

2017

# Prescription Drug Guide

## Humana Formulary

List of covered drugs

Humana Gold Choice H8145-021  
(PFFS)

East  
Select Counties in Kentucky and West  
Virginia



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 1-800-457-4708 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](http://Humana.com).

**Humana**<sup>®</sup>



# 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](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

For help and information, call Humana Customer Care at **1-800-457-4708 (TTY: 711)**. You can call 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 106. 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 **1-800-457-4708 (TTY: 711)**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. You can also visit **[www.medicare.gov](https://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 106.

### How to read your formulary

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

**HI** - Home Infusion drugs that are covered in the gap

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

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

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

The third column shows the Utilization Management Requirements for the drug. Humana may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your 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
<b>ANTI-INFECTIVE AGENTS</b>		
abacavir 20 mg/ml solution <b>MO</b>	4	QL (960 per 30 days)
abacavir 300 mg tablet <b>MO</b>	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg <b>SP</b>	5	QL (30 per 30 days)
abacavir-lamivudine-zidov tab <b>SP</b>	5	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <b>SP</b>	5	B vs D
acyclovir 200 mg capsule; acyclovir 400 mg, 800 mg tablet <b>MO</b>	2	
acyclovir 200 mg/5 ml susp <b>MO</b>	4	
acyclovir 1,000 mg/20 ml vial <b>HI,MO</b>	4	B vs D
acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 500 mg vial <b>MO</b>	4	B vs D
adefovir dipivoxil 10 mg tab <b>SP</b>	5	
ALBENZA 200 MG TABLET <b>SP</b>	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>MO</b>	4	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION <b>MO</b>	4	B vs D
amikacin sulf 1 gram/4 ml vial <b>HI,MO</b>	4	
amikacin sulf 500 mg/2 ml vial <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	2	
amox-clav er 1,000-62.5 mg tab <b>MO</b>	4	
amphotericin b 50 mg vial <b>MO</b>	4	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule <b>MO</b>	2	
ampicillin 1 gm add-vantage vl; ampicillin 1 gram, 2 gram, 2 gram, 250 mg, 500 mg vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial <b>MO</b>	4	
ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg vial; ampicillin 10 gm vial <b>HI,MO</b>	4	
ampicillin-sulbactam 1.5 gm vl <b>MO</b>	4	
ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>HI,MO</b>	4	
APTIVUS 100 MG/ML ORAL SOLUTION <b>SP</b>	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>SP</b>	5	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp <b>SP</b>	5	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 <b>MO</b>	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
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET <b>MO</b>	4	PA
AVELOX 400 MG TABLET <b>MO</b>	4	PA
AVELOX ABC PACK 400 MG TAB <b>MO</b>	4	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE (ISO-OSM) INTRAVENOUS PIGGYBACK <b>HI,MO</b>	4	
azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp <b>MO</b>	3	
azithromycin 250 mg, 500 mg, 600 mg tablet <b>MO</b>	2	
azithromycin i.v. 500 mg vial <b>HI,MO</b>	2	
aztreonam 1 gm vial <b>HI,MO</b>	4	
aztreonam 2 gm vial <b>SP</b>	5	
baciiim 50,000 unit intramuscular solution <b>MO</b>	4	
bacitracin 50,000 unit vial <b>MO</b>	2	
BARACLUE 0.05 MG/ML ORAL SOLUTION <b>SP</b>	5	QL (630 per 30 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>SP</b>	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 <b>HI,MO</b>	2	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BILTRICIDE 600 MG TABLET <b>MO</b>	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION <b>HI,SP</b>	5	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <b>MO</b>	4	
caspofungin acetate 50 mg, 70 mg vial <b>SP</b>	5	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <b>SP</b>	5	PA,QL (84 per 28 days)
ceftazidime 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; ceftazidime 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen; ceftazidime er 500 mg tablet <b>MO</b>	4	
ceftazidime 250 mg, 500 mg capsule <b>MO</b>	3	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp <b>MO</b>	3	
cefadroxil 500 mg capsule <b>MO</b>	2	
cefazolin 1 gm add-van vial; cefazolin 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial <b>MO</b>	3	
cefazolin 1 gm vial <b>HI,MO</b>	3	
cefazolin 1 g/50 ml-dextrose <b>HI,MO</b>	3	
cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose <b>MO</b>	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	3	
cefdinir 300 mg capsule <b>MO</b>	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <b>HI,MO</b>	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <b>MO</b>	4	
cefepime 1 gm injection; cefepime 2 gm injection <b>MO</b>	4	
cefotaxime sodium 1 gm vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial <b>HI,MO</b>	2	
cefotaxime sodium 500 mg vial <b>MO</b>	2	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <b>MO</b>	4	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <b>MO</b>	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <b>MO</b>	4	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <b>MO</b>	4	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp <b>MO</b>	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	4	
cefprozil 250 mg, 500 mg tablet <b>MO</b>	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <b>HI,MO</b>	4	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <b>MO</b>	4	
ceftibuten 180 mg/5 ml susp; ceftibuten 400 mg capsule <b>MO</b>	4	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm vial <b>MO</b>	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 2 gram, 500 mg vial; ceftriaxone 2 gm add vial <b>HI,MO</b>	3	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag <b>MO</b>	3	
cefuroxime axetil 250 mg, 500 mg tab <b>MO</b>	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <b>HI,MO</b>	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg capsule; cephalexin 250 mg, 500 mg tablet <b>MO</b>	2	
cephalexin 750 mg capsule <b>MO</b>	4	
chloramphen na succ 1 gm vl <b>HI,MO</b>	3	
chloroquine ph 250 mg, 500 mg tablet <b>MO</b>	2	
cidofovir 375 mg/5 ml vial	4	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet <b>MO</b>	3	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab <b>MO</b>	1	
ciprofloxacin-d5w 200 mg/100 ml <b>HI,MO</b>	2	
ciprofloxacin-d5w 400 mg/200 ml <b>MO</b>	2	
ciprofloxacin 200 mg/20 ml vl <b>MO</b>	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus <b>MO</b>	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
clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab <sup>MO</sup>	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule <sup>MO</sup>	2	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns <sup>MO</sup>	4	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml <sup>HI,MO</sup>	4	
clindamycin 75 mg/5 ml soln <sup>MO</sup>	4	
clindamycin pediatric 75 mg/5 ml oral solution <sup>MO</sup>	4	
clindamycin 150 mg/ml, 300 mg/2 ml, 900 mg/6 ml addvan; clindamycin ph 900 mg/6 ml vl <sup>MO</sup>	3	
clindamycin 600 mg/4 ml addvan <sup>HI,MO</sup>	3	
COARTEM 20 MG-120 MG TABLET <sup>MO</sup>	4	QL (24 per 30 days)
colistimethate 150 mg vial <sup>MO</sup>	4	
COMPLERA 200 MG-25 MG-300 MG TABLET <sup>SP</sup>	5	QL (30 per 30 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
CRIXIVAN 200 MG CAPSULE <sup>MO</sup>	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <sup>MO</sup>	4	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION <sup>HI,SP</sup>	5	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	
cycloserine 250 mg capsule <sup>MO</sup>	4	
DAKLINZA 30 MG, 60 MG, 90 MG TABLET <sup>SP</sup>	5	PA,QL (28 per 28 days)
dapsone 100 mg, 25 mg tablet <sup>MO</sup>	3	
daptomycin 500 mg vial <sup>SP</sup>	5	
DARAPRIM 25 MG TABLET <sup>SP</sup>	5	
demeclocycline 150 mg, 300 mg tablet <sup>MO</sup>	4	
DESCOVY 200 MG-25 MG TABLET <sup>SP</sup>	5	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule <sup>MO</sup>	2	
didanosine dr 125 mg capsule <sup>MO</sup>	4	QL (90 per 30 days)
didanosine dr 200 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule <sup>MO</sup>	4	QL (30 per 30 days)
DIFICID 200 MG TABLET <sup>SP</sup>	5	ST,QL (20 per 10 days)
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
doripenem 250 mg, 500 mg vial <sup>MO</sup>	4	
doxy-100 100 mg intravenous solution <sup>MO</sup>	4	
doxycycline hyc 100 mg vial <sup>HI,MO</sup>	4	
doxycycline hyclate 100 mg tab; doxycycline hyclate 100 mg, 50 mg cap <sup>MO</sup>	3	
doxycycline 25 mg/5 ml susp; doxycycline mono 150 mg cap <sup>MO</sup>	4	
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet <sup>MO</sup>	3	
doxycycline mono 100 mg, 50 mg cap <sup>MO</sup>	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline mono 75 mg capsule <b>MO</b>	4	QL (60 per 30 days)
EDURANT 25 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	4	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg tablet <b>SP</b>	5	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET <b>SP</b>	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 <b>SP</b>	5	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION <b>HI,MO</b>	4	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>HI,MO</b>	1	
erythromycin 250 mg, 500 mg filmtab <b>MO</b>	4	
ethambutol hcl 100 mg, 400 mg tablet <b>MO</b>	4	
EVOTAZ 300 MG-150 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet <b>MO</b>	3	QL (90 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet <b>MO</b>	2	
fluconazole-dext 200 mg/100 ml <b>MO</b>	2	
fluconazole-dext 400 mg/200 ml <b>HI,MO</b>	2	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	2	
flucytosine 250 mg, 500 mg capsule <b>SP</b>	5	
fosamprenavir 700 mg tablet <b>SP</b>	5	QL (120 per 30 days)
foscarnet 24 mg/ml infus bttl <b>MO</b>	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	QL (60 per 30 days)
ganciclovir 500 mg vial <b>HI,MO</b>	3	B vs D
gentamicin 20 mg/2 ml vial <b>MO</b>	2	
gentamicin 80 mg/2 ml vial <b>HI,MO</b>	2	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml <b>HI,MO</b>	3	
iso gentamicin 100 mg/50 ml, 120 mg/100 ml; isoton gentamicin 100 mg/50 ml, 120 mg/100 ml <b>MO</b>	3	
gentamicin ped 20 mg/2 ml vial <b>MO</b>	2	
gentamicin 10 mg/ml vial <b>MO</b>	2	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
griseofulvin 125 mg/5 ml susp; griseofulvin micro 500 mg tab <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>griseofulvin ultra 125 mg, 250 mg tab</i> <b>MO</b>	4	
HARVONI 90 MG-400 MG TABLET <b>SP</b>	5	PA,QL (28 per 28 days)
<i>hydroxychloroquine 200 mg tab</i> <b>MO</b>	2	
<i>imipenem-cilastatin 250 mg vial</i> <b>HI,MO</b>	4	
<i>imipenem-cilastatin 500 mg vial</i> <b>HI,MO</b>	3	
INTELENCE 100 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	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 <b>SP</b>	5	PA
