

2017

Prescription Drug Guide

Humana Formulary

List of covered drugs

Humana Enhanced (PDP)

Region 34
State of Alaska



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

This formulary was updated on 12/26/2017. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the 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 has changed since last year. Please review this document to make sure that it still contains the drugs you take.

What is the formulary?

A formulary is the entire list of covered drugs or medicines selected by Humana. The terms formulary and Drug List will be used interchangeably throughout communications regarding changes to your pharmacy benefits. 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 the 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 medicines, please review your Evidence of Coverage.

Can the formulary change?

Generally, if you take a drug that was covered at the beginning of the year, that coverage will not be discontinued or reduced during the 2017 coverage year. However, a formulary may be changed when, for example, a new, more cost effective generic drug or new information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose your plan, except for cases in which you can save additional money or we can ensure your safety.

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

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

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

We'll notify you by mail at least 60 days before one of these changes happens or we will provide a 60-day refill of the affected medicine with notice of the change.

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

The enclosed formulary is current as of December 2017. We'll update the printed formularies each month and they'll be available on Humana.com.

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 **1-800-281-6918 (TTY: 711)**. You can call seven days a week, from 8 a.m. - 8 p.m. However, please note that the 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 should look for your drug in the Index that begins on page 100. 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 Drugs
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

How much will I pay for covered drugs?

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 is covered. 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 coverage is available for 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 a determination can be made.

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

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

You can also visit **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)** to get more information about the restrictions applied to specific covered drugs.

You can ask 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 drugs 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 60 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](https://www.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 health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

How do I request an exception to the formulary?

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

- **Formulary exception:** You can request that your drug be covered if it's not on the formulary.
- **Utilization restriction exception:** You can request coverage restrictions or limits not be applied to your drug. For example, if your drug has a quantity limit, you can ask for the limit not to be applied and to cover more doses of the drug.
- **Tier exception:** You can request a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can request it to be covered as a preferred drug instead. This would lower how much money you must pay for your drug. Please remember a higher level of coverage cannot be requested for the drug if approval was not made to cover a drug that was not on the 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 health care provider that supports your request. This is called a supporting statement.

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

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

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

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

- We'll temporarily cover up to a 30-day supply of your drug when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover 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 request a formulary exception if:

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

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

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

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

For these changes in treatment settings, 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 requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension

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 account

Register for MyHumana, your secure account 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 "Tools & Resources" 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 **1-800-281-6918 (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 100.

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:

GB - Select brand 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 health care provider prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 20 mg/ml solution MO	4	QL (960 per 30 days)
abacavir 300 mg tablet MO	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg SP	5	QL (30 per 30 days)
abacavir-lamivudine-zidov tab SP	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION SP	5	B vs D
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; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial MO	4	B vs D
adefovir dipivoxil 10 mg tab SP	5	
ALBENZA 200 MG TABLET SP	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	B vs D
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 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	4	
amphotericin b 50 mg vial MO	4	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule MO	2	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 1 gram, 10 gram, 125 mg, 2 gram, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial MO	4	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	4	
ANCOBON 250 MG, 500 MG CAPSULE GB,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 SP	5	
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)

