

2016 Prescription Drug Guide

Humana Formulary

List of covered drugs

HumanaChoice R5826-077
(Regional PPO)

Region 8
States of Georgia and South Carolina



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

This formulary was updated on 11/05/2016. For more recent information or other questions, please contact Humana at 1-800-457-4708 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana®

Welcome to Humana!

Note to existing members: This formulary changes yearly. If you belonged to the plan in 2015, please review this document to make sure that it still contains the drugs you take.

What is the formulary?

A formulary is the list of covered drugs selected by Humana. Humana worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Humana 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 change?

Generally, we won't discontinue or reduce coverage of the drug during the 2016 coverage year if you take a drug that was covered at the beginning of the year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

We'll notify you if you are affected by the following changes to our formulary:

- When we remove a drug from the formulary
- When we add prior authorization, quantity limits, or step-therapy restrictions on a drug
- When we move a drug to a higher cost-sharing tier

What if you're affected by a formulary change?

We'll notify you at least 60 days before one of these changes happens or when you request a refill of the affected drug.

If the Food and Drug Administration (FDA) decides a drug on our formulary is unsafe or the drug's manufacturer takes the drug off the market, we'll immediately remove the drug from our formulary and then notify you if you're taking the drug.

The enclosed formulary is current as of November 2016. We'll update our printed formularies each month and they'll be available on **Humana.com/medicaredruglist**.

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

For help and information, call Humana Customer Care at **1-800-457-4708 (TTY: 711)**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number and we'll call you back by the end of the next business day.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

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

Prescription drugs are grouped into one of five tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

For drugs that need prior authorization or step therapy or drugs that fall outside of quantity limits, your doctor can fax information about your condition and need for those drugs to Humana at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 6 p.m.

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

You can also visit **Humana.com/medicaredruglist** to get more information about the restrictions applied to specific covered drugs.

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

Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 55 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

What if my drug isn't on the formulary?

If your drug isn't included in this list of covered drugs, visit **Humana.com/medicaredruglist** to see if your plan covers your drug. You can also call Customer Care and ask if your drug is covered.

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

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

Talk to your doctor to decide if you should switch to another drug that we cover or if you should request a formulary exception so that we'll cover your drug.

How do I request an exception to the formulary?

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

- **Formulary exception:** You can ask us to cover your drug if it's not on our formulary.
- **Utilization restriction exception:** You can ask us not to apply coverage restrictions or limits on your drug. For example, if your drug has a quantity limit, you can ask us to not apply the limit and to cover more doses of the drug.
- **Tier exception:** You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can ask us to cover it as preferred drug instead. This would lower how much money you must pay for your drug. Please remember that you can't ask us to provide a higher level of coverage for the drug if we grant your request to cover a drug that is not on our formulary.

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

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. When you ask for an exception, you should submit a statement from your doctor that supports your request. This is called a supporting statement.

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

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

You may take drugs that your plan doesn't cover. Or, you may talk to your provider about taking a different drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you're a member of our plan.

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

- We'll temporarily cover up to a 30-day supply of your medicine when you go to a pharmacy.
- We won't pay for these drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless we have granted you a formulary exception.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on our formulary, we'll cover up to a 31-day supply, plus refills for a maximum of a 91-98 day supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug (unless you have a prescription for fewer days) while you ask for a formulary exception if:

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

Throughout the plan year, you may have a change in your treatment setting (the place where you receive and take your medicine) because of how much care you need. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit

- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

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

Transition extension

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

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

MyHumana - Your secure website

Register for MyHumana, your secure website on **Humana.com**, to find out more about your prescription drug plan. You can sign in to MyHumana to get details about your benefits, view your claims, and explore the Medicare tab. You can also use the Rx Calculator under "Pharmacy Tools" on MyHumana to:

- Estimate your monthly drug costs and how long it will take you to reach the various cost "stages" for your prescription drug plan
- Get information about pricing, coverage, usage, dosage, interactions, and other details on more than 10,000 drugs
- Find out if a generic alternative might save you money

For More Information

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

If you have questions about Humana, please visit our website at **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

You can also call Humana Customer Care at **1-800-457-4708 (TTY: 711)**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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

Humana Formulary

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

How to read your formulary

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

HI - Home Infusion drugs that are covered in the gap

SP - Medicines that are typically available through a specialty pharmacy. Please contact your specialty pharmacy to make sure your drug is available.

MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

The second column lists the tier of the drug. See page 4 for more details on the drug tiers in your plan.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet MO	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg SP	5	QL (30 per 30 days)
abacavir-lamivudine-zidov tab MO	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION MO	5	
acyclovir 200 mg capsule; acyclovir 400 mg, 800 mg tablet MO	2	
acyclovir 200 mg/5 ml susp MO	4	
acyclovir 1,000 mg/20 ml vial HI,MO	4	
acyclovir sodium 1 gm vial MO	4	
acyclovir sodium 500 mg vial MO	3	
adefovir dipivoxil 10 mg tab SP	5	
ALBENZA 200 MG TABLET MO	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION MO	4	QL (150 per 30 days)
ALINIA 500 MG TABLET MO	4	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION MO	4	
amikacin sulf 1 gram/4 ml vial HI,MO	4	
amikacin sulf 500 mg/2 ml vial MO	4	
amoxicillin 125 mg, 250 mg tab chew; amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp; amoxicillin 250 mg, 500 mg capsule; amoxicillin 500 mg, 875 mg tablet MO	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp; amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	2	
amox-clav er 1,000-62.5 mg tab MO	3	
amphotericin b 50 mg vial MO	4	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule MO	2	
ampicillin 1 gm a-v vial; ampicillin 1 gram, 2 gram, 2 gram, 250 mg, 500 mg vial; ampicillin 2 gm a-v vial; ampicillin 2 gm vial MO	4	
ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg vial; ampicillin 10 gm vial HI,MO	4	
ampicillin-sulb 3 gm add vial; ampicillin-sulbactam 1.5 gm vl MO	4	
ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial HI,MO	4	
APTIVUS 100 MG/ML ORAL SOLUTION SP	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE SP	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp MO	5	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 ^{MO}	4	
ATRIPLA 600 MG-200 MG-300 MG TABLET ^{SP}	5	QL (30 per 30 days)
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE (ISO-OSM) INTRAVENOUS PIGGYBACK ^{HI,MO}	4	
azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp ^{MO}	3	
azithromycin 250 mg, 500 mg, 600 mg tablet ^{MO}	2	
azithromycin i.v. 500 mg vial ^{HI,MO}	2	
aztreonam 1 gm vial ^{HI,MO}	4	
aztreonam 2 gm vial ^{MO}	5	
baciim 50,000 unit intramuscular solution ^{MO}	4	
bacitracin 50,000 units vial ^{MO}	2	
BARACLUDE 0.05 MG/ML ORAL SOLUTION ^{SP}	5	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION ^{SP}	5	PA,QL (224 per 28 days)
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE ^{HI,MO}	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	4	
BILTRICIDE 600 MG TABLET ^{MO}	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION ^{HI,MO}	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION ^{MO}	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{SP}	5	PA,QL (84 per 28 days)
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen; cefaclor er 500 mg tablet ^{MO}	3	
cefaclor 250 mg, 500 mg capsule ^{MO}	2	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule ^{MO}	2	
cefazolin 1 gm add-van vial; cefazolin 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial ^{MO}	3	
cefazolin 1 gm vial ^{HI,MO}	3	
cefazolin 1 g/50 ml-dextrose ^{HI,MO}	3	
cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose ^{MO}	3	
cefдинир 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	3	
cefдинир 300 mg capsule ^{MO}	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial ^{HI,MO}	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml ^{MO}	4	
cefepime 1 gm injection; cefepime 2 gm injection ^{MO}	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefotaxime sodium 1 gm vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial HI,MO	2	
cefotaxime sodium 500 mg vial MO	2	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial MO	4	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag MO	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial MO	4	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag MO	4	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp MO	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet MO	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial HI,MO	3	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback MO	3	
ceftibuten 180 mg/5 ml susp; ceftibuten 400 mg capsule MO	4	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm vial MO	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 2 gram, 500 mg vial; ceftriaxone 2 gm add vial HI,MO	3	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag MO	3	
cefuroxime axetil 250 mg, 500 mg tab MO	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial HI,MO	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg capsule; cephalexin 250 mg, 500 mg tablet MO	2	
cephalexin 750 mg capsule MO	4	
chloramphen na succ 1 gm vl HI,MO	3	
chloroquine ph 250 mg, 500 mg tablet MO	2	
cidofovir 375 mg/5 ml vial MO	4	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet MO	2	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab MO	1	
ciprofloxacin-d5w 200 mg/100 ml HI,MO	2	
ciprofloxacin-d5w 400 mg/200 ml MO	2	
ciprofloxacin 200 mg/20 ml vl MO	2	
ciprofloxacin 400 mg/40 ml vl HI,MO	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab MO	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml ^{HI,MO}	4	
clindamycin 75 mg/5 ml soln ^{MO}	4	
clindamycin pediatric 75 mg/5 ml oral solution ^{MO}	4	
clindamycin 150 mg/ml addvan ^{HI,MO}	3	
clindamycin 150 mg/ml addvan; clindamycin 150 mg/ml, 300 mg/2 ml, 900 mg/6 ml addvan; clindamycin ph 900 mg/6 ml vl ^{MO}	3	
COARTEM 20 MG-120 MG TABLET ^{MO}	4	QL (24 per 30 days)
colistimethate 150 mg vial ^{MO}	4	
COMPLERA 200 MG-25 MG-300 MG TABLET ^{SP}	5	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
CRIVAN 200 MG CAPSULE ^{MO}	4	QL (450 per 30 days)
CRIVAN 400 MG CAPSULE ^{MO}	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION ^{HI,MO}	5	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION ^{MO}	5	
cycloserine 250 mg capsule ^{MO}	4	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET ^{SP}	5	PA,QL (28 per 28 days)
dapsone 100 mg, 25 mg tablet ^{MO}	3	
daptomycin 500 mg vial ^{MO}	5	
DARAPRIM 25 MG TABLET ^{MO}	4	
demeclocycline 150 mg, 300 mg tablet ^{MO}	4	
DESCOVY 200 MG-25 MG TABLET ^{SP}	5	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule ^{MO}	2	
didanosine dr 125 mg capsule ^{MO}	4	QL (90 per 30 days)
didanosine dr 200 mg capsule ^{MO}	4	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule ^{MO}	4	QL (30 per 30 days)
DIFICID 200 MG TABLET ^{MO}	5	ST,QL (20 per 10 days)
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION ^{MO}	4	
doxy-100 100 mg intravenous solution ^{MO}	4	
doxycycline hyc 100 mg vial ^{HI,MO}	3	
doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap ^{MO}	3	
doxycycline 25 mg/5 ml susp; doxycycline mono 150 mg cap ^{MO}	4	
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet ^{MO}	3	
doxycycline mono 100 mg, 50 mg cap ^{MO}	3	QL (60 per 30 days)
doxycycline mono 75 mg capsule ^{MO}	4	QL (60 per 30 days)
E.E.S. 400 MG TABLET ^{MO}	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EDURANT 25 MG TABLET ^{SP}	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION ^{MO}	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE ^{MO}	4	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet ^{SP}	5	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION ^{MO}	4	
EPZICOM 600 MG-300 MG TABLET ^{SP}	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION ^{HI,MO}	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION ^{MO}	4	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE ^{MO}	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION ^{HI,MO}	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET ^{MO}	2	
erythromycin 250 mg, 500 mg filmtab; erythromycin ec 250 mg cap ^{MO}	4	
erythromycin es 400 mg tab ^{MO}	4	
ethambutol hcl 100 mg, 400 mg tablet ^{MO}	4	
EVOTAZ 300 MG-150 MG TABLET ^{SP}	5	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet ^{MO}	3	QL (90 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet ^{MO}	2	
fluconazole-dext 200 mg/100 ml ^{MO}	2	
fluconazole-dext 400 mg/200 ml ^{HI,MO}	2	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml ^{MO}	2	
flucytosine 250 mg, 500 mg capsule ^{MO}	5	
foscarnet 24 mg/ml infus bttl ^{MO}	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION ^{SP}	5	QL (60 per 30 days)
ganciclovir 500 mg vial ^{HI,MO}	4	
gentamicin 20 mg/2 ml vial ^{MO}	2	
gentamicin 80 mg/2 ml vial ^{HI,MO}	2	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml ^{HI,MO}	3	
iso gentamicin 100 mg/50 ml, 120 mg/100 ml; isoton gentamicin 100 mg/50 ml, 120 mg/100 ml ^{MO}	3	
gentamicin ped 20 mg/2 ml vial ^{MO}	2	
gentamicin 10 mg/ml vial ^{MO}	2	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET ^{SP}	5	QL (30 per 30 days)
griseofulvin 125 mg/5 ml susp; griseofulvin micro 500 mg tab ^{MO}	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
griseofulvin ultra 125 mg, 250 mg tab ^{MO}	4	
HARVONI 90 MG-400 MG TABLET ^{SP}	5	PA,QL (28 per 28 days)
hydroxychloroquine 200 mg tab ^{MO}	2	
imipenem-cilastatin 250 mg vial ^{HI,MO}	4	
imipenem-cilastatin 500 mg vial ^{HI,MO}	3	
INTELENCE 100 MG TABLET ^{SP}	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET ^{SP}	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET ^{SP}	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION ^{SP}	5	PA
INVANZ 1 GRAM INTRAVENOUS SOLUTION ^{MO}	4	
INVANZ 1 GRAM SOLUTION FOR INJECTION ^{HI,MO}	4	
INVIRASE 200 MG CAPSULE ^{SP}	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET ^{SP}	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET ^{SP}	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET ^{SP}	3	
ISENTRESS 25 MG CHEWABLE TABLET ^{SP}	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET ^{SP}	5	QL (120 per 30 days)
isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial ^{MO}	1	
itraconazole 100 mg capsule ^{MO}	4	QL (120 per 30 days)
ivermectin 3 mg tablet ^{MO}	3	
KALETRA 100 MG-25 MG TABLET ^{SP}	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET ^{SP}	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION ^{SP}	5	
KETEK 300 MG, 400 MG TABLET ^{MO}	4	
ketoconazole 200 mg tablet ^{MO}	2	
lamivudine 10 mg/ml oral soln ^{MO}	4	QL (960 per 30 days)
lamivudine 150 mg tablet ^{MO}	4	QL (60 per 30 days)
lamivudine 300 mg tablet ^{MO}	4	QL (30 per 30 days)
lamivudine hbv 100 mg tablet ^{MO}	4	
lamivudine-zidovudine tablet ^{MO}	4	QL (60 per 30 days)
levofloxacin 25 mg/ml solution ^{MO}	3	
levofloxacin 250 mg, 500 mg, 750 mg tablet ^{MO}	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 500 mg/20 ml vial ^{HI,MO}	4	
levofloxacin 250 mg/50 ml, 750 mg/150 ml-d5w ^{MO}	4	
levofloxacin 500 mg/100 ml-d5w ^{HI,MO}	4	
LEXIVA 50 MG/ML ORAL SUSPENSION ^{SP}	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET ^{SP}	5	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION ^{HI,MO}	4	
lincomycin hcl 600 mg/2 ml vl ^{MO}	4	
linezolid 100 mg/5 ml susp; linezolid 600 mg tablet ^{MO}	5	
linezolid 600 mg/300 ml iv sol ^{HI,MO}	5	
linezolid-0.9% nacl 600 mg/300 ^{MO}	5	
mefloquine hcl 250 mg tablet ^{MO}	3	
meropenem iv 1 gm vial ^{MO}	4	
meropenem iv 500 mg vial ^{HI,MO}	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 ^{MO}	4	
methenamine hipp 1 gm tablet ^{MO}	4	
metronidazole 250 mg, 500 mg tablet ^{MO}	2	
metronidazole 375 mg capsule ^{MO}	4	
metronidazole 500 mg/100 ml ^{HI,MO}	4	
minocycline 100 mg, 50 mg, 75 mg capsule ^{MO}	2	
minocycline hcl 100 mg, 50 mg, 75 mg tablet ^{MO}	3	
MONUROL 3 GRAM ORAL PACKET ^{MO}	4	
moxifloxacin hcl 400 mg tablet ^{MO}	4	
moxifloxacin 400 mg/250 ml bag ^{MO}	4	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION ^{MO}	5	
nafcillin 1 gm add-van vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial ^{MO}	5	
nafcillin 1 gm vial ^{HI,MO}	4	
nafcillin 10 gm vial ^{HI,MO}	5	
nafcillin 1 gm/ 50 ml inj ^{HI,MO}	4	
nafcillin 2 gm/ 100 ml inj ^{MO}	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION ^{MO}	4	B vs D
neomycin 500 mg tablet ^{MO}	3	
nevirapine 200 mg tablet ^{MO}	2	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp ^{MO}	4	QL (1200 per 30 days)
nevirapine er 100 mg tablet ^{MO}	4	QL (120 per 30 days)
nevirapine er 400 mg tablet ^{MO}	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitrofurantoin 25 mg/5 ml susp ^{MO}	4	
nitrofurantoin mcr 100 mg, 50 mg cap ^{MO}	4	
nitrofurantoin mono-mcr 100 mg ^{MO}	4	
NOROXIN 400 MG TABLET ^{MO}	4	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET ^{MO}	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION ^{MO}	4	QL (480 per 30 days)
NOXAFIL 100 MG TABLET, DELAYED RELEASE ^{MO}	5	PA, QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{MO}	5	PA, QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION ^{MO}	5	PA
nystatin 100,000 unit/ml susp; nystatin 500,000 unit oral tab ^{MO}	2	
ODEFSEY 200 MG-25 MG-25 MG TABLET ^{SP}	5	QL (30 per 30 days)
ofloxacin 400 mg tablet ^{MO}	2	
oxacillin 1 gm add-vantage vl; oxacillin 2 gm add-vantage vl ^{MO}	4	
oxacillin 1 gm vial ^{HI, MO}	4	
oxacillin 10 gm vial ^{HI, MO}	5	
oxacillin 2 gm vial ^{MO}	5	
oxacillin 1 gm/ 50 ml inj ^{HI, MO}	4	
oxacillin 2 gm/ 50 ml inj ^{HI, MO}	5	
paromomycin 250 mg capsule ^{MO}	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET ^{MO}	2	
PCE 333 MG, 500 MG PARTICLES IN TABLET ^{MO}	4	
PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT ^{SP}	5	PA, QL (2 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT ^{SP}	5	PA, QL (2 per 28 days)
pen g k 1 million unit/50 ml ^{MO}	3	
pen g k 2 million unit/50 ml, 3 million unit/50 ml ^{HI, MO}	3	
penicillin g k 5 million unit ^{HI, MO}	3	
penicillin gk 20 million unit ^{MO}	3	
pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml ^{MO}	4	
penicillin g na 5 million unit ^{HI, MO}	3	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg, 500 mg tablet ^{MO}	2	
PENTAM 300 MG SOLUTION FOR INJECTION ^{MO}	4	
pfizerpen-g 20 million unit, 5 million unit solution for injection ^{MO}	3	
piperacil-tazobact 2.25 gm vl; piperacil-tazobact 2.25 gram, 40.5 gram ^{MO}	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial</i> HI,MO	4	
<i>polymyxin b sulfate vial</i> HI,MO	3	
PREZCOBIX 800 MG-150 MG TABLET SP	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION SP	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET SP	4	QL (240 per 30 days)
PREZISTA 400 MG TABLET SP	5	QL (90 per 30 days)
PREZISTA 600 MG TABLET SP	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET SP	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET SP	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET MO	4	
<i>primaquine 26.3 mg tablet</i> MO	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	2	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	4	QL (144 per 30 days)
<i>pyrazinamide 500 mg tablet</i> MO	4	
<i>quinine sulfate 324 mg capsule</i> MO	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION MO	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET MO	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	4	
REYATAZ 150 MG, 200 MG CAPSULE SP	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	5	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET SP	4	
<i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i> MO	3	QL (168 per 28 days)
<i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i> MO	3	QL (168 per 28 days)
<i>rifabutin 150 mg capsule</i> MO	4	
RIFAMATE 300 MG-150 MG CAPSULE MO	4	
<i>rifampin 150 mg, 300 mg capsule</i> MO	3	
<i>rifampin iv 600 mg vial</i> MO	2	
RIFATER 50 MG-120 MG-300 MG TABLET MO	4	
<i>rimantadine hcl 100 mg tablet</i> MO	3	
SELZENTRY 150 MG TABLET SP	5	QL (240 per 30 days)
SELZENTRY 300 MG TABLET SP	5	QL (120 per 30 days)
SIRTURO 100 MG TABLET MO	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION MO	5	QL (24 per 28 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIVEXTRO 200 MG TABLET MO	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET SP	5	PA,QL (28 per 28 days)
stavudine 1 mg/ml solution MO	3	QL (2400 per 30 days)
stavudine 15 mg, 20 mg capsule MO	3	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule MO	3	QL (60 per 30 days)
streptomycin sulf 1 gm vial HI,MO	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
sulfadiazine 500 mg tablet MO	4	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp susp MO	3	
sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab MO	2	
SUSTIVA 200 MG CAPSULE SP	5	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT SP	5	PA,QL (2 per 28 days)
SYLATRON 200 MCG, 300 MCG 4-PACK SP	5	PA,QL (2 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION MO	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION HI,MO	5	
TAMIFLU 30 MG CAPSULE MO	4	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	4	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION MO	4	
terbinafine hcl 250 mg tablet MO	2	QL (90 per 365 days)
tetracycline 250 mg, 500 mg capsule MO	3	
TIMENTIN 3.1 GM VIAL HI,MO	4	
TIMENTIN 31 GM BULK VIAL MO	4	
tinidazole 250 mg, 500 mg tablet MO	3	
TIVICAY 10 MG TABLET SP	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET SP	5	QL (60 per 30 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION SP	5	PA,QL (224 per 28 days)
tobramycin 1.2 gm vial MO	5	
tobramycin 10 mg/ml, 40 mg/ml vial HI,MO	2	
TRECTOR 250 MG TABLET MO	4	
trimethoprim 100 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIUMEQ 600 MG-50 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET MO	5	QL (60 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION HI,MO	5	
TYZEKA 600 MG TABLET SP	5	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet MO	3	QL (90 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION MO	5	
valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml MO	5	
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial HI,MO	3	
vancomycin hcl 125 mg, 250 mg capsule MO	5	
vancomycin hcl 5 gm vial; vancomycin hcl 5 gram, 750 mg vial MO	3	
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl MO	4	
vancomycin 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag; vancomycin-d5w 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml MO	4	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET SP	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	5	QL (120 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE MO	4	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION MO	5	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER SP	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET SP	5	QL (30 per 30 days)
voriconazole 200 mg vial HI,MO	4	
voriconazole 200 mg, 50 mg tablet MO	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp MO	5	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET MO	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET MO	5	PA,QL (84 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION MO	5	
ZIAGEN 20 MG/ML ORAL SOLUTION MO	4	QL (960 per 30 days)
zidovudine 100 mg capsule MO	3	QL (180 per 30 days)
zidovudine 300 mg tablet MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
zidovudine 50 mg/5 ml syrup ^{MO}	3	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION; ZYVOX 600 MG TABLET ^{MO}	5	
ANTIHISTAMINE DRUGS		
cetirizine hcl 1 mg/ml soln ^{MO}	2	QL (300 per 30 days)
clemastine 0.5 mg/5 ml syrup ^{MO}	3	
clemastine fum 2.68 mg tab ^{MO}	4	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet ^{MO}	4	
diphenhydramine 12.5 mg/5 ml ^{MO}	3	
diphenhydramine 50 mg/ml vial ^{MO}	4	
levocetirizine 5 mg tablet ^{MO}	2	QL (30 per 30 days)
promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 6.25 mg/5 ml syrup ^{MO}	3	
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION ^{MO}	5	PA
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION ^{SP}	5	PA
ALECENSA 150 MG CAPSULE ^{MO}	5	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
ALKERAN 2 MG TABLET ^{MO}	5	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION ^{MO}	4	B vs D
anastrozole 1 mg tablet ^{MO}	2	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION ^{MO}	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION ^{MO}	5	PA
azacitidine 100 mg vial ^{MO}	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION ^{MO}	5	PA
bexarotene 75 mg capsule ^{SP}	5	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet ^{MO}	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION ^{MO}	4	B vs D
bleomycin sulfate 15 unit, 30 unit vial ^{MO}	3	B vs D
BOSULIF 100 MG TABLET ^{SP}	5	PA,QL (120 per 30 days)
BOSULIF 500 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION ^{MO}	4	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAMPATH 30 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (12 per 28 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION MO	4	B vs D
CAMPTOSAR 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION MO	5	B vs D
CAPRELSA 100 MG TABLET SP	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET SP	5	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial MO	3	B vs D
cisplatin 50 mg/50 ml vial MO	3	B vs D
cladribine 10 mg/10 ml vial MO	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION MO	5	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES SP	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES SP	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES SP	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION MO	5	B vs D
COTELLIC 20 MG TABLET SP	5	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule MO	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial MO	1	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial MO	1	B vs D
dacarbazine 100 mg, 200 mg vial MO	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial MO	1	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL MO	4	B vs D
decitabine 50 mg vial MO	5	PA
DEPOCYT (PF) 50 MG/5 ML (10 MG/ML) INTRATHECAL SUSPENSION MO	5	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	4	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION MO	5	B vs D
docetaxel 140 mg/7 ml vial; docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial MO	5	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial MO	4	B vs D
doxorubicin liposome 20mg/10ml MO	4	B vs D
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE SP	4	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE SP	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE ^{SP}	4	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE ^{SP}	4	PA
ELLEENCE 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION ^{MO}	5	B vs D
EMCYT 140 MG CAPSULE ^{MO}	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
<i>epirubicin 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg, 200 mg/100 ml, 50 mg, 50 mg/25 ml vial</i> ^{MO}	4	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION ^{MO}	5	PA
ERIVEDGE 150 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION ^{MO}	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION ^{MO}	4	B vs D
<i>etoposide 100 mg/5 ml vial</i> ^{MO}	3	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
<i>exemestane 25 mg tablet</i> ^{MO}	4	QL (60 per 30 days)
FARESTON 60 MG TABLET ^{SP}	5	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE ^{SP}	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE ^{MO}	5	B vs D,QL (30 per 30 days)
FIRMAGON 2 X 120 MG VIALS ^{MO}	5	PA
FIRMAGON 80 MG VIAL ^{MO}	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION ^{MO}	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION ^{MO}	4	PA
<i>floxuridine 500 mg vial</i> ^{MO}	1	B vs D
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> ^{MO}	4	B vs D
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml</i> ^{MO}	4	B vs D
<i>flutamide 125 mg capsule</i> ^{MO}	4	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial</i> ^{MO}	5	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET ^{SP}	5	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLEEVEC 400 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG, 5 MG CAPSULE ^{MO}	4	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA
HERCEPTIN 440 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
HEXALEN 50 MG CAPSULE ^{SP}	5	
HYCANTIN 4 MG INTRAVENOUS SOLUTION ^{MO}	5	B vs D
<i>hydroxyurea 500 mg capsule</i> ^{MO}	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{SP}	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION ^{MO}	5	B vs D
<i>idarubicin hcl 20 mg/20 ml vial</i> ^{MO}	5	B vs D
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial</i> ^{MO}	3	B vs D
<i>ifosfamide-mesna kit</i> ^{MO}	3	B vs D
IMBRUVICA 140 MG CAPSULE ^{SP}	5	PA,QL (120 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION ^{MO}	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION ^{MO}	5	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET ^{SP}	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
<i>irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> ^{MO}	4	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION ^{MO}	5	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION ^{MO}	5	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
KEYTRUDA 100 MG/4 ML (25 MG/ML), 50 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE ^{SP}	5	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE ^{SP}	5	PA,QL (90 per 30 days)
<i>letrozole 2.5 mg tablet</i> ^{MO}	2	QL (30 per 30 days)
LEUKERAN 2 MG TABLET ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leuprolide 1 mg/0.2 ml vial; leuprolide 2wk 14 mg/2.8 ml kt ^{MO}	3	PA
lipodox 2 mg/ml intravenous suspension ^{MO}	5	B vs D
lipodox 50 2 mg/ml intravenous suspension ^{MO}	5	B vs D
lomustine 10 mg, 100 mg, 40 mg capsule ^{MO}	4	
LONSURF 15 MG-6.14 MG TABLET ^{SP}	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET ^{SP}	5	PA,QL (80 per 30 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	5	PA,QL (1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT ^{MO}	5	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT ^{MO}	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT ^{MO}	5	PA,QL (1 per 90 days)
LYNPARZA 50 MG CAPSULE ^{SP}	5	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET ^{SP}	5	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT ^{MO}	5	PA
MATULANE 50 MG CAPSULE ^{SP}	5	
megestrol 20 mg, 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml ^{MO}	3	
MEKINIST 0.5 MG TABLET ^{SP}	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
melfhalan 50 mg vial w-diluent ^{MO}	1	B vs D
mercaptopurine 50 mg tablet ^{MO}	3	
methotrexate 2.5 mg tablet ^{MO}	2	B vs D
methotrexate 50 mg/2 ml vial ^{MO}	2	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial ^{MO}	2	
mitomycin 20 mg, 40 mg, 5 mg vial ^{MO}	4	B vs D
mitoxantrone 25 mg/12.5 ml vl ^{MO}	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION ^{MO}	4	B vs D
NEXAVAR 200 MG TABLET ^{SP}	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET ^{SP}	5	QL (60 per 30 days)
nilutamide 150 mg tablet ^{SP}	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{MO}	5	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION ^{MO}	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ODOMZO 200 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION ^{MO}	5	B vs D
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (80 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial ^{MO}	5	B vs D
paclitaxel 100 mg/16.7 ml vial ^{MO}	3	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{SP}	5	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION ^{MO}	5	
PURINETHOL 50 MG TABLET ^{MO}	4	
PURIXAN 20 MG/ML ORAL SUSPENSION ^{SP}	5	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET ^{MO}	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS ^{MO}	5	PA
SOLTAMOX 10 MG/5 ML ORAL SOLUTION ^{MO}	4	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET ^{SP}	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE ^{SP}	5	PA,QL (28 per 28 days)
SYLVANT 100 MG INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (65 per 30 days)
SYLVANT 400 MG INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (80 per 30 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET ^{MO}	4	
TAFINLAR 50 MG CAPSULE ^{SP}	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{SP}	5	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET ^{MO}	5	PA,QL (30 per 30 days)
tamoxifen 10 mg, 20 mg tablet ^{MO}	2	
TARCEVA 100 MG, 150 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE ^{SP}	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE ^{SP}	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (20 per 21 days)

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TEMODAR 100 MG INTRAVENOUS SOLUTION MO	5	PA,QL (27 per 30 days)
teniposide 50 mg/5 ml ampule MO	4	B vs D
thiotepa 15 mg vial MO	1	B vs D
toposar 20 mg/ml intravenous solution MO	4	B vs D
topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial MO	5	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION MO	5	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL MO	5	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML INTRAMUSCULAR SYRINGE; TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE MO	5	PA
TRELSTAR DEPOT 3.75 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TRELSTAR LA 11.25 MG INTRAMUSCULAR SUSPENSION MO	4	PA
tretinoin 10 mg capsule SP	5	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION MO	4	B vs D
TYKERB 250 MG TABLET SP	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION MO	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION MO	5	PA,QL (14 per 21 days)
VENCLEXTA 10 MG TABLET SP	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET SP	5	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET SP	4	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK SP	5	PA,QL (42 per 28 days)
vinblastine 1 mg/ml vial MO	3	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution MO	1	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial MO	3	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial MO	4	B vs D
VOTRIENT 200 MG TABLET SP	5	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE SP	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 21 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (70 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION MO	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION MO	5	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	4	B vs D
ZELBORAF 240 MG TABLET SP	5	PA,QL (240 per 30 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	4	PA,QL (1 per 28 days)
ZOLINZA 100 MG CAPSULE SP	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET SP	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE SP	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET SP	5	PA,QL (120 per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
<i>bcg vaccine (tice strain) vial</i> MO	4	
BEXSERO (PF) 50MCG-50MCG-50MCG-25MCG/0.5ML INTRAMUSCULAR SYRINGE MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
COMVAX VACCINE VIAL MO	4	
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION MO	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
GAMUNEX-C 1 GRAM/10 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 2.5 GRAM/25 ML (10 %) INJECTION SOLUTION MO	5	PA

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GAMUNEX-C 20 GRAM/200 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 40 GRAM/400 ML (10 %) INJECTION SOLUTION MO	5	PA
GAMUNEX-C 5 GRAM/50 ML (10 %) INJECTION SOLUTION MO	5	PA
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	5	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	4	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	5	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	3	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
MENVEO MENA COMPONENT (PF) 10 MCG/0.5 ML (FINAL) IM SOLUTION MO	4	
MENVEO MENCYW-135 COMPONENT (PF) 5 MCG X 3/0.5 ML (FINAL) IM SOLUTION MO	4	