INVANZ 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	
INVANZ 1 GRAM SOLUTION FOR INJECTION <b>HI,MO</b>	4	
INVIRASE 200 MG CAPSULE <b>SP</b>	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>SP</b>	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>MO</b>	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MO</b>	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
<i>isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml vial</i> <b>MO</b>	1	
<i>isoniazid 50 mg/5 ml solution</i> <b>MO</b>	4	
<i>itraconazole 100 mg capsule</i> <b>MO</b>	4	QL (120 per 30 days)
<i>ivermectin 3 mg tablet</i> <b>MO</b>	3	
JULUCA 50 MG-25 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>MO</b>	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>SP</b>	5	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION <b>SP</b>	5	
KETEK 300 MG, 400 MG TABLET <b>MO</b>	4	
<i>ketoconazole 200 mg tablet</i> <b>MO</b>	2	
<i>lamivudine 10 mg/ml oral soln</i> <b>MO</b>	4	QL (960 per 30 days)
<i>lamivudine 150 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> <b>MO</b>	4	
<i>lamivudine-zidovudine tablet</i> <b>MO</b>	4	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 25 mg/ml solution <b>MO</b>	3	
levofloxacin 250 mg, 500 mg, 750 mg tablet <b>MO</b>	2	
levofloxacin 500 mg/20 ml vial <b>HI,MO</b>	4	
levofloxacin 250 mg/50 ml, 750 mg/150 ml-d5w <b>MO</b>	4	
levofloxacin 500 mg/100 ml-d5w <b>HI,MO</b>	4	
LEXIVA 50 MG/ML ORAL SUSPENSION <b>MO</b>	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION <b>HI,MO</b>	3	
lincomycin hcl 600 mg/2 ml vl <b>MO</b>	4	
linezolid 100 mg/5 ml susp; linezolid 600 mg tablet <b>SP</b>	5	
linezolid 600 mg/300 ml iv sol <b>HI,SP</b>	5	
linezolid-0.9% nacl 600 mg/300 <b>HI,SP</b>	5	
lopinavir-ritonavir 80-20mg/ml <b>SP</b>	5	
mefloquine hcl 250 mg tablet <b>MO</b>	3	
meropenem iv 1 gm vial <b>MO</b>	4	
meropenem iv 500 mg vial <b>HI,MO</b>	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 <b>MO</b>	4	
methenamine hipp 1 gm tablet <b>MO</b>	4	
metronidazole 250 mg, 500 mg tablet <b>MO</b>	2	
metronidazole 375 mg capsule <b>MO</b>	4	
metronidazole 500 mg/100 ml <b>HI,MO</b>	4	
minocycline 100 mg, 50 mg, 75 mg capsule <b>MO</b>	2	
minocycline hcl 100 mg, 50 mg, 75 mg tablet <b>MO</b>	3	
MONUROL 3 GRAM ORAL PACKET <b>MO</b>	4	
moxifloxacin hcl 400 mg tablet <b>MO</b>	4	
moxifloxacin 400 mg/250 ml bag <b>MO</b>	4	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION <b>SP</b>	5	
nafcillin 1 gm add-van vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial <b>SP</b>	5	
nafcillin 1 gm vial <b>HI,MO</b>	4	
nafcillin 10 gm vial <b>HI,SP</b>	5	
nafcillin 1 gm/ 50 ml inj <b>HI,MO</b>	4	
nafcillin 2 gm/ 100 ml inj <b>SP</b>	5	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MO</b>	4	B vs D
neomycin 500 mg tablet <b>MO</b>	3	
nevirapine 200 mg tablet <b>MO</b>	2	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp <b>MO</b>	4	QL (1200 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nevirapine er 100 mg tablet <b>MO</b>	4	QL (120 per 30 days)
nevirapine er 400 mg tablet <b>MO</b>	4	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp <b>MO</b>	4	
nitrofurantoin mcr 100 mg, 50 mg cap <b>MO</b>	4	
nitrofurantoin mono-mcr 100 mg <b>MO</b>	4	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET <b>MO</b>	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE <b>SP</b>	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>SP</b>	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA
nystatin 100,000 unit/ml susp <b>MO</b>	2	
nystatin 500,000 unit oral tab <b>MO</b>	3	
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
ofloxacin 300 mg, 400 mg tablet <b>MO</b>	2	
okebo 100 mg capsule <b>MO</b>	2	QL (60 per 30 days)
okebo 75 mg capsule <b>MO</b>	4	QL (60 per 30 days)
oseltamivir 6 mg/ml suspension <b>MO</b>	4	QL (720 per 365 days)
oseltamivir phos 30 mg capsule <b>MO</b>	4	QL (112 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule <b>MO</b>	4	QL (56 per 365 days)
oxacillin 1 gm add-vantage v1; oxacillin 2 gm add-vantage v1; oxacillin 2 gm vial <b>MO</b>	4	
oxacillin 1 gm vial; oxacillin 10 gm vial <b>HI,MO</b>	4	
oxacillin 1 gm/ 50 ml inj <b>HI,MO</b>	4	
oxacillin 2 gm/ 50 ml inj <b>HI,SP</b>	5	
paramomycin 250 mg capsule <b>MO</b>	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	2	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (2 per 28 days)
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 <b>SP</b>	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG <b>SP</b>	5	PA,QL (4 per 28 days)
pen g k 1 million unit/50 ml <b>MO</b>	4	
pen g k 2 million unit/50 ml, 3 million unit/50 ml <b>HI,MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin g k 5 million unit <b>HI,MO</b>	4	
penicillin gk 20 million unit <b>MO</b>	4	
pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml <b>MO</b>	4	
penicillin g na 5 million unit <b>HI,MO</b>	4	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg, 500 mg tablet <b>MO</b>	2	
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	4	
pfizerpen-g 20 million unit, 5 million unit solution for injection <b>MO</b>	4	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl <b>MO</b>	4	
piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial <b>HI,MO</b>	4	
polymyxin b sulfite vial <b>HI,MO</b>	3	
PREZCOBIX 800 MG-150 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <b>SP</b>	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>MO</b>	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>MO</b>	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
PRIFTIN 150 MG TABLET <b>MO</b>	4	
primaquine 26.3 mg tablet <b>MO</b>	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	4	QL (144 per 30 days)
pyrazinamide 500 mg tablet <b>MO</b>	4	
quinine sulfate 324 mg capsule <b>MO</b>	4	PA,QL (42 per 7 days)
REBETOL 40 MG/ML ORAL SOLUTION	4	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>MO</b>	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>MO</b>	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
REYATAZ 150 MG, 200 MG CAPSULE <b>SP</b>	5	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE <b>SP</b>	5	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET <b>MO</b>	4	
ribasphere 200 mg capsule; ribasphere 200 mg tablet	3	QL (168 per 28 days)
ribavirin 200 mg capsule; ribavirin 200 mg tablet	3	QL (168 per 28 days)
ribavirin 6 gm inhalation vial <b>SP</b>	5	B vs D
rifabutin 150 mg capsule <b>MO</b>	4	
RIFAMATE 300 MG-150 MG CAPSULE <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>rifampin 150 mg, 300 mg capsule</i> <b>MO</b>	3	
<i>rifampin iv 600 mg vial</i> <b>MO</b>	4	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	4	
<i>rimantadine hcl 100 mg tablet</i> <b>MO</b>	4	
SELZENTRY 150 MG TABLET <b>SP</b>	5	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <b>SP</b>	5	QL (920 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	4	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
SIRTURO 100 MG TABLET <b>SP</b>	5	PA,QL (68 per 28 days)
SIVEXTRO 200 MG INTRAVENOUS SOLUTION <b>HI,SP</b>	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET <b>SP</b>	5	QL (6 per 28 days)
SOVALDI 400 MG TABLET <b>SP</b>	5	PA,QL (28 per 28 days)
<i>stavudine 1 mg/ml solution</i> <b>MO</b>	3	QL (2400 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> <b>MO</b>	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> <b>MO</b>	3	QL (60 per 30 days)
<i>streptomycin sulf 1 gm vial</i> <b>HI,MO</b>	3	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
<i>sulfadiazine 500 mg tablet</i> <b>MO</b>	4	
<i>sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp ss tablet</i> <b>MO</b>	1	
<i>sulfamethoxazole-tmp susp</i> <b>MO</b>	3	
<i>sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab</i> <b>MO</b>	1	
SUPRAX 400 MG CAPSULE <b>MO</b>	4	
SUSTIVA 200 MG CAPSULE <b>SP</b>	5	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>MO</b>	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>SP</b>	5	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>HI,SP</b>	5	
TAMIFLU 30 MG CAPSULE <b>MO</b>	4	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE <b>MO</b>	4	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION <b>MO</b>	4	QL (720 per 365 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
<i>terbinafine hcl 250 mg tablet</i> <b>MO</b>	2	QL (90 per 365 days)
<i>tetracycline 250 mg, 500 mg capsule</i> <b>MO</b>	4	
<i>tigecycline 50 mg vial</i> <b>SP</b>	5	
<i>tinidazole 250 mg, 500 mg tablet</i> <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TIVICAY 10 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>SP</b>	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 <b>SP</b>	5	PA,QL (224 per 28 days)
<i>tobramycin 1.2 gm vial</i> <b>SP</b>	5	
<i>tobramycin 10 mg/ml, 40 mg/ml vial</i> <b>HI,MO</b>	2	
TRECTOR 250 MG TABLET <b>MO</b>	4	
<i>trimethoprim 100 mg tablet</i> <b>MO</b>	2	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>SP</b>	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 <b>SP</b>	5	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION <b>HI,SP</b>	5	
TYZEKA 600 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> <b>MO</b>	3	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml</i> <b>SP</b>	5	
<i>vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial</i> <b>HI,MO</b>	3	
<i>vancomycin hcl 125 mg, 250 mg capsule</i> <b>SP</b>	5	
<i>vancomycin hcl 5 gm vial; vancomycin hcl 5 gram, 750 mg vial</i> <b>MO</b>	3	
<i>vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl</i> <b>MO</b>	4	
<i>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</i> <b>MO</b>	4	
VEMLIDY 25 MG TABLET <b>SP</b>	5	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIRACEPT 250 MG TABLET <b>SP</b>	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION <b>SP</b>	5	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>SP</b>	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
<i>voriconazole 200 mg vial</i> <b>HI,MO</b>	4	
<i>voriconazole 200 mg, 50 mg tablet</i> <b>SP</b>	5	PA,QL (120 per 30 days)
<i>voriconazole 40 mg/ml susp</i> <b>SP</b>	5	PA,QL (400 per 30 days)
XIFAXAN 200 MG TABLET <b>SP</b>	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>SP</b>	5	PA,QL (84 per 28 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <sup>HI,SP</sup>	5	
ZERIT 1 MG/ML ORAL SOLUTION <sup>MO</sup>	3	QL (2400 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION <sup>MO</sup>	4	QL (960 per 30 days)
zidovudine 100 mg capsule <sup>MO</sup>	3	QL (180 per 30 days)
zidovudine 300 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup <sup>MO</sup>	3	QL (1680 per 28 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 200 MG/100 ML INTRAVENOUS SOLUTION; ZYVOX 600 MG TABLET <sup>SP</sup>	5	
<b>ANTIHISTAMINE DRUGS</b>		
cetirizine hcl 1 mg/ml soln <sup>MO</sup>	2	QL (300 per 30 days)
CLARINEX 5 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
clemastine fum 2.68 mg tab <sup>MO</sup>	4	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet <sup>MO</sup>	4	
desloratadine 5 mg tablet <sup>MO</sup>	4	QL (30 per 30 days)
diphenhydramine 50 mg/ml vial <sup>MO</sup>	4	
levocetirizine 5 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