Need more information about the indicators displayed by the 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
azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp; azithromycin i.v. 500 mg vial MO	3	
azithromycin 250 mg, 500 mg, 600 mg tablet MO	2	
aztreonam 1 gm vial MO	4	
aztreonam 2 gm vial SP	5	
AZULFIDINE 500 MG TABLET MO	4	
bacitracin 50,000 unit vial MO	3	
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 GB,MO	2	
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 GB,MO	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION SP	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION GB,MO	4	
caspofungin acetate 50 mg, 70 mg vial SP	5	
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	4	
cefaclor 250 mg, 500 mg capsule MO	3	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	3	
cefadroxil 500 mg capsule MO	2	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial MO	3	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	3	
cefdinir 300 mg capsule MO	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial 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	
cefotaxime sodium 1 gm vial MO	3	
cefotaxime sodium 10 gm vial; cefotaxime sodium 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 2 gm 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	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefoxitin 1 gm 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 ^{MO}	4	
cefprozil 250 mg, 500 mg tablet ^{MO}	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial ^{MO}	4	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback ^{MO}	4	
ceftibuten 180 mg/5 ml susp; ceftibuten 400 mg capsule ^{MO}	4	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 1 gram, 10 gram, 2 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial ^{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 ^{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 ^{MO}	3	
chloroquine ph 250 mg, 500 mg tablet ^{MO}	2	
cidofovir 375 mg/5 ml vial	4	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet ^{MO}	3	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab ^{MO}	1	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml ^{MO}	2	
ciprofloxacin 200 mg/20 ml vl ^{MO}	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus ^{MO}	4	
clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab ^{MO}	3	
CLEOCIN 600 MG/4 ML, 900 MG/6 ML INTRAVENOUS SOLUTION ^{MO}	4	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule ^{MO}	2	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns ^{MO}	4	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml ^{MO}	4	
clindamycin 75 mg/5 ml soln ^{MO}	4	
clindamycin pediatric 75 mg/5 ml oral solution ^{MO}	4	
clindamycin 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan ^{MO}	2	
clindamycin ph 900 mg/6 ml vl ^{MO}	3	
COARTEM 20 MG-120 MG TABLET ^{GB,MO}	4	QL (24 per 30 days)
colistimethate 150 mg vial ^{MO}	4	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMPLERA 200 MG-25 MG-300 MG TABLET SP	5	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION SP	5	PA
CRIXIVAN 200 MG CAPSULE MO	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION SP	5	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION SP	5	
<i>cycloserine 250 mg capsule</i> MO	4	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET SP	5	PA,QL (28 per 28 days)
<i>dapsone 100 mg, 25 mg tablet</i> MO	3	
<i>daptomycin 500 mg vial</i> SP	5	
DARAPRIM 25 MG TABLET SP	5	
<i>demeclocycline 150 mg, 300 mg tablet</i> MO	4	
DESCOVY 200 MG-25 MG TABLET SP	5	QL (30 per 30 days)
<i>dicloxacillin 250 mg, 500 mg capsule</i> MO	2	
<i>didanosine dr 125 mg capsule</i> MO	4	QL (90 per 30 days)
<i>didanosine dr 200 mg capsule</i> MO	4	QL (60 per 30 days)
<i>didanosine dr 250 mg, 400 mg capsule</i> MO	4	QL (30 per 30 days)
DIFICID 200 MG TABLET SP	5	ST,QL (20 per 10 days)
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION MO	4	
<i>doripenem 250 mg, 500 mg vial</i> MO	4	
<i>doxycycline hyc 100 mg vial</i> MO	4	
<i>doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap</i> MO	3	
<i>doxycycline 25 mg/5 ml susp; doxycycline mono 150 mg cap</i> MO	4	
<i>doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet</i> MO	3	
<i>doxycycline mono 100 mg, 50 mg cap</i> MO	2	QL (60 per 30 days)
<i>doxycycline mono 75 mg capsule</i> MO	4	QL (60 per 30 days)
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)
<i>entecavir 0.5 mg, 1 mg tablet</i> SP	5	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET SP	5	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION	4	
EPZICOM 600 MG-300 MG TABLET SP	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION MO	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	1	
<i>erythromycin 250 mg, 500 mg filmtab</i> MO	4	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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, 400 mg/200 ml MO	2	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml MO	2	
flucytosine 250 mg, 500 mg capsule SP	5	
fosamprenavir 700 mg tablet SP	5	QL (120 per 30 days)
foscarnet 24 mg/ml infus bttl MO	3	
FUZEON 90 MG SUBCUTANEOUS SOLUTION SP	5	QL (60 per 30 days)
ganciclovir 500 mg vial MO	3	B vs D
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial MO	2	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml MO	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	
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	4	
imipenem-cilastatin 250 mg vl MO	4	
imipenem-cilastatin 500 mg vl 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 MO	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, 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM, 1 GRAM SOLUTION FOR INJECTION MO	4	
INVIRASE 200 MG CAPSULE SP	5	QL (300 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
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 MO	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET SP	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET SP	5	QL (60 per 30 days)
isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml vial MO	1	
isoniazid 50 mg/5 ml solution MO	4	
itraconazole 100 mg capsule MO	4	QL (120 per 30 days)
ivermectin 3 mg tablet MO	3	
JULUCA 50 MG-25 MG TABLET SP	5	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET MO	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 GB,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	
levofloxacin 500 mg/20 ml vial MO	4	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w MO	4	
LEXIVA 50 MG/ML ORAL SUSPENSION MO	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET SP	5	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION GB,MO	3	
lincomycin hcl 600 mg/2 ml vl MO	4	
linezolid 100 mg/5 ml susp; linezolid 600 mg tablet; linezolid 600 mg/300 ml iv sol SP	5	
linezolid-0.9% nacl 600 mg/300 SP	5	
lopinavir-ritonavir 80-20mg/ml SP	5	
mefloquine hcl 250 mg tablet MO	3	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 250 mg, 500 mg tablet MO	2	
metronidazole 375 mg capsule MO	4	
metronidazole 500 mg/100 ml 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	
MYCAMINE 100 MG INTRAVENOUS SOLUTION SP	5	
MYCAMINE 50 MG INTRAVENOUS SOLUTION MO	4	
nafcillin 1 gm add-van vial; nafcillin 10 gm vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial SP	5	
nafcillin 1 gm vial MO	4	
nafcillin 1 gm/ 50 ml inj MO	4	
nafcillin 2 gm/ 100 ml inj SP	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION GB,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)
nitrofurantoin 25 mg/5 ml susp MO	4	
nitrofurantoin mcr 100 mg, 50 mg cap MO	4	
nitrofurantoin mono-mcr 100 mg 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 SP	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION SP	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION SP	5	PA
nystatin 100,000 unit/ml susp MO	2	
nystatin 500,000 unit oral tab MO	3	
ODEFSEY 200 MG-25 MG-25 MG TABLET SP	5	QL (30 per 30 days)
ofloxacin 300 mg, 400 mg tablet MO	2	
okebo 100 mg capsule MO	2	QL (60 per 30 days)
okebo 75 mg capsule MO	4	QL (60 per 30 days)
oseltamivir 6 mg/ml suspension MO	4	QL (720 per 365 days)
oseltamivir phos 30 mg capsule MO	4	QL (112 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule MO	4	QL (56 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 10 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial MO	4	
oxacillin 1 gm/ 50 ml inj MO	4	
oxacillin 2 gm/ 50 ml inj SP	5	
paromomycin 250 mg capsule MO	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	2	
PEGINTRON 120 MCG KIT; PEGINTRON 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML SUBCUTANEOUS KIT; PEGINTRON 150 MCG KIT; PEGINTRON 80 MCG KIT SP	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG SP	5	PA,QL (4 per 28 days)
pen g k 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml MO	4	
penicillin g k 20 million unit, 5 million unit; penicillin gk 20 million unit, 5 million unit MO	4	
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 MO	4	
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 GB,MO	4	
pfizerpen-g 20 million unit, 5 million unit solution for injection MO	4	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial MO	4	
polymyxin b sulfite vial 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 MO	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET SP	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET SP	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET GB,MO	4	
primaquine 26.3 mg tablet MO	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	4	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	4	QL (144 per 30 days)
pyrazinamide 500 mg tablet MO	4	
quinine sulfate 324 mg capsule MO	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION GB,MO	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION GB,MO	4	QL (60 per 180 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESCRIPTOR 100 MG 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 MO	4	
<i>ribasphere 200 mg capsule; ribasphere 200 mg tablet</i>	3	QL (168 per 28 days)
<i>ribavirin 200 mg capsule; ribavirin 200 mg tablet</i>	3	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> SP	5	B vs D
<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	4	
