	UB
<i>progesterone 100 mg cap, 200 mg cap</i>	3	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
<i>octreotide acetate octreotide acetate 200 mcg/ml solution, octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution</i>	4	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>octreotide acetate octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 1000 mcg/ml solution</i>	5	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
SIGNIFOR 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	5	PA, QL (60 PER 30 DAYS), UB
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
GENOTROPIN 5 MG CARTRIDGE, 12 MG CARTRIDGE	5	PA, UB, SUM7 (Excluded from Auto Extension)
INCRELEX 40 MG/4ML SOLUTION	5	PA, UB, SUM7 (Excluded from Auto Extension)
OMNITROPE 5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART	5	PA, UB, SUM7 (Excluded from Auto Extension)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SOMAVERT 10 MG RECON SOLN	5	PA, QL (90 PER 30 DAYS)
SOMAVERT 15 MG RECON SOLN, 20 MG RECON SOLN	5	PA, QL (60 PER 30 DAYS)
SOMAVERT 25 MG RECON SOLN, 30 MG RECON SOLN	5	PA, QL (30 PER 30 DAYS), UB

THYROID AND ANTITHYROID AGENTS

<i>euthyrox 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab</i>	3	
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	
<i>levoxyl 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab</i>	3	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	QL (90 PER 30 DAYS)
<i>methimazole 5 mg tab, 10 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	
SYNTHROID 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB	3	QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TIROSINT-SOL -SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	3	

MISCELLANEOUS THERAPEUTIC AGENTS

5-ALPHA-REDUCTASE INHIBITORS

<i>dutasteride 0.5 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	1	QL (30 PER 30 DAYS)

ALCOHOL DETERRENTS

<i>acamprosate calcium 333 mg tab dr</i>	3	QL (180 PER 30 DAYS), UB
<i>disulfiram 250 mg tab, 500 mg tab</i>	3	

ANTIDOTES

<i>acetylcysteine 10 % solution</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>acetylcysteine 20 % solution</i>	2	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	3	NOTE

ANTIGOUT AGENTS

<i>allopurinol 100 mg tab, 300 mg tab</i>	1	
<i>colchicine 0.6 mg tab</i>	3	QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>febuxostat 40 mg tab, 80 mg tab</i>	2	QL (30 PER 30 DAYS)
BONE ANABOLIC AGENTS		
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA, QL (2.4 PER 30 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE, SUM7 (Excluded from Auto Extension)
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	PA, UB, SUM7 (Excluded from Auto Extension)
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA, QL (1.56 PER 30 OVER TIME), SUM7 (Excluded from Auto Extension)
BONE RESORPTION INHIBITORS		
<i>alendronate sodium 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 PER 28 OVER TIME), UB
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 OVER TIME), UB
PROLIA 60 MG/ML SOLN PRSYR	4	PA, QL (1 PER 180 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>risedronate sodium 150 mg tab</i>	3	QL (1 PER 28 OVER TIME), UB
<i>risedronate sodium 35 mg tab, 35 mg tab dr</i>	3	QL (4 PER 28 OVER TIME), UB
<i>risedronate sodium 5 mg tab, 30 mg tab</i>	3	QL (30 PER 30 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	5	PA, BVD (INJECTABLE/INFUSIBLE), UB
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 125 mg tab, 250 mg tab</i>	2	
<i>acetazolamide er 500 mg cap 12h</i>	2	
KEVEYIS 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
COMPLEMENT INHIBITORS		
HAEGARDA 2000 RECON SOLN, 3000 RECON SOLN	5	PA, QL (16 PER 28 OVER TIME), SUM7 (Excluded from Auto Extension)

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<i>icatibant acetate 30 mg/3ml soln prsy</i>	5	PA, QL (18 PER 30 OVER TIME), UB, SUM7 (Excluded from Auto Extension)
ORLADEYO 110 MG CAP, 150 MG CAP	5	PA, QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
TAVNEOS 10 MG CAP	5	PA, QL (180 PER 30 DAYS), SUM7 (Excluded from Auto Extension)

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

AMJEVITA 20 MG/0.2ML SOLN PRSYR	5	PA, QL (0.8 PER 28 OVER TIME), UB
AMJEVITA 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR	5	PA, QL (3.2 PER 28 OVER TIME), UB
AMJEVITA 80 MG/0.8ML SOLN -INJ	5	PA, QL (2.4 PER 28 OVER TIME), UB
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME), UB
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	5	PA, QL (8 PER 28 OVER TIME)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	5	PA, QL (8 PER 28 OVER TIME), UB
<i>leflunomide 10 mg tab, 20 mg tab</i>	3	
RIDAURA 3 MG CAP	5	
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	5	PA, QL (2 PER 84 OVER TIME), UB
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME), UB
TALTZ 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR	5	PA, QL (3 PER 28 OVER TIME)
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	5	PA, QL (3.6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)

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XELJANZ 5 MG TAB, 10 MG TAB	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR 11 MG TAB ER 24H, 22 MG TAB ER 24H	5	PA, QL (30 PER 30 DAYS)
IMMUNOMODULATORY AGENTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	5	PA, UB, NOTE
BESREMI 500 MCG/ML SOLN PRSYR	5	PA, QL (2 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), NOTE
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	3	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	3	QL (60 PER 30 DAYS), UB
<i>fingolimod hcl 0.5 mg cap</i>	3	QL (30 PER 30 DAYS), UB
<i>glatiramer acetate 20 mg/ml soln prsy</i>	5	QL (30 PER 30 DAYS), UB
<i>glatiramer acetate 40 mg/ml soln prsy</i>	5	QL (12 PER 28 OVER TIME), UB
<i>glatopa 20 mg/ml soln prsy</i>	5	QL (30 PER 30 DAYS), UB
<i>glatopa 40 mg/ml soln prsy</i>	5	QL (12 PER 28 OVER TIME), UB
<i>teriflunomide 7 mg tab, 14 mg tab</i>	3	QL (30 PER 30 DAYS)
THALOMID 150 MG CAP	5	QL (60 PER 30 DAYS), UB
THALOMID 50 MG CAP, 100 MG CAP, 200 MG CAP	5	QL (30 PER 30 DAYS), UB
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	4	PA, ST, BVD (IMMUNOSUPPRESSANTS), NOTE
<i>azathioprine 50 mg tab, 75 mg tab, 100 mg tab</i>	2	PA, BVD (IMMUNOSUPPRESSANTS), NOTE
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE
<i>cyclosporine 25 mg cap, 100 mg cap</i>	2	PA, BVD (IMMUNOSUPPRESSANTS), UB, NOTE

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<i>cyclosporine modified 25 mg cap, 100 mg cap, 100 mg/ml solution</i>	2	PA, BVD (IMMUNOSUPPRESSANTS), UB, NOTE
<i>cyclosporine modified 50 mg cap</i>	2	PA, BVD (IMMUNOSUPPRESSANTS), NOTE
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA, QL (7 PER 168 OVER TIME), UB
ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H	4	PA, ST, BVD (IMMUNOSUPPRESSANTS), NOTE
<i>engraf 100 mg cap</i>	3	PA, UB, NOTE
<i>engraf 25 mg cap, 100 mg/ml solution</i>	3	PA, BVD (IMMUNOSUPPRESSANTS), UB, NOTE
LUPKYNIS 7.9 MG CAP	5	PA, QL (180 PER 30 DAYS)
<i>mycophenolate mofetil 200 mg/ml recon susp, 250 mg cap, 500 mg tab</i>	3	PA, BVD (IMMUNOSUPPRESSANTS), NOTE
<i>mycophenolate sodium 180 mg tab dr</i>	3	PA, QL (240 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS), UB, NOTE
<i>mycophenolate sodium 360 mg tab dr</i>	3	PA, QL (120 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS), UB, NOTE
<i>mycophenolic acid 180 mg tab dr</i>	3	PA, QL (240 PER 30 DAYS), UB, NOTE
<i>mycophenolic acid 360 mg tab dr</i>	3	PA, QL (120 PER 30 DAYS), UB, NOTE
PROGRAF 0.2 MG PACKET, 1 MG PACKET	4	PA, BVD (IMMUNOSUPPRESSANTS), NOTE
REZUROCK 200 MG TAB	5	PA, QL (30 PER 30 DAYS), BVD (IMMUNOSUPPRESSANTS), NOTE
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	4	PA, BVD (IMMUNOSUPPRESSANTS), NOTE

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<i>sirolimus 1 mg/ml solution</i>	5	PA, BVD (IMMUNOSUPPRESSANTS), UB, NOTE
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	2	PA, BVD (IMMUNOSUPPRESSANTS), NOTE

OTHER MISCELLANEOUS THERAPEUTIC AGENTS

ARCALYST 220 MG RECON SOLN	5	PA, BVD (INJECTABLE/INFUSIBLE), UB, NOTE
<i>betaine powder</i>	5	
CYSTAGON 50 MG CAP, 150 MG CAP	4	PA
<i>dalfampridine er 10 mg tab 12h</i>	3	QL (60 PER 30 DAYS)
FILSPARI 200 MG TAB, 400 MG TAB	5	PA, QL (30 PER 30 DAYS)
FIRDAPSE 10 MG TAB	5	PA, QL (240 PER 30 DAYS)
ISTURISA 1 MG TAB	5	PA, QL (240 PER 30 DAYS), UB
ISTURISA 5 MG TAB	5	PA, QL (360 PER 30 DAYS)
<i>l-glutamine -gutamine 5 gm packet</i>	5	PA, QL (180 PER 30 DAYS)
<i>metyrosine 250 mg cap</i>	5	PA
MYALEPT 11.3 MG RECON SOLN	5	PA, QL (67.8 PER 30 DAYS), UB
<i>nitisinone 2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap</i>	5	PA, QL (600 PER 30 DAYS)
NITYR 2 MG TAB, 5 MG TAB, 10 MG TAB	5	PA, QL (600 PER 30 DAYS)
ORFADIN 4 MG/ML SUSPENSION	5	PA, QL (1500 PER 30 DAYS)
PYRUKYND 5 MG TAB, 20 MG TAB, 50 MG TAB	5	PA, QL (56 PER 28 DAYS), SUM7 (Excluded from Auto Extension)
PYRUKYND TAPER PACK PACK 5 MG TAB THPK, PACK 7 20 MG & 7 5 MG TAB THPK, PACK 7 50 MG & 7 20 MG TAB THPK	5	PA, QL (56 PER 28 DAYS), SUM7 (Excluded from Auto Extension)
<i>sapropterin dihydrochloride 100 mg packet, 100 mg tab, 500 mg packet</i>	5	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TEGSEDI 284 MG/1.5ML SOLN PRSYR	5	PA, QL (6 PER 28 OVER TIME)
VOXZOGO 0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN	5	PA, QL (30 PER 30 DAYS), BVD (INJECTABLE/INFUSIBLE), NOTE
PROTECTIVE AGENTS		
ELMIRON 100 MG CAP	4	
MESNEX 400 MG TAB	5	UB
NONHORMONAL CONTRACEPTIVES		
PHEXXI 1.8-1-0.4 % GEL	4	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	3	
CROMOLYN SODIUM 4 % SOLUTION	3	UB
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 PER 28 OVER TIME), UB, NOTE
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (2 PER 56 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
FASENRA PEN 30 MG/ML SOLN -INJ	5	PA, QL (2 PER 56 OVER TIME), UB
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab, 10 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	1	QL (30 PER 30 DAYS)
XOLAIR 150 MG RECON SOLN	5	PA, QL (6 PER 28 OVER TIME), BVD (INJECTABLE/INFUSIBLE), UB, NOTE
XOLAIR 150 MG/ML SOLN PRSYR	5	PA, QL (6 PER 28 OVER TIME), NOTE
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME), UB, NOTE