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PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	4	
PRIVIGEN 10 % INTRAVENOUS SOLUTION MO	5	PA
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
RECOMBIVAX HB (PF) 40 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE MO	4	
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
<i>tetanus toxoid adsorbed vial</i> MO	4	B vs D
<i>diphtheria-tetanus toxoids-ped</i> MO	4	
<i>tetanus diphtheria toxoids</i> MO	4	
THERACYS 81 MG INTRAVESICAL SUSPENSION MO	4	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION MO	5	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML VIAL MO	5	PA,QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WINRHO SDF 1,500 UNIT/1.3 ML INJECTION SOLUTION ^{MO}	5	B vs D
WINRHO SDF 15,000 UNIT/13 ML INJECTION SOLUTION ^{MO}	5	B vs D
WINRHO SDF 2,500 UNIT/2.2 ML INJECTION SOLUTION ^{MO}	5	B vs D
WINRHO SDF 5,000 UNIT/4.4 ML INJECTION SOLUTION ^{MO}	5	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION ^{MO}	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION ^{MO}	3	QL (0.65 per 365 days)
AUTONOMIC DRUGS		
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln ^{MO}	2	B vs D
albuterol sulf 2 mg/5 ml syrup ^{MO}	2	
albuterol sulfate 2 mg, 4 mg tab; albuterol sulfate er 4 mg, 8 mg tab ^{MO}	4	
alfuzosin hcl er 10 mg tablet ^{MO}	2	QL (30 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	3	
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE ^{MO}	4	QL (30 per 30 days)
atropine 0.05 mg/ml, 0.1 mg/ml abboject; atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 0.4 mg/ml, 1 mg/ml vial ^{MO}	2	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER ^{MO}	4	
baclofen 10 mg, 20 mg tablet ^{MO}	2	
bethanechol 10 mg, 25 mg, 5 mg tablet ^{MO}	3	
bethanechol 50 mg tablet ^{MO}	4	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	4	PA,QL (120 per 30 days)
CAFERGOT 1 MG-100 MG TABLET ^{MO}	4	
CANTIL 25 MG TABLET ^{MO}	4	
carisoprodol 350 mg tablet ^{MO}	3	
CHANTIX 0.5 MG, 1 MG TABLET ^{MO}	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET ^{MO}	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK ^{MO}	4	QL (56 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	4	
cyclobenzaprine 10 mg, 5 mg tablet ^{MO}	4	
dantrolene sodium 100 mg, 25 mg, 50 mg cap ^{MO}	4	
dicyclomine 10 mg capsule; dicyclomine 20 mg tablet ^{MO}	1	
dicyclomine 10 mg/5 ml soln ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dihydroergotamine 1 mg/ml am MO	4	
dobutamine 12.5 mg/ml vial MO	2	
dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml MO	2	
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet MO	1	QL (30 per 30 days)
dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial MO	1	
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml MO	1	
epinephrine 0.1 mg/ml syringe; epinephrine 1 mg/ml ampul; epinephrine 1 mg/ml, 1 mg/ml (1 ml), 1 mg/ml (1 ml), 1 mg/ml (1 ml), 1 mg/ml (1 ml), 1 mg/ml (1 ml), 1 mg/ml (1 ml), 1 mg/ml (1 ml), 1 mg/ml (1 ml) vial MO	1	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	
ERGOMAR 2 MG SUBLINGUAL TABLET MO	2	
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
FORADIL AEROLIZER 12 MCG CAPSULE WITH INHALATION DEVICE MO	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet MO	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial MO	4	
glycopyrrolate 1 mg, 2 mg tablet MO	3	
guanidine hcl 125 mg tablet MO	2	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	3	
ipratropium br 0.02% soln MO	2	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	2	B vs D
ISUPREL 0.2 MG/ML INJECTION SOLUTION MO	4	
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION MO	5	B vs D
LIORESAL 50 MCG/ML, 500 MCG/ML INTRATHECAL SOLUTION MO	4	B vs D
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE MO	5	
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr MO	4	
metaxalone 400 mg, 800 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methocarbamol 500 mg, 750 mg tablet MO	4	
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb MO	4	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	3	
neostigmine 10 mg/10 ml vial; neostigmine 5 mg/10 ml vial MO	2	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
norepinephrine 1 mg/ml vial MO	1	
NORTHERA 100 MG, 200 MG CAPSULE SP	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE SP	5	PA,QL (180 per 30 days)
orphenadrine er 100 mg tablet MO	3	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
phentolamine 5 mg vial MO	3	
phenylephrine 10 mg/ml vial MO	1	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	4	
propantheline 15 mg tablet MO	2	
pyridostigmine br 60 mg tablet MO	3	
pyridostigmine er 180 mg tab MO	4	
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION MO	4	
revonto 20 mg intravenous solution MO	3	
rivastigmine 1.5 mg, 3 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	4	QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	3	
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial MO	5	
terbutaline sulfate 2.5 mg, 5 mg tab MO	4	
tizanidine hcl 2 mg, 4 mg tablet MO	2	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	4	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BLOOD FORMATION, COAGULATION, THROMBOSIS		
AMICAR 1,000 MG TABLET ^{SP}	5	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION ^{SP}	5	
AMICAR 500 MG TABLET ^{SP}	5	
aminocaproic acid 1,000 mg tab ^{SP}	4	
aminocaproic acid 25% solution ^{SP}	4	
aminocaproic acid 5 g/20 ml vial ^{MO}	4	
aminocaproic acid 500 mg tab ^{SP}	4	
anagrelide hcl 0.5 mg capsule ^{MO}	3	
anagrelide hcl 1 mg capsule ^{MO}	3	
argatroban 250 mg/2.5 ml vial ^{MO}	1	
BRILINTA 60 MG TABLET ^{MO}	3	QL (60 per 30 days)
BRILINTA 90 MG TABLET ^{MO}	3	QL (60 per 30 days)
cilostazol 100 mg tablet ^{MO}	2	
cilostazol 50 mg tablet ^{MO}	2	
clopidogrel 300 mg tablet ^{MO}	2	QL (1 per 30 days)
clopidogrel 75 mg tablet ^{MO}	1	QL (30 per 30 days)
COUMADIN 1 MG TABLET ^{MO}	4	
COUMADIN 10 MG TABLET ^{MO}	4	
COUMADIN 2 MG TABLET ^{MO}	4	
COUMADIN 2.5 MG TABLET ^{MO}	4	
COUMADIN 3 MG TABLET ^{MO}	4	
COUMADIN 4 MG TABLET ^{MO}	4	
COUMADIN 5 MG TABLET ^{MO}	4	
COUMADIN 6 MG TABLET ^{MO}	4	
COUMADIN 7.5 MG TABLET ^{MO}	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION ^{MO}	3	PA
EFFIENT 10 MG TABLET ^{MO}	3	QL (30 per 30 days)
EFFIENT 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET ^{MO}	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	3	QL (74 per 30 days)
enoxaparin 100 mg/ml syringe ^{HI,MO}	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml syr ^{HI,MO}	4	QL (22.4 per 28 days)
enoxaparin 150 mg/ml syringe ^{HI,MO}	4	QL (28 per 28 days)
enoxaparin 30 mg/0.3 ml syr ^{HI,MO}	4	QL (16.8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enoxaparin 300 mg/3 ml vial ^{MO}	4	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr ^{HI,MO}	4	QL (11.2 per 28 days)
enoxaparin 60 mg/0.6 ml syr ^{HI,MO}	4	QL (16.8 per 28 days)
enoxaparin 80 mg/0.8 ml syr ^{HI,MO}	4	QL (22.4 per 28 days)
EPOGEN 10,000 UNIT/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION ^{SP}	4	PA,QL (28 per 30 days)
EPOGEN 20,000 UNIT/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
EPOGEN 3,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
EPOGEN 4,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
fondaparinux 10 mg/0.8 ml syr ^{HI,MO}	5	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr ^{HI,MO}	4	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr ^{HI,MO}	5	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr ^{HI,MO}	5	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE ^{MO}	5	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE ^{MO}	5	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE ^{MO}	5	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE ^{MO}	5	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	5	QL (22.8 per 30 days)
FRAGMIN 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE ^{MO}	4	QL (6 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE ^{MO}	5	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (11.2 per 28 days)
heparin 40,000 units/4 ml vial ^{HI,MO}	3	
heparin sod 1,000 unit/ml vial ^{MO}	3	
heparin sod 20,000 unit/ml vial ^{HI,MO}	3	
heparin sod 5,000 unit/ml syr ^{MO}	3	
heparin sod 5,000 unit/ml vial ^{HI,MO}	3	
heparin 20,000 unit/500 ml-d5w ^{MO}	1	
heparin-d5w 12,500 unit/250 ml ^{MO}	1	
heparin-d5w 25,000 unit/250 ml ^{MO}	1	
heparin-d5w 25,000 unit/500 ml ^{MO}	1	
heparin-ns 1,000 units/500 ml ^{MO}	1	
heparin-ns 2,000 unit/1,000 ml ^{HI,MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin-1/2ns 12,500 units/250 ^{MO}	1	
heparin-1/2ns 25,000 units/250 ^{HI,MO}	1	
heparin-1/2ns 25,000 units/500 ^{HI,MO}	1	
heparin 2,000 unit/2 ml vial ^{MO}	3	
heparin sod 5,000 unit/ 0.5 ml ^{MO}	3	
heparin sod 5,000 unit/0.5 ml ^{MO}	3	
jantoven 1 mg tablet ^{MO}	1	
jantoven 10 mg tablet ^{MO}	1	
jantoven 2 mg tablet ^{MO}	1	
jantoven 2.5 mg tablet ^{MO}	1	
jantoven 3 mg tablet ^{MO}	1	
jantoven 4 mg tablet ^{MO}	1	
jantoven 5 mg tablet ^{MO}	1	
jantoven 6 mg tablet ^{MO}	1	
jantoven 7.5 mg tablet ^{MO}	1	
LEUKINE 250 MCG SOLUTION FOR INJECTION ^{SP}	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (1.2 per 28 days)
NEULASTA 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR ^{SP}	5	PA,QL (1.2 per 28 days)
NEUMEGA 5 MG VIAL ^{SP}	5	QL (42 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE ^{SP}	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE ^{SP}	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION ^{SP}	5	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab ^{MO}	2	
PRADAXA 110 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
PRADAXA 150 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE ^{MO}	4	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION ^{SP}	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION ^{SP}	4	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION ^{SP}	5	PA,QL (14 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROMACTA 12.5 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET ^{SP}	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
PROMACTA 75 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
protamine 250 mg/25 ml vial ^{MO}	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	5	
ticlopidine 250 mg tablet ^{MO}	4	
TNKASE 50 MG INTRAVENOUS KIT ^{MO}	5	
tranexamic acid 1,000 mg/10 ml ^{MO}	3	PA
tranexamic acid 650 mg tablet ^{MO}	4	QL (30 per 5 days)
warfarin sodium 1 mg tablet ^{MO}	1	
warfarin sodium 10 mg tablet ^{MO}	1	
warfarin sodium 2 mg tablet ^{MO}	1	
warfarin sodium 2.5 mg tablet ^{MO}	1	
warfarin sodium 3 mg tablet ^{MO}	1	
warfarin sodium 4 mg tablet ^{MO}	1	
warfarin sodium 5 mg tablet ^{MO}	1	
warfarin sodium 6 mg tablet ^{MO}	1	
warfarin sodium 7.5 mg tablet ^{MO}	1	
XARELTO 10 MG TABLET ^{MO}	3	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK ^{MO}	3	QL (51 per 30 days)
XARELTO 15 MG TABLET ^{MO}	3	QL (60 per 30 days)
XARELTO 20 MG TABLET ^{MO}	3	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE ^{SP}	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE ^{SP}	5	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET ^{MO}	4	PA,QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
acebutolol 200 mg, 400 mg capsule ^{MO}	2	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE ^{MO}	4	QL (60 per 30 days)
ADCIRCA 20 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
adenosine 12 mg/4 ml syringe; adenosine 12 mg/4 ml vial ^{MO}	1	
afeditab cr 30 mg, 60 mg tablet,extended release ^{MO}	3	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	PA
amiodarone 150 mg/3 ml syringe; amiodarone 900 mg/18 ml vial; amiodarone hcl 200 mg tablet ^{MO}	2	
amiodarone hcl 100 mg, 400 mg tablet ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab ^{MO}	1	
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg ^{MO}	3	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO}	3	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg ^{MO}	4	QL (30 per 30 days)
amlod-vals-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-hctz 10-160-12.5mg ^{MO}	3	QL (30 per 30 days)
AMTURNIDE 150-5-12.5 MG, 300-10-12.5 MG, 300-10-25 MG, 300-5-12.5 MG, 300-5-25 MG TAB ^{MO}	3	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg ^{MO}	4	
atenolol 100 mg, 25 mg, 50 mg tablet ^{MO}	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	2	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET ^{MO}	3	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	2	
BENICAR 20 MG, 40 MG, 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET ^{MO}	3	QL (30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET ^{MO}	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	2	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb ^{MO}	2	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV ^{MO}	4	
BYSTOLIC 10 MG TABLET ^{MO}	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET ^{MO}	3	QL (60 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	3	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb ^{MO}	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	3	
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release ^{MO}	2	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release ^{MO}	2	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	1	
cholestyramine packet; cholestyramine powder ^{MO}	3	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet ^{MO}	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet ^{MO}	2	
clonidine hcl er 0.1 mg tablet ^{MO}	4	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet ^{MO}	4	
colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab ^{MO}	3	
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	QL (30 per 30 days)
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	4	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION ^{MO}	4	
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
digitek 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digitek 250 mcg tablet ^{MO}	2	
digox 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digox 250 mcg tablet ^{MO}	2	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet ^{MO}	2	
digoxin 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digoxin 500 mcg/2 ml ampule ^{MO}	1	
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE ^{MO}	4	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	2	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet; diltiazem 125 mg/25 ml vial; diltiazem 12hr er 120 mg, 60 mg, 90 mg cap ^{MO}	2	
diltiazem 24hr er 120 mg, 180 mg, 240 mg cap; diltiazem er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg capsule; diltiazem hcl er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap ^{MO}	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap; diltiazem hcl er 300 mg, 360 mg, 420 mg cap ^{MO}	2	QL (30 per 30 days)
diltiazem hcl 100 mg vial ^{MO}	4	
dipyridamole 25 mg, 50 mg, 75 mg tablet ^{MO}	4	
disopyramide 100 mg, 150 mg capsule ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dofetilide 125 mcg capsule MO	4	QL (240 per 30 days)
dofetilide 250 mcg capsule MO	4	QL (120 per 30 days)
dofetilide 500 mcg capsule MO	4	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab MO	2	
EDARBI 40 MG, 80 MG TABLET MO	3	QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET MO	3	QL (30 per 30 days)
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet MO	1	
enalaprilat 1.25 mg/ml vial MO	2	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO	3	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet MO	4	
esmolol hcl 100 mg/10 ml vial MO	1	
felodipine er 10 mg, 2.5 mg, 5 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 160 mg tablet MO	2	QL (30 per 30 days)
fenofibrate 54 mg tablet MO	2	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule MO	4	QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 67 mg capsule MO	3	QL (60 per 30 days)
fenofibrate 145 mg tablet MO	4	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	4	QL (60 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap MO	4	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab MO	3	
fluvastatin er 80 mg tablet MO	4	ST,QL (30 per 30 days)
fosinopril sodium 10 mg, 20 mg, 40 mg tab MO	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab MO	2	
gemfibrozil 600 mg tablet MO	2	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet MO	2	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet; hydralazine 20 mg/ml vial MO	2	
ibutilide fum 1 mg/10 ml vial MO	1	
irbesartan 150 mg, 300 mg, 75 mg tablet MO	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb MO	2	QL (30 per 30 days)
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet MO	2	
isosorbide dn er 40 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 30 mg, 60 mg tab; isosorbide mn er 120 mg, 30 mg, 60 mg tablet MO	2	
isradipine 2.5 mg, 5 mg capsule MO	4	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml vl; labetalol hcl 20 mg/4 ml syr MO	2	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION MO	4	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	4	
LESCOL XL 80 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (30 per 30 days)
LEVATOL 20 MG TABLET MO	4	
lidocaine hcl 1% syringe; lidocaine hcl 2% syringe; lidocaine hcl 2% vial MO	2	
lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln MO	1	
LIPTRUZET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG TABLET MO	4	QL (30 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL (30 per 30 days)
losartan potassium 100 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab MO	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet MO	1	QL (60 per 30 days)
methyldopa 250 mg, 500 mg tablet MO	3	
methyldopa-hctz 250-15 mg, 250-25 mg tab MO	3	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab MO	2	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab MO	3	
metoprolol 1 mg/ml carpject; metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 100 mg, 25 mg, 50 mg tab MO	1	
metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb MO	2	
mexiletine 150 mg, 200 mg, 250 mg capsule MO	4	
minoxidil 10 mg, 2.5 mg tablet MO	2	
moexipril hcl 15 mg, 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet MO	2	
MULTAQ 400 MG TABLET MO	3	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet MO	3	
nadolol-bendroflu 40-5 mg, 80-5 mg tab MO	3	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet MO	4	
niacor 500 mg tablet MO	2	
nicardipine 20 mg, 30 mg capsule MO	3	
nicardipine 25 mg/10 ml ampule MO	2	
nifedical xl 30 mg, 60 mg tablet, extended release MO	3	QL (60 per 30 days)
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl MO	3	
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin 5 mg/ml vial MO	2	
nitroglycerin lingual 0.4 mg MO	4	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w MO	2	
NITROLINGUAL 400 MCG/SPRAY MO	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
omega-3 ethyl esters 1 gm cap MO	4	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET MO	4	
pacerone 200 mg tablet MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg tab MO	2	
pindolol 10 mg, 5 mg tablet MO	3	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (2 per 28 days)
PRALUENT SYRINGE 150 MG/ML, 75 MG/ML SUBCUTANEOUS SP	5	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab MO	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule MO	2	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet MO	3	
procainamide 100 mg/ml, 500 mg/ml vial MO	1	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet MO	3	
propafenone hcl er 225 mg, 325 mg, 425 mg cap MO	4	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule MO	4	
propranolol-hctz 40-25 mg, 80-25 mg tab MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet MO	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	2	
quinidine gluc 80 mg/ml vial MO	2	
quinidine gluc er 324 mg tab MO	4	
quinidine sulf er 300 mg tab; quinidine sulfate 200 mg, 300 mg tab MO	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule MO	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
reserpine 0.1 mg, 0.25 mg tablet MO	2	
REVATIO 10 MG/ML ORAL SUSPENSION SP	5	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab MO	4	QL (30 per 30 days)
sildenafil 20 mg tablet MO	3	PA,QL (90 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet MO	1	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet; sotalol hcl 150 mg/10 ml vial MO	2	
sotalol af 120 mg, 160 mg, 80 mg tablet MO	2	
spironolactone-hctz 25-25 tab MO	2	
spironolactone 100 mg, 25 mg, 50 mg tablet MO	2	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release MO	2	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release MO	2	QL (30 per 30 days)
TEKAMLO 150 MG-10 MG TABLET; TEKAMLO 150 MG-5 MG TABLET; TEKAMLO 300 MG-10 MG TABLET; TEKAMLO 300 MG-5 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURN HCT 150 MG-25 MG TABLET; TEKTURN HCT 300 MG-12.5 MG TABLET; TEKTURN HCT 300 MG-25 MG TABLET MO	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet MO	4	QL (30 per 30 days)
telmisartan 80 mg tablet MO	4	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 MO	4	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule MO	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE MO	4	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE MO	4	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE MO	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE MO	4	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIKOSYN 500 MCG CAPSULE ^{MO}	4	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet ^{MO}	2	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE ^{MO}	4	QL (60 per 30 days)
trandolapril 1 mg, 2 mg, 4 mg tablet ^{MO}	2	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET ^{MO}	3	QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet ^{MO}	3	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab ^{MO}	2	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	4	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	4	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil er pm 200 mg capsule ^{MO}	2	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet ^{MO}	1	
verapamil 2.5 mg/ml ampul; verapamil 2.5 mg/ml syringe; verapamil er 120 mg, 180 mg, 240 mg tablet ^{MO}	2	
verapamil er pm 100 mg, 300 mg capsule ^{MO}	2	QL (30 per 30 days)
VYTORIN 10 MG-10 MG TABLET ^{MO}	4	QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET ^{MO}	4	QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET ^{MO}	4	QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET ^{MO}	4	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET ^{MO}	3	
ZETIA 10 MG TABLET ^{MO}	3	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 9.7 MG/1.3 ML VIAL ^{MO}	4	QL (120 per 30 days)
ABILIFY DISCMELT 10 MG, 15 MG TABLET ^{MO}	5	PA,QL (60 per 30 days)
ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE ^{MO}	5	QL (1.5 per 28 days)
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE ^{MO}	5	QL (2 per 28 days)
acamprosate calc dr 333 mg tab ^{MO}	4	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 ^{MO}	3	QL (5010 per 30 days)
acetaminophen-cod #2 tablet; acetaminophen-cod #3 tablet; acetaminophen-cod #4 tablet ^{MO}	3	QL (390 per 30 days)
alprazolam 0.25 mg, 0.5 mg tablet ^{MO}	2	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
alprazolam 1 mg tablet MO	2	QL (240 per 30 days)
alprazolam 2 mg tablet MO	2	QL (150 per 30 days)
ALSUMA 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (6 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet MO	4	
amantadine 50 mg/5 ml solution MO	3	
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	2	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP	5	QL (60 per 28 days)
APTiom 200 MG, 400 MG, 800 MG TABLET MO	4	PA,QL (30 per 30 days)
APTiom 600 MG TABLET MO	4	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution MO	4	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	4	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	5	QL (60 per 30 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	5	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	3	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	3	PA,QL (60 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET MO	3	
BANZEL 200 MG TABLET MO	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION MO	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET MO	5	PA,QL (240 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
benztropine 2 mg/2 ml ampule; benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	2	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET SP	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION SP	5	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	4	PA
bromocriptine 2.5 mg tablet; bromocriptine 5 mg capsule MO	4	
BUPRENEX 0.3 MG/ML INJECTION SOLUTION MO	5	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml syrn MO	4	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	4	PA,QL (90 per 30 days)
buproban 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet MO	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl sr 100 mg tablet ^{MO}	3	QL (120 per 30 days)
bupropion hcl sr 150 mg, 150 mg, 300 mg tablet; bupropion hcl xl 150 mg, 150 mg, 300 mg tablet ^{MO}	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet ^{MO}	3	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet ^{MO}	3	QL (90 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet ^{MO}	2	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule ^{MO}	3	QL (360 per 30 days)
butalb-caff-acetaminoph-codein ^{MO}	3	QL (360 per 30 days)
butalbital-acetaminophen 50-325 ^{MO}	4	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp ^{MO}	4	QL (180 per 30 days)
butalbital-asa-caffeine cap ^{MO}	4	QL (180 per 30 days)
BUTISOL 30 MG, 50 MG TABLET; BUTISOL SODIUM 30 MG, 50 MG TABLET ^{MO}	4	
butorphanol 1 mg/ml vial ^{MO}	3	QL (960 per 30 days)
butorphanol 10 mg/ml spray ^{MO}	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial ^{MO}	3	QL (480 per 30 days)
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial ^{MO}	1	
caffeine-sod benzoat 250 mg/ml ^{MO}	1	
capacet 50 mg-325 mg-40 mg capsule ^{MO}	2	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION ^{MO}	4	QL (5010 per 30 days)
carbamazepine 100 mg tab chew ^{MO}	2	
carbamazepine 100 mg/5 ml susp; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine er 100 mg, 200 mg, 400 mg tablet ^{MO}	4	
carbamazepine 200 mg tablet ^{MO}	3	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE ^{MO}	4	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt ^{MO}	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab ^{MO}	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab ^{MO}	2	
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule ^{MO}	4	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE ^{MO}	4	
chlorpromazine 10 mg, 25 mg tablet ^{MO}	3	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp ^{MO}	3	
citalopram hbr 10 mg, 40 mg tablet ^{MO}	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln ^{MO}	3	
citalopram hbr 20 mg tablet ^{MO}	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clomipramine 25 mg, 50 mg, 75 mg capsule ^{MO}	4	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt ^{MO}	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet ^{MO}	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet ^{MO}	4	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet ^{MO}	3	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet ^{MO}	4	ST
codeine sulfate 15 mg, 30 mg tablet ^{MO}	3	QL (360 per 30 days)
codeine sulfate 60 mg tablet ^{MO}	3	QL (180 per 30 days)
CYCLOSET 0.8 MG TABLET ^{MO}	4	PA,QL (180 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH ^{MO}	4	QL (30 per 30 days)
DEPACon 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION ^{MO}	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet ^{MO}	4	
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab ^{MO}	3	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg cp ^{MO}	4	QL (30 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab ^{MO}	4	QL (180 per 30 days)
d-amphetamine er 15 mg capsule ^{MO}	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule ^{MO}	4	QL (60 per 30 days)
dextroamphetamine 5 mg tab ^{MO}	4	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap ^{MO}	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap ^{MO}	4	QL (60 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab ^{MO}	3	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab ^{MO}	3	QL (60 per 30 days)
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst ^{MO}	4	
diazepam 10 mg tablet ^{MO}	4	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet ^{MO}	4	QL (90 per 30 days)
diazepam 5 mg/5 ml solution; diazepam 5 mg/ml oral conc ^{MO}	4	QL (1200 per 30 days)
diazepam intensol 5 mg/ml oral concentrate ^{MO}	4	QL (1200 per 30 days)
diclofenac pot 50 mg tablet ^{MO}	2	
diclofenac 1.5% topical soln ^{MO}	4	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diflunisal 500 mg tablet MO	4	
dilantin 30 mg capsule MO	4	
dilantin extended 100 mg capsule MO	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	4	
divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sodium 125 mg cap MO	2	
divalproex sod er 250 mg, 500 mg tab MO	3	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc MO	2	
droperidol 2.5 mg/ml vial MO	3	
duloxetine hcl dr 20 mg, 30 mg, 60 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 40 mg cap MO	4	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION MO	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION MO	4	QL (3600 per 30 days)
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY MO	3	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	5	QL (30 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
entacapone 200 mg tablet MO	4	QL (300 per 30 days)
epitol 200 mg tablet MO	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	4	
escitalopram 10 mg tablet MO	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet MO	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	4	QL (600 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet MO	4	
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln MO	4	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet; etodolac er 400 mg, 500 mg, 600 mg tablet MO	3	
FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET MO	4	ST
felbamate 400 mg, 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp MO	5	
fenoprofen 400 mg capsule; fenoprofen 600 mg tablet MO	4	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch MO	4	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg MO	5	PA,QL (120 per 30 days)
fentanyl 0.05 mg/ml ampul MO	4	QL (720 per 30 days)
fentanyl 0.05 mg/ml syringe MO	4	QL (240 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	4	PA,QL (28 per 28 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH MO	4	PA,QL (60 per 30 days)
flumazenil 0.1 mg/ml vial MO	2	
fluoxetine 20 mg/5 ml solution; fluoxetine hcl 10 mg tablet MO	2	
fluoxetine dr 90 mg capsule MO	4	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule MO	2	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 20 mg tablet MO	3	
fluoxetine hcl 60 mg tablet MO	3	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml MO	4	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc MO	2	
fluphenazine 2.5 mg/5 ml elix MO	3	
flurbiprofen 100 mg, 50 mg tablet MO	2	
fluvoxamine er 100 mg, 150 mg capsule MO	4	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab MO	2	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl MO	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION MO	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET MO	4	PA,QL (30 per 30 days)
FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK MO	4	PA,QL (14 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule MO	2	QL (270 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln ^{MO}	3	
gabapentin 600 mg, 800 mg tablet ^{MO}	2	QL (180 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION ^{MO}	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet ^{MO}	2	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp ^{MO}	4	
haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial ^{MO}	2	
HETLIOZ 20 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION ^{MO}	3	QL (5520 per 30 days)
hydrocodon-acetamin 7.5-325/15; hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 ^{MO}	3	QL (5520 per 30 days)
hydrocodon-acetaminoph 2.5-325; hydrocodon-acetaminoph 7.5-325; hydrocodon-acetaminophen 5-325; hydrocodon-acetaminophn 10-325 ^{MO}	3	QL (360 per 30 days)
hydrocodone-acetamin 2.5-167/5 ^{MO}	3	QL (3600 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 2.5-200 mg, 5-200 mg; hydrocodone-ibuprofen 2.5-200 ^{MO}	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 ^{MO}	3	QL (150 per 30 days)
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml syringe; hydromorphone hcl 1 mg/ml amp ^{MO}	4	QL (720 per 30 days)
hydromorphone 2 mg, 4 mg tablet ^{MO}	3	QL (360 per 30 days)
hydromorphone 2 mg/ml syringe; hydromorphone 2 mg/ml vial ^{MO}	4	QL (360 per 30 days)
hydromorphone 3 mg suppos ^{MO}	4	QL (120 per 30 days)
hydromorphone 4 mg/ml syrin; hydromorphone hcl 4 mg/ml amp ^{MO}	4	QL (180 per 30 days)
hydromorphone 8 mg tablet ^{MO}	3	QL (240 per 30 days)
hydromorphone hcl 10 mg/ml vl ^{MO}	4	QL (144 per 30 days)
hydroxyzine 10 mg/5 ml soln; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	3	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap ^{MO}	3	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet ^{MO}	1	
oxycodone-ibuprofen 5-400 tab ^{MO}	3	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet ^{MO}	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap ^{MO}	4	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule ^{MO}	4	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION ^{MO}	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION ^{MO}	4	QL (150 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE ^{MO}	5	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA 6 MG TABLET,EXTENDED RELEASE MO	5	ST,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE MO	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE MO	5	PA,QL (2.62 per 90 days)
IRENKA 40 MG CAPSULE,DELAYED RELEASE MO	4	QL (60 per 30 days)
<i>ketoprofen 50 mg, 75 mg capsule</i> MO	2	
<i>klofensaid ii 1.5 % topical drops</i> MO	4	
LAMICTAL 2 MG DISPER TABLET MO	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET MO	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT MO	4	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK MO	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK MO	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	4	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	4	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	4	
<i>lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35) tablet; lamotrigine 25 mg tb start kit; lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet</i> MO	2	
<i>lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet; lamotrigine odt 100 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange)</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET MO	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	5	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY MO	5	PA
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml soln; levetiracetam er 500 mg, 750 mg tablet MO	2	
levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial MO	4	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 MO	2	
levorphanol 2 mg tablet MO	4	QL (240 per 30 days)
lithium carbonate 150 mg, 300 mg, 600 mg cap; lithium carbonate 300 mg tab; lithium carbonate er 300 mg, 450 mg tb MO	2	
lithium 8 meq/5 ml solution MO	2	
lorazepam 0.5 mg, 1 mg tablet MO	2	QL (90 per 30 days)
lorazepam 2 mg tablet MO	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent MO	3	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE MO	3	QL (150 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO	2	
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	4	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	4	QL (60 per 30 days)
magnesium chl 200 mg/ml vial MO	2	
magnesium sulfate 50% syringe; magnesium sulfate 50% vial MO	2	
magnesium sulf 1 g/100 ml-d5w MO	2	
magnesium sulf 4 g/50 ml bag; magnesium sulf 4% iv soln; magnesium sulf 4% iv soln MO	2	
maprotiline 25 mg, 50 mg, 75 mg tablet MO	4	
MARPLAN 10 MG TABLET MO	4	
meclofenamate 100 mg, 50 mg capsule MO	4	
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp MO	3	QL (300 per 30 days)
memantine 5-10 mg titration pk MO	3	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet MO	3	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution MO	3	PA,QL (360 per 30 days)
meperidine 100 mg tablet MO	3	QL (360 per 30 days)
meperidine 50 mg tablet MO	3	QL (480 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meperidine 50 mg/5 ml solution ^{MO}	3	QL (720 per 30 days)
methadone 10 mg/5 ml solution ^{MO}	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial ^{MO}	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution ^{MO}	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet ^{MO}	3	QL (240 per 30 days)
methadone hcl 5 mg tablet ^{MO}	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate ^{MO}	3	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE ^{MO}	3	QL (360 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET ^{MO}	4	QL (180 per 30 days)
METHYLIN 2.5 MG, 5 MG CHEWABLE TABLET ^{MO}	4	QL (150 per 30 days)
methylphenidate 10 mg chew tab; methylphenidate er 10 mg tab ^{MO}	4	QL (180 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet ^{MO}	3	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol ^{MO}	4	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb ^{MO}	4	QL (150 per 30 days)
methylphenidate 5 mg/5 ml soln ^{MO}	4	QL (1800 per 30 days)
methylphenidate cd 30 mg, 30 mg cap; methylphenidate la 30 mg, 30 mg cap ^{MO}	4	QL (60 per 30 days)
methylphenidate er 20 mg tab ^{MO}	4	QL (90 per 30 days)
methylphenidate la 20 mg, 40 mg cap ^{MO}	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg odt ^{MO}	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet ^{MO}	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet ^{MO}	2	
modafinil 100 mg, 200 mg tablet ^{MO}	4	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet ^{MO}	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet ^{MO}	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet ^{MO}	4	PA,QL (360 per 30 days)
morphine 10 mg/ml carpject; morphine 10 mg/ml, 10 mg/ml isecure syr; morphine 10 mg/ml, 10 mg/ml syringe; morphine 10 mg/ml, 10 mg/ml vial; morphine sulfate 10 mg/ml, 10 mg/ml vial ^{MO}	3	QL (360 per 30 days)
morphine 15 mg/ml carpject; morphine sulfate 50 mg/ml vial ^{MO}	3	QL (240 per 30 days)
morphine 15 mg/ml vial ^{MO}	3	QL (600 per 30 days)
morphine 2 mg/ml carpject; morphine 2 mg/ml, 2 mg/ml isecure syr; morphine 2 mg/ml, 2 mg/ml syringe ^{MO}	3	QL (1800 per 30 days)
morphine 4 mg/ml carpject; morphine 4 mg/ml isecure syr; morphine sulfate 4 mg/ml vial ^{MO}	3	QL (900 per 30 days)
morphine 5 mg/ml syringe; morphine 5 mg/ml vial ^{MO}	3	QL (720 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 8 mg/ml isecure syr; morphine 8 mg/ml syringe; morphine 8 mg/ml, 8 mg/ml vial; morphine sulfate 8 mg/ml, 8 mg/ml vial MO	3	QL (450 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos; morphine sulf er 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab MO	3	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln MO	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln MO	3	QL (1350 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet MO	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet MO	3	QL (90 per 30 days)
morphine sulfate 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml vial; morphine sulfate 25 mg/ml vl MO	3	QL (150 per 30 days)
morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap; morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap MO	3	QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg cap MO	3	QL (30 per 30 days)
morphine 0.5 mg/ml vial MO	3	QL (7200 per 30 days)
morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial MO	3	QL (3600 per 30 days)
morphine 5 mg/ml vial MO	3	QL (720 per 30 days)
morphine sulf 100 mg/5 ml soln MO	3	QL (600 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	2	
nalbuphine 100 mg/10 ml vial MO	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial MO	4	QL (120 per 30 days)
NALFON 400 MG CAPSULE MO	4	
naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml syringe; naloxone 2 mg/2 ml syringe MO	2	
naltrexone 50 mg tablet MO	2	
NAMENDA 2 MG/ML ORAL SOLUTION MO	3	PA,QL (360 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
naproxen 125 mg/5 ml suspen MO	3	
naproxen 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet MO	2	
naproxen sodium 275 mg, 550 mg tab MO	1	
naratriptan hcl 1 mg, 2.5 mg tablet MO	3	QL (9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NARCAN 4 MG/ACTUATION NASAL SPRAY ^{MO}	4	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet ^{MO}	4	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH ^{MO}	4	QL (30 per 30 days)
nortriptyline 10 mg/5 ml sol ^{MO}	3	
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap ^{MO}	2	
NUDEXTA 20 MG-10 MG CAPSULE ^{MO}	3	QL (60 per 30 days)
NUPLAZID 17 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET ^{MO}	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
olanzapine 10 mg vial; olanzapine 15 mg, 20 mg tablet ^{MO}	3	QL (60 per 30 days)
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet ^{MO}	3	QL (30 per 30 days)
olanzapine odt 10 mg, 5 mg tablet ^{MO}	4	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg tablet ^{MO}	4	QL (60 per 30 days)
ONFI 10 MG, 20 MG TABLET ^{MO}	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION ^{MO}	4	PA,QL (480 per 30 days)
OPANA ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE ^{MO}	3	QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET ^{MO}	4	
oxaprozin 600 mg caplet ^{MO}	4	
oxazepam 10 mg, 15 mg, 30 mg capsule ^{MO}	4	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet ^{MO}	3	
oxcarbazepine 300 mg/5 ml susp ^{MO}	4	
oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln ^{MO}	4	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet; oxycodone hcl 5 mg capsule ^{MO}	3	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln ^{MO}	3	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 ^{MO}	3	QL (360 per 30 days)
oxycodone-acetaminophn 5-325/5 ^{MO}	3	QL (1830 per 30 days)
oxycodone-aspirin 4.8355-325 ^{MO}	4	QL (360 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet ^{MO}	5	ST,QL (30 per 30 days)
paliperidone er 6 mg tablet ^{MO}	5	ST,QL (60 per 30 days)
paroxetine er 12.5 mg, 37.5 mg tablet ^{MO}	4	QL (60 per 30 days)
paroxetine er 25 mg tablet ^{MO}	4	QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet ^{MO}	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 30 mg, 40 mg tablet MO	1	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	4	
PEGANONE 250 MG TABLET MO	4	
pentazocine-naloxone tablet MO	3	QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	4	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MO	3	
phenelzine sulfate 15 mg tab MO	3	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	3	QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew MO	2	
phenytoin 50 mg/ml syringe; phenytoin 50 mg/ml vial MO	2	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	2	
pimozide 1 mg, 2 mg tablet MO	4	
piroxicam 10 mg, 20 mg capsule MO	3	
POTIGA 200 MG, 300 MG, 400 MG TABLET MO	5	PA
POTIGA 50 MG TABLET MO	4	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	2	
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION MO	5	B vs D
primidone 250 mg, 50 mg tablet MO	2	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet MO	4	
quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	2	QL (120 per 30 days)
revia 50 mg tablet MO	4	
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET SP	5	PA,QL (30 per 30 days)
riluzole 50 mg tablet SP	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE MO	5	QL (4 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt MO	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO	1	QL (60 per 30 days)