RIFATER 50 MG-120 MG-300 MG TABLET GB,MO	4	
<i>rimantadine hcl 100 mg tablet</i> MO	4	
SELZENTRY 150 MG TABLET SP	5	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION SP	5	QL (920 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET SP	5	QL (120 per 30 days)
SIRTURO 100 MG TABLET SP	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION; SIVEXTRO 200 MG TABLET SP	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET SP	5	PA,QL (28 per 28 days)
<i>stavudine 1 mg/ml solution</i> MO	3	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> MO	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> MO	3	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> MO	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET SP	5	QL (30 per 30 days)
STROMEKTOL 3 MG TABLET MO	3	
<i>sulfadiazine 500 mg tablet</i> MO	4	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet</i> MO	1	
<i>sulfamethoxazole-tmp inj vial</i> MO	4	
<i>sulfamethoxazole-tmp susp</i> MO	3	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> MO	2	
SUPRAX 400 MG CAPSULE MO	4	
SUSTIVA 200 MG CAPSULE SP	5	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE MO	4	QL (480 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUSTIVA 600 MG TABLET SP	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT SP	5	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION SP	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION SP	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)
tigecycline 50 mg vial SP	5	
tinidazole 250 mg, 500 mg tablet MO	3	
TIVICAY 10 MG TABLET MO	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 SP	5	
tobramycin 10 mg/ml, 40 mg/ml vial MO	2	
TRECTOR 250 MG TABLET MO	4	
trimethoprim 100 mg tablet MO	2	
TRIUMEQ 600 MG-50 MG-300 MG TABLET SP	5	QL (30 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 SP	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)
valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml SP	5	
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial MO	3	
vancomycin hcl 125 mg, 250 mg capsule SP	5	
vanco 500 mg/100 ml, 750 mg/150 ml-0.9% nacl MO	4	
vancomycin 1 g/200ml-0.9% nacl MO	3	
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	3	
VEMLIDY 25 MG TABLET SP	5	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VIRACEPT 250 MG TABLET SP	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET SP	5	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION SP	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 MO	4	
voriconazole 200 mg, 50 mg tablet SP	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp SP	5	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET SP	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET SP	5	PA,QL (84 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION SP	5	
ZERIT 1 MG/ML ORAL SOLUTION MO	3	QL (2400 per 30 days)
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	2	QL (60 per 30 days)
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 SP	5	
ANTIHISTAMINE DRUGS		
cetirizine hcl 1 mg/ml soln MO	2	QL (300 per 30 days)
clemastine fum 2.68 mg tab MO	4	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet MO	4	
diphenhydramine 50 mg/ml vial MO	4	
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION MO	4	
promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 6.25 mg/5 ml syrps MO	3	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository MO	4	
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION SP	5	PA
adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution MO	4	
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 SP	5	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALIQOPA 60 MG INTRAVENOUS SOLUTION SP	5	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET MO	4	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION	4	
ALUNBRIG 30 MG TABLET SP	5	PA,QL (180 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION SP	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION SP	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION SP	5	PA
<i>azacitidine 100 mg vial</i> SP	5	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION SP	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION SP	5	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION SP	5	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION SP	5	PA
<i>bexarotene 75 mg capsule</i> SP	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> MO	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION GB,MO	4	
<i>bleomycin sulfate 15 unit, 30 unit vial</i> MO	3	B vs D
BOSULIF 100 MG TABLET SP	5	PA,QL (120 per 30 days)
BOSULIF 400 MG TABLET SP	5	PA,QL (30 per 1 days)
BOSULIF 500 MG TABLET SP	5	PA,QL (30 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> MO	4	
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION GB,MO	4	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET SP	5	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE SP	5	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION GB,MO	4	
CAMPTOSAR 300 MG/15 ML INTRAVENOUS SOLUTION SP	5	
CAMPTOSAR 40 MG/2 ML INTRAVENOUS SOLUTION SP	5	
CAPRELSA 100 MG TABLET SP	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET SP	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> MO	3	
<i>cisplatin 50 mg/50 ml vial</i> MO	4	
<i>cladribine 10 mg/10 ml vial</i> SP	5	B vs D
<i>clofarabine 20 mg/20 ml vial</i> SP	5	
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION SP	5	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION SP	5	
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	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION SP	5	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial MO	2	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	2	B vs D
dacarbazine 100 mg, 200 mg vial MO	4	
dactinomycin 0.5 mg vial SP	5	
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION SP	5	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial MO	2	
DAUNOXOME 50 MG (2 MG/ML) VIAL	4	
decitabine 50 mg vial SP	5	PA
DEPOCYT 50 MG/5 ML VIAL SP	5	
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	4	
DOCEFREZ 80 MG INTRAVENOUS SOLUTION SP	5	
docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial	4	
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	
doxorubicin liposome 50mg/25ml MO	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	4	
EMCYT 140 MG CAPSULE MO	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION SP	5	PA
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 MO	4	
ERIVEDGE 150 MG CAPSULE SP	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION SP	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION GB,MO	4	
etoposide 100 mg/5 ml vial MO	3	
EVOMELA 50 MG INTRAVENOUS SOLUTION SP	5	PA
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE SP	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE SP	5	QL (30 per 30 days)
floxuridine 500 mg vial MO	2	
fludarabine 50 mg, 50 mg/2 ml vial 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
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml MO	4	B vs D
flutamide 125 mg capsule MO	4	
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION SP	5	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial	4	
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)
GLEEVEC 400 MG TABLET SP	5	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG CAPSULE	4	
GLEOSTINE 5 MG CAPSULE MO	4	
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION SP	5	PA
HEXALEN 50 MG CAPSULE SP	5	
HYCANTIN 4 MG INTRAVENOUS SOLUTION SP	5	
hydroxyurea 500 mg capsule 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 SP	5	
idarubicin hcl 20 mg/20 ml vial SP	5	
IDHIFA 100 MG, 50 MG TABLET SP	5	PA,QL (30 per 30 days)
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial MO	3	
IMBRUVICA 140 MG CAPSULE SP	5	PA,QL (120 per 30 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION SP	5	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION	4	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION SP	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)
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	4	
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION SP	5	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION SP	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET SP	5	PA,QL (60 per 30 days)
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KISQALI 200 MG/DAY (200 MG X 1) TABLET SP	5	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET SP	5	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET SP	5	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET SP	5	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET SP	5	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET SP	5	PA,QL (91 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION SP	5	PA
KYPROLIS 60 MG INTRAVENOUS SOLUTION SP	5	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION SP	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) CAPSULE SP	5	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE SP	5	PA,QL (90 per 30 days)
LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE SP	5	PA,QL (90 per 30 days)
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE SP	5	PA,QL (60 per 30 days)
LEUKERAN 2 MG TABLET 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)
LYNPARZA 100 MG, 150 MG TABLET SP	5	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE SP	5	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET MO	3	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT SP	5	PA
MATULANE 50 MG CAPSULE SP	5	
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)
<i>melphalan 2 mg tablet</i> MO	4	B vs D
<i>melphalan 50 mg vial w-diluent</i>	2	
<i>mercaptopurine 50 mg tablet</i> MO	3	
<i>methotrexate 2.5 mg tablet</i> MO	3	B vs D
<i>methotrexate 50 mg/2 ml vial</i> MO	2	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> MO	2	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> MO	4	
<i>mitoxantrone 25 mg/12.5 ml vl</i>	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION GB,MO	4	
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION SP	5	PA
NERLYNX 40 MG TABLET SP	5	PA,QL (180 per 30 days)