phenadoz 12.5 mg, 25 mg rectal suppository <sup>MO</sup>	4	
PHENERGAN 12.5 MG, 25 MG, 50 MG RECTAL SUPPOSITORY <sup>MO</sup>	4	
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository <sup>MO</sup>	4	
promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 6.25 mg/5 ml syrpr <sup>MO</sup>	3	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository <sup>MO</sup>	4	
<b>ANTINEOPLASTIC AGENTS</b>		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <sup>SP</sup>	5	PA
adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution <sup>MO</sup>	4	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <sup>SP</sup>	5	PA
ALECENSA 150 MG CAPSULE <sup>SP</sup>	5	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET <sup>MO</sup>	4	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION	4	B vs D
ALUNBRIG 30 MG TABLET <sup>SP</sup>	5	PA,QL (180 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (400 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
<i>azacitidine 100 mg vial</i> <sup>SP</sup>	5	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
<i>bexarotene 75 mg capsule</i> <sup>SP</sup>	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <sup>MO</sup>	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION	4	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <sup>MO</sup>	3	B vs D
BOSULIF 100 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
BOSULIF 400 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 1 days)
BOSULIF 500 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> <sup>MO</sup>	4	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE <sup>SP</sup>	5	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION	4	B vs D
CAMPTOSAR 300 MG/15 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
CAMPTOSAR 40 MG/2 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
CAPRELSA 100 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <sup>MO</sup>	3	B vs D
<i>cisplatin 50 mg/50 ml vial</i> <sup>MO</sup>	4	B vs D
<i>cladribine 10 mg/10 ml vial</i> <sup>SP</sup>	5	B vs D
<i>clofarabine 20 mg/20 ml vial</i> <sup>SP</sup>	5	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <sup>SP</sup>	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <sup>SP</sup>	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <sup>SP</sup>	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
COTELLIC 20 MG TABLET <sup>SP</sup>	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial; cyclophosphamide 25 mg, 50 mg capsule</i>	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> <sup>MO</sup>	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <sup>MO</sup>	1	B vs D
dacarbazine 100 mg, 200 mg vial <sup>MO</sup>	4	B vs D
dactinomycin 0.5 mg vial <sup>SP</sup>	5	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial <sup>MO</sup>	1	B vs D
DAUNOXOME 50 MG (2 MG/ML) VIAL	4	B vs D
decitabine 50 mg vial <sup>SP</sup>	5	PA
DEPOCYT 50 MG/5 ML VIAL <sup>SP</sup>	5	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
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	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial <sup>MO</sup>	4	B vs D
doxorubicin liposome 50mg/25ml <sup>MO</sup>	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <sup>MO</sup>	4	
ELLENC 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
EMCYT 140 MG CAPSULE <sup>MO</sup>	4	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION <sup>SP</sup>	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 <sup>MO</sup>	4	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
ERIVEDGE 150 MG CAPSULE <sup>SP</sup>	5	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION <sup>SP</sup>	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
etoposide 100 mg/5 ml vial <sup>MO</sup>	3	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <sup>SP</sup>	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <sup>SP</sup>	5	B vs D,QL (30 per 30 days)
floxuridine 500 mg vial <sup>MO</sup>	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial <sup>MO</sup>	4	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml v; fluorouracil 2,500 mg/50 ml v; fluorouracil 5,000 mg/100 ml <sup>MO</sup>	4	B vs D
flutamide 125 mg capsule <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial</i>	4	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG CAPSULE	4	
GLEOSTINE 5 MG CAPSULE <b>MO</b>	4	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
HEXALEN 50 MG CAPSULE <b>SP</b>	5	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION <b>SP</b>	5	B vs D
<i>hydroxyurea 500 mg capsule</i> <b>MO</b>	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION <b>SP</b>	5	B vs D
<i>idarubicin hcl 20 mg/20 ml vl</i> <b>SP</b>	5	B vs D
IDHIFA 100 MG, 50 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial</i> <b>MO</b>	3	B vs D
IMBRUVICA 140 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION <b>SP</b>	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 <b>SP</b>	5	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
<i>irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vl</i>	4	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION <b>SP</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
KEYTRUDA 25 MG/ML, 50 MG INTRAVENOUS SOLUTION; KEYTRUDA 25 MG/ML, 50 MG VIAL <sup>SP</sup>	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <sup>SP</sup>	5	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <sup>SP</sup>	5	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <sup>SP</sup>	5	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <sup>SP</sup>	5	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <sup>SP</sup>	5	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <sup>SP</sup>	5	PA,QL (91 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
KYPROLIS 60 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE <sup>SP</sup>	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 <sup>SP</sup>	5	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE <sup>SP</sup>	5	PA,QL (90 per 30 days)
LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <sup>SP</sup>	5	PA,QL (90 per 30 days)
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE <sup>SP</sup>	5	PA,QL (60 per 30 days)
LEUKERAN 2 MG TABLET <sup>MO</sup>	4	
<i>lipodox 2 mg/ml intravenous suspension</i> <sup>SP</sup>	5	PA
<i>lipodox 50 2 mg/ml intravenous suspension</i> <sup>SP</sup>	5	PA
LONSURF 15 MG-6.14 MG TABLET <sup>SP</sup>	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <sup>SP</sup>	5	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <sup>SP</sup>	5	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET <sup>MO</sup>	3	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <sup>SP</sup>	5	PA
MATULANE 50 MG CAPSULE <sup>SP</sup>	5	
MEKINIST 0.5 MG TABLET <sup>SP</sup>	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
<i>melphalan 2 mg tablet</i> <sup>MO</sup>	4	B vs D
<i>melphalan 50 mg vial w-diluent</i>	1	B vs D
<i>mercaptopurine 50 mg tablet</i> <sup>MO</sup>	3	
<i>methotrexate 2.5 mg tablet</i> <sup>MO</sup>	1	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <sup>MO</sup>	2	
<i>methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial</i> <sup>MO</sup>	2	
<i>mitomycin 20 mg, 40 mg, 5 mg vial</i> <sup>MO</sup>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>mitoxantrone 25 mg/12.5 ml vial</i>	3	
MUSTARGEN 10 MG SOLUTION FOR INJECTION	4	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>SP</b>	5	PA
NERLYNX 40 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
<i>nilutamide 150 mg tablet <b>SP</b></i>	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>SP</b>	5	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <b>SP</b>	5	B vs D
ODOMZO 200 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <b>SP</b>	5	B vs D
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION <b>SP</b>	5	PA
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (80 per 28 days)
<i>oxaliplatin 100 mg, 50 mg vial <b>MO</b></i>	4	B vs D
<i>oxaliplatin 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial</i>	4	B vs D
<i>paclitaxel 100 mg/16.7 ml vial</i>	3	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>SP</b>	5	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <b>SP</b>	5	
PURIXAN 20 MG/ML ORAL SUSPENSION <b>MO</b>	4	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET <b>MO</b>	4	B vs D
RITUXAN 10 MG/ML CONCENTRATE, INTRAVENOUS <b>SP</b>	5	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <b>SP</b>	5	PA,QL (224 per 28 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>SP</b>	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <b>SP</b>	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>SP</b>	5	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET <sup>MO</sup>	4	
TAFINLAR 50 MG CAPSULE <sup>SP</sup>	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <sup>SP</sup>	5	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE <sup>SP</sup>	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE <sup>SP</sup>	5	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (27 per 30 days)
<i>teniposide 50 mg/5 ml ampule</i> <sup>MO</sup>	4	B vs D
<i>thiotepa 15 mg vial</i> <sup>MO</sup>	1	B vs D
<i>toposar 20 mg/ml intravenous solution</i> <sup>MO</sup>	4	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> <sup>SP</sup>	5	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <sup>SP</sup>	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 <sup>SP</sup>	5	PA
<i>tretinoin 10 mg capsule</i> <sup>SP</sup>	5	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <sup>MO</sup>	4	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION	4	B vs D
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
TYKERB 250 MG TABLET <sup>SP</sup>	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION <sup>SP</sup>	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <sup>SP</sup>	5	PA,QL (4 per 21 days)
VENCLEXTA 10 MG TABLET	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <sup>SP</sup>	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 <sup>SP</sup>	5	PA,QL (42 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
vinblastine 1 mg/ml vial <b>MO</b>	3	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution <b>MO</b>	3	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial <b>MO</b>	3	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial <b>MO</b>	4	B vs D
VOTRIENT 200 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
XALKORI 200 MG, 250 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION <b>SP</b>	5	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (280 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (250 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION	4	B vs D
ZEJULA 100 MG CAPSULE <b>SP</b>	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <b>SP</b>	5	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>SP</b>	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
<b>ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES</b>		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	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 <b>MO</b>	4	
BCG VACCINE (TICE STRAIN) VIAL <b>MO</b>	4	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION; BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	4	