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risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	1	QL (120 per 30 days)
risperidone 1 mg/ml solution MO	2	
rizatriptan 10 mg, 5 mg odt MO	4	QL (12 per 30 days)
rizatriptan 10 mg, 5 mg tablet MO	3	QL (12 per 30 days)
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet MO	2	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet MO	4	QL (90 per 30 days)
roweepra 500 mg tablet MO	2	
ROXICET 5-325 ORAL SOLUTION MO	3	QL (1830 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET SP	5	PA
SABRIL 500 MG TABLET SP	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG, 2.5 MG SUBLINGUAL TABLET MO	5	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet MO	4	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK MO	3	QL (15 per 30 days)
sertraline 20 mg/ml oral conc MO	2	
sertraline hcl 100 mg tablet MO	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet MO	1	QL (90 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	4	QL (30 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (120 per 30 days)
STAVZOR DR 125 MG, 250 MG, 500 MG CAPSULE MO	4	
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	4	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	4	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
sulindac 150 mg, 200 mg tablet MO	2	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray MO	4	
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill; sumatriptan 6 mg/0.5 ml syrng; sumatriptan 6 mg/0.5 ml vial MO	4	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	2	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO	4	
TASMAR 100 MG TABLET MO	4	PA
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET,EXTENDED RELEASE MO	4	
temazepam 15 mg, 30 mg capsule MO	4	QL (30 per 30 days)
tetrabenazine 12.5 mg tablet SP	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet SP	5	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	2	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule MO	3	
tiagabine hcl 2 mg, 4 mg tablet MO	4	
tolcapone 100 mg tablet MO	4	PA
tolmetin sodium 200 mg tab MO	3	
tolmetin sodium 400 mg cap; tolmetin sodium 600 mg tab MO	4	
topiramate 100 mg, 200 mg, 50 mg tablet MO	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	2	
topiramate 25 mg tablet MO	2	QL (90 per 30 days)
tramadol hcl 50 mg tablet MO	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 MO	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab MO	4	
trazodone 100 mg, 150 mg, 50 mg tablet MO	1	
trazodone 300 mg tablet MO	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	3	
trihexyphenidyl 2 mg, 5 mg tablet; trihexyphenidyl 2 mg/5 ml elx MO	2	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	4	ST,QL (30 per 30 days)
ULTIVA 1 MG INTRAVENOUS SOLUTION MO	4	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION MO	4	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION MO	4	QL (90 per 30 days)