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NEXAVAR 200 MG TABLET SP	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET SP	5	QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> SP	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE SP	5	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION SP	5	
ODOMZO 200 MG CAPSULE SP	5	PA,QL (30 per 30 days)
ONCASPAS 750 UNIT/ML INJECTION SOLUTION SP	5	
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION SP	5	PA
<i>oxaliplatin 100 mg, 50 mg vial</i> MO	4	
<i>oxaliplatin 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial</i>	4	
<i>paclitaxel 100 mg/16.7 ml vial</i>	3	
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 SP	5	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION SP	5	
PURIXAN 20 MG/ML ORAL SUSPENSION MO	4	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 SP	5	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET SP	5	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE SP	5	PA,QL (224 per 28 days)
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, 400 MG INTRAVENOUS SOLUTION SP	5	PA
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET GB,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 SP	5	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET SP	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 SP	5	
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION SP	5	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION SP	5	PA,QL (27 per 30 days)
<i>teniposide 50 mg/5 ml ampule</i> MO	4	
<i>thiotepa 15 mg vial</i> MO	2	
<i>toposar 20 mg/ml intravenous solution</i> MO	4	
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> SP	5	
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION SP	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 SP	5	PA
<i>tretinoin 10 mg capsule</i> 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 GB,MO	4	
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION SP	5	
TYKERB 250 MG TABLET SP	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION SP	5	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION SP	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION SP	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION SP	5	PA,QL (4 per 21 days)
VENCLEXTA 10 MG TABLET	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET SP	5	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET	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)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET SP	5	PA,QL (60 per 30 days)
<i>vinblastine 1 mg/ml vial</i> MO	3	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> MO	3	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> MO	3	B vs D
<i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> MO	4	
VOTRIENT 200 MG TABLET SP	5	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XALKORI 200 MG, 250 MG CAPSULE SP	5	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION SP	5	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE SP	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION SP	5	PA,QL (280 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION SP	5	PA,QL (250 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION SP	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION SP	5	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION GB,MO	4	
ZEJULA 100 MG CAPSULE SP	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET SP	5	PA,QL (240 per 30 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)
ZYTIGA 500 MG TABLET SP	5	PA,QL (60 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; ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
BCG VACCINE (TICE STRAIN) VIAL MO	4	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML 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 GB,MO	4	
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION SP	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP GB,MO	4	
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGRIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE GB,MO	4	B vs D
ENGRIX-B 10 MCG/0.5 ML PED VL; ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE GB,MO	4	B vs D
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAMUNEX-C 40 GRAM/400 ML (10 %) INJECTION SOLUTION SP	5	PA
GARDASIL SYRINGE; GARDASIL VIAL MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION; GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX (PF) 1,440 ELISA UNIT/ML, 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 SP	5	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	4	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	4	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	4	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP; INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION GB,MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE GB,MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION; 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 W-DILUENT MO	4	
MENOMUNE-A-C-Y-W-135 W-DILUENT MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
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 SP	5	B vs D
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	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION; RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
<i>diphtheria-tetanus toxoids-ped</i> MO	4	
<i>tetanus diphtheria toxoids</i> MO	4	
THERACYS 81 MG VIAL MO	4	
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE; TWINRIX VACCINE VIAL MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION GB,MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION; VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION GB,MO	3	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION SP	5	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION SP	5	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION SP	5	
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION GB,MO	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	4	QL (1 per 365 days)
AUTONOMIC DRUGS		
<i>albuterol</i> 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; <i>albuterol</i> 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; <i>albuterol</i> 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; <i>albuterol</i> sul 2.5 mg/3 ml soln MO	2	B vs D
<i>albuterol</i> sulf 2 mg/5 ml syrup MO	2	
<i>albuterol</i> sulfate 2 mg, 4 mg tab; <i>albuterol</i> sulfate er 4 mg, 8 mg tab MO	4	
<i>alfuzosin</i> 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	QL (60 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	4	QL (25.8 per 30 days)
<i>baclofen</i> 10 mg, 20 mg tablet MO	2	
<i>bethanechol</i> 10 mg, 25 mg, 5 mg tablet MO	3	
<i>bethanechol</i> 50 mg tablet MO	4	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
CANTIL 25 MG TABLET MO	4	
<i>carisoprodol</i> 350 mg tablet MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	QL (4 per 20 days)
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	2	
dicyclomine 10 mg/5 ml soln MO	3	
dihydroergotamine 1 mg/ml amp MO	4	
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)
EPINEPHRINE 0.15 MG AUTO-INJECT MO	3	
epinephrine 0.3 mg auto-inject MO	3	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR GB,MO	3	
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR GB,MO	3	
ERGOMAR 2 MG SUBLINGUAL TABLET MO	3	
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)
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	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
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
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION MO	4	
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION SP	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 SP	5	
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr 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
metaxalone 400 mg tablet MO	4	QL (120 per 30 days)
metaxalone 800 mg tablet MO	4	
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	
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	4	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
phentolamine 5 mg vial MO	4	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	4	
propantheline 15 mg tablet MO	3	
pyridostigmine br 60 mg tablet MO	3	
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION MO	4	
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	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial SP	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	QL (1 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
BLOOD FORMATION, COAGULATION, THROMBOSIS		
AMICAR 1,000 MG, 500 MG TABLET; AMICAR 250 MG/ML (25 %) ORAL SOLUTION SP	5	
aminocaproic acid 5 g/20 ml vl MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
anagrelide hcl 0.5 mg, 1 mg capsule MO	3	
BRILINTA 60 MG, 90 MG TABLET MO	3	QL (60 per 30 days)
cilostazol 100 mg, 50 mg tablet MO	2	
clopidogrel 300 mg tablet MO	2	
clopidogrel 75 mg tablet MO	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET MO	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION GB,MO	3	PA
EFFIENT 10 MG, 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, 150 mg/ml syringe MO	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr MO	4	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr MO	4	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	4	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	4	PA,QL (28 per 30 days)
fondaparinux 10 mg/0.8 ml syr SP	5	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	4	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr SP	5	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr SP	5	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE SP	5	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE SP	5	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE SP	5	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE SP	5	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE MO	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION SP	5	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE SP	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; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl; heparin sod 5,000 unit/ml syr; heparin sod 5,000 unit/ml syrg MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin 20,000 unit/500 ml-d5w; heparin-d5w 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml); heparin-d5w 25,000 unit/250 ml; heparin-d5w 25,000 unit/500 ml MO	1	
heparin-1/2ns 12,500 units/250; heparin-1/2ns 25,000 units/500 MO	3	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml; heparin sod 5,000 unit/0.5 ml MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
LEUKINE 250 MCG SOLUTION FOR INJECTION SP	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR SP	5	PA,QL (1.2 per 28 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, 150 MG, 75 MG CAPSULE MO	4	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet MO	3	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION SP	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 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)
protamine 250 mg/25 ml vial MO	1	
ticlopidine 250 mg tablet MO	4	
tranexamic acid 1,000 mg/10 ml MO	4	PA
tranexamic acid 650 mg tablet MO	4	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
XARELTO 10 MG 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 ^{GB,MO}	4	QL (60 per 30 days)
ADCIRCA 20 MG TABLET ^{SP}	5	PA,QL (60 per 30 days)
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	ST
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	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab ^{MO}	1	
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-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg ^{MO}	4	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)
aspirin-dipyridam er 25-200 mg ^{MO}	4	ST
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}	1	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}	4	PA,QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	2	
BENICAR 20 MG, 40 MG, 5 MG TABLET ^{MO}	4	PA,QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET ^{MO}	4	PA,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}	1	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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}	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	3	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{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	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule ^{MO}	4	QL (30 per 30 days)
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 ^{MO}	4	
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)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET ^{MO}	4	PA, QL (30 per 30 days)
digitek 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digitek 250 mcg tablet ^{MO}	4	
digox 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
digox 250 mcg tablet ^{MO}	4	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet; digoxin 500 mcg/2 ml ampule ^{MO}	4	
digoxin 125 mcg tablet ^{MO}	2	QL (30 per 30 days)
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 12hr er 120 mg, 60 mg, 90 mg cap; diltiazem 25 mg/5 ml vial ^{MO}	2	
diltiazem 24hr er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap; diltiazem er 120 mg, 180 mg, 240 mg capsule ^{MO}	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 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}	4	