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ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION; ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL; ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>SP</b>	5	PA
GAMUNEX-C 40 GRAM/400 ML (10 %) INJECTION SOLUTION <b>SP</b>	5	PA
GARDASIL SYRINGE; GARDASIL VIAL <b>MO</b>	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION; GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>SP</b>	5	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	4	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	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 <b>MO</b>	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	4	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
PRIVIGEN 10 % INTRAVENOUS SOLUTION <b>SP</b>	5	B vs D

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PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	3	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 <b>MO</b>	4	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE <b>MO</b>	4	
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <b>MO</b>	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 <b>MO</b>	4	
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	4	
<i>tetanus diphtheria toxoids</i> <b>MO</b>	4	
THERACYS 81 MG VIAL <b>MO</b>	4	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE; TWINRIX VACCINE VIAL <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION; TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	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 <b>MO</b>	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION <b>SP</b>	5	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION <b>SP</b>	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 <b>SP</b>	5	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	QL (1 per 365 days)
<b>AUTONOMIC DRUGS</b>		
<i>albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln</i> <b>MO</b>	2	B vs D
<i>albuterol sulf 2 mg/5 ml syrup</i> <b>MO</b>	2	
<i>albuterol sulfate 2 mg, 4 mg tab; albuterol sulfate er 4 mg, 8 mg tab</i> <b>MO</b>	4	
<i>alfuzosin hcl er 10 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	4	QL (25.8 per 30 days)
<i>baclofen 10 mg, 20 mg tablet</i> <b>MO</b>	2	
<i>bethanechol 10 mg, 25 mg, 5 mg tablet</i> <b>MO</b>	3	
<i>bethanechol 50 mg tablet</i> <b>MO</b>	4	
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	PA,QL (120 per 30 days)
CANTIL 25 MG TABLET <b>MO</b>	4	
<i>carisoprodol 350 mg tablet</i> <b>MO</b>	2	
<i>cevimeline hcl 30 mg capsule</i> <b>MO</b>	4	
CHANTIX 0.5 MG, 1 MG TABLET <b>MO</b>	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <b>MO</b>	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <b>MO</b>	4	QL (56 per 28 days)
<i>chlorzoxazone 250 mg, 500 mg tablet</i> <b>MO</b>	4	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	4	QL (4 per 20 days)
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> <b>MO</b>	4	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	4	
<i>dicyclomine 10 mg capsule; dicyclomine 20 mg tablet</i> <b>MO</b>	2	
<i>dicyclomine 10 mg/5 ml soln</i> <b>MO</b>	3	
<i>dihydroergotamine 1 mg/ml amp</i> <b>MO</b>	4	
<i>dobutamine 12.5 mg/ml vial</i> <b>MO</b>	2	
<i>dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml</i> <b>MO</b>	2	
<i>donepezil hcl 10 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>donepezil hcl 10 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial</i> <b>MO</b>	1	
<i>dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml</i> <b>MO</b>	1	
EPINEPHRINE 0.15 MG AUTO-INJECT <b>MO</b>	3	
<i>epinephrine 0.3 mg auto-inject</i> <b>MO</b>	3	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <b>MO</b>	3	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR <b>MO</b>	3	
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <b>MO</b>	3	