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valproate sod 500 mg/5 ml vl ^{MO}	2	
valproic acid 250 mg capsule ^{MO}	2	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol ^{MO}	2	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet ^{MO}	2	
venlafaxine hcl er 150 mg cap ^{MO}	2	QL (60 per 30 days)
venlafaxine hcl er 150 mg, 225 mg, 37.5 mg tab ^{MO}	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap ^{MO}	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap ^{MO}	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab ^{MO}	4	QL (60 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION ^{MO}	4	ST,QL (540 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16), 20 MG, 40 MG TABLET; VIIBRYD 10-20-40 MG STARTER PK ^{MO}	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION ^{MO}	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, 50 MG (14)- 100 MG (14) TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION; VIMPAT 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK ^{MO}	4	PA
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE ^{MO}	5	PA
VOLTAREN 1 % TOPICAL GEL ^{MO}	4	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK ^{SP}	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET ^{SP}	5	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET ^{SP}	5	PA,QL (120 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION ^{SP}	5	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule ^{MO}	2	QL (90 per 365 days)
zenzedi 10 mg tablet ^{MO}	4	QL (180 per 30 days)
ZENZEDI 15 MG TABLET ^{MO}	4	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET ^{MO}	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET ^{MO}	4	QL (60 per 30 days)
zenzedi 5 mg tablet ^{MO}	4	QL (150 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule ^{MO}	4	QL (60 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet ^{MO}	1	QL (90 per 365 days)
zonisamide 100 mg, 25 mg, 50 mg capsule ^{MO}	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION ^{MO}	4	PA,QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION ^{MO}	5	PA,QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION ^{MO}	5	PA,QL (1 per 28 days)

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DEVICES		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
ADVOCATE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	1	
AUTOPEN 1 TO 16 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 32 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	1	
BD AUTOSHIELD PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" MO	1	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" MO	1	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" MO	1	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" MO	1	
BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" MO	1	
BD INTEGRA INSULIN SYRINGE 1 ML 29 GAUGE X 1/2" MO	1	
BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	1	
BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" MO	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	

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EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	1	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
EXEL INSULIN SYRN 27G-1/2 ML MO	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML MO	1	
INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MO	1	
BD LUER-LOK SYRINGE 1 ML MO	1	
INSULIN SYRINGE ULTRAFINE 0.5 ML 29 GAUGE X 1/2" MO	1	
BD INSULIN SYR 1 ML 25GX5/8"; BD INSULIN SYR 1 ML 28GX1/2"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INSULIN SYR 0.5 ML; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" MO	1	
INSULIN SYRINGE U100 1 ML MO	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 30 GAUGE; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 1 ML MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	1	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	1	
NOVOPEN ECHO SUBCUTANEOUS MO	1	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM MO	1	
KROGER PEN NEEDLES 29G; PEN NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
COMFORT POINT PEN NDL 31GX1/3"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G MO	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" MO	1	
RELION NEEDLES 31 GAUGE X 1/4" MO	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4" MO	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
TECHLITE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE MO	1	

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TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X 5/16", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X 5/16", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 30 X 5/16" SYRINGE; ULTICARE 1/2 ML 29 X 1/2" SYRINGE MO	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MO	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" MO	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" MO	1	

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ULTRA COMFORT 3/10 ML SYR; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	1	
VGO 20 DEVICE MO	4	
VGO 30 DEVICE MO	4	
VGO 40 DEVICE MO	4	
DIAGNOSTIC AGENTS		
enlon 10 mg/ml injection solution MO	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln MO	2	
amiloride hcl 5 mg tablet MO	3	
amiloride hcl-hctz 5-50 mg tab MO	2	
amino acids 15 % intravenous solution MO	4	B vs D
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D