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XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 28 OVER TIME), NOTE
XOLAIR XOLIR 150 MG/ML SOLN - INJ	5	PA, QL (6 PER 28 OVER TIME), UB, NOTE
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	5	PA, QL (4 PER 28 OVER TIME), UB, NOTE
<i>zafirlukast 10 mg tab, 20 mg tab</i>	3	QL (60 PER 30 DAYS)

ANTI-INFLAMMATORY AGENTS (RESPIRATORY)

<i>azelastine-fluticasone -137-50 mcg/act suspension</i>	4	ST, QL (23 PER 30 OVER TIME), UB
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	PA, BVD (INHALATION), UB, NOTE

ANTIFIBROTIC AGENTS

OFEV 100 MG CAP, 150 MG CAP	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone 267 mg cap, 267 mg tab</i>	5	PA, QL (270 PER 30 DAYS), UB
PIRFENIDONE 534 MG TAB	5	PA, QL (90 PER 30 DAYS)
<i>pirfenidone 801 mg tab</i>	5	PA, QL (90 PER 30 DAYS), UB

CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS

KALYDECO 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB	5	PA, QL (60 PER 30 DAYS)
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	5	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG PACKET, 100- 125 MG PACKET, 150-188 MG PACKET	5	PA, QL (60 PER 30 DAYS)

MUCOLYTIC AGENTS

BRONCHITOL 40 MG CAP	5	PA, QL (600 PER 30 DAYS), UB
BRONCHITOL TOLERANCE TEST 40 MG CAP	5	PA, QL (600 PER 30 DAYS), UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA, QL (150 PER 30 DAYS), BVD (INHALATION), UB, NOTE
VASODILATING AGENTS		
ADEMPAS 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	5	PA, QL (90 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
<i>ambrisentan 5 mg tab, 10 mg tab</i>	5	PA, LA, QL (30 PER 30 DAYS), NOTE, SUM7 (Excluded from Auto Extension)
<i>bosentan 62.5 mg tab, 125 mg tab</i>	5	PA, QL (60 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
OPSUMIT 10 MG TAB	5	PA, QL (30 PER 30 DAYS), SUM7 (Excluded from Auto Extension)
WINREVAIR 2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT	5	PA, BVD (INJECTABLE/INFUSIBLE), NOTE

SKIN AND MUCOUS MEMBRANE AGENTS

ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	3	UB
<i>benzoyl peroxide-erythromycin -5-3 % gel</i>	3	UB
<i>ciclopirox 0.77 % gel, 1 % shampoo</i>	3	UB
<i>ciclopirox 8 % solution</i>	3	UB, NM (Non-Mail Order)
<i>ciclopirox olamine 0.77 % cream, 0.77 % suspension</i>	3	UB
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin phos-benzoyl perox -1-5 % gel</i>	3	ST, UB
<i>clindamycin phos-benzoyl perox -1.2-2.5 % gel</i>	2	ST, UB
<i>clindamycin phos-benzoyl perox -1.2-5 % gel</i>	2	UB
<i>clindamycin phosphate 1 % gel, 1 % lotion, 1 % solution, 1 % swab, 2 % cream</i>	3	UB
<i>clotrimazole 1 % cream, 1 % solution</i>	2	UB
<i>clotrimazole 10 mg troche</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>clotrimazole-betamethasone clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion</i>	3	UB
<i>econazole nitrate 1 % cream</i>	3	UB
ERY 2 % PAD	2	UB
<i>erythromycin 2 % gel, 2 % solution</i>	2	UB
<i>gentamicin sulfate 0.1 % cream, 0.1 % ointment</i>	3	UB
<i>ivermectin ivermectin 1 % cream, ivermectin 1 % cream</i>	3	ST, QL (45 PER 30 OVER TIME), UB
<i>ketoconazole 2 % cream, 2 % shampoo</i>	3	UB
<i>klayesta 100000 unit/gm powder</i>	2	UB
<i>metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion</i>	3	UB
<i>metronidazole 1 % gel</i>	3	QL (60 PER 30 DAYS), UB
MICONAZOLE 3 200 MG SUPPOS	4	
<i>mupirocin 2 % ointment</i>	3	UB
<i>mupirocin calcium 2 % cream</i>	3	UB
<i>naftifine hcl 2 % cream</i>	3	UB
<i>nyamyc 100000 unit/gm powder</i>	2	UB
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment</i>	2	
<i>nystatin 100000 unit/gm powder</i>	2	UB
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% cream, -100000-0.1 unit/gm-% ointment</i>	3	UB
<i>nystop 100000 unit/gm powder</i>	2	UB
<i>oxiconazole nitrate 1 % cream</i>	3	UB
<i>penciclovir 1 % cream</i>	4	UB
<i>permethrin 5 % cream</i>	3	UB
<i>silver sulfadiazine 1 % cream</i>	2	UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SPINOSAD 0.9 % SUSPENSION	4	UB
<i>ssd 1 % cream</i>	2	UB
<i>sulfacetamide sodium (acne) 10 % lotion</i>	3	UB
<i>terconazole 0.4 %, 0.8 %</i>	3	UB
<i>terconazole 80 mg suppos</i>	3	
VANDAZOLE 0.75 % GEL	3	UB
ANTI-INFLAMMATORY AGENTS		
<i>ala-cort -2.5 % cream</i>	2	UB
<i>alclometasone dipropionate 0.05 % cream, 0.05 % ointment</i>	3	UB
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	UB
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	UB
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	3	UB
<i>calcipotriene-betameth diprop -0.005-0.064 % ointment</i>	4	UB
<i>calcipotriene-betameth diprop -0.005-0.064 % suspension</i>	3	UB
<i>clobetasol prop emollient base 0.05 % cream</i>	3	UB
<i>clobetasol propionate 0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution</i>	3	UB
<i>clobetasol propionate 0.05 % liquid</i>	3	QL (125 PER 14 OVER TIME), UB
<i>clobetasol propionate e clobetasol propionate 0.05 % cream</i>	3	UB
<i>desonide 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	UB
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	4	UB
<i>diclofenac sodium 1.5 % solution</i>	3	QL (450 PER 30 DAYS), UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium 3 % gel</i>	3	UB
ENSTILAR 0.005-0.064 % FOAM	5	
EUCRISA 2 % OINTMENT	3	QL (60 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	3	UB
<i>fluocinolone acetonide 0.025 % ointment</i>	3	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	3	UB
<i>fluocinonide emulsified base 0.05 % cream</i>	3	UB
<i>fluocinonide fluocinonide 0.1 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution</i>	3	UB
<i>fluticasone propionate 0.005 % ointment, 0.05 % cream</i>	2	UB
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	3	UB
<i>hydrocortisone (perianal) 1 %, 2.5 %</i>	2	UB
<i>hydrocortisone 100 mg/60ml enema</i>	3	
<i>hydrocortisone hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion</i>	2	UB
<i>mometasone furoate 0.1 % cream, 0.1 % ointment, 0.1 % solution</i>	2	UB
<i>procto-med hc -2.5 % cream</i>	2	UB
<i>proctosol hc 2.5 % cream</i>	2	UB
<i>proctozone-hc -2.5 % cream</i>	2	UB
<i>triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment</i>	2	UB
<i>triderm 0.5 % cream</i>	2	UB

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KERATOLYTIC AGENTS		
<i>adapalene-benzoyl peroxide -0.1-2.5 % gel</i>	2	ST, UB
<i>ammonium lactate 12 % cream</i>	2	UB
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acutane 10 mg cap, 20 mg cap, 40 mg cap</i>	3	UB
<i>acitretin 10 mg cap, 17.5 mg cap, 25 mg cap</i>	4	QL (60 PER 30 DAYS)
<i>adapalene 0.1 % cream, 0.3 % gel</i>	3	ST, UB
ADBRY 150 MG/ML SOLN PRSYR	5	PA, QL (6 PER 28 OVER TIME)
ALTRENO 0.05 % LOTION	4	QL (45 PER 30 OVER TIME)
<i>amnesteem 10 mg cap, 20 mg cap, 40 mg cap</i>	3	UB
<i>azelaic acid 15 % gel</i>	3	QL (50 PER 30 OVER TIME), UB
AZELEX 20 % CREAM	4	ST, UB
<i>bexarotene 1 % gel</i>	5	PA, UB
<i>calcipotriene calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution</i>	3	UB
CALCITRIOL 3 MCG/GM OINTMENT	3	UB
CIBINQO 50 MG TAB, 100 MG TAB, 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
<i>claravis 10 mg cap, 20 mg cap, 40 mg cap</i>	3	UB
<i>claravis 30 mg cap</i>	3	
<i>dapsone 5 % gel</i>	3	ST, UB
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA, QL (8 PER 28 OVER TIME), UB, SUM7 (Excluded from Auto Extension)
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME), SUM7 (Excluded from Auto Extension)
FILSUEVZ 10 % GEL	5	PA, UB
FINACEA 15 % FOAM	4	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
<i>fluorouracil fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution</i>	3	UB
HYFTOR 0.2 % GEL	5	PA
<i>imiquimod 5 % cream</i>	3	UB
<i>isotretinoin 10 mg cap, 20 mg cap, 40 mg cap</i>	3	UB
<i>isotretinoin 30 mg cap</i>	3	
METHOXSALLEN RAPID 10 MG CAP	5	
PANRETIN 0.1 % GEL	5	PA, QL (60 PER 30 DAYS), UB
<i>pimecrolimus 1 % cream</i>	4	ST, UB
PODOFILOX 0.5 % SOLUTION	2	UB
SANTYL 250 UNIT/GM OINTMENT	4	UB
<i>tacrolimus 0.03 %, 0.1 %</i>	3	QL (100 PER 30 OVER TIME), UB
<i>tazarotene 0.05 % gel, 0.1 % gel</i>	4	UB
<i>tazarotene 0.1 % cream</i>	3	ST, UB
TAZORAC 0.05 % CREAM	4	ST, UB
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream</i>	3	UB
<i>tretinoin 0.05 % gel</i>	3	ST, UB
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	4	ST, UB
<i>tretinoin microsphere pump pump 0.04 % gel, pump 0.1 % gel</i>	4	ST, UB
VALCHLOR 0.016 % GEL	5	PA, QL (120 PER 30 DAYS), UB
VTAMA 1 % CREAM	4	ST, QL (60 PER 30 DAYS)
<i>zenatane 10 mg cap, 20 mg cap, 40 mg cap</i>	3	UB
<i>zenatane 30 mg cap</i>	3	
ZORYVE 0.15 % CREAM	4	ST, QL (60 PER 30 OVER TIME)
ZORYVE 0.3 % CREAM	4	ST, QL (60 PER 30 DAYS), UB
ZORYVE 0.3 % FOAM	4	ST, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
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SKIN AND MUCOUS MEMBRANE PREPARATIONS