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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	
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	
ezetimibe 10 mg tablet MO	3	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg MO	4	QL (30 per 30 days)
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 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	3	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	3	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	1	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	4	
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 MO	2	
labetalol hcl 100 mg/20 ml vl; labetalol hcl 20 mg/4 ml syr MO	4	
LANOXIN 125 MCG TABLET GB,MO	4	QL (30 per 30 days)
LANOXIN 187.5 MCG, 62.5 MCG TABLET MO	4	QL (30 per 30 days)
LANOXIN 250 MCG TABLET GB,MO	4	
LANOXIN 250 MCG/ML INJECTION SOLUTION MO	4	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	4	
lidocaine hcl 1% syringe; lidocaine hcl 2% abboject; lidocaine hcl 2% vial MO	2	
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	4	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION GB,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	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nicardipine 25 mg/10 ml ampule MO	2	
nifedical xl 30 mg, 60 mg tablet 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	
NITROSTAT 0.3 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
NITROSTAT 0.4 MG SUBLINGUAL TABLET GB,MO	3	
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO	4	QL (30 per 30 days)
olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5 MO	4	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab MO	4	QL (30 per 30 days)
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 150 MG/ML, 75 MG/ML SYRINGE 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	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule MO	4	
propranolol-hctz 40-25 mg, 80-25 mg tab MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 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)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR SP	5	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (3 per 28 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	2	QL (30 per 30 days)
sildenafil 20 mg tablet	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 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)
TEKTURNA 150 MG, 300 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET MO	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-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb MO	4	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb MO	4	ST,QL (60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule MO	1	
TIKOSYN 125 MCG CAPSULE MO	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE MO	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE MO	4	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
trandolapril 1 mg tablet	2	
trandolapril 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	4	PA,QL (30 per 30 days)
triklo 1 gram capsule MO	4	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet MO	2	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 MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE SP	5	QL (1 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 (2700 per 30 days)
acetaminophen-cod #2 tablet MO	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet MO	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet MO	3	QL (180 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet MO	2	QL (120 per 30 days)
alprazolam 2 mg tablet MO	2	QL (150 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	3	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP	5	QL (60 per 28 days)
APTOM 200 MG, 400 MG, 800 MG TABLET MO	4	PA,QL (30 per 30 days)
APTOM 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 SP	5	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	5	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	4	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	4	PA,QL (60 per 30 days)
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule MO	4	PA,QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule MO	4	PA,QL (30 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 SP	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET SP	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 MO	4	
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 MO	3	
BUPRENEX 0.3 MG/ML INJECTION SOLUTION SP	5	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml syringe MO	4	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	3	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	
bupropion hcl sr 100 mg tablet MO	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet; bupropion hcl xl 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet; bupropion hcl xl 300 mg tablet MO	3	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet MO	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-acetaminophn 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)
butalb-aspirin-caffe 50-325-40; butalbital-asa-caffeine cap MO	4	QL (180 per 30 days)
BUTISOL 30 MG TABLET MO	4	
butorphanol 1 mg/ml vial MO	4	QL (960 per 30 days)
butorphanol 10 mg/ml spray MO	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial MO	4	QL (480 per 30 days)
cabergoline 0.5 mg tablet MO	4	QL (16 per 28 days)
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial 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 (2700 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	
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	
carbidopa-levodopa-enta 100 mg; carbidopa-levodopa-enta 125 mg; carbidopa-levodopa-enta 150 mg; carbidopa-levodopa-enta 200 mg; carbidopa-levodopa-enta 50 mg; carbidopa-levodopa-enta 75 mg MO	4	
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	4	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE MO	4	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule MO	4	QL (120 per 30 days)
chlorpromazine 10 mg, 25 mg tablet MO	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp MO	4	
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)
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonazepam 0.5 mg, 1 mg, 2 mg tablet MO	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet MO	3	
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	PA
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 GB,MO	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet MO	4	
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb MO	4	ST,QL (30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab MO	3	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp MO	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)
DIASTAT 2.5 MG RECTAL KIT MO	4	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT; DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT MO	4	
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst MO	4	
diazepam 10 mg tablet MO	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet MO	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution MO	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc MO	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate MO	4	QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diclofenac pot 50 mg tablet MO	3	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab MO	2	
diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb MO	4	
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 dr 125 mg cap sprnk MO	3	
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	2	
divalproex sod er 250 mg, 500 mg tab MO	4	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc MO	4	
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 SP	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	3	
EQUETRO 100 MG CAPSULE, EXTENDED RELEASE GB,MO	4	
EQUETRO 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	QL (30 per 30 days)
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln MO	4	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet MO	3	
etodolac er 400 mg, 500 mg, 600 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 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)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET SP	5	PA,QL (60 per 30 days)
felbamate 400 mg, 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp SP	5	
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 SP	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul; fentanyl 100 mcg/2 ml syringe MO	4	QL (720 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 GB,MO	4	PA,QL (28 per 28 days)
flumazenil 0.1 mg/ml vial MO	2	
fluoxetine 20 mg/5 ml solution MO	2	
fluoxetine dr 90 mg capsule MO	4	QL (4 per 28 days)
fluoxetine hcl 10 mg, 20 mg tablet MO	3	
fluoxetine hcl 10 mg, 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 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 MO	2	
fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc MO	4	
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 vial 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)
gabapentin 100 mg, 300 mg, 400 mg capsule MO	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln MO	4	
gabapentin 600 mg, 800 mg tablet MO	2	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 MO	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 MO	3	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg 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 carpuct; 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 carpuct; 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 carpuct; 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, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial; 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	4	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)
INGREZZA 40 MG CAPSULE SP	5	PA,QL (60 per 30 days)
INGREZZA 80 MG CAPSULE SP	5	PA,QL (30 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE SP	5	QL (1.5 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE SP	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 SP	5	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE SP	5	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE SP	5	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE SP	5	QL (2.62 per 90 days)
ketoprofen 50 mg, 75 mg capsule MO	3	
ketorolac 10 mg tablet MO	4	QL (20 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet; lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	2	
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) MO	4	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET SP	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET SP	5	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY SP	5	PA,QL (30 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml soln MO	2	
levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial MO	4	
levetiracetam er 500 mg, 750 mg tablet MO	3	
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	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	3	QL (900 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYRICA 225 MG, 300 MG CAPSULE ^{MO}	3	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 2 g/50 ml bag; magnesium sulf 20 g/500 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag; magnesium sulf 40 g/1,000 ml ^{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}	4	QL (300 per 30 days)
memantine 5-10 mg titration pk ^{MO}	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MO}	2	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)
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)
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 5 mg/5 ml soln ^{MO}	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab ^{MO}	4	QL (180 per 30 days)
methylphenidate er 20 mg tab ^{MO}	4	QL (90 per 30 days)
methylphenidate la 20 mg, 40 mg, 60 mg cap ^{MO}	4	QL (30 per 30 days)
methylphenidate la 30 mg cap ^{MO}	4	QL (60 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}	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 isecure syrg; morphine sulfate 10 mg/ml vial MO	3	QL (360 per 30 days)
morphine 2 mg/ml carpject; morphine 2 mg/ml isecure syr 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 8 mg/ml isecure syrng; morphine 8 mg/ml syringe; morphine sulfate 8 mg/ml vial MO	3	QL (450 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos MO	4	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 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab MO	3	QL (180 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 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 (540 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)
naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe MO	2	
naltrexone 50 mg tablet MO	2	
NAMENDA 10 MG, 5 MG TABLET MO	4	PA,QL (60 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	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	3	QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAPRELAN CR 375 MG, 500 MG, 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	4	ST
naproxen 125 mg/5 ml suspen MO	4	
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 sod cr 375 mg, 500 mg tablet MO	4	ST
naproxen sodium 275 mg, 550 mg tab MO	3	
naratriptan hcl 1 mg, 2.5 mg tablet MO	3	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY MO	4	QL (2 per 30 days)
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; nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap MO	4	
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)
olanzapine 10 mg vial MO	3	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet MO	3	QL (60 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)
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg MO	4	QL (30 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 MO	3	QL (60 per 30 days)
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 MO	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule MO	4	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-aspirin 4.8355-325 MO	4	QL (360 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet SP	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paliperidone er 6 mg tablet ^{SP}	5	PA,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}	3	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet ^{MO}	3	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}	4	
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}	4	QL (1500 per 30 days)
phenobarbital 30 mg tablet ^{MO}	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew ^{MO}	2	
phenytoin 50 mg/ml syringe; phenytoin 50 mg/ml vial ^{MO}	4	
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, 50 MG TABLET ^{SP}	5	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet ^{MO}	2	
primidone 250 mg, 50 mg tablet ^{MO}	2	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE ^{MO}	4	ST,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet ^{MO}	4	
quetiapine er 150 mg tablet ^{MO}	4	PA,QL (90 per 30 days)
quetiapine er 200 mg tablet ^{MO}	4	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet ^{MO}	4	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet ^{MO}	4	PA,QL (120 per 30 days)
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)
rasagiline mesylate 0.5 mg, 1 mg tab ^{MO}	3	
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 ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE SP	5	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt MO	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO	1	QL (60 per 30 days)
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, 10 mg, 5 mg, 5 mg odt; rizatriptan 10 mg, 10 mg, 5 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 1,000 mg, 500 mg, 750 mg tablet MO	2	
SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET SP	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET SP	5	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 2.5 MG, 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	4	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	4	PA,QL (120 per 30 days)
sertraline 20 mg/ml oral conc MO	3	
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)
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)
STALEVO 100 25 MG-100 MG-200 MG TABLET MO	4	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET MO	4	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET MO	4	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET MO	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET MO	4	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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)
sufentanil 250 mcg/5 ml ampule MO	3	QL (1440 per 30 days)
sulindac 150 mg, 200 mg tablet MO	2	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray MO	4	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; 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	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET,EXTENDED RELEASE MO	4	
temazepam 15 mg, 30 mg capsule MO	3	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	4	
tiagabine hcl 2 mg, 4 mg tablet MO	4	
tolcapone 100 mg tablet MO	4	PA
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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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
valproate sod 500 mg/5 ml v ^l 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 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	4	PA,QL (540 per 30 days)
vigabatrin 500 mg powder pack ^t SP	5	PA,QL (180 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	4	PA
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SP	5	PA
VOLTAREN 1 % TOPICAL GEL MO	4	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE 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)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE MO	3	QL (60 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION SP	5	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule MO	3	QL (30 per 30 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 tart er 12.5 mg, 6.25 mg tab MO	4	QL (30 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet MO	2	QL (30 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg capsule MO	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION SP	5	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION SP	5	QL (1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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 MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 32 UNITS MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G 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 SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; 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 U-500 1/2 ML 31 GAUGE X 15/64" 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 SYR 1 ML 29GX1/2"; 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 SYR 1 ML 29GX1/2" MO	1	
BD INSULIN SYR 0.3 ML 28GX1/2"; 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 INSULIN SYR 0.3 ML 29GX1/2"; 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 INSULIN SYR 0.5 ML 29GX1/2"; 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 MICRO PEN NEEDLE 32 GAUGE X 1/4" 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	
CARETOUCH INSULIN SYRINGE 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	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	