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AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	4	B vs D
<i>ammonium chloride 5 meq/ml</i> MO	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION MO	5	
AURYXIA 210 MG IRON TABLET SP	4	QL (360 per 30 days)
<i>bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> MO	2	
BUPHENYL 500 MG TABLET SP	5	
<i>calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet</i> MO	4	
<i>calcium chloride 10% syringe; calcium chloride 10% vial</i> MO	1	
<i>calcium gluconate 10% vial</i> MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET SP	5	PA
<i>chlorothiazide 250 mg, 500 mg tablet</i> MO	2	
<i>chlorothiazide sod 500 mg vial</i> MO	2	
<i>chlorthalidone 25 mg, 50 mg tablet</i> MO	2	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
clinisol sf 15 % intravenous solution MO	4	B vs D
constulose 10 gram/15 ml oral solution MO	2	
dextrose 10%-0.45% nacl iv sol MO	2	
dextrose 2.5%-0.45% nacl iv MO	2	
dextrose 5%-0.9% nacl iv soln MO	2	
dextrose 5%-0.45% nacl iv soln MO	2	
dextrose 10%-0.2% nacl iv soln MO	2	
dextrose 10%-water iv solution MO	2	
dextrose 20%-water iv soln MO	2	
dextrose 25%-water syringe MO	2	
dextrose 30%-water iv soln MO	2	
dextrose 40%-water iv soln MO	2	
dextrose 5%-water iv soln; dextrose 5%-water vial MO	2	
dextrose 5%-lr iv solution MO	2	
dextrose 5%-0.2% nacl iv soln MO	2	
dextrose 5%-0.3% nacl iv soln MO	2	
dextrose 50%-water syringe; dextrose 50%-water vial MO	2	
dextrose 70%-water iv soln MO	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	4	
dextrose 5%-electrolyte 48 MO	2	
enulose 10 gram/15 ml oral solution MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ethacrynate sodium 50 mg vial ^{MO}	4	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
furosemide 10 mg/ml syringe; furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 20 mg, 40 mg, 80 mg tablet; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln ^{MO}	1	
generlac 10 gram/15 ml oral solution ^{MO}	2	
glycine 1.5% irrigation ^{MO}	4	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLUTION ^{MO}	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION ^{MO}	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION ^{MO}	4	B vs D
hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb ^{MO}	1	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION ^{MO}	4	
indapamide 1.25 mg, 2.5 mg tablet ^{MO}	1	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION ^{MO}	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION ^{MO}	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION ^{MO}	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	4	
ISOLYTE-S INTRAVENOUS SOLUTION ^{MO}	4	
k-sol 20 meq/15 ml, 40 meq/15 ml oral liquid ^{MO}	1	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE ^{MO}	4	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
kionex oral powder ^{MO}	4	
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION ^{MO}	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
klor-con m10 meq tablet,extended release ^{MO}	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
klor-con m20 meq tablet,extended release ^{MO}	2	
klor-con sprinkle 10 meq, 8 meq capsule,extended release ^{MO}	2	
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET ^{MO}	4	
lactated ringers injection; lactated ringers irrigation ^{MO}	2	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution ^{MO}	2	
LITHOSTAT 250 MG TABLET ^{MO}	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mannitol 10% iv solution ^{MO}	2	
mannitol 20% iv solution ^{MO}	2	
mannitol 25% vial ^{MO}	2	
mannitol 5% iv solution ^{MO}	2	
methyclothiazide 5 mg tablet ^{MO}	2	
metolazone 10 mg, 2.5 mg, 5 mg tablet ^{MO}	2	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
NEUT 4 % INTRAVENOUS SOLUTION ^{MO}	4	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	4	
NORMOSOL-R INTRAVENOUS SOLUTION ^{MO}	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION ^{MO}	4	
NUTRILIPID 20 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
OSMITROL 10 % INTRAVENOUS SOLUTION ^{MO}	4	
OSMITROL 15 % INTRAVENOUS SOLUTION ^{MO}	4	
OSMITROL 20 % INTRAVENOUS SOLUTION ^{MO}	4	
OSMITROL 5 % INTRAVENOUS SOLUTION ^{MO}	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION ^{MO}	3	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION ^{MO}	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION ^{MO}	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION ^{MO}	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION ^{MO}	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION ^{MO}	4	
potassium acet 100 meq/50 ml; potassium acet 2 meq/ml, 4 meq/ml vial ^{MO}	1	
d5w-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl ^{MO}	2	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol; potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20 meq/10 ml conc; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml; potassium cl er 10 meq, 20 meq tablet; potassium cl er 10 meq, 20 meq, 8 meq tablet; potassium cl er 10 meq, 8 meq capsule ^{MO}	2	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln ^{MO}	2	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution ^{MO}	2	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer ^{MO}	2	
potassium cl 20 meq-0.45% nacl ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl MO	2	
kcl 20 meq in d5w-0.3% nacl MO	2	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% MO	2	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab MO	3	
potassium phosp 45 mmol/15 ml MO	1	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	1	B vs D
probenecid 500 mg tablet MO	3	
probenecid-colchicine tabs MO	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	4	B vs D
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION; RENACIDIN IRRIGATION SOLN MO	4	
REVELA 0.8 GRAM, 2.4 GRAM ORAL POWDER PACKET MO	3	
REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION MO	4	
ringer's iv solution; ringers irrigation solution MO	1	
SAMSCA 15 MG, 30 MG TABLET SP	5	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 40 meq/20 ml vl MO	1	
sod phenylacet-sod benzoate vl MO	5	
sodium bicarb 4.2% abbjct; sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject; sodium bicarb 8.4% vial MO	2	
sodium bicarb 4.2% vial MO	4	
sodium chloride 0.9% inhal vl; sodium chloride 10% vial; sodium chloride 3% vial MO	2	B vs D
sodium chloride 0.9% irrig.; sodium chloride 100 meq/40 ml; sodium chloride 2.5 meq/ml, 4 meq/ml vl MO	2	
saline 0.45% soln-excel con; sodium chloride 0.45% soln MO	2	
sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial MO	2	
sodium chloride 3% iv soln MO	2	
sodium chloride 5% iv soln MO	2	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION MO	4	
sodium lactate 5 meq/ml vial MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium phenylbutyrate powder ^{SP}	5	
sodium phosphate 3mm/ml vial ^{MO}	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp ^{MO}	3	
sps 15 gm/60 ml suspension ^{MO}	3	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema ^{MO}	4	
sorbitol-mannitol irrig ^{MO}	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION ^{MO}	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA ^{MO}	4	
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet; torsemide 20 mg/2 ml vial; torsemide 50 mg/5 ml vial ^{MO}	2	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION ^{MO}	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
triamterene-hctz 37.5-25 mg cp; triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb ^{MO}	1	
triamterene-hctz 50-25 mg cap ^{MO}	2	
TROPHAMINE 10 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION ^{MO}	4	B vs D
VOLUVEN 6 % INTRAVENOUS SOLUTION ^{MO}	4	
sterile water for irrigation ^{MO}	2	
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION ^{MO}	5	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION ^{MO}	5	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION ^{MO}	5	PA,QL (350 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
MYOZYME 50 MG VIAL ^{MO}	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION ^{MO}	5	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION ^{SP}	5	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION ^{SP}	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION ^{SP}	5	
VPRIV 400 UNIT INTRAVENOUS SOLUTION ^{MO}	5	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc 1 %-2 % ear drops ^{MO}	4	
acetazolamide 125 mg, 250 mg tablet ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetazolamide er 500 mg cap ^{MO}	4	
acetazolamide sod 500 mg vial ^{MO}	2	
acetic acid 2% ear solution ^{MO}	2	
acetic acid-aluminum drops ^{MO}	3	
ak-poly-bac eye ointment ^{MO}	2	
AKTEN (PF) 3.5 % EYE GEL ^{MO}	4	
ALOMIDE 0.1 % EYE DROPS ^{MO}	4	
ALPHAGAN P 0.1 %, 0.15 % EYE DROPS ^{MO}	3	
ALREX 0.2 % EYE DROPS,SUSPENSION ^{MO}	4	
apraclonidine hcl 0.5% drops ^{MO}	4	
atropine 1% eye drops; atropine 1% eye ointment ^{MO}	2	
AZASITE 1 % EYE DROPS ^{MO}	3	
azelastine 0.1% (137 mcg) spry ^{MO}	3	QL (30 per 25 days)
azelastine 0.15% nasal spray ^{MO}	4	QL (30 per 25 days)
azelastine hcl 0.05% drops ^{MO}	3	
AZOPT 1 % EYE DROPS,SUSPENSION ^{MO}	3	
bacitracin 500 unit/gm ophth ^{MO}	3	
bacitracin-polymyxin eye oint ^{MO}	2	
balanced salt intraocular solution ^{MO}	1	
BEPREVE 1.5 % EYE DROPS ^{MO}	4	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION ^{MO}	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION ^{MO}	4	
betaxolol hcl 0.5% eye drop ^{MO}	3	
BLEPH-10 10 % EYE DROPS ^{MO}	4	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION ^{MO}	4	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT ^{MO}	2	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp ^{MO}	3	
BSS PLUS INTRAOCULAR SOLUTION ^{MO}	4	
carteolol hcl 1% eye drops ^{MO}	2	
chlorhexidine 0.12% rinse ^{MO}	1	
CILOXAN 0.3 % EYE OINTMENT ^{MO}	4	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION ^{MO}	4	
ciprofloxacin 0.3% eye drop ^{MO}	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION ^{MO}	4	
COMBIGAN 0.2 %-0.5 % EYE DROPS ^{MO}	3	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CORTISPORIN-TC EAR SUSPENSION ^{MO}	4	
cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops ^{MO}	2	
CYSTARAN 0.44 % EYE DROPS ^{SP}	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop ^{MO}	2	
diclofenac 0.1% eye drops ^{MO}	2	
dorzolamide hcl 2% eye drops ^{MO}	2	QL (10 per 30 days)
dorzolamide-timolol eye drops ^{MO}	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab ^{MO}	3	
DUREZOL 0.05 % EYE DROPS ^{MO}	3	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY ^{MO}	3	
EMADINE 0.05 % EYE DROPS ^{MO}	4	
epinastine hcl 0.05% eye drops ^{MO}	3	
erythromycin 0.5% eye ointment ^{MO}	2	
flunisolide 0.025% spray ^{MO}	3	QL (50 per 30 days)
fluorometholone 0.1% drops ^{MO}	3	
flurbiprofen 0.03% eye drop ^{MO}	2	
fluticasone prop 50 mcg spray ^{MO}	2	QL (16 per 30 days)
garamycin 0.3% eye drops ^{MO}	3	
gatifloxacin 0.5% eye drops ^{MO}	4	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment ^{MO}	2	
gentamicin 0.3% eye drops; gentamicin 0.3% eye ointment ^{MO}	2	
hydrocortison-acetic acid soln ^{MO}	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION ^{MO}	3	
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE ^{MO}	4	
ipratropium 0.03% spray ^{MO}	2	QL (30 per 30 days)
ipratropium 0.06% spray ^{MO}	2	QL (45 per 30 days)
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS ^{MO}	4	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution ^{MO}	2	
LACRISERT 5 MG EYE INSERTS ^{MO}	4	
latanoprost 0.005% eye drops ^{MO}	2	QL (2.5 per 25 days)
levobunolol 0.5% eye drops ^{MO}	2	
levofloxacin 0.5% eye drops ^{MO}	2	
lidocaine 2% viscous soln; lidocaine hcl 2% jelly; lidocaine hcl 2% jelly; lidocaine hcl 4% solution ^{MO}	2	
lidocaine viscous 2 % mucosal solution ^{MO}	2	
LUMIGAN 0.01 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXIDEX 0.1 % EYE DROPS,SUSPENSION ^{MO}	4	
methazolamide 25 mg, 50 mg tablet ^{MO}	4	
metipranolol 0.3% eye drops ^{MO}	2	
MIOCHOL-E 1 % (10 MG/ML) INTRAOCULAR KIT ^{MO}	4	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION ^{MO}	4	
mometasone furoate 50 mcg spry ^{MO}	3	
naphazoline 0.1% eye drops ^{MO}	1	
NASONEX 50 MCG/ACTUATION SPRAY ^{MO}	3	
NATACYN 5 % EYE DROPS,SUSPENSION ^{MO}	4	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment ^{MO}	2	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment ^{MO}	3	
neo-bacit-poly-hc eye ointment ^{MO}	3	
neomyc-bacit-polymix eye oint ^{MO}	2	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop ^{MO}	2	
neomyc-polym-gramicid eye drop ^{MO}	2	
neomycin-poly-hc eye drops ^{MO}	4	
neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp ^{MO}	2	
neosporin (neo-polym-gramicid) 1.75mg-10,000 unit-0.025mg/ml eye drops ^{MO}	2	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops ^{MO}	2	
olopatadine 665 mcg nasal spry ^{MO}	4	
OMNARIS 50 MCG NASAL SPRAY ^{MO}	3	
paroex oral rinse 0.12 % mouthwash ^{MO}	1	
PATADAY 0.2 % EYE DROPS ^{MO}	3	
PAZEO 0.7 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
periogard 0.12 % mouthwash ^{MO}	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS ^{MO}	4	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops ^{MO}	3	
polycin 500 unit-10,000 unit/gram eye ointment ^{MO}	2	
polymyxin b-tmp eye drops ^{MO}	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION ^{MO}	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT ^{MO}	4	
prednisolone ac 1% eye drop ^{MO}	4	
prednisolone sod 1% eye drop ^{MO}	3	
proparacaine 0.5% eye drops ^{MO}	1	
QNASL 40 MCG/ACTUATION, 80 MCG/ACTUATION NASAL AEROSOL SPRAY ^{MO}	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE ^{MO}	3	QL (60 per 30 days)
sulfacetamide 10% eye drops; sulfacetamide 10% eye ointment ^{MO}	2	
sulf-pred 10-0.23% eye drops ^{MO}	2	
timolol 0.25% eye drops; timolol 0.5% eye drops ^{MO}	2	
timolol 0.25% gel-solution; timolol 0.5% gel-solution ^{MO}	3	
tobramycin 0.3% eye drops ^{MO}	2	
tobramycin-dexameth ophth susp ^{MO}	4	
TOBREX 0.3 % EYE OINTMENT ^{MO}	4	
TRAVATAN Z 0.004 % EYE DROPS ^{MO}	3	QL (2.5 per 25 days)
trifluridine 1% eye drops ^{MO}	4	
tropicamide 0.5% eye drops; tropicamide 1% eye drops ^{MO}	1	
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION ^{MO}	4	
VEXOL 1% EYE DROPS ^{MO}	4	
VIGAMOX 0.5 % EYE DROPS ^{MO}	4	
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER ^{MO}	3	
ZIRGAN 0.15 % EYE GEL ^{MO}	4	QL (5 per 30 days)
GASTROINTESTINAL DRUGS		
alosetron hcl 0.5 mg, 1 mg tablet ^{MO}	5	QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE ^{MO}	3	
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE ^{MO}	3	QL (120 per 30 days)
balsalazide disodium 750 mg cp ^{MO}	4	
CANASA 1,000 MG RECTAL SUPPOSITORY ^{MO}	3	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET; CARAFATE 100 MG/ML ORAL SUSPENSION ^{MO}	4	
CHENODAL 250 MG TABLET ^{SP}	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE ^{SP}	5	PA,QL (120 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet ^{MO}	2	
cimetidine 300 mg/5 ml soln ^{MO}	2	
compro 25 mg rectal suppository ^{MO}	3	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000-114,000-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE ^{MO}	3	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE ^{MO}	4	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial ^{MO}	1	
diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025 ^{MO}	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dronabinol 10 mg capsule ^{MO}	5	B vs D,QL (120 per 30 days)
dronabinol 2.5 mg, 5 mg capsule ^{MO}	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK ^{MO}	4	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION ^{MO}	4	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE ^{MO}	4	B vs D,QL (2 per 28 days)
EMEND 150 MG INTRAVENOUS SOLUTION ^{MO}	4	PA
EMEND 80 MG CAPSULE ^{MO}	4	B vs D,QL (4 per 28 days)
esomeprazole mag dr 20 mg, 40 mg cap ^{MO}	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet; famotidine 40 mg/4 ml vial ^{MO}	2	
famotidine 40 mg/5 ml susp ^{MO}	3	
famotidine 20 mg/2 ml vial ^{MO}	2	
famotidine 20 mg piggyback ^{MO}	2	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT ^{SP}	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT ^{SP}	5	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution ^{MO}	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution ^{MO}	2	
gavilyte-n 420 gram oral solution ^{MO}	2	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial ^{MO}	4	
granisetron hcl 1 mg tablet ^{MO}	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial ^{MO}	4	
granisetron hcl 4 mg/4 ml vial ^{MO}	4	QL (4 per 28 days)
lansoprazole dr 15 mg capsule ^{MO}	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule ^{MO}	3	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE ^{MO}	3	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG CAPSULE ^{MO}	3	QL (30 per 30 days)
loperamide 2 mg capsule ^{MO}	2	
LOTRONEX 0.5 MG, 1 MG TABLET ^{MO}	5	QL (60 per 30 days)
meclizine 12.5 mg, 25 mg tablet ^{MO}	2	
mesalamine 4 gm/60 ml enema ^{MO}	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit ^{MO}	4	
metoclopramide 10 mg, 5 mg tablet ^{MO}	1	
metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln ^{MO}	2	
misoprostol 100 mcg, 200 mcg tablet ^{MO}	3	
nizatidine 15 mg/ml solution; nizatidine 150 mg, 300 mg capsule ^{MO}	3	
omeprazole dr 10 mg, 20 mg, 40 mg capsule ^{MO}	2	QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron odt 4 mg, 8 mg tablet ^{MO}	2	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution ^{MO}	4	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial ^{MO}	2	
ondansetron hcl 24 mg tablet ^{MO}	2	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet ^{MO}	2	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr; ondansetron hcl 4 mg/2 ml vial ^{MO}	2	
pantoprazole sod dr 20 mg, 40 mg tab ^{MO}	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial ^{MO}	4	
paregoric liquid ^{MO}	4	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln ^{MO}	2	
peg-3350 with flavor packs 420 gram oral solution ^{MO}	2	
peg 3350-electrolyte solution ^{MO}	2	
PENTASA 250 MG CAPSULE, CONTROLLED RELEASE ^{MO}	4	QL (150 per 30 days)
PENTASA 500 MG CAPSULE, CONTROLLED RELEASE ^{MO}	4	QL (300 per 30 days)
polyethylene glycol 3350 powd ^{MO}	2	
prochlorperazine 25 mg supp ^{MO}	3	
prochlorperazine 10 mg/2 ml (5 mg/ml), 5 mg/ml vial; prochlorperazine 10 mg/2 ml vl ^{MO}	2	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet ^{MO}	1	B vs D
PROTONIX 40 MG INTRAVENOUS SOLUTION ^{MO}	4	
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg tablet; ranitidine hcl 50 mg/2 ml vial ^{MO}	2	
ranitidine 150 mg, 300 mg capsule ^{MO}	3	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE ^{SP}	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET ^{SP}	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE ^{SP}	4	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO}	4	QL (4 per 30 days)
sucrafate 1 gm tablet ^{MO}	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION ^{MO}	3	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) ^{MO}	4	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution ^{MO}	2	
trimethobenzamide 300 mg cap ^{MO}	4	
ursodiol 250 mg, 500 mg tablet; ursodiol 300 mg capsule ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIBERZI 100 MG, 75 MG TABLET ^{MO}	4	PA,QL (60 per 30 days)
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000-85,000-136,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000-10,000-16,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000-136,000-218,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE ^{MO}	4	
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE ^{MO}	5	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION ^{MO}	4	
<i>calcium disodium versenate 200 mg/ml injection solution</i> ^{MO}	1	
CHEMET 100 MG CAPSULE ^{MO}	4	
CUPRIMINE 250 MG CAPSULE ^{MO}	5	
<i>deferoxamine 2 gram, 500 mg vial</i> ^{MO}	3	
DEPEN TITRATABS 250 MG TABLET ^{MO}	4	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET ^{SP}	5	PA
SYPRINE 250 MG CAPSULE ^{MO}	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>a-hydrocort 100 mg solution for injection</i> ^{HI,MO}	1	
acarbose 100 mg, 25 mg, 50 mg tablet ^{MO}	3	
alogliptin 12.5 mg, 25 mg, 6.25 mg tablet ^{MO}	4	QL (30 per 30 days)
alogliptin-metformin 12.5-1000; alogliptin-metformin 12.5-500 ^{MO}	4	QL (60 per 30 days)
alogliptin-pioglit 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg; alogliptin-pioglit 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg tb ^{MO}	4	QL (30 per 30 days)
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH ^{MO}	4	QL (8 per 28 days)
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> ^{MO}	4	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> ^{MO}	4	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> ^{MO}	4	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> ^{MO}	3	
<i>amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> ^{MO}	4	
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> ^{MO}	4	QL (91 per 90 days)
<i>amethyst 90 mcg-20 mcg tablet</i> ^{MO}	4	
ANADROL-50 50 MG TABLET ^{MO}	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET ^{MO}	3	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET ^{MO}	3	QL (150 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP ^{MO}	3	
androxy 10 mg tablet ^{MO}	4	
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	4	