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EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR <b>MO</b>	3	
ERGOMAR 2 MG SUBLINGUAL TABLET <b>MO</b>	3	
EVOXAC 30 MG CAPSULE <b>MO</b>	4	PA
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL <b>MO</b>	4	QL (30 per 30 days)
galantamine 4 mg/ml oral soln <b>MO</b>	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule <b>MO</b>	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet <b>MO</b>	4	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial <b>MO</b>	4	
glycopyrrolate 1 mg, 2 mg tablet <b>MO</b>	3	
guanidine hcl 125 mg tablet <b>MO</b>	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (30 per 30 days)
ipratropium br 0.02% soln <b>MO</b>	2	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml <b>MO</b>	2	B vs D
ISUPREL 0.2 MG/ML INJECTION SOLUTION <b>MO</b>	4	
levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol; levalbuterol conc 1.25 mg/0.5 <b>MO</b>	4	B vs D
levalbuterol tar hfa 45mcg inh <b>MO</b>	4	ST,QL (30 per 30 days)
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION <b>SP</b>	5	B vs D
LIORESAL 50 MCG/ML, 500 MCG/ML INTRATHECAL SOLUTION <b>MO</b>	4	B vs D
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE <b>SP</b>	5	
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr <b>MO</b>	4	
metaxalone 400 mg tablet <b>MO</b>	4	QL (120 per 30 days)
metaxalone 800 mg tablet <b>MO</b>	4	
methocarbamol 500 mg, 750 mg tablet <b>MO</b>	4	
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb <b>MO</b>	4	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	3	
NICOTROL NS 10 MG/ML NASAL SPRAY <b>MO</b>	4	
norepinephrine 1 mg/ml vial <b>MO</b>	1	
NORTHERA 100 MG, 200 MG CAPSULE <b>SP</b>	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <b>SP</b>	5	PA,QL (180 per 30 days)
orphenadrine er 100 mg tablet <b>MO</b>	3	
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	PA,QL (120 per 30 days)
phentolamine 5 mg vial <b>MO</b>	4	
pilocarpine hcl 5 mg, 7.5 mg tablet <b>MO</b>	4	
pyridostigmine br 60 mg tablet <b>MO</b>	3	

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RAPAFLO 4 MG, 8 MG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION <b>MO</b>	4	
revonto 20 mg intravenous solution <b>MO</b>	3	
rivastigmine 1.5 mg, 3 mg capsule <b>MO</b>	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule <b>MO</b>	4	QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
SKELAXIN 800 MG TABLET <b>MO</b>	4	PA
SOMA 350 MG TABLET <b>MO</b>	4	PA
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <b>MO</b>	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule <b>MO</b>	2	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial <b>SP</b>	5	
terbutaline sulfate 2.5 mg, 5 mg tab <b>MO</b>	4	
tizanidine hcl 2 mg, 4 mg tablet <b>MO</b>	2	
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	4	QL (1 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (36 per 30 days)
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	4	ST,QL (30 per 30 days)
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
AMICAR 1,000 MG, 500 MG TABLET; AMICAR 250 MG/ML (25 %) ORAL SOLUTION <b>SP</b>	5	
aminocaproic acid 5 g/20 ml vl <b>MO</b>	4	
anagrelide hcl 0.5 mg, 1 mg capsule <b>MO</b>	3	
argatroban 250 mg/2.5 ml vial <b>HI,MO</b>	1	
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
cilostazol 100 mg, 50 mg tablet <b>MO</b>	2	
clopidogrel 300 mg tablet <b>MO</b>	2	
clopidogrel 75 mg tablet <b>MO</b>	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 <b>MO</b>	4	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	3	PA

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EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET <b>MO</b>	3	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe <b>HI,MO</b>	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr <b>HI,MO</b>	4	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr <b>HI,MO</b>	4	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial <b>MO</b>	4	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr <b>HI,MO</b>	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>SP</b>	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 <b>HI,SP</b>	5	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr <b>HI,MO</b>	4	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr <b>HI,SP</b>	5	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr <b>HI,SP</b>	5	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>SP</b>	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 <b>MO</b>	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (11.2 per 28 days)
heparin 40,000 units/4 ml vial; heparin sod 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl <b>HI,MO</b>	3	
heparin sod 1,000 unit/ml vial; heparin sod 5,000 unit/ml syr; heparin sod 5,000 unit/ml syrg <b>MO</b>	3	
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 <b>MO</b>	1	
heparin-1/2ns 12,500 units/250 <b>MO</b>	3	
heparin-1/2ns 25,000 units/500 <b>HI,MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml; heparin sod 5,000 unit/0.5 ml <b>MO</b>	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MO</b>	1	
LEUKINE 250 MCG SOLUTION FOR INJECTION <b>SP</b>	5	PA
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>SP</b>	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 <b>SP</b>	5	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>SP</b>	5	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab <b>MO</b>	2	
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet <b>MO</b>	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 <b>SP</b>	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>SP</b>	5	PA,QL (90 per 30 days)
protamine 250 mg/25 ml vial <b>MO</b>	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION <b>SP</b>	5	
ticlopidine 250 mg tablet <b>MO</b>	4	
TNKASE 50 MG INTRAVENOUS KIT <b>SP</b>	5	
tranexamic acid 1,000 mg/10 ml <b>MO</b>	4	PA
tranexamic acid 650 mg tablet <b>MO</b>	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 <b>MO</b>	1	
XARELTO 10 MG TABLET <b>MO</b>	3	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (51 per 30 days)
XARELTO 15 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
XARELTO 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <b>SP</b>	5	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>CARDIOVASCULAR DRUGS</b>		
acebutolol 200 mg, 400 mg capsule <sup>MO</sup>	2	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET, EXTENDED RELEASE <sup>MO</sup>	4	QL (60 per 30 days)
ADCIRCA 20 MG TABLET <sup>SP</sup>	5	PA, QL (60 per 30 days)
adenosine 12 mg/4 ml syringe; adenosine 12 mg/4 ml vial <sup>MO</sup>	1	
afeditab cr 30 mg, 60 mg tablet, extended release <sup>MO</sup>	3	QL (60 per 30 days)
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE <sup>MO</sup>	4	ST
amiodarone 150 mg/3 ml syringe; amiodarone 900 mg/18 ml vial; amiodarone hcl 200 mg tablet <sup>MO</sup>	2	
amiodarone hcl 100 mg, 400 mg tablet <sup>MO</sup>	4	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab <sup>MO</sup>	1	
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg <sup>MO</sup>	4	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 <sup>MO</sup>	2	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg <sup>MO</sup>	2	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg <sup>MO</sup>	4	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg <sup>MO</sup>	4	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg <sup>MO</sup>	4	ST
atenolol 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <sup>MO</sup>	2	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	4	PA, QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet <sup>MO</sup>	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab <sup>MO</sup>	2	
BENICAR 20 MG, 40 MG, 5 MG TABLET <sup>MO</sup>	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 <sup>MO</sup>	4	PA, QL (30 per 30 days)
BIDIL 20 MG-37.5 MG TABLET <sup>MO</sup>	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab <sup>MO</sup>	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 <sup>MO</sup>	1	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV <sup>MO</sup>	4	
BYSTOLIC 10 MG TABLET <sup>MO</sup>	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)

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BYSTOLIC 20 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 2.5 MG-10 MG TABLET; CADUET 2.5 MG-20 MG TABLET; CADUET 2.5 MG-40 MG TABLET; CADUET 5 MG-10 MG TABLET; CADUET 5 MG-20 MG TABLET; CADUET 5 MG-40 MG TABLET; CADUET 5 MG-80 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb <b>MO</b>	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <b>MO</b>	3	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb <b>MO</b>	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet <b>MO</b>	2	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet <b>MO</b>	3	
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release <b>MO</b>	2	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release <b>MO</b>	2	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <b>MO</b>	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule <b>MO</b>	4	QL (30 per 30 days)
cholestyramine packet; cholestyramine powder <b>MO</b>	3	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet <b>MO</b>	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch <b>MO</b>	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet <b>MO</b>	2	
clonidine hcl er 0.1 mg tablet <b>MO</b>	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 <b>MO</b>	4	
colestipol hcl granules; colestipol hcl granules packet <b>MO</b>	4	
colestipol micronized 1 gm tab <b>MO</b>	3	
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
CORLANOR 5 MG, 7.5 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
digitek 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digitek 250 mcg tablet <b>MO</b>	2	
digox 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digox 250 mcg tablet <b>MO</b>	2	
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet <b>MO</b>	2	
digoxin 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)