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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 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 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	
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	
INSULIN SYR 0.3ML 31GX1/4(1/2) 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	
BD INSULIN U100-3/10 ML SYR; 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	
BD INSULIN SYR 0.5 ML 29GX1/2" MO	1	
BD INSULIN SYR 1 ML 25GX5/8"; 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 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4; INSULIN SYRINGE 1 ML 31GX5/16"; KMART VALU PLUS SYR 1/2 ML; 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 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; 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 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 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"; 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	
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	

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NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM MO	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; 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	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" 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	
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	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 SYR 0.3 ML 29GX1/2"; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRINGE 1 ML 29GX1/2" MO	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MO	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" MO	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 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	
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP	5	PA
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
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
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
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION SP	5	
AURYXIA 210 MG IRON TABLET MO	4	QL (360 per 30 days)
bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet MO	2	
calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<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 GB,MO	4	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,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 GB,MO	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,MO	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION GB,MO	4	B vs D
<i>clinisol sf 15 % intravenous solution</i> MO	4	B vs D
<i>constulose 10 gram/15 ml oral solution</i> MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 iv soln 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 GB,MO	4	
dextrose 5%-electrolyte 48 MO	2	
enulose 10 gram/15 ml oral solution MO	2	
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, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 100 mg/10 ml syringe; 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	
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	
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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISOLYTE-S INTRAVENOUS SOLUTION MO	4	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE MO	4	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	4	B vs D
kionex oral powder MO	3	
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	
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 GB,MO	4	
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	3	
metolazone 10 mg, 2.5 mg, 5 mg tablet MO	2	
nebusal 3 % solution for nebulization MO	2	B vs D
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	4	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	4	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
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	2	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	4	
potassium acet 100 meq/50 ml MO	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl MO	2	
potassium cl 10 meq/100 ml sol	1	
potassium cl 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol; potassium cl 20 meq/10 ml conc MO	1	
potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml MO	4	
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	
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	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	2	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 ORAL POWDER PACKET; REVELA 800 MG TABLET MO	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 40 meq/20 ml vl MO	1	
sod phenylacet-sod benzoate vl SP	5	
sodium bicarb 4.2% abbjct; sodium bicarb 4.2% vial; sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject; sodium bicarb 8.4% 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	
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 MO	2	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION GB,MO	4	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp MO	2	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	4	B vs D
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET MO	4	PA,QL (30 per 30 days)
sterile water for irrigation MO	2	
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION SP	5	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELELYSO 200 UNIT INTRAVENOUS SOLUTION SP	5	PA,QL (70 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION SP	5	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION SP	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION SP	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION SP	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 SP	5	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazol hc ear drops MO	4	
acetazolamide 125 mg, 250 mg tablet MO	3	
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	
ALPHAGAN P 0.1 %, 0.15 % EYE DROPS MO	3	
apraclonidine hcl 0.5% drops MO	4	
atropine 1% eye drops 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	4	
bacitracin-polymyxin eye oint MO	2	
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 GB,MO	4	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp MO	3	
carteolol hcl 1% eye drops MO	2	
chlorhexidine 0.12% rinse MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GB,MO	4	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	
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	
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)
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	
latanoprost 0.005% eye drops MO	2	QL (5 per 25 days)
levobunolol 0.5% eye drops MO	2	
levofloxacin 0.5% eye drops MO	3	
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)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION GB,MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methazolamide 25 mg, 50 mg tablet MO	4	
metipranolol 0.3% eye drops MO	2	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION MO	4	
moxifloxacin 0.5% eye drops MO	4	
naphazoline 0.1% eye drops MO	1	
NATACYN 5 % EYE DROPS,SUSPENSION MO	4	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	3	
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	3	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop MO	2	
neomyc-polym-gramicid eye drop MO	3	
neomycin-poly-hc eye drops MO	4	
neomycin-polymyxin-hc ear soln MO	3	
neomycin-polymyxin-hc ear susp MO	2	
neosporin eye drops MO	2	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	4	ST
ofloxacin 0.3% ear drops MO	3	
ofloxacin 0.3% eye drops MO	2	
olopatadine hcl 0.1% eye drops MO	4	ST
PATADAY 0.2 % EYE DROPS MO	4	
PATANOL 0.1 % EYE DROPS MO	4	ST
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 GB,MO	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT GB,MO	4	
prednisolone ac 1% eye drop MO	4	
prednisolone sod 1% eye drop MO	3	
proparacaine 0.5% eye drops MO	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	3	QL (5.5 per 25 days)
sulfacetamide 10% eye drops MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfacetamide 10% eye ointment MO	3	
sulf-pred 10-0.23% eye drops MO	2	
timolol 0.25% gel-solution; timolol 0.5% gel-solution MO	3	
timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops MO	1	
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	2	
VEXOL 1% EYE DROPS GB,MO	4	
VIGAMOX 0.5 % EYE DROPS MO	4	
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
GASTROINTESTINAL DRUGS		
alosetron hcl 0.5 mg, 1 mg tablet SP	5	QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	3	QL (60 per 30 days)
aprepitant 125 mg, 40 mg capsule MO	4	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack MO	4	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule MO	4	B vs D,QL (4 per 28 days)
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 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	4	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial MO	4	
diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025 MO	4	
dronabinol 10 mg, 2.5 mg, 5 mg capsule MO	4	B vs D,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 80 MG CAPSULE MO	4	B vs D,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION MO	4	PA
esomeprazole mag dr 20 mg cap MO	3	QL (30 per 1 days)
esomeprazole mag dr 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	4	
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, 72 MCG CAPSULE MO	3	QL (30 per 30 days)
loperamide 2 mg capsule MO	2	
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	
NEXIUM PACKET 2.5 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	4	QL (30 per 30 days)
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln 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	4	
prochlorperazine 10 mg/2 ml vl MO	4	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet MO	2	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 MO	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	4	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	4	QL (4 per 30 days)
scopolamine 1 mg/3 day patch MO	4	QL (10 per 30 days)
sucralfate 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	B vs D
ursodiol 250 mg, 500 mg tablet 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 UNIT-34,000 UNIT-55,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-51,000 UNIT-82,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000-63,000-84,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-85,000 UNIT-136,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-16,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000-126,000-168,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-27,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP DR 20,000 UNIT CAPSULE; ZENPEP DR 40,000 UNIT CAPSULE MO	4	
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE SP	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 GB,MO	4	
CUPRIMINE 250 MG CAPSULE SP	5	
<i>deferoxamine 2 gram, 500 mg vial</i> MO	4	
DEPEN TITRATABS 250 MG TABLET SP	5	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET SP	5	PA
SYPRINE 250 MG CAPSULE SP	5	
HORMONES AND SYNTHETIC SUBSTITUTES		
<i>a-hydrocort 100 mg solution for injection</i> MO	1	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> MO	3	
ALORA 0.025 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	4	QL (8 per 28 days)
ALORA 0.05 MG/24 HR TRANSDERMAL PATCH GB,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	4	
<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 SP	5	
<i>anastrozole 1 mg tablet</i> MO	1	QL (30 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (37.5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (150 per 30 days)
androxy 10 mg tablet 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)
aviane 0.1 mg-20 mcg tablet MO	4	
AYGESTIN 5 MG TABLET GB,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 GB,MO	4	
briellyn 0.4 mg-35 mcg tablet MO	4	
budesonide ec 3 mg capsule MO	4	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION; BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR MO	4	QL (3.4 per 28 days)
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	QL (3.7 per 28 days)
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	
chateal 0.15 mg-0.03 mg tablet MO	4	
chorionic gonad 10,000 unit vl	4	PA
cortisone 25 mg tablet MO	4	
cryselle (28) 0.3 mg-30 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GB,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	
delyla (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	4	
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION GB,MO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE GB,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 28 DAY TABLET GB,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	
drosiprone-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)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (30 per 30 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE	4	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE	4	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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	3	
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET 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 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day MO	4	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt MO	4	
estradiol valerate 20 mg/ml, 40 mg/ml vl MO	4	
estradiol-noreth 0.5-0.1 mg tb MO	3	
estradiol-noreth 1-0.5 mg tab MO	4	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING 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	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg MO	4	
exemestane 25 mg tablet MO	4	QL (60 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet MO	4	
FARESTON 60 MG TABLET SP	5	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack MO	4	QL (91 per 90 days)
FEMCON FE CHEWABLE TABLET GB,MO	4	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL GB,MO	4	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet MO	4	
FIASP 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
FIASP FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION SP	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION	4	PA
fludrocortisone 0.1 mg tablet MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	4	ST,QL (2.4 per 28 days)
FORTICAL 200 UNITS NASAL SPRAY MO	4	QL (3.7 per 28 days)
gianvi (28) 3 mg-20 mcg tablet MO	4	
gildagia 0.4 mg-35 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gildess 1.5 mg-30 mcg tablet</i> MO	4	
<i>gildess 1 mg-20 mcg tablet</i> MO	4	
<i>gildess 24 fe 1-0.02 mg tablet</i> MO	4	
<i>gildess fe 1.5-30 tablet</i> MO	4	
<i>gildess fe 1-20 tablet</i> MO	4	
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> MO	1	
<i>glipizide 10 mg, 5 mg tablet</i> MO	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg tablet</i> MO	2	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> MO	2	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	4	
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)
<i>glyburide 1.25 mg, 2.5 mg, 5 mg tablet</i> MO	2	
<i>glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet</i> MO	2	
<i>glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> MO	2	
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)
<i>heather 0.35 mg tablet</i> MO	4	
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS SP	5	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN SP	5	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> MO	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION SP	5	PA
<i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> MO	4	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL (30 per 30 days)
<i>isibloom 0.15 mg-0.03 mg tablet</i> MO	4	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
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	
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	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION 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; levonorg 0.15mg-ee 20-25-30mcg 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
larissia 0.1 mg-20 mcg tablet MO	4	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet GB,MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
leuprolide 2wk 14 mg/2.8 ml kt	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 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	
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 MO	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial MO	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET GB,MO	3	
lillow 0.15 mg-0.03 mg tablet MO	4	
liothyronine sod 10 mcg/ml vl; 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)
megestrol 20 mg, 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml MO	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	4	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH GB,MO	4	QL (8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	1	
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	1	QL (60 per 30 days)
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 MO	2	
methylprednisolone ss 1 gm vial; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg vial MO	4	
methyltestosterone 10 mg cap SP	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 TABLET MO	4	
mono-lyyah 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 (30 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 GB,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 tablet MO	4	
necon 1-50-28 tablet MO	4	
necon 10-11-28 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOR-Q-D TABLET GB,MO	4	
nora-be 0.35 mg tablet GB,MO	4	
noret-estr-fe 0.4-0.035(21)-75 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-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 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+50-28 TABLET GB,MO	4	
NORINYL 1-35 28 TABLET GB,MO	4	
norlyda 0.35 mg 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	