ANTIPRURITICS AND LOCAL ANESTHETICS

<i>agoneaze 2.5-2.5 % kit</i>	3	
<i>dermacinrx empricaine 2.5-2.5 % kit</i>	3	
<i>dermacinrx prizopak 2.5-2.5 % kit</i>	3	
HYDROCORTISONE ACE-PRAMOXINE -1-1 % CREAM	3	UB
<i>lidocaine 5 % patch</i>	3	
<i>lidocaine viscous hcl 2 % solution</i>	3	UB
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	3	UB
<i>lidocaine-prilocaine -2.5-2.5 % kit</i>	3	
<i>lidocan 5 % patch</i>	3	
<i>livixil pak 2.5-2.5 % kit</i>	3	
<i>prilovix 2.5-2.5 % kit</i>	3	
<i>prilovix lite 2.5-2.5 % kit</i>	3	
<i>prilovix lite plus 2.5-2.5 % kit</i>	3	
<i>prilovix plus 2.5-2.5 % kit</i>	3	
<i>prilovix ultralite 2.5-2.5 % kit</i>	3	
<i>prilovix ultralite plus 2.5-2.5 % kit</i>	3	
<i>tridacaine ii 5 % patch</i>	3	

SMOOTH MUSCLE RELAXANTS

GENITOURINARY SMOOTH MUSCLE RELAXANTS

<i>darifenacin hydrobromide er er 7.5 mg tab er, er 15 mg tab er</i>	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er er 4 mg tab er, er 8 mg tab er</i>	2	QL (30 PER 30 DAYS)
<i>flavoxate hcl 100 mg tab</i>	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
GEMTESA 75 MG TAB	4	ST, QL (30 PER 30 DAYS)
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	3	QL (300 PER 30 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5ml solution</i>	2	QL (473 PER 23 DAYS)
<i>oxybutynin chloride er er 5 mg tab er, er 10 mg tab er, er 15 mg tab er</i>	1	QL (60 PER 30 DAYS)
<i>solifenacin succinate 5 mg tab, 10 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er er 2 mg cap er, er 4 mg cap er</i>	3	QL (30 PER 30 DAYS), UB
<i>tropium chloride 20 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>tropium chloride er 60 mg cap 24h</i>	3	QL (30 PER 30 DAYS)

RESPIRATORY SMOOTH MUSCLE RELAXANTS

<i>roflumilast 250 mcg tab, 500 mcg tab</i>	3	QL (30 PER 30 DAYS)
<i>theophylline er theophylline er 400 mg tab er 24h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	3	

SUPPLIES

AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS), UB
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	2	QL (200 PER 30 DAYS), UB
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS), UB
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	QL (200 PER 30 DAYS), UB
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS), UB

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DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC	2	QL (200 PER 30 DAYS), UB
ESSENTRA WIPES 9X9" 70 % SHEET	2	
INSULIN SYRINGE-NEEDLE U-100 --100 27G 1/2" 0.5 ML MISC, --100 28G 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 --100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS), UB
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS), UB
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	2	QL (200 PER 30 DAYS), UB
MONOJECT INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS), UB
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	2	QL (200 PER 30 DAYS), UB
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
PEN NEEDLES PEN 30G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	2	QL (200 PER 30 DAYS), UB
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	2	QL (200 PER 30 DAYS), UB
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	2	QL (200 PER 30 DAYS), UB

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SURE COMFORT PEN NEEDLES 32G X 4 MM MISC	2	QL (200 PER 30 DAYS), UB
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	2	QL (200 PER 30 DAYS), UB
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS), UB

VITAMINS

VITAMIN D

<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	2	ESRD
<i>calcitriol 1 mcg/ml solution</i>	2	UB, ESRD
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	2	ESRD
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	3	ESRD, NOTE
ATABEX EC AEX 29-1 MG DR	3	
AZESCHEW PRENATAL/POSTNATAL 13-1 MG TAB	3	
AZESCO 13-1 MG TAB	3	
BAL-CARE DHA -27-1 & 430 MG MISC	3	
C-NATE DHA -28-1-200 MG AP	3	
CITRANATAL 90 DHA -1 & 300 MG MISC	3	UB
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	UB
CITRANATAL B-CALM -20-1 MG & 2 X 25 MG MISC	3	
CITRANATAL DHA 27-1 & 250 MG MISC	3	UB
CITRANATAL HARMONY 27-1-260 MG CAP	3	
CITRANATAL RX 27-1 MG TAB	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CO-NATAL FA - TAB	3	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	3	
COMPLETENATE 29-1 MG CHEW TAB	3	
DERMACINRX PRETRATE 1 MG TAB	3	
DUET DHA 400 25-1 & MG MISC	3	
DUET DHA BALANCED 25-1 & 267 MG MISC	3	
FOLET DHA 38-1 & 350 MG THER PACK	3	UB
INATAL GT TAB	3	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	3	
M-NATAL PLUS -27-1 G TAB	3	
MARNATAL-F -60-1 MG CAP	3	
MULTI-MAC -15-0.75-1 MG TAB	3	
MYNATAL 90-1 MG TAB, CAP	3	
MYNATAL ADVANCE TAB	3	
MYNATAL PLUS TAB	3	
MYNATAL-Z - TAB	3	
MYNATE 90 PLUS TAB ER	3	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	2	
NATACHEW NATA28-1 MG TAB	3	
NATALVIT TAB	3	
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL COMPLETE 29-1 MG TAB	3	
NEONATAL PLUS 27-1 MG TAB	3	
NESTABS DHA 32-1 MG MISC	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NESTABS NESS 32-1 MG	3	
NEXA PLUS 29-1.25-350 MG CAP	3	
O-CAL PRENATAL - TAB	3	
OB COMPLETE ONE 50-1-476 MG CAP	3	
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	
OB COMPLETE PREMIER 30-20-1 MG TAB	3	
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	
OBSTETRIX DHA 29-1 & 387 MG MISC	3	
OBSTETRIX EC 29-1 MG TAB	3	
PNV OB+DHA 27-1 & 250 MG MISC	3	UB
PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC	3	
PNV TABS 20-1 S --MG	3	
PNV TABS 29-1 S --MG	3	
PNV-DHA+DOCUSATE -27-1.25-300 MG CAP	3	
PNV-SELECT -27-0.6-0.4 MG TAB	3	
PR NATAL 400 29-1-200 & MG MISC	3	
PR NATAL 400 EC 29-1-200 & MG (DR) MISC	3	UB
PR NATAL 430 29-1-200 & MG MISC	3	UB
PR NATAL 430 EC 29-1-200 & MG (DR) MISC	3	UB
PREGEN DHA 28-1-35 MG CAP	3	
PREGENNA 20-1 MG TAB	3	
PRENA 1 TRUE 30-.4 & 300 MG MISC	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRENA1 1.4 MG CHEW TAB	3	UB
PRENA1 PEARL 30-1.4-200 MG CAP ER	3	UB
PRENAISSANCE 29-1.25-325 MG CAP	3	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
PRENATAL 19 19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS IRON 29-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	
PRENATE ELITE 20-0.6-0.4 MG TAB	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
PREPLUS 27-1 MG TAB	3	
PRETAB PRE29-1 MG	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRIMACARE 30-1-470 MG CAP	3	
PROVIDA DHA 16-16-1.25-110 MG CAP	3	
PROVIDA OB 20-20-1.25 MG CAP	3	
R-NATAL OB -20-1-320 MG CAP	3	
SE-NATAL 19 -19 29-1 MG CHEW TAB, -19 29-1 MG TAB	3	
SELECT-OB -29-0.6-0.4 MG CHEW TAB, -29-1 MG CHEW TAB	3	
SELECT-OB+DHA -29-1 & 250 MG MISC	3	UB
SODIUM FLUORIDE SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB	2	
TARON-BC -20-1 MG & 2 X 25 MG MISC	3	
THRIVITE RX 29-1 MG TAB	3	
TL FOLATE 27-0.5-0.5 MG TAB	3	
TL-CARE DHA -27-1-500 MG CAP	3	
TL-SELECT -29-1.25-325 MG CAP	3	
TRI-TABS DHA -32-1 MG MISC	3	
TRICARE TAB	3	
TRINATAL RX 1 60-MG TAB	3	
TRINATE TAB	3	
TRINAZ 12-1 MG TAB	3	
TRISTART DHA 31-0.6-0.4-200 MG CAP	3	
TRIVEEN-DUO DHA -29-1-200 & 300 MG MISC	3	UB

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
VENA-BAL DHA -27-1 & 430 MG MISC	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
VIRT-NATE DHA -28-1-200 MG CAP	3	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP, 90-1-200 & 50 MG CAP THPK	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	
VITAFOL-NANO -18-0.6-0.4 MG TAB	3	UB
VITAFOL-OB - TAB	3	
VITAFOL-OB+DHA -65-1 & 250 MG MISC	3	UB
VITAFOL-ONE -29-1-200 MG CAP	3	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	3	
VITAMEDMD REDICHEW RX 1.4 MG TAB	3	UB
VITAPEARL 30-1.4-200 MG CAP ER	3	UB
VITATRUE 30-1.4 & 300 MG MISC	3	
VIVA DHA 28-1-200 MG CAP	3	
VOL-NATE -28-1 MG TAB	3	
VP-PNV-DHA --28-1-215.8 MG CAP	3	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	3	
WESNATE DHA 28-1-200 MG CAP	3	
WESTAB PLUS WES27-1 MG	3	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZALVIT 13-1 MG TAB	3	
ZIPHEX 13-1 MG TAB	3	