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digoxin 500 mcg/2 ml ampule <sup>MO</sup>	1	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release <sup>MO</sup>	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 <sup>MO</sup>	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 <sup>MO</sup>	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 300 mg, 360 mg, 420 mg cap <sup>MO</sup>	2	QL (30 per 30 days)
diltiazem hcl 100 mg vial <sup>MO</sup>	4	
dipyridamole 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	4	
dofetilide 125 mcg capsule <sup>MO</sup>	4	QL (240 per 30 days)
dofetilide 250 mcg capsule <sup>MO</sup>	4	QL (120 per 30 days)
dofetilide 500 mcg capsule <sup>MO</sup>	4	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <sup>MO</sup>	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 <sup>MO</sup>	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet <sup>MO</sup>	1	
enalaprilat 1.25 mg/ml vial <sup>MO</sup>	2	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet <sup>MO</sup>	4	
esmolol hcl 100 mg/10 ml vial <sup>MO</sup>	1	
ezetimibe 10 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg <sup>MO</sup>	4	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 160 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
fenofibrate 54 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule <sup>MO</sup>	4	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 67 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
fenofibrate 145 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 48 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab <sup>MO</sup>	3	
fluvastatin er 80 mg tablet <sup>MO</sup>	4	ST,QL (30 per 30 days)
fluvastatin sodium 20 mg, 40 mg cap <sup>MO</sup>	4	ST,QL (60 per 30 days)
fosinopril sodium 10 mg, 20 mg, 40 mg tab <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <b>MO</b>	2	
gemfibrozil 600 mg tablet <b>MO</b>	2	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet <b>MO</b>	2	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet; hydralazine 20 mg/ml vial <b>MO</b>	2	
ibutilide fum 1 mg/10 ml vial <b>MO</b>	1	
irbesartan 150 mg, 300 mg, 75 mg tablet <b>MO</b>	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb <b>MO</b>	2	QL (30 per 30 days)
ISORDIL 40 MG TABLET <b>MO</b>	4	PA
ISORDIL TITRADOSE 5 MG TABLET <b>MO</b>	4	PA
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet <b>MO</b>	2	
isosorbide dn er 40 mg tablet <b>MO</b>	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 <b>MO</b>	2	
isradipine 2.5 mg, 5 mg capsule <b>MO</b>	4	
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet <b>MO</b>	2	
labetalol hcl 100 mg/20 ml vl; labetalol hcl 20 mg/4 ml syr <b>MO</b>	4	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET <b>MO</b>	4	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION <b>MO</b>	4	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION <b>MO</b>	4	
LESCOL 20 MG, 40 MG CAPSULE <b>MO</b>	4	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (30 per 30 days)
lidocaine hcl 1% syringe; lidocaine hcl 2% abboject; lidocaine hcl 2% vial <b>MO</b>	2	
lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln <b>MO</b>	1	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet <b>MO</b>	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET <b>MO</b>	3	ST,QL (30 per 30 days)
losartan potassium 100 mg, 25 mg, 50 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab <b>MO</b>	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet <b>MO</b>	1	QL (60 per 30 days)
methyldopa 250 mg, 500 mg tablet <b>MO</b>	3	
methyldopa-hctz 250-15 mg, 250-25 mg tab <b>MO</b>	3	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <b>MO</b>	3	
metoprolol 1 mg/ml carpject; metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 100 mg, 25 mg, 50 mg tab <b>MO</b>	1	