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 MICRONOR 0.35 MG TABLET GB,MO	4	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	4	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET GB,MO	4	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET GB,MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET GB,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 TABLET MO	4	
oxandrolone 10 mg tablet SP	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 20 mg/5 ml soln MO	4	
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 MO	1	B vs D
prednisone 5 mg/5 ml solution MO	3	B vs D
prednisone intensol 5 mg/ml oral concentrate MO	4	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET; PREMARIN 25 MG SOLUTION FOR INJECTION 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 GB,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 GB,MO	4	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	4	
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	3	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
SENSIPAR 30 MG TABLET MO	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET SP	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET SP	5	QL (120 per 30 days)
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	
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)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION GB,MO	4	
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 MO	3	
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; SOMAVERT 10 MG, 15 MG, 20 MG VIAL 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	
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)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
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 GB,MO	3	
<i>tamoxifen 10 mg, 20 mg tablet</i> MO	2	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml</i> MO	3	
<i>testosterone enan 200 mg/ml</i> MO	3	
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	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> MO	4	
<i>tolbutamide 500 mg tablet</i> 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	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> MO	4	
<i>tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET GB,MO	4	
<i>tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>triamcinolone 400 mg/10 ml vl</i> MO	4	
<i>trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> MO	4	
<i>trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> MO	4	
<i>trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet</i> 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	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet MO	4	
violele (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 TRANSDERMAL PATCH GB,MO	4	QL (8 per 28 days)
VIVELLE-DOT 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 GB,MO	4	
YAZ (28) 3 MG-20 MCG TABLET GB,MO	4	
yuvaferm 10 mcg vaginal tablet MO	4	
zarah 3 mg-0.03 mg tablet MO	4	
zenchent (28) 0.4 mg-35 mcg tablet MO	4	
zenchent fe tablet chewable 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)		
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	
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> MO	1	QL (4 per 28 days)
<i>allopurinol 100 mg, 300 mg tablet</i> MO	2	
<i>allopurinol sodium 500 mg vial</i> MO	4	
ALOPRIM 500 MG INTRAVENOUS SOLUTION GB,MO	4	
<i>amifostine 500 mg vial</i> SP	5	
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	QL (4 per 28 days)
ATGAM 50 MG/ML INTRAVENOUS SOLUTION GB,MO	4	PA
AVODART 0.5 MG CAPSULE MO	4	PA,QL (30 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT; AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT SP	5	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT SP	5	PA,QL (4 per 28 days)
<i>azathioprine 50 mg tablet</i> MO	2	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION SP	5	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR; BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION SP	5	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT SP	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION MO	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET SP	5	B vs D
CELLCEPT 250 MG CAPSULE MO	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION GB,MO	4	B vs D
CERDELGA 84 MG CAPSULE SP	5	PA,QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION SP	5	PA,QL (20 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)
<i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul</i> MO	4	B vs D
<i>cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg</i> MO	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP	5	
CYSTAGON 150 MG, 50 MG CAPSULE GB,MO	4	
DEMSEER 250 MG CAPSULE SP	5	
<i>dexrazoxane 250 mg, 500 mg vial</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>disulfiram 250 mg, 500 mg tablet</i> MO	4	
<i>dutasteride 0.5 mg capsule</i> MO	3	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> MO	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION 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 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE SP	5	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	5	PA,QL (7.84 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab</i> MO	4	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION SP	5	PA
<i>finasteride 5 mg tablet</i> MO	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (18 per 30 days)
<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>fluoritab 0.125 mg/drp drops; fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet</i> MO	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET MO	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> MO	1	
<i>gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution</i> 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 (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS SP	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT SP	5	PA,QL (6 per 28 days)
<i>ibandronate 3 mg/3 ml syringe; ibandronate 3 mg/3 ml vial</i> MO	4	PA,QL (3 per 90 days)
<i>ibandronate sodium 150 mg tab</i> 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 ORAL POWDER PACKET; KUVAN 100 MG SOLUBLE TABLET SP	5	PA
KUVAN 500 MG ORAL POWDER PACKET SP	5	PA
<i>leflunomide 10 mg, 20 mg tablet</i> MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial ^{MO}	2	
levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet ^{MO}	3	
levocarnitine 1 g/10 ml soln ^{MO}	3	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vial ^{SP}	5	PA
ludent fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet; ludent fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet; ludent fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet ^{MO}	1	
mesna 1 gram/10 ml vial ^{MO}	4	
MESNEX 400 MG TABLET ^{GB,MO}	4	
mycophenolate 200 mg/ml susp ^{MO}	4	B vs D
mycophenolate 250 mg capsule; mycophenolate 500 mg tablet ^{MO}	3	B vs D
mycophenolate 500 mg vial ^{MO}	4	B vs D
mycophenolic acid dr 180 mg, 360 mg tb ^{MO}	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE ^{MO}	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION ^{SP}	5	PA, QL (20 per 30 days)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr ^{MO}	4	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION ^{SP}	5	
pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 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	4	QL (1 per 180 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION ^{MO}	4	B vs D
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REMICADE 100 MG INTRAVENOUS SOLUTION SP	5	PA
<i>risedronate sod dr 35 mg, 35 mg tab; risedronate sodium 35 mg, 35 mg tab</i> MO	4	QL (4 per 28 days)
<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)
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	4	B vs D
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP	5	PA,QL (1 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION SP	5	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> MO	4	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> MO	4	B vs D
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 SP	5	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION GB,MO	3	B vs D
TYBOST 150 MG TABLET MO	4	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION SP	5	PA
ULORIC 40 MG, 80 MG TABLET MO	3	ST,QL (30 per 30 days)
XELJANZ 5 MG TABLET SP	5	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE SP	5	PA,QL (90 per 30 days)
<i>zoledronic acid 4 mg/100 ml</i>	4	PA,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> MO	4	PA
<i>zoledronic acid 4 mg/5 ml vial</i>	4	PA,QL (15 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i>	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		
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION MO	4	
<i>methergine 0.2 mg tablet</i> MO	4	
<i>methylergonovine 0.2 mg tablet; methylergonovine 0.2 mg/ml amp</i> 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GAUZE PADS 2"X2" MO	1	
GAUZE PAD 2" X 2" BANDAGE MO	1	
GAUZE PADS, STERILE 2"X2" MO	1	
RESPIRATORY TRACT AGENTS		
acetylcysteine 10% vial; acetylcysteine 20% vial MO	3	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET 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	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	3	QL (12 per 30 days)
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION SP	5	PA
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp MO	4	B vs D
cromolyn 100 mg/5 ml oral conc MO	4	
cromolyn 20 mg/2 ml neb soln MO	3	B vs D
cromolyn 4% eye drops MO	2	
DALIRESP 500 MCG TABLET MO	3	QL (30 per 30 days)
epoprostenol sodium 0.5 mg, 1.5 mg vl SP	5	PA
ESBRIET 267 MG CAPSULE; ESBRIET 267 MG TABLET SP	5	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET SP	5	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (10.6 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION SP	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 TABLET SP	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	5	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet; montelukast sod 4 mg, 5 mg tab chew MO	2	QL (30 per 30 days)
montelukast sod 4 mg granules MO	4	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE SP	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPSUMIT 10 MG TABLET SP	5	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET SP	5	PA,QL (112 per 28 days)
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)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION SP	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET SP	5	PA,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION SP	5	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION SP	5	PA,QL (90 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION SP	5	PA,QL (6 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 GB,MO	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule SP	5	
acyclovir 5% ointment MO	4	PA
adapalene 0.1% gel MO	4	
ALA-CORT 1 % TOPICAL CREAM MO	2	
ala-cort 2.5 % topical cream MO	4	
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	
ammonium lactate 12% cream; ammonium lactate 12% lotion MO	2	
amnestem 10 mg, 20 mg, 40 mg capsule MO	4	
anusol-hc 2.5 % topical cream with perineal applicator 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 MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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% solution MO	4	QL (60 per 30 days)
CARAC 0.5 % TOPICAL CREAM MO	4	PA
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution MO	2	
ciclopirox 0.77% cream MO	2	
ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo MO	4	
ciclopirox 8% solution MO	3	
CLEOCIN 100 MG VAGINAL SUPPOSITORY; CLEOCIN 2 % VAGINAL CREAM MO	4	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin phosp 1% lotion MO	4	
clindamycin ph 1% solution; clindamycin phos 1% pledget MO	3	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	4	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution MO	4	
clobetasol emollient 0.05% crm MO	4	
clotrimazole 1% cream; clotrimazole 10 mg troche MO	2	
clotrimazole 1% solution MO	3	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	4	
colocort 100 mg/60 ml enema MO	3	
CONDYLOX 0.5 % TOPICAL GEL MO	4	
cormax 0.05 % scalp solution 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 (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS SP	5	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS SP	5	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS SP	5	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS MO	1	
DENAVIR 1 % TOPICAL CREAM MO	4	PA
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	
diclofenac sodium 3% gel MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	4	
ELIDEL 1 % TOPICAL CREAM MO	4	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	4	QL (120 per 30 days)
ery pads 2 % topical swab MO	3	
erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution MO	3	
erythromycin-benzoyl gel MO	4	
fluocinolone 0.01% body oil; fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment MO	4	
fluocinolone 0.01% scalp oil MO	4	
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	4	
fluocinonide-e 0.05% cream MO	4	
fluorouracil 0.5% cream; fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% topical soln MO	4	
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream MO	2	
gentamicin 0.1% cream; gentamicin 0.1% ointment MO	3	
gynazole-1 2 % vaginal cream MO	4	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt 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	
hydrocortisone 2.5% cream MO	4	
hydrocort buty 0.1% lipo cream MO	4	
hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln MO	4	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt MO	4	
hydrocortisone 1% absorbbase MO	2	
imiquimod 5% cream packet MO	4	QL (12 per 30 days)
INCONTROL ALCOHOL PADS MO	1	
IV PREP WIPES MEDICATED MO	1	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION SP	5	
ketoconazole 2% cream; ketoconazole 2% shampoo MO	2	
LEVULAN 20 % TOPICAL SOLUTION MO	4	
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GB,MO	4	
methoxsalen 10 mg softgel SP	5	
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel MO	4	
metronidazole vaginal 0.75% gl MO	3	
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	
neomy-polymyxin b 40 mg/ml amp MO	3	
NIZORAL 2 % SHAMPOO GB,MO	4	
nyamyc 100,000 unit/gram topical powder MO	2	
nyata 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	
nystop 100,000 unit/gram topical powder MO	2	
oralone 0.1 % dental paste MO	3	
PANRETIN 0.1 % TOPICAL GEL SP	5	
permethrin 5% cream MO	3	
PICATO 0.015 % TOPICAL GEL MO	4	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	4	QL (2 per 30 days)
podofilox 0.5% topical soln MO	4	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment MO	4	
PRO COMFORT ALCOHOL PADS MO	1	
procto-med hc 2.5 % topical cream perineal applicator MO	4	
procto-pak 1 % topical cream perineal applicator MO	2	
proctosol hc 2.5 % topical cream perineal applicator MO	4	
proctozone-hc 2.5 % topical cream perineal applicator MO	4	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL SP	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	4	
selenium sulfide 2.5% lotion MO	2	
SILVADENE 1 % TOPICAL CREAM MO	2	
silver sulfadiazine 1% cream MO	2	
SOLARAZE 3 % TOPICAL GEL MO	4	PA
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE SP	5	
SSD 1 % TOPICAL CREAM MO	2	
sulfacetamide sod 10% top susp MO	3	
SULFAMYLON 50 GRAM TOPICAL PACKET; SULFAMYLON 85 MG/G TOPICAL CREAM GB,MO	4	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	3	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment MO	4	
TARGRETIN 1 % TOPICAL GEL SP	5	PA
tazarotene 0.1% cream MO	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	4	PA
terconazole 0.4% cream; terconazole 0.8% cream MO	2	
terconazole 80 mg suppository MO	3	
THERMAZENE 1% 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	4	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	
triderm 0.1 %, 0.5 % topical cream MO	2	
u-cort 1% cream MO	2	
ULTILET ALCOHOL SWAB MO	1	
UVADEX 20 MCG/ML INJECTION SOLUTION GB,MO	4	
VALCHLOR 0.016 % TOPICAL GEL SP	5	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT SP	5	
WEBCOL TOPICAL PADS MO	1	
zenatane 10 mg, 20 mg, 30 mg, 40 mg capsule MO	4	
ZOVIRAX 5 % TOPICAL CREAM SP	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 v _l MO	2	
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	4	
flavoxate hcl 100 mg tablet MO	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	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, 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	
tolterodine tart er 2 mg, 4 mg cap MO	3	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 iron-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	4	
complete natal dha 29 mg-1 mg-250 mg oral pack MO	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	4	
CONCEPT OB 85 MG-1 MG CAPSULE MO	4	
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule; doxercalciferol 4 mcg/2 ml v _l MO	4	
folivane-ob 85 mg-1 mg capsule 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	2	
multivitamin with fluoride 0.5 mg chewable tablet MO	2	
multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet MO	2	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	4	
paricalcitol 1 mcg, 2 mcg, 4 mcg capsule MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial MO	3	
prn 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 iron-1 mg-430 mg oral pack MO	4	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release 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 TABLET MO	4	
relnate dha 28 mg iron-1 mg-200 mg capsule MO	4	
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE; ROCALTROL 1 MCG/ML ORAL SOLUTION 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	
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	
thrivite-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 nf 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-nate dha 28 mg iron-1 mg-200 mg capsule MO	4	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule MO	4	
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION MO	3	