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Appendix

A			
abacavir sulfate	13	alfuzosin hcl er	37
abacavir sulfate-lamivudine	13	aliskiren fumarate	49
ABILIFY ASIMTUFII	66	allopurinol	107
ABILIFY MAINTENA	66	ALOGLIPTIN BENZOATE	92
abiraterone acetate	21	ALOGLIPTIN-METFORMIN HCL	92
ABRYSSVO	32	ALOGLIPTIN-PIOGLITAZONE	92
acamprosate calcium	107	ALOMIDE	84
acarbose	92	alosetron hcl	86
accutane	119	ALPHAGAN P	84
acebutolol hcl	44	alprazolam	64
acetaminophen-codeine	51	alprazolam er	64
acetazolamide	108	ALPRAZOLAM INTENSOL	64
acetazolamide er	108	alprazolam xr	64
acetic acid	85	ALTOPREV	43
acetylcysteine	107	ALTRENO	119
acitretin	119	ALUNBRIG	21
ACTHIB	32	amantadine hcl	13
ACTIMMUNE	110	ambrisentan	115
acyclovir	13,115	amethia	97
acyclovir sodium	13	amikacin sulfate	1
ADACEL	31	amiloride hcl	77
adapalene	119	AMILORIDE-HYDROCHLOROTHIAZIDE	77
adapalene-benzoyl peroxide	119	amiodarone hcl	47
ADBRY	119	amitriptyline hcl	66
adefovir dipivoxil	13	AMJEVITA	109
ADEMPAS	115	amlodipine besy-benazepril hcl	46
agoneaze	121	amlodipine besylate	46
AJOVY	61	amlodipine besylate-valsartan	46
ak-poly-bac	81	amlodipine-atorvastatin	43
AKEEGA	21	amlodipine-olmesartan	46
ala-cort	117	ammonium lactate	119
albendazole	1	amnesteem	119
albuterol sulfate	37	amoxapine	66
albuterol sulfate hfa	37	AMOXICILL-CLARITHRO-LANSOPRAZ	1
ALBUTEROL SULFATE HFA	37	amoxicillin	1
alclometasone dipropionate	117	amoxicillin-pot clavulanate	1
ALECENSA	21		
alendronate sodium	108		
		amphetamine-dextroamphetamine	55
		amphetamine-dextroamphetamine	55
		AMPHOTERICIN B	9
		amphotericin b liposome	9
		ampicillin	1
		AMPICILLIN SODIUM	1
		ampicillin-sulbactam sodium	2
		anagrelide hcl	39
		anastrozole	102
		ANORO ELLIPTA	34
		ANZEMET	86
		APLENZIN	66
		apomorphine hcl	62
		APRACLONIDINE HCL	85
		aprepitant	86
		apri	97
		APTIOM	56
		APTIVUS	13
		AQ INSULIN SYRINGE	122
		AQINJECT PEN NEEDLE	122
		aranelle	97
		ARANESP (ALBUMIN FREE)	40,41
		ARCALYST	112
		AREXVY	32
		arformoterol tartrate	37
		ARIKAYCE	2
		aripiprazole	67
		ARISTADA	67
		ARISTADA INITIO	67
		armodafinil	55
		ARNUIITY ELLIPTA	82
		ascomp-codeine	51
		asenapine maleate	67
		ASMANEX (120 METERED DOSES)	90
		ASMANEX (30 METERED DOSES)	90
		ASMANEX (60 METERED DOSES)	90

ASMANEX HFA.....	90	bacitracin-polymyxin b.....	81	BICILLIN L-A.....	2
aspirin-dipyridamole er.....	50	baclofen.....	36	BIKTARVY.....	13
ASSURE ID INSULIN SAFETY SYR.....	122	BAL-CARE DHA.....	124	bimatoprost.....	84
ASTAGRAF XL.....	110	balsalazide disodium.....	86	bis subcit-metronid-tetracyc.....	87
ATABEX EC.....	124	BALVERSA.....	22	bismuth/metronidaz/tetracyclin.....	87
atazanavir sulfate.....	13	balziva.....	98	bisoprolol fumarate.....	44
atenolol.....	44	BAQSIMI ONE PACK.....	97	bisoprolol-hydrochlorothiazide.....	44
atenolol-chlorthalidone.....	44	BAQSIMI TWO PACK.....	97	BIVIGAM.....	30
atomoxetine hcl.....	65	BARACLUDGE.....	13	blisovi fe 1.5/30.....	98
atorvastatin calcium.....	43	BAXDELA.....	2	BOOSTRIX.....	31
atovaquone.....	12	BCG VACCINE.....	32	bosentan.....	115
atovaquone-proguanil hcl.....	12	BD PEN NEEDLE NANO U/F.....	122	BOSULIF.....	22
ATROVENT HFA.....	34	BD SAFETYGLIDE INSULIN SYRINGE.....	122	BRAFTOVI.....	22
AUGTYRO.....	21	BELMORA.....	64	BREO ELLIPTA.....	38
AUSTEDO.....	75	benazepril hcl.....	49	breyana.....	38
AUSTEDO XR.....	75	benazepril-hydrochlorothiazide.....	49	BREZTRI AEROSPHERE.....	34
AUSTEDO XR PATIENT TITRATION.....	75	BENLYSTA.....	110	briellyn.....	98
AUVELITY.....	67	benzoyl peroxide-erythromycin.....	115	BRILINTA.....	39
AUVI-Q.....	37	benztropine mesylate.....	62	brimonidine tartrate.....	84
aviane.....	98	bepotastine besilate.....	84	brinzolamide.....	84
AYVAKIT.....	21	BESIVANCE.....	81	BRIVIACT.....	56
AZASITE.....	81	BESREMI.....	110	bromfenac sodium (once-daily).....	82
azathioprine.....	110	betaine.....	112	bromocriptine mesylate.....	62
azelaic acid.....	119	betamethasone dipropionate.....	117	BRONCHITOL.....	114
azelastine hcl.....	84	betamethasone dipropionate aug.....	117	BRONCHITOL TOLERANCE TEST.....	114
azelastine-fluticasone.....	114	betamethasone valerate.....	117	BRUKINSA.....	22
AZELEX.....	119	betaxolol hcl.....	44	budesonide.....	91
AZESCHEW PRENATAL/POSTNATAL.....	124	BETAXOLOL HCL.....	84	budesonide er.....	86
AZESCO.....	124	bethanechol chloride.....	36	budesonide-formoterol fumarate.....	38
azithromycin.....	2	BETOPTIC-S.....	84	bumetanide.....	77
aztreonam.....	2	BEVESPI AEROSPHERE.....	34	buprenorphine.....	52
azurette.....	98	bexarotene.....	22,119	buprenorphine hcl.....	52
B		BEXSERO.....	32	buprenorphine hcl-naloxone hcl.....	52
bac.....	52	bicalutamide.....	22	bupropion hcl.....	67
bacitra-neomycin-polymyxin-hc.....	81	BICILLIN C-R.....	2	bupropion hcl er (smoking det).....	67
BACITRACIN.....	81	BICILLIN C-R 900/300.....	2	bupropion hcl er (sr).....	67
				bupropion hcl er (xl).....	67
				buspirone hcl.....	64

butalbital-apap-caff-cod	52	cefazolin sodium	3	CITRANATAL ASSURE	124
butalbital-apap-caffeine	52	cefdinir	3	CITRANATAL B-CALM	124
butalbital-asa-caff-codeine	52	cefepime hcl	3	CITRANATAL DHA	124
butalbital-aspirin-caffeine	52	cefixime	3	CITRANATAL HARMONY	124
		cefoxitin sodium	3	CITRANATAL RX	124
		cefpodoxime proxetil	3	claravis	119
C		cefprozil	3	clarithromycin	4
C-NATE DHA	124	ceftazidime	3	clarithromycin er	4
cabergoline	62	ceftriaxone sodium	4	CLENPIQ	88
CABLIVI	39	cefuroxime axetil	4	CLEOCIN	115
CABOMETYX	22	cefuroxime sodium	4	clindamycin hcl	4
calcipotriene	119	celecoxib	52	clindamycin palmitate hcl	4
calcipotriene-betameth diprop	117	cephalexin	4	clindamycin phos-benzoyl perox	115
calcitonin (salmon)	104	cetirizine hcl	21	clindamycin phosphate	115
CALCITRIOL	119	cevimeline hcl	36	clindamycin phosphate in d5w	4
calcitriol	124	CHEMET	90	CLINIMIX E/DEXTROSE (2.75/5)	76
CALQUENCE	22	CHENODAL	88	CLINIMIX E/DEXTROSE (4.25/10)	76
camila	98	chlorhexidine gluconate	81	CLINIMIX E/DEXTROSE (4.25/5)	76
candesartan cilexetil	49	chloroquine phosphate	12	CLINIMIX E/DEXTROSE (5/20)	76
candesartan cilexetil-hctz	49	chlorpromazine hcl	67	CLINIMIX E/DEXTROSE (8/10)	76
CAPLYTA	67	CHLORPROMAZINE HCL	67	CLINIMIX E/DEXTROSE (8/14)	76
CAPRELSA	22	chlorthalidone	77	CLINIMIX/DEXTROSE (4.25/10)	76
captopril	49	CHOLBAM	89	CLINIMIX/DEXTROSE (5/15)	76
carbamazepine	56	cholestyramine	43	CLINIMIX E/DEXTROSE (5/20)	76
carbamazepine er	56	cholestyramine light	43	CLINIMIX E/DEXTROSE (8/10)	76
carbidopa	62	CIBINQO	119	CLINIMIX E/DEXTROSE (8/14)	76
CARBIDOPA-LEVODOPA	62	ciclopirox	115	CLINIMIX/DEXTROSE (4.25/25)	76
carbidopa-levodopa er	63	ciclopirox olamine	115	CLINIMIX/DEXTROSE (4.25/5)	76
carbidopa-levodopa- entacapone	63	cilostazol	39	CLINIMIX/DEXTROSE (5/15)	76
carglumic acid	75	CILOXAN	81	CLINIMIX/DEXTROSE (5/20)	76
carisoprodol	36	CIMDUO	14	CLINIMIX/DEXTROSE (5/25)	76
CARTEOLOL HCL	44	cimetidine	87	CLINIMIX/DEXTROSE (6/5)	76
cartia xt	46	cinacalcet hcl	104	CLINIMIX/DEXTROSE (8/10)	76
carvedilol	45	CIPRO HC	81	CLINIMIX/DEXTROSE (8/14)	76
carvedilol phosphate er	45	ciprofloxacin hcl	4,81	CLINIMIX/DEXTROSE (4.25/5)	76
caspofungin acetate	9	ciprofloxacin in d5w	4	CLINIMIX/DEXTROSE (5/15)	76
CAYSTON	3	ciprofloxacin-dexamethasone	81	CLINIMIX/DEXTROSE (5/20)	76
CEFACLOR	3	citalopram hydrobromide	67,68	CLINIMIX/DEXTROSE (5/25)	76
CEFACLOR ER	3	CITALOPRAM		CLINIMIX/DEXTROSE (6/5)	76
cefadroxil	3	HYDROBROMIDE	68	CLINIMIX/DEXTROSE (8/10)	76
		CITRANATAL 90 DHA	124	CLINIMIX/DEXTROSE (8/14)	76