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN ^{MO}	4	
apri 0.15 mg-0.03 mg tablet ^{MO}	4	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet ^{MO}	4	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION ^{MO}	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION ^{MO}	4	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack ^{MO}	4	
aubra 0.1 mg-20 mcg tablet ^{MO}	4	
AVANDIA 2 MG, 4 MG TABLET ^{MO}	4	QL (60 per 30 days)
AVANDIA 8 MG TABLET ^{MO}	4	QL (30 per 30 days)
aviane 0.1 mg-20 mcg tablet ^{MO}	4	
AYGESTIN 5 MG TABLET ^{MO}	4	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	4	
balziva (28) 0.4 mg-35 mcg tablet ^{MO}	4	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet ^{MO}	4	
betamethasone ac-sp 6 mg/ml vl ^{MO}	2	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet ^{MO}	4	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet ^{MO}	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet ^{MO}	4	
BREVICON (28) 0.5 MG-35 MCG TABLET ^{MO}	4	
briellyn 0.4 mg-35 mcg tablet ^{MO}	4	
budesonide ec 3 mg capsule ^{MO}	5	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION; BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	4	QL (2.6 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	4	QL (2.4 per 30 days)
calcitonin-salmon 200 units sp ^{MO}	3	
camila 0.35 mg tablet ^{MO}	4	
CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK ^{MO}	4	
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK ^{MO}	4	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chateal 0.15 mg-0.03 mg tablet MO	4	
chorionic gonad 10,000 unit vial MO	4	PA
cortisone 25 mg tablet MO	3	
cryselle (28) 0.3 mg-30 mcg tablet MO	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	4	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET MO	4	
cyred 0.15 mg-0.03 mg tablet MO	4	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	4	
danazol 100 mg, 200 mg, 50 mg capsule MO	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack MO	4	
deblitane 0.35 mg tablet MO	4	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL MO	4	
delyla (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	2	
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION MO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	4	QL (0.65 per 90 days)
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr MO	3	
desmopressin 0.1 mg/ml sol; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml vial; desmopressin acetate 0.1 mg, 0.2 mg tb MO	4	
desogestr-eth estrad eth estra MO	4	
DESOGEN 0.15 MG-0.03 MG TABLET MO	4	
desogestrel-ethinyl estrad tab MO	4	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet; dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq MO	2	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) MO	3	
dexamethasone 10 mg/ml vial MO	2	
dexamethasone 10 mg/ml, 4 mg/ml vial; dexamethasone 4 mg/ml syringe MO	2	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK MO	4	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK MO	4	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK MO	4	
drosiprenone-ee 3-0.02 mg, 3-0.03 mg tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION ^{SP}	5	PA
elinest 0.3 mg-30 mcg tablet ^{MO}	4	
ELLA 30 MG TABLET ^{MO}	3	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet ^{MO}	4	
ENDOMETRIN 100 MG VAGINAL INSERTS ^{MO}	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet ^{MO}	4	
enskyce 0.15 mg-0.03 mg tablet ^{MO}	4	
errin 0.35 mg tablet ^{MO}	4	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM ^{MO}	4	
estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch ^{MO}	4	QL (8 per 28 days)
estradiol 0.0375 mg/day patch; estradiol 0.05 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol 0.1 mg/day patch; estradiol tds 0.025 mg/day ^{MO}	3	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet ^{MO}	2	
estradiol valerate 20 mg/ml, 40 mg/ml vial ^{MO}	4	
estradiol-noreth 0.5-0.1 mg tb ^{MO}	3	
estradiol-noreth 1-0.5 mg tab ^{MO}	4	
ESTRING 2 MG VAGINAL ^{MO}	4	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab ^{MO}	3	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET ^{MO}	4	
falmina (28) 0.1 mg-20 mcg tablet ^{MO}	4	
FARXIGA 10 MG, 5 MG TABLET ^{MO}	4	QL (30 per 30 days)
FEMCON FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET ^{MO}	4	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL ^{MO}	4	QL (1 per 90 days)
fludrocortisone 0.1 mg tablet ^{MO}	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR ^{SP}	4	ST
FORTICAL 200 UNITS NASAL SPRAY ^{MO}	4	
GIANVI (28) 3 MG-20 MCG TABLET ^{MO}	4	
gildagia 0.4 mg-35 mcg tablet ^{MO}	4	
gildess 1.5 mg-30 mcg tablet ^{MO}	4	
gildess 1 mg-20 mcg tablet ^{MO}	4	
gildess 24 fe 1-0.02 mg tablet ^{MO}	4	
gildess fe 1.5-30 tablet ^{MO}	4	
gildess fe 1-20 tablet ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glimepiride 1 mg, 2 mg, 4 mg tablet MO	1	
glipizide 10 mg, 5 mg tablet MO	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet MO	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg MO	2	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	4	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE MO	4	QL (120 per 30 days)
GLYSET 100 MG, 25 MG, 50 MG TABLET MO	4	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	3	QL (30 per 30 days)
heather 0.35 mg tablet MO	4	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE; HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
HUMALOG KWIKPEN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	3	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	3	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
HUMULIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MO	3	
hydrocortisone 10 mg, 20 mg, 5 mg tablet MO	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP	5	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
jencycla 0.35 mg tablet MO	4	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
JOLESSA 0.15 MG-30 MCG TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
JOLIVETTE 0.35 MG TABLET MO	4	
juleber 0.15 mg-0.03 mg tablet MO	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
junel 1/20 (21) 1 mg-20 mcg tablet MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET MO	4	QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
KORLYM 300 MG TABLET SP	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet MO	4	
levono-e estrad 0.10-0.02-0.01 MO	4	QL (91 per 90 days)
levono-e estrad 0.15-0.03-0.01 MO	4	
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
larin 1/20 (21) 1 mg-20 mcg tablet MO	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
larissia 0.1 mg-20 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEENA 28 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad triphasic MO	4	
levonorgestrel 0.75 mg, 1.5 mg tablet MO	4	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	4	
levonor-eth estrad 0.15-0.03 MO	4	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MO	4	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet; levothyroxine 100 mcg, 200 mcg, 500 mcg vial MO	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
liothyronine sod 10 mcg/ml vl MO	2	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	3	
loestrin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
loestrin 1/20 (21) 1 mg-20 mcg tablet MO	4	
loestrin fe 1.5/30 (28-day) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
loestrin fe 1/20 (28-day) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
loryna (28) 3 mg-20 mcg tablet MO	3	
low-ogestrel (28) 0.3 mg-30 mcg tablet MO	4	
lutra (28) 0.1 mg-20 mcg tablet MO	4	
lyza 0.35 mg tablet MO	4	
marlissa 0.15 mg-0.03 mg tablet MO	4	
MEDROL 2 MG TABLET MO	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab MO	2	
medroxyprogesterone 150 mg/ml MO	2	QL (1 per 90 days)
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	4	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH MO	4	QL (8 per 28 days)
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	1	
metformin hcl er 1,000 mg tab MO	4	QL (60 per 30 days)
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metformin hcl er 750 mg tablet MO	1	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet MO	2	
METHITEST 10 MG TABLET MO	4	
methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet MO	2	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vial HI,MO	2	
methylprednisolone 125 mg, 40 mg vial HI,MO	4	
methylprednisolone ss 1 gm vial MO	4	
methyltestosterone 10 mg cap MO	5	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION MO	4	
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet MO	4	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET MO	4	
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	4	
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	4	
miglitol 100 mg, 25 mg, 50 mg tablet MO	4	
mimvey 1 mg-0.5 mg tablet MO	4	
mircette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
MODICON (28) 0.5 MG-35 MCG TABLET MO	4	
mono-lynyah 0.25 mg-35 mcg tablet MO	4	
MONONESSA (28) 0.25 MG-35 MCG TABLET MO	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	4	
nateglinide 120 mg, 60 mg tablet MO	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE SP	5	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	4	
necon 1/35 (28) 1 mg-35 mcg tablet MO	4	
NECON 1/50 (28) 1 MG-50 MCG TABLET MO	4	
necon 10/11 (28) 0.5 mg-35 mcg(10)/1 mg-35 mcg(11) tablet MO	4	
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	4	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET MO	4	QL (30 per 30 days)
nikki (28) 3 mg-20 mcg tablet MO	4	
NOR-QD 0.35 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORA-BE 0.35 MG TABLET ^{MO}	4	
norethindrone 0.35 mg tablet ^{MO}	4	
norethind-eth estrad 1-0.02 mg ^{MO}	4	
norethindrone 5 mg tablet ^{MO}	3	
noreth-estradiol 1-0.02(21)-75; noreth-estradiol 1-0.02(24)-75 ^{MO}	4	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg ^{MO}	4	
NORINYL 1+35 (28) 1 MG-35 MCG TABLET ^{MO}	4	
NORINYL 1+50-28 TABLET ^{MO}	4	
norlyroc 0.35 mg tablet ^{MO}	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet ^{MO}	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet ^{MO}	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet ^{MO}	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet ^{MO}	4	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{MO}	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{MO}	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION ^{MO}	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS ^{MO}	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN ^{MO}	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE ^{MO}	3	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL ^{MO}	4	QL (1 per 28 days)
OCELLA 3 MG-0.03 MG TABLET ^{MO}	4	
octreotide 1,000 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 500 mcg/ml vial; octreotide acet 100 mcg/ml syr ^{SP}	5	PA
octreotide acet 100 mcg/ml, 200 mcg/ml, 50 mcg/ml vial; octreotide acet 100 mcg/ml, 200 mcg/ml, 50 mcg/ml vial; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr ^{SP}	4	PA
ogestrel (28) 0.5 mg-50 mcg tablet ^{MO}	4	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE; OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION ^{SP}	5	PA
ONGLYZA 2.5 MG, 5 MG TABLET ^{MO}	4	QL (30 per 30 days)
orsythia 0.1 mg-20 mcg tablet ^{MO}	4	
ORTHO EVRA PATCH ^{MO}	4	QL (3 per 28 days)
ORTHO MICRONOR 0.35 MG TABLET ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTHO-CEPT 28 DAY TABLET MO	4	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	4	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	4	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	4	
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET MO	4	QL (30 per 30 days)
ovcon-35 (28) 0.4 mg-35 mcg tablet MO	4	
oxandrolone 10 mg tablet MO	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	3	PA,QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION MO	4	
philith 0.4 mg-35 mcg tablet MO	4	
pimtree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet MO	2	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 MO	4	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 MO	4	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MO	4	
portia 0.15 mg-0.03 mg tablet MO	4	
prednisolone 15 mg/5 ml syrup MO	2	
prednisolone 15 mg/5 ml soln MO	2	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml MO	3	
prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tablet; prednisone 5 mg/5 ml solution MO	1	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE MO	3	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	4	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MO	4	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET MO	4	
previfem 0.25 mg-35 mcg tablet MO	4	
progesterone oil 50 mg/ml vl MO	3	
progesterone in oil 50 mg/ml intramuscular MO	3	
progesterone 100 mg, 200 mg capsule MO	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	4	
propylthiouracil 50 mg tablet MO	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet MO	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet MO	4	
repaglinide 0.5 mg, 1 mg, 2 mg tablet MO	4	
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR KIT; SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE MO	5	PA
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION SP	5	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
sharobel 0.35 mg tablet MO	4	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 500 MG/4 ML INTRAVENOUS SOLUTION MO	4	
SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML SOLUTION FOR INJECTION HI,MO	4	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet MO	4	
sronyx 0.1 mg-20 mcg tablet MO	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	4	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE MO	4	
syeda 3 mg-0.03 mg tablet MO	4	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY SP	5	
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone enan 200 mg/ml MO	3	
TESTRED 10 MG CAPSULE MO	5	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	2	
TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	4	
tolazamide 250 mg, 500 mg tablet MO	4	
tolbutamide 500 mg tablet MO	4	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN MO	3	
TRADJENTA 5 MG TABLET MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (27 per 30 days)
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	4	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
triamcinolone acet 40mg/ml vl; triamcinolone acet 50mg/5ml vl MO	4	
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	4	
TRINESSA LO 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (2 per 28 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	2	
VAGIFEM 10 MCG VAGINAL TABLET MO	4	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	4	
vestura (28) 3 mg-20 mcg tablet MO	2	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet MO	4	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	4	QL (8 per 28 days)
vyfemla (28) 0.4 mg-35 mcg tablet MO	4	
wera (28) 0.5 mg-35 mcg tablet MO	4	
WYMZYA FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET MO	4	
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch MO	4	QL (3 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET MO	4	
YAZ (28) 3 MG-20 MCG TABLET MO	4	
zarah 3 mg-0.03 mg tablet MO	3	
zenchent (28) 0.4 mg-35 mcg tablet MO	4	
zenchent fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zeosa chewable tablet MO	4	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION SP	5	PA
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1/50e (28) 1 mg-50 mcg tablet MO	4	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% vial MO	1	
bupivacaine 0.25% ampul; bupivacaine 0.5% ampul; bupivacaine 0.75% vial MO	1	
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% vial; lidocaine hcl 4% ampul MO	2	
lidocaine hcl 1% vial; lidocaine hcl 2% vial MO	2	
lidocaine 0.5%-epi 1:200,000; lidocaine 1%-epi 1:100,000; lidocaine 2%-epi 1:100,000 MO	2	
lidocaine 1.5%-epi 1:200,000; lidocaine 2%-epi 1:200,000 MO	2	
lidocaine 2% - epi 1:100,000 MO	2	
lidocaine 2% - epi 1:50,000 MO	1	
mepivacaine hcl 3% cartridge MO	1	
polocaine 1 % (10 mg/ml), 2 % injection solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution MO	1	
ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 150 mg/30 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl MO	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 6 gram/30 ml vl MO	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP	5	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet MO	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION MO	4	
amifostine 500 mg vial MO	5	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION SP	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE MO	4	
ATGAM 50 MG/ML INTRAVENOUS SOLUTION HI,MO	3	PA
AUBAGIO 14 MG, 7 MG TABLET SP	5	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE MO	4	PA,QL (30 per 30 days)
AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR PEN INJECTOR; AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT; AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE; AVONEX 30 MCG/0.5 ML, 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT SP	5	PA,QL (2 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT SP	5	PA,QL (4 per 28 days)
AZASAN 100 MG, 75 MG TABLET MO	4	B vs D
azathioprine 50 mg tablet MO	2	B vs D
azathioprine sod 100 mg vial MO	4	B vs D
BENLYSTA 120 MG, 400 MG INTRAVENOUS SOLUTION MO	5	PA,QL (30 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT; BETASERON 0.3 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION MO	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET MO	5	B vs D
CELLCEPT 250 MG CAPSULE MO	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	4	B vs D
CERDELGA 84 MG CAPSULE SP	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION MO	5	PA,QL (100 per 30 days)
colchicine 0.6 mg tablet MO	3	QL (120 per 30 days)
COLCRYS 0.6 MG TABLET MO	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (12 per 28 days)
cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul MO	4	B vs D
cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg MO	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP	5	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
DEMSEER 250 MG CAPSULE MO	5	
dexrazoxane 250 mg, 500 mg vial MO	4	B vs D
disulfiram 250 mg, 500 mg tablet MO	4	
dutasteride 0.5 mg capsule MO	3	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MO	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION; ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (4.08 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (8 per 28 days)
etidronate disodium 200 mg, 400 mg tab MO	4	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION MO	5	PA
finasteride 5 mg tablet MO	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (9 per 30 days)
fluoritab 0.125 mg fluoride(0.275)/drop oral drops; fluoritab 0.5 mg fluoride (1.1 mg) chewable tablet MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET MO	4	
fomepizole 1.5 gm/1.5 ml vial MO	1	
FUSILEV 50 MG INTRAVENOUS SOLUTION MO	4	PA
gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution MO	4	B vs D
GILENYA 0.5 MG CAPSULE SP	5	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (0.4 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (2.4 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (4.8 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (4.8 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP	5	PA,QL (4.8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA PEN CROHN'S-ULC COLITIS-HIDR SUP STARTER 40 MG/0.8 ML SUB-Q KIT SP	5	PA,QL (4.8 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT SP	5	PA,QL (4.8 per 28 days)
<i>ibandronate</i> 3 mg/3 ml syringe; <i>ibandronate</i> 3 mg/3 ml vial MO	4	PA,QL (3 per 90 days)
<i>ibandronate sodium</i> 150 mg tab MO	3	QL (1 per 28 days)
IMURAN 50 MG TABLET MO	4	B vs D
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
KUVAN 100 MG SOLUBLE TABLET; KUVAN 100 MG, 500 MG ORAL POWDER PACKET SP	5	PA
<i>leflunomide</i> 10 mg, 20 mg tablet MO	2	QL (30 per 30 days)
<i>leucovorin calcium</i> 10 mg, 15 mg, 25 mg, 5 mg tab MO	2	
<i>leucovorin calcium</i> 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; <i>leucovorin calcium</i> 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl MO	2	B vs D
<i>levocarnitine</i> 200 mg/ml vial; <i>levocarnitine</i> 330 mg tablet MO	3	
<i>levocarnitine</i> 100 mg/ml soln MO	3	
<i>levoleucovorin</i> 250 mg/25 ml vl MO	5	PA
<i>levoleucovorin</i> 50 mg vial MO	4	PA
<i>ludent fluoride</i> 0.25 mg fluorid (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg) chewable tablet; <i>ludent fluoride</i> 0.25 mg fluoride (0.55 mg) chewable tablet MO	1	
<i>mesna</i> 1 gram/10 ml vial MO	4	B vs D
MESNEX 400 MG TABLET SP	4	
<i>mycophenolate</i> 200 mg/ml susp MO	4	B vs D
<i>mycophenolate</i> 250 mg capsule; <i>mycophenolate</i> 500 mg tablet MO	3	B vs D
<i>mycophenolic acid dr</i> 180 mg, 360 mg tb MO	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE MO	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION MO	5	PA,QL (200 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION SP	5	
<i>pamidronate</i> 30 mg/10 ml vial; <i>pamidronate</i> 60 mg/10 ml vial; <i>pamidronate</i> 90 mg/10 ml vial MO	3	
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE; PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	4	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	4	
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION MO	4	B vs D