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Discrimination is Against the Law

CHA HMO, INC., HUMANA MEDICAL PLAN, INC, HUMANA HEALTH PLAN, INC., HUMANA BENEFIT PLAN OF ILLINOIS, INC., HUMANA INSURANCE COMPANY, HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC., HUMANA INSURANCE OF PUERTO RICO, INC., HUMANA MEDICAL PLAN OF UTAH, INC., HUMANA HEALTH COMPANY OF NEW YORK, INC., HUMANA HEALTH PLANS OF PUERTO RICO, INC., HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC., HUMANA REGIONAL HEALTH PLAN, INC. CARITEN HEALTH PLAN INC., HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC., ARCADIAN HEALTH PLAN, INC., HUMANA INSURANCE COMPANY OF NEW YORK, HUMANA WI HEALTH ORGANIZATION INSURANCE CORP, HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC., HUMANA MEDICAL PLAN OF MICHIGAN, INC. ("Humana") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that Humana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-281-6918 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-281-6918 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-281-6918 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-281-6918 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-281-6918 (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 1-800-281-6918 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-281-6918 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-281-6918 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-281-6918 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-281-6918 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-281-6918 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-281-6918 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-281-6918 (TTY: 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。1-800-281-6918 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-281-6918 (رقم هاتف الصم والبكم: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-281-6918 (TTY: 711) पर कॉल करें।

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ, Զանգահարեք 1-800-281-6918 (TTY (հեռատիպ)՝ 711):

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-281-6918 (TTY: 711).

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-281-6918 (TTY: 711).

وُڊُرَا (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-281-6918 (TTY: 711)۔

ខ្មែរ (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-281-6918 (TTY: 711)។

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-281-6918 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

বাংলা (Bengali): লক্ষ্য করুন: যদি আপন বাংলা, কথা বলতে পারেন, তাহলে নথিখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন 1-800-281-6918 (TTY: 711)।

אידיש (Yiddish):

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-281-6918 (TTY: 711).

አማርኛ (Amharic): ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚስተለው ቁጥር ይደውሉ 1-800-281-6918 (መስማት ለተሳናቸው: 711)፡

ภาษาไทย (Thai): เรื่อยน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-281-6918 (TTY: 711).

Oroomiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-281-6918 (TTY: 711).

Ilokano (Ilocano): PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-281-6918 (TTY: 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-281-6918 (TTY: 711).

Shqip (Albanian): KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjjuhësore, pa pagesë. Telefononi në 1-800-281-6918 (TTY: 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-281-6918 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-281-6918 (телетайп: 711).

नेपाली (Nepali): ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-281-6918 (टिपिवाइ: 711) ।

Nederlands (Dutch): AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-281-6918 (TTY: 711).

Gagana fa'a Sāmoa (Samoan): MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-281-6918 (TTY: 711).

Kajin Majōl (Marshallese): LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jērbal in jipañ ilo kajin ñe aṃ ejjeļok wōṇāān. Kaalok 1-800-281-6918 (TTY: 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-281-6918 (TTY: 711).

Foosun Chuuk (Trukese): MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-800-281-6918 (TTY: 711).

Tonga (Tongan): FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-281-6918 (TTY: 711).

Bisaya (Bisayan): ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-800-281-6918 (TTY: 711).

Ikirundi (Bantu – Kirundi): ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-281-6918 (TTY: 711).

Kiswahili (Swahili): KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-281-6918 (TTY: 711).

Bahasa Indonesia (Indonesian): PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-281-6918 (TTY: 711).

Türkçe (Turkish): DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-281-6918 (TTY: 711) irtibat numaralarını arayın.

ی‌دروک (Kurdish):

ئاگاداری: ئه‌گەر به زمانی کوردی قهسه ده کهیت، خزمه‌تگوزاریه‌کانی یارمه‌تی زمان، به‌خۆپایی، بۆ تۆ به‌رده‌سته. په‌یوه‌ندی به 1-800-281-6918 (TTY 711) بکه.

తెలుగు (Teluga): శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-281-6918 (TTY: 711) కు కాల్ చేయండి.

Thuoŋjaŋ (Nilotic – Dinka): PIN KENE: Na ye jam në Thuoŋjaŋ, ke kuony yenë kɔc waar thook atō kuka lëu yök abac ke cīn wēnh cuatē piny. Yuɔpë 1-800-281-6918 (TTY: 711).

Norsk (Norwegian): MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-800-281-6918 (TTY: 711).

Català (Catalan): ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-800-281-6918 (TTY o teletip: 711).

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-281-6918 (TTY: 711).

Igbo asusu (Ibo): Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-281-6918 (TTY: 711).

èdè Yorùbá (Yoruba): AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-281-6918 (TTY: 711).

Lokaiahn Pohnpei (Pohnpeian): Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie Lokaiahn Pohnpei komw kalangan oh ntingidieng ni lokaiahn Pohnpei.
Call 1-800-281-6918 (TTY: 711).

Deitsch (Pennsylvania Dutch): Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-281-6918 (TTY: 711).

ho'okomo 'ōlelo (Hawaiian): E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo ho'okomo 'ōlelo, loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1-800-281-6918 (TTY: 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-281-6918 (TTY: 711).

tsalagi gawonihisdi (Cherokee): Hagsesda: iyuhno hyiwoniha tsalagi gawonihisdi. Call 1-800-281-6918 (TTY: 711).

I linguahén Chamoru (Chamorro): ATENSIÓN: Yanggen un tungó I linguahén Chamoru, i setbision linguahé gaige para hagu dibatde ha. Agang I 1-800-281-6918 (TTY: 711).

ܐܕܕܝܐ (Assyrian):

1-800-281-6918 (TTY: 711)

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódííłnih **1-800-281-6918 (TTY: 711)**

ᐃàᑖᑖ-wùdù-po-nyᑖ (Bassa): Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̃ [ᐃàᑖᑖ-wùdù-po-nyᑖ]
jũ ní, níí, à wudu kà kò dò po-poᑖ bé ìn m̃ gbo kpáa. ᐃá 1-800-281-6918 (TTY: 711)

Chahta (Choctaw): ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-800-281-6918 (TTY: 711).

မြန်မာစာ (Burmese): သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-281-6918 (TTY: 711) သို့ ခေါ်ဆိုပါ။

unD (Karen):

ဟ်သ့ဟ်သး- နမ့ၣ်ကတိၤ ကညီ ကျိၣ်အသိၤ, နမ့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢကၢၣ်လၢကၢၣ်စ့ၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး
1-800-281-6918 (TTY: 711)

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-281-6918 (رقم هاتف الصم والبكم: 711).

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

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This formulary was updated on 12/26/2017. For more recent information or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the 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 stand-alone prescription drug plan 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, premiums and/or co-payments/co-insurance may change on January 1 of 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 **1-800-281-6918 (TTY: 711)**.

Esta información está disponible sin costo en otros idiomas. Llame a nuestro departamento de Servicio al Cliente al **1-800-281-6918 (TTY: 711)**.

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