clinisol sf.....	76	CRINONE.....	105	desmopressin acetate.....	104
clobazam.....	57	cromolyn sodium.....	113,114	desogestrel-ethinyl estradiol...	98
clobetasol prop emollient base.....	117	CROMOLYN SODIUM.....	113	desonide.....	117
clobetasol propionate.....	117	cryselle-28.....	98	desoximetasone.....	117
clobetasol propionate e.....	117	cyclobenzaprine hcl.....	36	DESVENLAFAXINE ER.....	68
clomipramine hcl.....	68	CYCLOPHOSPHAMIDE.....	22	desvenlafaxine succinate er...	68
clonazepam.....	57	cyclosporine.....	82,110	dexamethasone.....	91
clonidine.....	48	cyclosporine modified.....	111	DEXAMETHASONE.....	91
clonidine hcl.....	48	cyproheptadine hcl.....	21	DEXAMETHASONE SODIUM PHOSPHATE.....	82
clonidine hcl er.....	48	CYSTADROPS.....	85	dexmethylphenidate hcl er....	55
clopidogrel bisulfate.....	39	CYSTAGON.....	112	dextroamphetamine sulfate...	55
clorazepate dipotassium.....	64	CYSTARAN.....	85	dextroamphetamine sulfate er.	55
clotrimazole.....	115	D		dextrose.....	77
clotrimazole- betamethasone.....	116	dabigatran etexilate mesylate.	39	dextrose-nacl.....	78
clozapine.....	68	dalfampridine er.....	112	dextrose-sodium chloride.....	79
CO-NATAL FA.....	125	DALVANCE.....	4	DIACOMIT.....	57
COARTEM.....	12	danazol.....	92	diazepam.....	64
colchicine.....	107	dantrolene sodium.....	36	diazepam intensol.....	64
colchicine-probenecid.....	80	dapsone.....	11,119	diazoxide.....	97
colesevelam hcl.....	43	DAPTACEL.....	31	diclofenac potassium.....	52
colestipol hcl.....	43	daptomycin.....	5	diclofenac potassium(migraine)	52
colistimethate sodium (cba)...	4	darifenacin hydrobromide er.	121	diclofenac sodium. 52,82,117,118	
COMBIGAN.....	84	darunavir.....	14	diclofenac sodium er.....	53
COMBIVENT RESPIMAT....	34	DAURISMO.....	22	dicloxacillin sodium.....	5
COMETRIQ (100 MG DAILY DOSE).....	22	deferasirox.....	90	dicyclomine hcl.....	34
COMETRIQ (140 MG DAILY DOSE).....	22	deferasirox granules.....	90	DIFICID.....	5
COMETRIQ (60 MG DAILY DOSE).....	22	deferiprone.....	90	diflunisal.....	53
COMPLERA.....	14	DELSTRIGO.....	14	difluprednate.....	82
COMPLETE NATAL DHA...	125	DEPO-ESTRADIOL.....	102	digoxin.....	47
COMPLETENATE.....	125	DEPO-SUBQ PROVERA 104.....	105	dihydroergotamine mesylate...	37
compro.....	68	depo-testosterone.....	92	DILANTIN.....	57
constulose.....	75	dermacinrx empricaine.....	121	DILANTIN INFATABS.....	57
COPIKTRA.....	22	DERMACINRX PRETRATE.	125	dilt-xr.....	46
CORLANOR.....	47	dermacinrx prizopak.....	121	diltiazem hcl.....	46
COTELLIC.....	22	DESCOVY.....	14	diltiazem hcl er.....	46
CREON.....	88	desipramine hcl.....	68	diltiazem hcl er beads.....	46
		desloratadine.....	21	diltiazem hcl er coated beads..	46
		desmopressin ace spray refrig.....	104	dimethyl fumarate.....	110
				dimethyl fumarate starter pack.....	110

DIPENTUM.....	86	dutasteride.....	107	EPRONTIA.....	57
diphenoxylate-atropine.....	34	dutasteride-tamsulosin hcl.....	37	EQUETRO.....	57
DIPHENOXYLATE- ATROPINE.....	34	E		ERGOLOID MESYLATES.....	37
DIPHThERIA-TETANUS		econazole nitrate.....	116	ERIVEDGE.....	23
TOXOIDS DT.....	32	EDARBYCLOR.....	49	ERLEADA.....	23
disulfiram.....	107	EDURANT.....	14	erlotinib hcl.....	23
DIURIL.....	77	efavirenz.....	14	errin.....	98
divalproex sodium.....	57	efavirenz-emtricitab-tenofo df.....	14	ertapenem sodium.....	5
divalproex sodium er.....	57	efavirenz-lamivudine-tenofovir.....	14	ERY.....	116
dofetilide.....	48	eletriptan hydrobromide.....	61	erythrocin lactobionate.....	5
dolishale.....	98	ELIGARD.....	103	erythromycin.....	5,81,116
donepezil hcl.....	36	ELIQUIS.....	39	erythromycin base.....	5,6
DOPTELET.....	41	ELIQUIS DVT/PE STARTER		erythromycin ethylsuccinate.....	6
dorzolamide hcl.....	84	PACK.....	39	erythromycin lactobionate.....	6
dorzolamide hcl-timolol mal.....	84	ELMIRON.....	113	escitalopram oxalate.....	68
dorzolamide hcl-timolol mal		eluryng.....	98	esomeprazole magnesium.....	87
pf.....	85	EMGALITY.....	61	ESSENTRA WIPES 9X9".....	123
dotti.....	102	EMGALITY (300 MG DOSE).....	61	estarylla.....	98
DOVATO.....	14	EMSAM.....	68	estradiol.....	102
doxazosin mesylate.....	42	emtricitabine.....	14	estradiol-norethindrone acet.....	98
doxepin hcl.....	68	emtricitabine-tenofovir df.....	14	eszopiclone.....	64
doxercalciferol.....	124	EMTRIVA.....	14	ethacrynic acid.....	77
doxy 100.....	5	enalapril maleate.....	49	ethambutol hcl.....	11
doxycycline hyclate.....	5	enalapril-hydrochlorothiazide.....	49	ethosuximide.....	57
doxycycline monohydrate.....	5	ENGERIX-B.....	32	ethynodiol diac-eth estradiol.....	98
DRIZALMA SPRINKLE.....	68	enilloring.....	98	etodolac.....	53
dronabinol.....	86	enoxaparin sodium.....	39	etodolac er.....	53
DROPSAFE SAFETY		ENSPRYNG.....	111	etonogestrel-ethinyl estradiol.....	98
SYRINGE/NEEDLE.....	123	ENSTILAR.....	118	etravirine.....	15
drosipren-eth estrad-		entacapone.....	63	EUCRISA.....	118
levomefol.....	98	entecavir.....	15	euthyrox.....	106
drosiprenone-ethinyl		ENTRESTO.....	49	EVENITY.....	108
estradiol.....	98	enulose.....	75	everolimus.....	23
DROXIA.....	22	ENVARUSUS XR.....	111	EVOTAZ.....	15
droxidopa.....	38	EPIDIOLEX.....	57	exemestane.....	102
DUAVEE.....	102	EPINEPHRINE.....	38	ezetimibe.....	43
DUET DHA 400.....	125	epinephrine.....	38	ezetimibe-simvastatin.....	43
DUET DHA BALANCED.....	125	epitol.....	57	F	
duloxetine hcl.....	68	eplerenone.....	49	famciclovir.....	15
DUPIXENT.....	119	EPOGEN.....	41	famotidine.....	87

FANAPT	69	fluocinonide	118
FANAPT TITRATION PACK	69	fluocinonide emulsified base	118
FARXIGA	93	fluorometholone	83
FASENRA	113	fluorouracil	120
FASENRA PEN	113	fluoxetine hcl	69
febuxostat	108	FLUOXETINE HCL	69
felbamate	57	FLUOXETINE HCL (PMDD)	69
felodipine er	46	fluphenazine decanoate	69
FEMRING	102	FLUPHENAZINE HCL	69
fenofibrate	43	fluphenazine hcl	69
fenofibrate micronized	43	flurbiprofen	53
fenofibric acid	43	FLURBIPROFEN SODIUM	83
fenoprofen calcium	53	fluticasone propionate	83,118
fentanyl	53	FLUTICASONE PROPIONATE DISKUS	83
fentanyl citrate	53	FLUTICASONE PROPIONATE HFA	83
FERRIPROX	90	fluticasone-salmeterol	38
fesoterodine fumarate er	121	FLUTICASONE-SALMETEROL	38
FETZIMA	69	fluvastatin sodium	43
FETZIMA TITRATION	69	fluvoxamine maleate	69
FILSPARI	112	fluvoxamine maleate er	69
FILSUVEZ	119	FML FORTE	83
FINACEA	119	FOLET DHA	125
finasteride	107	fondaparinux sodium	39
fingolimod hcl	110	formoterol fumarate	38
FINTEPLA	58	fosamprenavir calcium	15
FIRDAPSE	112	fosfomycin tromethamine	20
FIRMAGON	103	fosinopril sodium	49
FIRMAGON (240 MG DOSE)	103	fosinopril sodium-hctz	49
FIRVANQ	6	FOTIVDA	23
FLAREX	82	frovatriptan succinate	61
flavoxate hcl	121	FRUZAQLA	23
flecainide acetate	48	FULPHILA	41
fluconazole	9	furosemide	48,77
fluconazole in sodium chloride	9	FUROSEMIDE	77
flucytosine	10	FUZEON	15
fludrocortisone acetate	91	fyavolv	98
flunisolide	83	FYCOMPA	58
fluocinolone acetonide	83,118	FYLNETRA	41
fluocinolone acetonide scalp	118		

G

gabapentin	58
galantamine hydrobromide	36
GALANTAMINE HYDROBROMIDE	36
galantamine hydrobromide er	36
GAMMAGARD	31
GAMMAGARD S/D LESS IGA	31
GAMMAKED	31
GAMMAPLEX	31
GAMUNEX-C	31
GARDASIL 9	32
gatifloxacin	81
GAVILYTE-C	88
gavilyte-g	88
gavilyte-n with flavor pack	88
GAVRETO	23
gefitinib	23
gemfibrozil	43
GEMTESA	122
generlac	75
gengraf	111
GENOTROPIN	105
GENOTROPIN MINIQUICK	104
GENTAMICIN IN SALINE	6
gentamicin sulfate	6,81,116
GENVOYA	15
GILOTRIF	23
glatiramer acetate	110
glatopa	110
GLEOSTINE	23
glimepiride	93
glipizide	93
glipizide er	93
glipizide xl	93
glipizide-metformin hcl	93
GLUCAGON EMERGENCY	97
glucose	77
glyburide-metformin	93
glycopyrrolate	34