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{SP}	5	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. ^{SP}	5	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (4.2 per 28 days)
REMICADE 100 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
<i>risedronate sod dr 35 mg tab</i> ^{MO}	4	
<i>risedronate sodium 150 mg tab</i> ^{MO}	4	QL (1 per 30 days)
<i>risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet</i> ^{MO}	4	QL (30 per 30 days)
<i>risedronate sodium 35 mg tab</i> ^{MO}	4	QL (4 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION ^{MO}	4	B vs D
SENSIPAR 30 MG TABLET ^{MO}	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET ^{MO}	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET ^{MO}	5	QL (120 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE ^{SP}	5	PA,QL (3 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION ^{MO}	5	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> ^{MO}	4	B vs D
<i>fluoride 0.25 mg tablet chew; fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable; sodium fluoride 0.5 mg/ml drop</i> ^{MO}	1	
<i>sodium nitrite 300 mg/10 ml vl</i> ^{MO}	1	
<i>sodium thiosulfat 12.5 g/50 ml</i> ^{MO}	1	
<i>stannous fluor 0.63% rinse</i> ^{MO}	2	
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> ^{MO}	3	B vs D
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE ^{SP}	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE ^{SP}	5	PA,QL (14 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{SP}	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE ^{SP}	5	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET ^{MO}	5	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION ^{MO}	3	B vs D
TYBOST 150 MG TABLET ^{MO}	4	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION ^{MO}	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULORIC 40 MG, 80 MG TABLET ^{MO}	3	ST,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE ^{SP}	5	QL (90 per 30 days)
zoledronic acid 4 mg vial ^{MO}	5	PA,QL (15 per 21 days)
zoledronic acid 4 mg/5 ml vial ^{MO}	4	PA,QL (15 per 21 days)
zoledronic acid 4 mg/100 ml ^{MO}	4	PA,QL (300 per 21 days)
zoledronic acid 5 mg/100 ml; zoledronic acid 5 mg/100 ml ^{MO}	4	PA,QL (100 per 365 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET ^{MO}	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET ^{MO}	4	B vs D,QL (120 per 30 days)
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE ^{MO}	4	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION ^{MO}	4	
methergine 0.2 mg tablet ^{MO}	4	
methylergonovine 0.2 mg tablet ^{MO}	4	
methylergonovine 0.2 mg/ml amp ^{MO}	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL ^{MO}	4	
PHARMACEUTICAL AIDS		
BAND-AID GAUZE PADS 2" X 2" BANDAGE ^{MO}	1	
BORDERED GAUZE 2" X 2" BANDAGE ^{MO}	1	
CURITY GAUZE 2" X 2" BANDAGE ^{MO}	1	
DERMACEA 2" X 2" BANDAGE ^{MO}	1	
GAUZE PADS 2"X2" ^{MO}	1	
GAUZE PAD 2" X 2" BANDAGE ^{MO}	1	
STERILE GAUZE PAD 2" X 2" BANDAGE ^{MO}	1	
RESPIRATORY TRACT AGENTS		
acetylcysteine 10% vial; acetylcysteine 20% vial ^{MO}	2	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{SP}	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION ^{MO}	3	
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER ^{MO}	3	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER ^{MO}	4	
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION ^{MO}	5	PA
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX TWISTHALER 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> MO	4	B vs D
<i>cromolyn 100 mg/5 ml oral conc</i> MO	5	
<i>cromolyn 20 mg/2 ml neb soln</i> MO	2	B vs D
<i>cromolyn 4% eye drops</i> MO	2	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	4	
<i>epoprostenol sodium 0.5 mg, 1.5 mg v1</i> MO	5	PA
ESBRIET 267 MG CAPSULE SP	5	PA,QL (270 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION AEROSOL INHALER MO	3	
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION MO	5	PA
KALYDECO 150 MG TABLET SP	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET SP	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET SP	5	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet; montelukast sod 4 mg, 5 mg tab chew</i> MO	2	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> MO	4	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE SP	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET SP	5	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET SP	5	PA,QL (112 per 28 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION SP	5	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION, 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	3	
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION MO	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	
TRACLEER 125 MG, 62.5 MG TABLET SP	5	PA,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION MO	5	PA
VENTAVIS 10 MCG/ML, 20 MCG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (270 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOLAIR 150 MG SUBCUTANEOUS SOLUTION ^{MO}	5	PA,QL (7.2 per 28 days)
zafirlukast 10 mg, 20 mg tablet ^{MO}	4	QL (60 per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE ^{MO}	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule ^{MO}	5	
acyclovir 5% ointment ^{MO}	4	PA
adapalene 0.1% cream; adapalene 0.1% gel ^{MO}	4	
AKNE-MYCIN 2% OINTMENT ^{MO}	4	
ALA-CORT 1 % TOPICAL CREAM ^{MO}	2	
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm ^{MO}	3	
ALCOHOL PADS ^{MO}	1	
ALCOHOL PREP PADS ^{MO}	1	
ALCOHOL PREP SWABS ^{MO}	1	
ALCOHOL 70% SWABS ^{MO}	1	
ALCOHOL WIPES ^{MO}	1	
ALTABAX 1 % TOPICAL OINTMENT ^{MO}	4	
amcinonide 0.1% cream; amcinonide 0.1% lotion; amcinonide 0.1% ointment ^{MO}	4	
ammonium lactate 12% cream; ammonium lactate 12% lotion ^{MO}	2	
amnestem 10 mg, 20 mg, 40 mg capsule ^{MO}	4	
anusoal-hc 2.5 % topical cream ^{MO}	4	
apexicon e 0.05 % topical cream ^{MO}	4	
AVC VAGINAL 15 % CREAM ^{MO}	2	
AZELEX 20 % TOPICAL CREAM ^{MO}	4	
BD ALCOHOL SWABS ^{MO}	1	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint ^{MO}	3	
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm ^{MO}	2	
betamethasone dp aug 0.05% crm; betamethasone dp aug 0.05% gel; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin ^{MO}	3	
calcipotriene 0.005% cream ^{MO}	4	QL (120 per 30 days)
calcipotriene 0.005% ointment ^{MO}	4	
calcipotriene 0.005% solution ^{MO}	4	QL (60 per 30 days)
calcipotriene-betameth dp oint ^{MO}	5	
CAPEX 0.01 % SHAMPOO ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CENTANY 2 % TOPICAL OINTMENT MO	4	
CENTANY AT 2 % OINTMENT TOPICAL KIT MO	3	
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution MO	3	
ciclopirox 0.77% cream; ciclopirox 8% solution MO	3	
ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo MO	4	
claravis 10 mg, 20 mg, 30 mg, 40 mg capsule MO	4	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	4	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin phos 1% pledget; clindamycin phosp 1% lotion MO	3	
clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% MO	4	
clinda-tretinoin 1.2%-0.025% MO	4	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	4	
clobetasol 0.05% cream MO	4	
clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution MO	3	
clobetasol emollient 0.05% crm MO	3	
clocortolone pivalate 0.1% crm MO	4	
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm; clotrimazole-betamethasone lot MO	3	
CNL 8 NAIL 8 % TOPICAL KIT MO	4	
colocort 100 mg/60 ml enema MO	4	
CONDYLOX 0.5 % TOPICAL GEL; CONDYLOX 0.5 % TOPICAL SOLUTION MO	4	
cormax 0.05 % scalp solution MO	4	
CORTIFOAM 10 % (80 MG) RECTAL MO	4	
CORTISPORIN 1 % TOPICAL OINTMENT; CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (2 per 28 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS SP	5	PA,QL (2 per 28 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS SP	5	PA,QL (2 per 28 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS SP	5	PA,QL (2 per 28 days)
CURITY ALCOHOL SWABS MO	1	
DENAVIR 1 % TOPICAL CREAM MO	4	
DESONATE 0.05 % TOPICAL GEL MO	4	
desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment MO	4	
desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diflorasone 0.05% cream; diflorasone 0.05% ointment MO	4	
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	3	
ELIDEL 1 % TOPICAL CREAM MO	4	
EPIDUO 0.1 %-2.5 % TOPICAL GEL; EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	4	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP MO	4	
ery pads 2 % topical swab MO	3	
erythromycin 2% gel MO	2	
erythromycin 2% pledgets; erythromycin 2% solution MO	3	
erythromycin-benzoyl gel MO	3	
EURAX 10 % LOTION; EURAX 10 % TOPICAL CREAM MO	4	
EXELDERM 1 % TOPICAL CREAM; EXELDERM 1 % TOPICAL SOLUTION MO	4	
fluocinolone 0.01% body oil; fluocinolone 0.01% solution MO	4	
fluocinolone 0.01% cream; fluocinolone 0.025% cream; fluocinolone 0.025% ointment MO	3	
fluocinolone 0.01% scalp oil MO	3	
fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment MO	3	
fluocinonide 0.05% solution MO	4	
fluocinonide-e 0.05 % topical cream MO	3	
fluorouracil 0.5% cream; fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% top solution MO	4	
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream; gentamicin 0.1% ointment MO	2	
gynazole-1 2 % vaginal cream MO	4	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt MO	4	
HALOG 0.1 % TOPICAL CREAM; HALOG 0.1 % TOPICAL OINTMENT MO	4	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO	2	
hydrocortisone 100 mg/60 ml MO	3	
hydrocort buty 0.1% lipo cream MO	4	
hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln MO	3	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt MO	4	
hydrocortisone 1% absorbase MO	1	
imiquimod 5% cream packet MO	4	QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INCONTROL ALCOHOL PADS ^{MO}	1	
IV PREP WIPES MEDICATED ^{MO}	1	
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL ^{MO}	4	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION ^{MO}	5	
ketoconazole 2% cream; ketoconazole 2% shampoo ^{MO}	2	
ketoconazole 2% foam ^{MO}	4	
ketodan 2% foam ^{MO}	4	
KLARON 10 % LOTION (SUSPENSION) ^{MO}	4	
LEVULAN 20 % TOPICAL SOLUTION ^{MO}	4	
lidocaine 5% ointment ^{MO}	4	
lidocaine 5% patch ^{MO}	4	PA,QL (90 per 30 days)
lidocaine hcl 4% solution ^{MO}	2	
lidocaine-prilocaine cream ^{MO}	3	
lidocaine-prilocaine cream ^{MO}	4	
lindane 1% lotion; lindane 1% shampoo ^{MO}	4	
mafenide acetate 50 gm powd pk ^{MO}	4	
malathion 0.5% lotion ^{MO}	4	
MENTAX 1 % TOPICAL CREAM ^{MO}	4	
methoxsalen 10 mg softgel ^{MO}	5	
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole topical 0.75% gl; metronidazole topical 1% gel ^{MO}	4	
metronidazole vaginal 0.75% gl ^{MO}	2	
miconazole-3 200 mg vaginal suppository ^{MO}	3	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln ^{MO}	2	
mupirocin 2% ointment ^{MO}	2	
mupirocin 2% cream ^{MO}	4	
myorisan 10 mg, 20 mg, 30 mg, 40 mg capsule ^{MO}	4	
naftifine hcl 1% cream; naftifine hcl 2% cream ^{MO}	3	
NAFTIN 1 %, 2 % TOPICAL CREAM; NAFTIN 1 %, 2 % TOPICAL GEL; NAFTIN 1% CREAM ^{MO}	3	
neomy-polymyxin b 40 mg/ml amp ^{MO}	3	
nyamyc 100,000 unit/gram topical powder ^{MO}	2	
nystatin 100,000 unit/gm cream; nystatin 100,000 unit/gm powd; nystatin 100,000 units/gm oint ^{MO}	2	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nystop 100,000 unit/gram topical powder MO	2	
oralone 0.1 % dental paste MO	1	
oxiconazole nitrate 1% cream MO	4	
OXISTAT 1 % LOTION; OXISTAT 1 % TOPICAL CREAM MO	4	
OXSORALEN 1 % LOTION MO	4	
PANDEL 0.1 % TOPICAL CREAM MO	4	
PANRETIN 0.1 % TOPICAL GEL SP	5	
permethrin 5% cream MO	3	
PICATO 0.015 %, 0.05 % TOPICAL GEL MO	4	
podofilox 0.5% topical soln MO	4	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment MO	3	
PRO COMFORT ALCOHOL PADS MO	1	
procto-med hc 2.5 % topical cream perineal applicator MO	2	
procto-pak 1 % topical cream perineal applicator MO	2	
PROCTOSOL HC 2.5 % TOPICAL CREAM PERINEAL APPLICATOR MO	2	
proctozone-hc 2.5 % topical cream perineal applicator MO	3	
psorcon 0.05 % topical cream MO	4	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
regranex 0.01 % topical gel MO	5	
RIMSO-50 50 % INTRAVESICAL SOLUTION MO	2	
santyl 250 unit/gram topical ointment MO	4	
selenium sulfide 2.5% lotion MO	2	
silver sulfadiazine 1% cream MO	2	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE MO	5	
SSD 1 % TOPICAL CREAM MO	2	
sulfacetamide sod 10% top susp MO	2	
SULFAMYLON 50 GRAM TOPICAL PACKET; SULFAMYLON 85 MG/G TOPICAL CREAM MO	4	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
SYNERA 70 MG-70 MG PATCH MO	4	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	3	QL (420 per 30 days)
TARGRETIN 1 % TOPICAL GEL SP	5	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository ^{MO}	2	
THERMAZENE 1 % TOPICAL CREAM ^{MO}	2	
TOLAK 4 % TOPICAL CREAM ^{MO}	4	
tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream ^{MO}	3	PA
triamcinolone 0.025% cream; triamcinolone 0.025% oint; triamcinolone 0.1% cream; triamcinolone 0.1% ointment; triamcinolone 0.5% cream; triamcinolone 0.5% ointment ^{MO}	2	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion; triamcinolone 0.1% paste ^{MO}	3	
triamcinolone 0.147 mg/g spray ^{MO}	4	
triderm 0.1 % topical cream ^{MO}	2	
u-cort 1% cream ^{MO}	2	
ULTILET ALCOHOL SWAB ^{MO}	1	
UVADEX 20 MCG/ML INJECTION SOLUTION ^{MO}	4	B vs D
VALCHLOR 0.016 % TOPICAL GEL ^{SP}	5	PA,QL (60 per 28 days)
VANDAZOLE 0.75 % VAGINAL GEL ^{MO}	3	
VELTIN 1.2 %-0.025 % TOPICAL GEL ^{MO}	4	
VEREGEN 15 % TOPICAL OINTMENT ^{MO}	5	
WEBCOL TOPICAL PADS ^{MO}	1	
zenatane 10 mg, 20 mg, 30 mg, 40 mg capsule ^{MO}	4	
ZOVIRAX 5 % TOPICAL CREAM ^{MO}	5	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP ^{MO}	4	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET ^{MO}	4	
SMOOTH MUSCLE RELAXANTS		
aminophylline 250 mg/10 ml, 500 mg/20 ml vial ^{MO}	2	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR ^{MO}	2	
flavoxate hcl 100 mg tablet ^{MO}	3	
LUFYLLIN 200 MG TABLET ^{MO}	4	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE ^{MO}	4	QL (30 per 30 days)
oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup ^{MO}	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet ^{MO}	3	QL (60 per 30 days)
theophylline 80 mg/15 ml soln; theophylline 80 mg/15 ml soln ^{MO}	4	
theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet; theophylline er 400 mg, 600 mg tablet ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w ^{MO}	2	
tolterodine tart er 2 mg, 4 mg cap ^{MO}	2	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab ^{MO}	3	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (30 per 30 days)
tropium chloride 20 mg tablet ^{MO}	4	
tropium chloride er 60 mg cap ^{MO}	4	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET ^{MO}	4	QL (30 per 30 days)
VITAMINS		
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release ^{MO}	4	
c-nate dha 28 mg-1 mg-200 mg capsule ^{MO}	4	
calcitriol 0.25 mcg, 0.5 mcg capsule; calcitriol 1 mcg/ml ampul ^{MO}	2	
calcitriol 1 mcg/ml solution ^{MO}	3	
CITRANATAL RX TABLET ^{MO}	4	
complete natal dha 29 mg-1 mg-250 mg oral pack ^{MO}	4	
completenate 29 mg-1 mg chewable tablet ^{MO}	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE ^{MO}	4	
CONCEPT OB 85 MG-1 MG CAPSULE ^{MO}	4	
dexpanthenol 250 mg/ml vial ^{MO}	1	
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule ^{MO}	4	
doxercalciferol 4 mcg/2 ml vl ^{MO}	3	
folivane-ob 85 mg-1 mg capsule ^{MO}	4	
folivane-prx dha nf capsule ^{MO}	4	
GESTICARE DHA COMBO PACK ^{MO}	4	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION ^{MO}	3	
inalat advance tablet ^{MO}	4	
inalat ultra tablet ^{MO}	4	
multi-vitamin with fluoride 0.5 mg, 1 mg chewable tablet ^{MO}	4	
multivitamin with fluoride 0.5 mg chewable tablet ^{MO}	4	
multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet ^{MO}	4	
MVC-FLUORIDE 0.25 MG, 0.5 MG, 1 MG CHEWABLE TABLET ^{MO}	4	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET ^{MO}	4	
paire ob plus dha 22 mg-6 mg-1 mg-200 mg oral pack ^{MO}	4	
paricalcitol 1 mcg, 2 mcg capsule; paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack ^{MO}	4	
pr natal 400 29 mg-1 mg-400 mg oral pack ^{MO}	4	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release ^{MO}	4	
pr natal 430 29 mg-1 mg-430 mg oral pack ^{MO}	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release ^{MO}	4	
prena1 true 30 mg iron-1.4 mg-300 mg oral pack ^{MO}	4	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET ^{MO}	4	
PRENATABS FA 29 MG-1 MG TABLET ^{MO}	4	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet ^{MO}	4	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE ^{MO}	4	
PRENATE ELITE 26 MG IRON-1 MG TABLET ^{MO}	4	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE ^{MO}	4	
preplus 27 mg iron-1 mg tablet ^{MO}	4	
PREQUE 10 15 MG IRON-0.5 MG-25 MG TABLET ^{MO}	4	
relnate dha 28 mg-1 mg-200 mg capsule ^{MO}	4	
se-natal 19 29 mg iron-1 mg chewable tablet ^{MO}	4	
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet ^{MO}	4	
se-tan dha 30 mg-1 mg-310.1 mg capsule ^{MO}	4	
taron-bc tablet ^{MO}	4	
taron-c dha 35 mg-1 mg-200 mg capsule ^{MO}	4	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule ^{MO}	4	
thrive-19 29 mg iron-1 mg-25 mg tablet ^{MO}	4	
tri-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops ^{MO}	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops ^{MO}	1	
triadvance 90 mg-1 mg-50 mg tablet ^{MO}	4	
trinatal gt 90 mg-1 mg-50 mg tablet ^{MO}	4	
trinatal rx 1 60 mg iron-1 mg tablet ^{MO}	4	
triveen-duo dha 29 mg-1 mg-400 mg oral pack ^{MO}	4	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule ^{MO}	4	
ultimatecare one 27 mg-1 mg-330 mg capsule ^{MO}	4	
ultimatecare one rnf 27 mg-1 mg-50 mg-500 mg capsule ^{MO}	4	
vena-bal dha 27 mg-1 mg-430 mg tablet-capsule, delayed release ^{MO}	4	
virt-c dha 35 mg-1 mg-200 mg capsule ^{MO}	4	
virt-care one capsule ^{MO}	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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VITATRUE 30 MG IRON-1.4 MG-300 MG ORAL PACK MO	4	
<i>zatean-ch 27 mg-1 mg-50 mg-250 mg capsule</i> MO	4	
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION MO	3	

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한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-800-457-4708 (TTY: 711)번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-457-4708 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-457-4708 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-457-4708 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-457-4708 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-457-4708 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-457-4708 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-457-4708 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-457-4708 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-457-4708 (رقم هاتف الصم والبكم: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-457-4708 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-457-4708 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'éh, éí ná hólq, kojí' hódíłnih 1-800-457-4708 (TTY: 711).



This formulary was updated on 11/05/2016. For more recent information or other questions, please contact Humana at 1-800-457-4708 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana is a Medicare Advantage PPO organization with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change each year. The Formulary may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our customer service number at **1-800-457-4708 (TTY: 711)**.

Esta información está disponible sin costo en otros idiomas. Llame a nuestro departamento de Servicio al Cliente al **1-800-457-4708 (TTY: 711)**.

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