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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	
MICARDIS 20 MG, 40 MG TABLET MO	4	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET MO	4	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET MO	4	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET MO	4	ST,QL (60 per 30 days)
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	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION MO	4	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet MO	4	
niacor 500 mg tablet MO	2	
nicardipine 20 mg, 30 mg capsule MO	4	
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	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet MO	4	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet MO	4	QL (60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl MO	3	
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin 5 mg/ml vial MO	2	
nitroglycerin lingual 0.4 mg MO	4	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w MO	2	
NITROLINGUAL 400 MCG/SPRAY MO	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 <b>MO</b>	4	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab <b>MO</b>	4	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap <b>MO</b>	4	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	4	
pacerone 200 mg tablet <b>MO</b>	2	
perindopril erbumine 2 mg, 4 mg, 8 mg tab <b>MO</b>	2	
pindolol 10 mg, 5 mg tablet <b>MO</b>	3	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE <b>SP</b>	5	PA,QL (2 per 28 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab <b>MO</b>	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab <b>MO</b>	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule <b>MO</b>	2	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet <b>MO</b>	3	
procainamide 100 mg/ml, 500 mg/ml vial <b>MO</b>	1	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet <b>MO</b>	3	
propafenone hcl er 225 mg, 325 mg, 425 mg cap <b>MO</b>	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 <b>MO</b>	2	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule <b>MO</b>	4	
propranolol-hctz 40-25 mg, 80-25 mg tab <b>MO</b>	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet <b>MO</b>	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	2	
quinidine gluc 80 mg/ml vial <b>MO</b>	2	
quinidine gluc er 324 mg tab <b>MO</b>	4	
quinidine sulfate 200 mg, 300 mg tab <b>MO</b>	2	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule <b>MO</b>	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <b>SP</b>	5	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (3 per 28 days)
reserpine 0.1 mg, 0.25 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVATIO 10 MG/ML ORAL SUSPENSION <sup>SP</sup>	5	PA,QL (180 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab <sup>MO</sup>	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 <sup>MO</sup>	1	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet <sup>MO</sup>	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet <sup>MO</sup>	2	
sotalol af 120 mg, 160 mg, 80 mg tablet <sup>MO</sup>	2	
spironolactone-hctz 25-25 tab <sup>MO</sup>	2	
spironolactone 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	2	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	PA,QL (30 per 30 days)
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release <sup>MO</sup>	2	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release <sup>MO</sup>	2	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <sup>MO</sup>	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 <sup>MO</sup>	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <sup>MO</sup>	4	QL (30 per 30 days)
telmisartan 80 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 <sup>MO</sup>	4	QL (30 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb <sup>MO</sup>	4	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb <sup>MO</sup>	4	ST,QL (60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	1	
TIKOSYN 125 MCG CAPSULE <sup>MO</sup>	4	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE <sup>MO</sup>	4	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE <sup>MO</sup>	4	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	3	
trandolapril 1 mg tablet	1	
trandolapril 2 mg, 4 mg tablet <sup>MO</sup>	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
triklo 1 gram capsule <sup>MO</sup>	4	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <sup>MO</sup>	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 <sup>MO</sup>	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <sup>MO</sup>	4	QL (240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VASCEPA 1 GRAM CAPSULE <b>MO</b>	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 <b>MO</b>	2	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet <b>MO</b>	1	
verapamil 2.5 mg/ml ampul; verapamil 2.5 mg/ml syringe; verapamil er 120 mg, 180 mg, 240 mg tablet <b>MO</b>	2	
verapamil er pm 100 mg, 300 mg capsule <b>MO</b>	2	QL (30 per 30 days)
VYTORIN 10 MG-10 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET <b>MO</b>	3	
ZETIA 10 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (1 per 28 days)
acamprosate calc dr 333 mg tab <b>MO</b>	4	
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 <b>MO</b>	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet <b>MO</b>	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet <b>MO</b>	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet <b>MO</b>	3	QL (180 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet <b>MO</b>	2	QL (120 per 30 days)
alprazolam 2 mg tablet <b>MO</b>	2	QL (150 per 30 days)
amantadine 100 mg capsule; amantadine 100 mg tablet <b>MO</b>	4	
amantadine 50 mg/5 ml solution <b>MO</b>	3	
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <b>MO</b>	3	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <b>MO</b>	4	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	QL (60 per 28 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution <b>MO</b>	4	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet <b>SP</b>	5	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>SP</b>	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>SP</b>	5	QL (1.6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>SP</sup>	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <sup>SP</sup>	5	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet <sup>MO</sup>	4	PA,QL (30 per 30 days)
armodafinil 50 mg tablet <sup>MO</sup>	4	PA,QL (60 per 30 days)
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED <sup>MO</sup>	4	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED <sup>MO</sup>	4	PA
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule <sup>MO</sup>	4	PA,QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule <sup>MO</sup>	4	PA,QL (30 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET <sup>MO</sup>	3	
BANZEL 200 MG TABLET <sup>MO</sup>	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <sup>SP</sup>	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <sup>SP</sup>	5	PA,QL (240 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET <sup>MO</sup>	4	QL (30 per 30 days)
benztropine 2 mg/2 ml ampule <sup>MO</sup>	4	
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	3	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET <sup>MO</sup>	4	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <sup>SP</sup>	5	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	PA
bromocriptine 2.5 mg tablet <sup>MO</sup>	3	
BUPRENEX 0.3 MG/ML INJECTION SOLUTION <sup>SP</sup>	5	PA,QL (240 per 30 days)
buprenorphine 0.3 mg/ml syring <sup>MO</sup>	4	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl <sup>MO</sup>	3	PA,QL (90 per 30 days)
buproban 150 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
bupropion hcl 100 mg tablet <sup>MO</sup>	3	QL (180 per 30 days)
bupropion hcl 75 mg tablet <sup>MO</sup>	3	
bupropion hcl sr 100 mg tablet <sup>MO</sup>	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet; bupropion hcl xl 150 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet; bupropion hcl xl 300 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
buspironone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet <sup>MO</sup>	2	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule <sup>MO</sup>	3	QL (360 per 30 days)
butalb-acetaminoph-caff-codein <sup>MO</sup>	4	QL (180 per 30 days)
butalb-caff-acetaminoph-codein <sup>MO</sup>	3	QL (360 per 30 days)
butalbital-acetaminophn 50-325 <sup>MO</sup>	4	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp <sup>MO</sup>	4	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
butalb-aspirin-caffe 50-325-40; butalbital-asa-caffeine cap <sup>MO</sup>	4	QL (180 per 30 days)
BUTISOL 30 MG TABLET <sup>MO</sup>	4	
butorphanol 1 mg/ml vial <sup>MO</sup>	4	QL (960 per 30 days)
butorphanol 10 mg/ml spray <sup>MO</sup>	3	QL (5 per 28 days)
butorphanol 2 mg/ml vial <sup>MO</sup>	4	QL (480 per 30 days)
cabergoline 0.5 mg tablet <sup>MO</sup>	4	QL (16 per 28 days)
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial <sup>MO</sup>	1	
capacet 50 mg-325 mg-40 mg capsule <sup>MO</sup>	2	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	4	QL (2700 per 30 days)
carbamazepine 100 mg tab chew <sup>MO</sup>	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 <sup>MO</sup>	4	
carbamazepine 200 mg tablet <sup>MO</sup>	3	
carbidopa 25 mg tablet <sup>MO</sup>	4	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt <sup>MO</sup>	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab <sup>MO</sup>	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab <sup>MO</sup>	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 <sup>MO</sup>	4	
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE <sup>MO</sup>	4	
chlorpromazine 10 mg, 25 mg tablet <sup>MO</sup>	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp <sup>MO</sup>	4	
citalopram hbr 10 mg, 40 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <sup>MO</sup>	3	
citalopram hbr 20 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <sup>MO</sup>	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 <sup>MO</sup>	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <sup>MO</sup>	3	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet <sup>MO</sup>	3	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet <sup>MO</sup>	4	PA
codeine sulfate 15 mg, 30 mg tablet <sup>MO</sup>	3	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
codeine sulfate 60 mg tablet <b>MO</b>	3	QL (180 per 30 days)
COMTAN 200 MG TABLET <b>MO</b>	4	PA,QL (300 per 30 days)
CYCLOSET 0.8 MG TABLET <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <b>MO</b>	4	
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb <b>MO</b>	4	ST,QL (30 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab <b>MO</b>	4	QL (180 per 30 days)
d-amphetamine er 15 mg capsule <b>MO</b>	4	QL (120 per 30 days)
d-amphetamine er 5 mg capsule <b>MO</b>	4	QL (60 per 30 days)
dextroamphetamine 5 mg tab <b>MO</b>	4	QL (150 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap <b>MO</b>	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap <b>MO</b>	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 <b>MO</b>	3	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab <b>MO</b>	3	QL (60 per 30 days)
DIASTAT 2.5 MG RECTAL KIT <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	4	
diazepam 10 mg tablet <b>MO</b>	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>MO</b>	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <b>MO</b>	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <b>MO</b>	4	QL (240 per 30 days)
diclofenac pot 50 mg tablet <b>MO</b>	3	
diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab <b>MO</b>	2	
diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb <b>MO</b>	4	
diflunisal 500 mg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DILANTIN 30 MG CAPSULE <b>MO</b>	4	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
<i>divalproex dr 125 mg cap sprnk</i> <b>MO</b>	3	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> <b>MO</b>	2	
<i>divalproex sod er 250 mg, 500 mg tab</i> <b>MO</b>	4	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc <b>MO</b>	4	
droperidol 2.5 mg/ml vial <b>MO</b>	3	
duloxetine hcl dr 20 mg, 30 mg, 60 mg cap <b>MO</b>	3	QL (60 per 30 days)
duloxetine hcl dr 40 mg cap <b>MO</b>	4	QL (60 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <b>SP</b>	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 <b>MO</b>	3	QL (360 per 30 days)
entacapone 200 mg tablet <b>MO</b>	4	QL (300 per 30 days)
epitol 200 mg tablet <b>MO</b>	3	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
escitalopram 10 mg tablet <b>MO</b>	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <b>MO</b>	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <b>MO</b>	4	QL (600 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet <b>MO</b>	4	QL (30 per 30 days)
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln <b>MO</b>	4	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet <b>MO</b>	3	
etodolac er 400 mg, 500 mg, 600 mg tablet <b>MO</b>	4	
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 <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
felbamate 400 mg, 600 mg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
felbamate 600 mg/5 ml susp <sup>SP</sup>	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 <sup>MO</sup>	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 <sup>SP</sup>	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul; fentanyl 100 mcg/2 ml syringe <sup>MO</sup>	4	QL (720 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE <sup>MO</sup>	4	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK <sup>MO</sup>	4	PA,QL (28 per 28 days)
FIORICET-COD 50-300-40-30 CAP <sup>MO</sup>	4	PA,QL (180 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH <sup>MO</sup>	4	PA,QL (60 per 30 days)
flumazenil 0.1 mg/ml vial <sup>MO</sup>	2	
fluoxetine 20 mg/5 ml solution <sup>MO</sup>	2	
fluoxetine dr 90 mg capsule <sup>MO</sup>	4	QL (4 per 28 days)
fluoxetine hcl 10 mg, 20 mg tablet <sup>MO</sup>	3	
fluoxetine hcl 10 mg, 40 mg capsule <sup>MO</sup>	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule <sup>MO</sup>	1	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml <sup>MO</sup>	4	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	2	
fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc <sup>MO</sup>	4	
flurbiprofen 100 mg, 50 mg tablet <sup>MO</sup>	2	
fluvoxamine er 100 mg, 150 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	2	QL (90 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl <sup>MO</sup>	1	
FROVA 2.5 MG TABLET <sup>MO</sup>	4	PA,QL (12 per 30 days)
frovatriptan succ 2.5 mg tab <sup>MO</sup>	4	QL (12 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule <sup>MO</sup>	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 <sup>MO</sup>	4	
gabapentin 600 mg, 800 mg tablet <sup>MO</sup>	2	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet <b>MO</b>	2	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp <b>MO</b>	4	
haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial <b>MO</b>	2	
HETLIOZ 20 MG CAPSULE <b>SP</b>	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 <b>MO</b>	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 <b>MO</b>	3	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg <b>MO</b>	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 <b>MO</b>	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 <b>MO</b>	4	QL (720 per 30 days)
hydromorphone 2 mg, 4 mg tablet <b>MO</b>	3	QL (360 per 30 days)
hydromorphone 2 mg/ml carpuct; hydromorphone 2 mg/ml vial <b>MO</b>	4	QL (360 per 30 days)
hydromorphone 3 mg suppos <b>MO</b>	4	QL (120 per 30 days)
hydromorphone 4 mg/ml carpuct; hydromorphone hcl 4 mg/ml amp <b>MO</b>	4	QL (180 per 30 days)
hydromorphone 8 mg tablet <b>MO</b>	3	QL (240 per 30 days)
hydromorphone hcl 10 mg/ml vl <b>MO</b>	4	QL (144 per 30 days)
hydroxyzine 10 mg/5 ml soln; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
hydroxyzine 25 mg/ml, 50 mg/ml vial <b>MO</b>	4	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap <b>MO</b>	3	
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet <b>MO</b>	1	
oxycodone-ibuprofen 5-400 tab <b>MO</b>	4	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap <b>MO</b>	4	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule <b>MO</b>	4	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION <b>MO</b>	4	QL (150 per 30 days)
INGREZZA 40 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
INGREZZA 80 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE <b>SP</b>	5	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE <b>SP</b>	5	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (1.5 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (2.62 per 90 days)
ketoprofen 50 mg, 75 mg capsule <b>MO</b>	3	
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 <b>MO</b>	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) <b>MO</b>	4	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY <b>SP</b>	5	PA,QL (30 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml soln <b>MO</b>	2	
levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial <b>MO</b>	4	
levetiracetam er 500 mg, 750 mg tablet <b>MO</b>	3	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 <b>MO</b>	2	
levorphanol 2 mg tablet <b>MO</b>	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 <b>MO</b>	2	
lithium 8 meq/5 ml solution <b>MO</b>	2	
LODOSYN 25 MG TABLET <b>MO</b>	4	PA
lorazepam 0.5 mg, 1 mg tablet <b>MO</b>	2	QL (90 per 30 days)
lorazepam 2 mg tablet <b>MO</b>	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent <b>MO</b>	3	QL (150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <b>MO</b>	3	QL (150 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule <b>MO</b>	2	
LUNESTA 1 MG, 2 MG, 3 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYRICA 20 MG/ML ORAL SOLUTION <sup>MO</sup>	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <sup>MO</sup>	3	QL (60 per 30 days)
magnesium chl 200 mg/ml vial <sup>MO</sup>	2	
magnesium sulfate 50% syringe; magnesium sulfate 50% vial <sup>MO</sup>	2	
magnesium sulf 1 g/100 ml-d5w <sup>MO</sup>	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 <sup>MO</sup>	2	
maprotiline 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	4	
MARPLAN 10 MG TABLET <sup>MO</sup>	4	
meclofenamate 100 mg, 50 mg capsule <sup>MO</sup>	4	
meloxicam 15 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <sup>MO</sup>	4	QL (300 per 30 days)
memantine 5-10 mg titration pk <sup>MO</sup>	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <sup>MO</sup>	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <sup>MO</sup>	3	PA,QL (360 per 30 days)
meperidine 100 mg tablet <sup>MO</sup>	3	QL (360 per 30 days)
meperidine 50 mg tablet <sup>MO</sup>	3	QL (480 per 30 days)
meperidine 50 mg/5 ml solution <sup>MO</sup>	3	QL (720 per 30 days)
meprobamate 200 mg, 400 mg tablet <sup>MO</sup>	4	
methadone 10 mg/5 ml solution <sup>MO</sup>	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial <sup>MO</sup>	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution <sup>MO</sup>	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet <sup>MO</sup>	3	QL (240 per 30 days)
methadone hcl 5 mg tablet <sup>MO</sup>	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <sup>MO</sup>	3	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE <sup>MO</sup>	3	QL (360 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <sup>MO</sup>	4	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln <sup>MO</sup>	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab <sup>MO</sup>	4	QL (180 per 30 days)
methylphenidate er 20 mg tab <sup>MO</sup>	4	QL (90 per 30 days)
methylphenidate la 20 mg, 40 mg, 60 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
methylphenidate la 30 mg cap <sup>MO</sup>	4	QL (60 per 30 days)
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	ST,QL (30 per 30 days)