GLYXAMBI.....	93	hydrocortisone.....	91,118	INQOVI.....	24
granisetron hcl.....	86	hydrocortisone (perianal)....	118	INREBIC.....	24
GRANIX.....	41	HYDROCORTISONE ACE-		INSULIN ASP PROT & ASP	
griseofulvin microsize.....	10	PRAMOXINE.....	121	FLEXPEN.....	93
griseofulvin ultramicrosize....	10	hydrocortisone-acetic acid....	83	INSULIN ASPART.....	94
guanfacine hcl er.....	65	hydromorphone hcl.....	53	INSULIN ASPART FLEXPEN....	94
		hydroxychloroquine sulfate....	12	INSULIN ASPART PENFILL....	94
		hydroxyurea.....	23	INSULIN ASPART PROT &	
H		hydroxyzine hcl.....	64	ASPART.....	94
HADLIMA.....	109	hydroxyzine pamoate.....	64	INSULIN DEGLUDEC.....	94
HADLIMA PUSH TOUCH....	109	HYFTOR.....	120	INSULIN DEGLUDEC	
HAEGARDA.....	108			FLEXTOUCH.....	94
hailey 24 fe.....	98	I		INSULIN LISPRO.....	94
halobetasol propionate.....	118	ibandronate sodium.....	108	INSULIN LISPRO (1 UNIT	
haloette.....	98	IBRANCE.....	23	DIAL).....	94
haloperidol.....	69	ibu.....	53	INSULIN LISPRO JUNIOR	
haloperidol decanoate.....	70	ibuprofen.....	53	KWIKPEN.....	94
haloperidol lactate.....	70	icatibant acetate.....	109	INSULIN LISPRO PROT &	
HAVRIX.....	32	iclevia.....	98	LISPRO.....	94
heather.....	98	ICLUSIG.....	23	INSULIN SYRINGE-NEEDLE U-	
HEMADY.....	91	icosapent ethyl.....	43	100.....	123
heparin sodium (porcine)....	40	IDHIFA.....	23	INTELENCE.....	15
heparin sodium (porcine) pf....	40	ILEVRO.....	83	INTRAROSA.....	91
HEPLISAV-B.....	32	imatinib mesylate.....	23	introvale.....	99
HETLIOZ LQ.....	64	IMBRUVICA.....	24	INVEGA HAFYERA.....	70
HIBERIX.....	32	imipenem-cilastatin.....	6	INVEGA SUSTENNA.....	70
HUMALOG.....	93	imipramine hcl.....	70	INVEGA TRINZA.....	70
HUMALOG JUNIOR		imipramine pamoate.....	70	IOPIDINE.....	85
KWIKPEN.....	93	imiquimod.....	120	IPOL.....	33
HUMALOG KWIKPEN.....	93	IMOVAX RABIES.....	33	ipratropium bromide.....	35,85
HUMALOG MIX 50/50		IMPAVIDO.....	12	ipratropium-albuterol.....	35
KWIKPEN.....	93	IMVEXXY MAINTENANCE		irbesartan.....	49
HUMALOG MIX 75/25.....	93	PACK.....	102	irbesartan-hydrochlorothiazide	49
HUMALOG MIX 75/25		IMVEXXY STARTER PACK.....	102	ISENTRESS.....	15
KWIKPEN.....	93	INATAL GT.....	125	ISENTRESS HD.....	15
HUMULIN R U-500		INCRELEX.....	105	ISOLYTE-P IN D5W.....	77
(CONCENTRATED).....	93	INCRUSE ELLIPTA.....	35	ISOLYTE-S PH 7.4.....	79
HUMULIN R U-500		indapamide.....	77	isoniazid.....	11
KWIKPEN.....	93	indomethacin.....	53	isosorbide dinitrate.....	51
hydralazine hcl.....	48	INFANRIX.....	32	isosorbide mononitrate.....	51
hydrochlorothiazide.....	77	INLYTA.....	24	isosorbide mononitrate er....	51
hydrocodone-acetaminophen	53				

levonorg-eth estrad triphasic.	99	loteprednol etabonate	83	MARATHON MEDICAL	
levonorgest-eth estrad 91- day	99	lovastatin	44	PENTIPS	123
levonorgestrel-ethinyl estrad	99	loxapine succinate	71	maraviroc	16
levora 0.15/30 (28)	99	lubiprostone	89	marlissa	100
levothyroxine sodium	106	LUCEMYRA	38	MARNATAL-F	125
levoxyl	106	LUMAKRAS	25	MARPLAN	71
LIBERVANT	59	LUMIGAN	85	MATULANE	25
lidocaine	121	LUPKYNIS	111	matzim la	46
lidocaine viscous hcl	121	LUPRON DEPOT (1- MONTH)	103	MAVYRET	16
lidocaine-prilocaine	121	LUPRON DEPOT (3- MONTH)	104	MAXIDEX	83
lidocan	121	LUPRON DEPOT (4- MONTH)	104	MECLOFENAMATE SODIUM	53
LILETTA (52 MG)	99	LUPRON DEPOT (6- MONTH)	104	medroxyprogesterone acetate	105
linezolid	6,7	LUPRON DEPOT-PED (1- MONTH)	104	mefloquine hcl	12
LINZESS	89	LUPRON DEPOT-PED (3- MONTH)	104	megestrol acetate	105
liothyronine sodium	106	lurasidone hcl	71	MEKINIST	25,26
lisdexamfetamine dimesylate	55	lutera	100	MEKTOVI	26
lisinopril	49	LYBALVI	71	meloxicam	54
lisinopril-hydrochlorothiazide	50	lyleq	100	memantine hcl	65
lithium	71	lyllana	102,103	memantine hcl er	65
lithium carbonate	71	LYNPARZA	25	MENACTRA	33
lithium carbonate er	71	LYSODREN	25	MENQUADFI	33
livixil pak	121	LYTGOBI (12 MG DAILY DOSE)	25	MENVEO	33
LIVTENCITY	16	LYTGOBI (16 MG DAILY DOSE)	25	mercaptapurine	26
LO LOESTRIN FE	99	LYTGOBI (20 MG DAILY DOSE)	25	meropenem	7
loestrin 1.5/30 (21)	99	M		merzee	100
loestrin 1/20 (21)	99	M-M-R II	33	mesalamine	86
loestrin fe 1.5/30	99	M-NATAL PLUS	125	mesalamine er	86
loestrin fe 1/20	99	MAGELLAN INSULIN SAFETY SYR	123	MESNEX	113
LOKELMA	78	magnesium sulfate	59	metaxalone	36
LONSURF	25			metformin hcl	95
loperamide hcl	86			metformin hcl er	95
lopinavir-ritonavir	16			methadone hcl	54
lorazepam	65			methazolamide	85
lorazepam intensol	65			methenamine hippurate	20
LORBRENA	25			methimazole	106
loryna	99			methocarbamol	36
losartan potassium	50			methotrexate sodium	26
losartan potassium-hctz	50			METHOTREXATE SODIUM	26
LOTEMAX	83			methotrexate sodium (pf)	26
LOTEMAX SM	83			METHOXSALLEN RAPID	120
				methscopolamine bromide	35

methsuximide.....	59	MONOJECT ULTRA COMFORT	naproxen.....	54	
methylphenidate.....	55	SYRINGE.....	naproxen sodium.....	54	
methylphenidate hcl.....	55	montelukast sodium.....	naratriptan hcl.....	61	
methylphenidate hcl er.....	56	morphine sulfate.....	NATACHEW.....	125	
methylphenidate hcl er (cd).....	55	morphine sulfate er.....	NATALVIT.....	125	
methylphenidate hcl er (la).....	56	MOTEGRITY.....	nateglinide.....	95	
methylphenidate hcl er (osm).....	56	MOUNJARO.....	NAYZILAM.....	65	
methylprednisolone.....	91	MOVANTIK.....	nebivolol hcl.....	45	
METOCLOPRAMIDE HCL.....	89	moxifloxacin hcl.....	7,81	necon 0.5/35 (28).....	100
metoclopramide hcl.....	89	MOXIFLOXACIN HCL IN	NEFAZODONE HCL.....	71	
metolazone.....	78	NACL.....	7	neomycin sulfate.....	7
metoprolol succinate er.....	45	MRESVIA.....	33	neomycin-bacitracin zn-	
metoprolol tartrate.....	45	MULPLETA.....	41	polymyx.....	81
metoprolol-		MULTAQ.....	48	neomycin-polymyxin-dexameth	81
hydrochlorothiazide.....	45	MULTI-MAC.....	125	NEOMYCIN-POLYMYXIN-	
metronidazole.....	12,116	MULTIPLE ELECTRO TYPE 1	GRAMICIDIN.....	81	
metyrosine.....	112	PH 5.5.....	79	neomycin-polymyxin-hc.....	82
mexiletine hcl.....	48	mupirocin.....	116	NEONATAL + DHA.....	125
micafungin sodium.....	10	mupirocin calcium.....	116	NEONATAL COMPLETE.....	125
MICONAZOLE 3.....	116	MYALEPT.....	112	NEONATAL PLUS.....	125
microgestin 1.5/30.....	100	mycophenolate mofetil.....	111	NERLYNX.....	26
microgestin 1/20.....	100	mycophenolate sodium.....	111	NESTABS.....	126
microgestin 24 fe.....	100	mycophenolic acid.....	111	NESTABS DHA.....	125
microgestin fe 1.5/30.....	100	MYFEMBREE.....	104	NEULASTA.....	41
microgestin fe 1/20.....	100	MYNATAL.....	125	NEUPOGEN.....	41
midodrine hcl.....	38	MYNATAL ADVANCE.....	125	NEVANAC.....	83
mifepristone.....	95	MYNATAL PLUS.....	125	nevirapine.....	16
MIGLITOL.....	95	MYNATAL-Z.....	125	NEVIRAPINE.....	16
mili.....	100	MYNATE 90 PLUS.....	125	nevirapine er.....	16
mimvey.....	100	MYRBETRIQ.....	122	NEXA PLUS.....	126
minocycline hcl.....	7			NEXLETOL.....	44
minoxidil.....	48	N		NEXLIZET.....	44
mirtazapine.....	71	na sulfate-k sulfate-mg sulf.....	88	NEXPLANON.....	100
misoprostol.....	87	nabumetone.....	54	niacin er (antihyperlipidemic).....	44
modafinil.....	56	nadolol.....	45	nicardipine hcl.....	46
moexipril hcl.....	50	nafcillin sodium.....	7	NICOTROL.....	35
MOLINDONE HCL.....	71	nafrinse.....	125	NICOTROL NS.....	35
mometasone furoate.....	83,118	naftifine hcl.....	116	nifedipine.....	46
MONOJECT INSULIN		NALOXONE HCL.....	66	nifedipine er.....	47
SYRINGE.....	123	naloxone hcl.....	66	nifedipine er osmotic release.....	47
		naltrexone hcl.....	66	nilutamide.....	26

NINLARO	26	NOVOLOG MIX 70/30	olmesartan medoxomil	50
nisoldipine er	47	FLEXPEN	olmesartan medoxomil-hctz	50
nitazoxanide	12	NOVOLOG MIX 70/30	olmesartan-amlodipine-hctz	47
nitisinone	112	RELION	olopatadine hcl	84
NITRO-BID	51	NOVOLOG PENFILL	omega-3-acid ethyl esters	44
nitrofurantoin	20	NOVOLOG RELION	omeprazole	87
nitrofurantoin macrocrystal	20	NOXAFIL	OMNARIS	83
nitrofurantoin monohyd		NUBEQA	OMNITROPE	104,105
macro	20	NUPLAZID	ondansetron	86
nitroglycerin	51	NURTEC	ondansetron hcl	87
NITROLINGUAL	51	NUTRILIPID	ONUREG	26
NITYR	112	NUZYRA	OPSUMIT	115
NIVESTYM	41	nyamyc	ORFADIN	112
NIZATIDINE	87	nylia 1/35	ORGOVYX	104
norelgestromin-eth estradiol	100	nylia 7/7/7	ORIAHNN	103
norethin ace-eth estrad-fe	100	NYMALIZE	ORILISSA	104
norethindron-ethinyl estrad-		nymyo	ORKAMBI	114
fe	100	nystatin	ORLADEYO	109
norethindrone	100	nystatin-triamcinolone	ORSERDU	26
norethindrone acet-ethinyl		nystop	oseltamivir phosphate	17
est	100	NYVEPRIA	OSPHERA	103
norethindrone acetate	100		oxcarbazepine	59
norethindrone-eth estradiol	100	O	oxiconazole nitrate	116
norgestim-eth estrad		O-CAL PRENATAL	oxybutynin chloride	122
triphasic	100	OB COMPLETE ONE	oxybutynin chloride er	122
norgestimate-eth estradiol	100	OB COMPLETE PETITE	oxycodone hcl	54
NORPACE CR	48	OB COMPLETE PREMIER	oxycodone-acetaminophen	54
nortrel 0.5/35 (28)	100	OB COMPLETE/DHA		
nortrel 1/35 (21)	101	OBSTETRIX DHA	P	
nortrel 1/35 (28)	101	OBSTETRIX EC	pacerone	48
nortrel 7/7/7	101	OCTAGAM	paliperidone er	72
nortriptyline hcl	71	octreotide acetate	PALYNZIQ	80
NORVIR	17	ODEFSEY	PANCREAZE	88
NOVOLOG	95	ODOMZO	PANRETIN	120
NOVOLOG 70/30 FLEXPEN		OFEV	pantoprazole sodium	87
RELION	95	ofloxacin	paricalcitol	124
NOVOLOG FLEXPEN	95	OGSIVEO	paroxetine hcl	72
NOVOLOG FLEXPEN		OJEMDA	paroxetine hcl er	72
RELION	95	OJJAARA	PAXIL	72
NOVOLOG MIX 70/30	95	olanzapine	PAXLOVID (150/100)	17
		olanzapine-fluoxetine hcl	PAXLOVID (300/100)	17

pazopanib hcl.....	26	pioglitazone hcl.....	96	pramipexole dihydrochloride... 63
PEDIARIX.....	32	pioglitazone hcl-glimepiride... 96		pramipexole dihydrochloride er 63
PEDVAX HIB.....	33	pioglitazone hcl-metformin hcl.96		prasugrel hcl.....
peg 3350-kcl-na bicarb-nacl. 88		piperacillin sod-tazobactam so. 8		pravastatin sodium.....
peg-3350/electrolytes.....	88	PIQRAY (200 MG DAILY DOSE).....	26	praziquantel.....
peg-3350/electrolytes/ascorbat... 88		PIQRAY (250 MG DAILY DOSE).....	27	prazosin hcl.....
peg-kcl-nacl-nasulf-na asc-c. 88		PIQRAY (300 MG DAILY DOSE).....	27	prednisolone.....
PEGASYS.....	17	pirfenidone.....	114	prednisolone acetate.....
PEMAZYRE.....	26	PIRFENIDONE.....	114	PREDNISOLONE SODIUM
PEN NEEDLES.....	123	piroxicam.....	54	PHOSPHATE.....
PENBRAYA.....	33	pitavastatin calcium.....	44	prednisolone sodium
penciclovir.....	116	PLASMA-LYTE 148.....	79	phosphate.....
penicillamine.....	90	PLASMA-LYTE A.....	79	prednisone.....
PENICILLIN G POT IN DEXTROSE.....	7	plenamine.....	77	PREDNISONE.....
penicillin g potassium.....	7	PLENVU.....	88	PREDNISONE INTENSOL.....
PENICILLIN G SODIUM.....	7	PNV OB+DHA.....	126	pregabalin.....
penicillin v potassium.....	8	PNV PRENATAL PLUS MULTIVIT+DHA.....	126	PREGEN DHA.....
PENTACEL.....	32	PNV TABS 20-1.....	126	PREGENNA.....
pentamidine isethionate.....	12	PNV TABS 29-1.....	126	PREHEVBRIO.....
PENTIPS.....	123	PNV-DHA+DOCUSATE.....	126	PREMARIN.....
pentoxifylline er.....	40	PNV-SELECT.....	126	PREMASOL.....
PERINDOPRIL ERBUMINE.....	50	PODOFILOX.....	120	PREMPHASE.....
perio gard.....	82	polymyxin b-trimethoprim.....	20	PREMPRO.....
permethrin.....	116	POMALYST.....	27	PRENA 1 TRUE.....
perphenazine.....	72	portia-28.....	101	PRENA1.....
PERSERIS.....	72	posaconazole.....	10	PRENA1 PEARL.....
PERTZYE.....	89	potassium chloride.....	79,80	PRENAISSANCE.....
phenelzine sulfate.....	72	potassium chloride crys er... 79		PRENAISSANCE PLUS.....
phenobarbital.....	59	potassium chloride er.....	79	PRENATAL.....
phenoxybenzamine hcl.....	37	potassium chloride in dextrose.....	80	PRENATAL 19.....
phenytoin.....	59	potassium chloride in nacl.....	80	PRENATAL PLUS.....
phenytoin infatabs.....	59	potassium citrate er.....	80	PRENATAL PLUS IRON.....
phenytoin sodium extended.....	60	PR NATAL 400.....	126	PRENATAL PLUS VITAMIN/MINERAL.....
PHEXXI.....	113	PR NATAL 400 EC.....	126	PRENATAL VITAMIN PLUS
PIFELTRO.....	17	PR NATAL 430.....	126	LOW IRON.....
pilocarpine hcl.....	36,85	PR NATAL 430 EC.....	126	PRENATE DHA.....
pimecrolimus.....	120			PRENATE ELITE.....
PIMOZIDE.....	72			PRENATE ENHANCE.....
pindolol.....	45			PRENATE MINI.....
				PRENATE PIXIE.....

PRENATE RESTORE.....	127	propranolol hcl er.....	45	RASUVO.....	27
PRENATRIX.....	127	propylthiouracil.....	106	reclipsen.....	101
PRENATRYL.....	127	PROQUAD.....	33	RECOMBIVAX HB.....	33
PREPLUS.....	127	PROSOL.....	77	RECTIV.....	51
PRETAB.....	127	protriptyline hcl.....	72	RELENZA DISKHALER.....	18
PRETOMANID.....	11	PROVIDA DHA.....	128	RELEUKO.....	42
prevalite.....	44	PROVIDA OB.....	128	repaglinide.....	96
PREVYMIS.....	17	PULMOZYME.....	115	REPATHA.....	44
PREZCOBIX.....	17	PURIXAN.....	27	REPATHA PUSHTRONEX	
PREZISTA.....	18	pyrazinamide.....	11	SYSTEM.....	44
PRIFTIN.....	11	pyridostigmine bromide.....	36	REPATHA SURECLICK.....	44
prilovix.....	121	pyridostigmine bromide er.....	36	RETACRIT.....	42
prilovix lite.....	121	pyrimethamine.....	13	RETEVMO.....	27
prilovix lite plus.....	121	PYRUKYND.....	112	REVCOVI.....	80
prilovix plus.....	121	PYRUKYND TAPER PACK.....	112	REVLIMID.....	27
prilovix ultralite.....	121			REXULTI.....	72
prilovix ultralite plus.....	121	Q		REYATAZ.....	18
PRIMACARE.....	128	QELBREE.....	66	REYVOW.....	62
primaquine phosphate.....	13	QINLOCK.....	27	REZDIFFRA.....	89
PRIMIDONE.....	60	QNASL.....	84	REZLIDHIA.....	28
primidone.....	60	QNASL CHILDRENS.....	84	REZUROCK.....	111
PRIORIX.....	33	QUADRACEL.....	32	RHOPRESSA.....	85
PRIVIGEN.....	31	quetiapine fumarate.....	72	RIBAVIRIN.....	18
PRO COMFORT PEN		quetiapine fumarate er.....	72	RIDAURA.....	109
NEEDLES.....	123	quinapril hcl.....	50	rifabutin.....	11
probenecid.....	80	QUINIDINE SULFATE.....	48	rifampin.....	11
prochlorperazine.....	72	quinine sulfate.....	13	riluzole.....	66
prochlorperazine maleate.....	72	QULIPTA.....	62	risedronate sodium.....	108
procto-med hc.....	118			risperidone.....	73
proctosol hc.....	118	R		RISPERIDONE.....	73
proctozone-hc.....	118	R-NATAL OB.....	128	risperidone microspheres er.....	73
progesterone.....	105	RABAVERT.....	33	ritonavir.....	18
PROGRAF.....	111	rabeprazole sodium.....	87	rivastigmine.....	36
PROLIA.....	108	RADICAVA ORS.....	66	rivastigmine tartrate.....	36
PROMACTA.....	41,42	RADICAVA ORS STARTER		rizatriptan benzoate.....	62
promethazine hcl.....	21	KIT.....	66	ROCKLATAN.....	85
PROMETHEGAN.....	21	raloxifene hcl.....	103	roflumilast.....	122
propafenone hcl.....	48	ramelteon.....	65	ropinirole hcl.....	63
propafenone hcl er.....	48	ramipril.....	50	ropinirole hcl er.....	63
propranolol hcl.....	45	ranolazine er.....	48	rosuvastatin calcium.....	44
PROPRANOLOL HCL.....	45	rasagiline mesylate.....	63	ROTARIX.....	33

ROTATEQ.....	33	sodium chloride (pf).....	80	sulfadiazine.....	8
ROWASA.....	86	SODIUM FLUORIDE.....	128	sulfamethoxazole-trimethoprim..	8
ROZLYTREK.....	28	sodium phenylbutyrate.....	75	sulfasalazine.....	8
RUBRACA.....	28	sodium polystyrene sulfonate..	78	sulindac.....	54
rufinamide.....	60	SOFOSBUVIR-		sumatriptan.....	62
RUKOBIA.....	18	VELPATASVIR.....	18	sumatriptan succinate.....	62
RYDAPT.....	28	SOHONOS.....	36,37	sumatriptan succinate refill....	62
RYTARY.....	63	solifenacin succinate.....	122	sunitinib malate.....	28
		SOLQUA.....	96	SUNLENCA.....	19
		SOLTAMOX.....	103	SUNOSI.....	66
SAFYRAL.....	101	SOMAVERT.....	106	SUPREP BOWEL PREP KIT.....	88
SANTYL.....	120	sorafenib tosylate.....	28	SURE COMFORT PEN	
sapropterin dihydrochloride..	112	sorine.....	45	NEEDLES.....	124
SAVAYSA.....	40	sotalol hcl.....	45	SYMLINPEN 120.....	96
saxagliptin hcl.....	96	sotalol hcl (af).....	45	SYMLINPEN 60.....	96
saxagliptin-metformin er.....	96	SPINOSAD.....	117	SYMPAZAN.....	60
SCSEMBLIX.....	28	SPIRIVA HANDIHALER.....	35	SYMPROIC.....	89
scopolamine.....	35	SPIRIVA RESPIMAT.....	35	SYMTUZA.....	19
SE-NATAL 19.....	128	spironolactone.....	50	SYNAREL.....	104
SECUADO.....	73	spironolactone-hctz.....	50	SYNJARDY.....	96
SEGLUROMET.....	96	sprintec 28.....	101	SYNJARDY XR.....	96
SELECT-OB.....	128	SPRITAM.....	60	SYNTHROID.....	106
SELECT-OB+DHA.....	128	SPRYCEL.....	28		
selegiline hcl.....	63	SPS (SODIUM POLYSTYRENE		T	
SELZENTRY.....	18	SULF).....	78	TABRECTA.....	28
SEREVENT DISKUS.....	38	sronyx.....	101	tacrolimus.....	112,120
sertraline hcl.....	73	ssd.....	117	tadalafil.....	51
SHINGRIX.....	33	STEGLATRO.....	96	tadalafil (pah).....	51
SIGNIFOR.....	105	STELARA.....	109	TADLIQ.....	51
sildenafil citrate.....	51	STIMUFEND.....	42	TAFINLAR.....	28
silodosin.....	37	STIOLTO RESPIMAT.....	35	TAGRISSO.....	28
silver sulfadiazine.....	116	STIVARGA.....	28	TALTZ.....	109
SIMBRINZA.....	85	STREPTOMYCIN SULFATE.....	8	TALZENNA.....	28
simvastatin.....	44	STRIBILD.....	18	tamoxifen citrate.....	103
sirolimus.....	111,112	STRIVERDI RESPIMAT.....	38	tamsulosin hcl.....	37
SIRTURO.....	11	SUCRAID.....	80	tarina 24 fe.....	101
SITAGLIPTIN.....	96	sucrafate.....	87	TARON-BC.....	128
SITAGLIPTIN BASE-		sulfacetamide sodium.....	82	TARPEYO.....	92
METFORMIN HCL.....	96	sulfacetamide sodium (acne)...	117	TASIGNA.....	28
SIVEXTRO.....	8	SULFACETAMIDE-		tasimelteon.....	65
sodium chloride.....	80	PREDNISOLONE.....	82	TAVALISSE.....	40

TAVNEOS.....	109	timolol maleate ocudose.....	85	tretinoin microsphere.....	120
tazarotene.....	120	timolol maleate pf.....	85	tretinoin microsphere pump...	120
TAZORAC.....	120	tinidazole.....	13	TREXALL.....	29
TAZVERIK.....	28	TIROSINT-SOL.....	107	tri-estarylla.....	101
TDVAX.....	32	TIVICAY.....	19	tri-legest fe.....	101
TEFLARO.....	8	TIVICAY PD.....	19	tri-lo-estarylla.....	101
TEGSEDI.....	113	tizanidine hcl.....	37	tri-lo-sprintec.....	101
telmisartan.....	50	TL FOLATE.....	128	tri-nymyo.....	101
TELMISARTAN-		TL-CARE DHA.....	128	tri-sprintec.....	101
AMLODIPINE.....	47	TL-SELECT.....	128	TRI-TABS DHA.....	128
telmisartan-hctz.....	50	TOBRADEX.....	82	tri-vylibra lo.....	101
temazepam.....	65	tobramycin.....	8,82	triamcinolone acetonide... 84,118	
TENIVAC.....	32	tobramycin sulfate.....	9	triamterene.....	78
tenofovir disoproxil fumarate.	19	tobramycin-dexamethasone..	82	triamterene-hctz.....	78
TEPMETKO.....	29	TOBREX.....	82	triazolam.....	65
terazosin hcl.....	42	tolcapone.....	63	TRICARE.....	128
terbinafine hcl.....	10	tolterodine tartrate.....	122	tridacaine ii.....	121
terbutaline sulfate.....	39	tolterodine tartrate er.....	122	triderm.....	118
terconazole.....	117	tolvaptan.....	78	TRIENTINE HCL.....	90
teriflunomide.....	110	topiramate.....	60	trifluoperazine hcl.....	73
TERIPARATIDE		toremifene citrate.....	103	TRIFLURIDINE.....	82
(RECOMBINANT).....	108	torpenz.....	29	TRIHXYPHENIDYL HCL....	63
testosterone.....	92	torseamide.....	78	trihexyphenidyl hcl.....	64
testosterone cypionate.....	92	TOUJEO MAX SOLOSTAR.....	97	TRIJARDY XR.....	97
TESTOSTERONE		TOUJEO SOLOSTAR.....	97	trimethoprim.....	20
ENANTHATE.....	92	TPN ELECTROLYTES.....	80	trimipramine maleate.....	73
tetrabenazine.....	75	TRADJENTA.....	97	TRINATAL RX 1.....	128
tetracycline hcl.....	8	tramadol hcl.....	54	TRINATE.....	128
THALOMID.....	110	tramadol hcl er.....	54	TRINAZ.....	128
theophylline er.....	122	tramadol-acetaminophen....	54	TRINTELLIX.....	73
thioridazine hcl.....	73	trandolapril.....	50	TRISTART DHA.....	128
thiothixene.....	73	TRANDOLAPRIL-VERAPAMIL		TRIUMEQ.....	19
THRIVITE RX.....	128	HCL ER.....	47	TRIUMEQ PD.....	19
tiadylt er.....	47	tranexamic acid.....	39	TRIVEEN-DUO DHA.....	128
tiagabine hcl.....	60	tranylcyproamine sulfate....	73	trivora (28).....	101
TIBSOVO.....	29	TRAVASOL.....	77	TROPHAMINE.....	77
TICOVAC.....	33	trazodone hcl.....	73	tropium chloride.....	122
tigecycline.....	8	TRECTOR.....	12	tropium chloride er.....	122
tilia fe.....	101	TRELEGY ELLIPTA.....	35	TRULICITY.....	97
timolol maleate.....	45,85	TRELSTAR MIXJECT.....	104	TRUMENBA.....	34
timolol maleate (once-daily)..	85	tretinoin.....	29,120	TRUQAP.....	29

TUKYSA.....	29	VAXCHORA.....	34	VITAMEDMD REDICHEW	
TURALIO.....	29	VELIVET.....	101	RX.....	129
turqoz.....	101	VELTASSA.....	78	VITAPEARL.....	129
TWINRIX.....	34	VEMLIDY.....	19	VITATRUE.....	129
TYBOST.....	19	VENA-BAL DHA.....	129	VITRAKVI.....	29
TYENNE.....	109	VENCLEXTA.....	29	VIVA DHA.....	129
TYMLOS.....	108	VENCLEXTA STARTING		VIVJOA.....	10
TYPHIM VI.....	34	PACK.....	29	VIZIMPRO.....	29
TYRVAYA.....	84	VENLAFAXINE BESYLATE		VOL-NATE.....	129
		ER.....	74	VONJO.....	29
		venlafaxine hcl.....	74	voriconazole.....	10,11
UBRELVY.....	62	venlafaxine hcl er.....	74	VOSEVI.....	20
UDENYCA.....	42	VENTOLIN HFA.....	39	VOXZOGO.....	113
ULTICARE INSULIN SAFETY		verapamil hcl.....	47	VP-PNV-DHA.....	129
SYR.....	124	verapamil hcl er.....	47	VRAYLAR.....	74
ULTILET INSULIN		VERQUVO.....	51	VTAMA.....	120
SYRINGE.....	124	VERSACLOZ.....	74	vylibra.....	101
ursodiol.....	88	VERZENIO.....	29	VYNDAMAX.....	48
UZEDY.....	73,74	vestura.....	101	VYNDAQEL.....	48
		vienna.....	101	VYZULTA.....	85
		vigabatrin.....	60		
		vigadrone.....	60	W	
valacyclovir hcl.....	19	VIGAFYDE.....	61	WAKIX.....	56
VALCHLOR.....	120	vigpoder.....	61	warfarin sodium.....	40
valganciclovir hcl.....	19	VIJOICE.....	29	WEGOVY.....	97
valproic acid.....	60	vilazodone hcl.....	74	WELIREG.....	29
valsartan.....	50	VINATE II.....	129	WESNATAL DHA	
valsartan-		VINATE ONE.....	129	COMPLETE.....	129
hydrochlorothiazide.....	50	VIOKACE.....	89	WESNATE DHA.....	129
VALTOCO 10 MG DOSE.....	65	VIRACEPT.....	20	WESTAB PLUS.....	129
VALTOCO 15 MG DOSE.....	65	VIREAD.....	20	WESTGEL DHA.....	129
VALTOCO 20 MG DOSE.....	65	VIRT-NATE DHA.....	129	WINREVAIR.....	115
VALTOCO 5 MG DOSE.....	65	VITAFOL FE+.....	129	wixela inhub.....	39
vancomycin hcl.....	9	VITAFOL GUMMIES.....	129		
VANDAZOLE.....	117	VITAFOL ULTRA.....	129	X	
VANFLYTA.....	29	VITAFOL-NANO.....	129	XALKORI.....	30
VAQTA.....	34	VITAFOL-OB.....	129	XARELTO.....	40
varenicline tartrate.....	35	VITAFOL-OB+DHA.....	129	XARELTO STARTER PACK.....	40
varenicline tartrate (starter).....	35	VITAFOL-ONE.....	129	XCOPRI.....	61
varenicline tartrate(continue).....	35	VITAMEDMD ONE		XCOPRI (250 MG DAILY	
VARIVAX.....	34	RX/QUATREFOLIC.....	129	DOSE).....	61
VARUBI (180 MG DOSE).....	87				

XCOPRI (350 MG DAILY DOSE)	ZARXIO	42
XDEMZY	ZEJULA	30
XELJANZ	ZELAPAR	64
XELJANZ XR	ZELBORAF	30
XELPROS	zenatane	120
XERMELO	ZENPEP	89
XGEVA	zidovudine	20
XHANCE	ZIEXTENZO	42
XIFAXAN	ZIPHEX	130
XIGDUO XR	ziprasidone hcl	74
XIIDRA	ziprasidone mesylate	74
XOFLUZA (40 MG DOSE)	ZIRGAN	82
XOFLUZA (80 MG DOSE)	ZOLINZA	30
XOLAIR	zolmitriptan	62
XOSPATA	zolpidem tartrate	65
XPOVIO (100 MG ONCE WEEKLY)	zolpidem tartrate er	65
XPOVIO (40 MG ONCE WEEKLY)	ZONISADE	61
XPOVIO (40 MG TWICE WEEKLY)	zonisamide	61
XPOVIO (60 MG ONCE WEEKLY)	ZORYVE	120
XPOVIO (60 MG TWICE WEEKLY)	zovia 1/35 (28)	102
XPOVIO (80 MG ONCE WEEKLY)	zovia 1/35e (28)	102
XPOVIO (80 MG TWICE WEEKLY)	ZTALMY	61
XTANDI	ZURZUVAE	75
xulane	ZYDELIG	30
	ZYKADIA	30
	ZYLET	82
	ZYPREXA RELPREVV	75

Y

YF-VAX	34
yuvafem	103

Z

zafirlukast	114
zaleplon	65
ZALVIT	130



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