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mirtazapine 15 mg, 30 mg, 45 mg odt <sup>MO</sup>	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MO</sup>	2	
modafinil 100 mg, 200 mg tablet <sup>MO</sup>	3	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet <sup>MO</sup>	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet <sup>MO</sup>	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet <sup>MO</sup>	4	PA,QL (360 per 30 days)
morphine 10 mg/ml carpject; morphine 10 mg/ml isecure syrg; morphine sulfate 10 mg/ml vial <sup>MO</sup>	3	QL (360 per 30 days)
morphine 2 mg/ml carpject; morphine 2 mg/ml isecure syr <sup>MO</sup>	3	QL (1800 per 30 days)
morphine 4 mg/ml carpject; morphine 4 mg/ml isecure syr; morphine sulfate 4 mg/ml vial <sup>MO</sup>	3	QL (900 per 30 days)
morphine 8 mg/ml isecure syrng; morphine 8 mg/ml syringe; morphine sulfate 8 mg/ml vial <sup>MO</sup>	3	QL (450 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos <sup>MO</sup>	4	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln <sup>MO</sup>	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln <sup>MO</sup>	3	QL (1350 per 30 days)
morphine sulf er 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab <sup>MO</sup>	3	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet <sup>MO</sup>	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap; morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap <sup>MO</sup>	4	QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
morphine 0.5 mg/ml vial <sup>MO</sup>	3	QL (7200 per 30 days)
morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial <sup>MO</sup>	3	QL (3600 per 30 days)
morphine 5 mg/ml vial <sup>MO</sup>	3	QL (720 per 30 days)
morphine sulf 100 mg/5 ml soln <sup>MO</sup>	3	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet <sup>MO</sup>	2	
nalbuphine 100 mg/10 ml vial <sup>MO</sup>	4	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial <sup>MO</sup>	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 <sup>MO</sup>	2	
naltrexone 50 mg tablet <sup>MO</sup>	2	
NAMENDA 10 MG, 5 MG TABLET <sup>MO</sup>	4	PA,QL (60 per 30 days)
NAMENDA 2 MG/ML SOLUTION <sup>MO</sup>	4	PA,QL (360 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK <sup>MO</sup>	4	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MO</sup>	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <b>MO</b>	3	QL (28 per 28 days)
NAPRELAN CR 375 MG, 500 MG, 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE <b>MO</b>	4	ST
<i>naproxen 125 mg/5 ml suspen</i> <b>MO</b>	4	
<i>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</i> <b>MO</b>	2	
<i>naproxen sod cr 375 mg, 500 mg tablet</i> <b>MO</b>	4	ST
<i>naproxen sodium 275 mg, 550 mg tab</i> <b>MO</b>	3	
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <b>MO</b>	3	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY <b>MO</b>	4	QL (2 per 30 days)
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)
<i>nortriptyline 10 mg/5 ml sol; nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> <b>MO</b>	4	
NUJEXA 20 MG-10 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
NUPLAZID 17 MG TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
<i>olanzapine 10 mg vial</i> <b>MO</b>	3	
<i>olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)
<i>olanzapine 15 mg, 20 mg tablet</i> <b>MO</b>	3	QL (60 per 30 days)
<i>olanzapine odt 10 mg, 5 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
<i>olanzapine odt 15 mg, 20 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
ONFI 10 MG, 20 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
<i>oxaprozin 600 mg caplet</i> <b>MO</b>	4	
<i>oxazepam 10 mg, 15 mg, 30 mg capsule</i> <b>MO</b>	4	
<i>oxcarbazepine 150 mg, 300 mg, 600 mg tablet</i> <b>MO</b>	3	
<i>oxcarbazepine 300 mg/5 ml susp</i> <b>MO</b>	4	
<i>oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln</i> <b>MO</b>	4	QL (270 per 30 days)

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<b>DRUG NAME</b>	<b>TIER</b>	<b>UTILIZATION MANAGEMENT REQUIREMENTS</b>
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet <b>MO</b>	3	QL (360 per 30 days)
oxycodone hcl 5 mg capsule <b>MO</b>	4	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln <b>MO</b>	3	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 <b>MO</b>	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 <b>MO</b>	4	QL (360 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet <b>SP</b>	5	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet <b>SP</b>	5	PA,QL (60 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet <b>MO</b>	3	QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet <b>MO</b>	3	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
PEGANONE 250 MG TABLET <b>MO</b>	4	
pentazocine-naloxone tablet <b>MO</b>	3	QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <b>MO</b>	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 <b>MO</b>	4	
phenelzine sulfate 15 mg tab <b>MO</b>	3	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet <b>MO</b>	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet <b>MO</b>	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix <b>MO</b>	4	QL (1500 per 30 days)
phenobarbital 30 mg tablet <b>MO</b>	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew <b>MO</b>	2	
phenytoin 50 mg/ml syringe; phenytoin 50 mg/ml vial <b>MO</b>	4	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap <b>MO</b>	2	
pimozide 1 mg, 2 mg tablet <b>MO</b>	4	
piroxicam 10 mg, 20 mg capsule <b>MO</b>	3	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <b>SP</b>	5	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet <b>MO</b>	2	
pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet <b>MO</b>	4	ST,QL (30 per 30 days)
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION <b>SP</b>	5	B vs D
primidone 250 mg, 50 mg tablet <b>MO</b>	2	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	ST,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet <b>MO</b>	4	
quetiapine er 150 mg tablet <b>MO</b>	4	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine er 200 mg tablet <b>MO</b>	4	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet <b>MO</b>	4	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet <b>MO</b>	4	PA,QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <b>MO</b>	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <b>MO</b>	2	QL (120 per 30 days)
rasagiline mesylate 0.5 mg, 1 mg tab <b>MO</b>	3	
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <b>SP</b>	5	PA,QL (30 per 30 days)
riluzole 50 mg tablet <b>MO</b>	4	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt <b>MO</b>	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet <b>MO</b>	1	QL (60 per 30 days)
risperidone 0.5 mg odt <b>MO</b>	4	QL (120 per 30 days)
risperidone 0.5 mg tablet <b>MO</b>	1	QL (120 per 30 days)
risperidone 1 mg/ml solution <b>MO</b>	2	
rizatriptan 10 mg, 10 mg, 5 mg, 5 mg odt; rizatriptan 10 mg, 10 mg, 5 mg, 5 mg tablet <b>MO</b>	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 <b>MO</b>	2	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet <b>MO</b>	4	QL (90 per 30 days)
roweepra 1,000 mg, 500 mg, 750 mg tablet <b>MO</b>	2	
SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET <b>SP</b>	5	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET <b>SP</b>	5	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 2.5 MG, 5 MG SUBLINGUAL TABLET <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet <b>MO</b>	4	
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	PA,QL (120 per 30 days)
sertraline 20 mg/ml oral conc <b>MO</b>	3	
sertraline hcl 100 mg tablet <b>MO</b>	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet <b>MO</b>	1	QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (120 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TABLET <b>MO</b>	4	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <b>MO</b>	4	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <b>MO</b>	4	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET <b>MO</b>	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <b>MO</b>	4	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <b>MO</b>	4	PA
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM <b>MO</b>	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 <b>MO</b>	4	PA,QL (90 per 30 days)
sufentanil 250 mcg/5 ml ampule <b>MO</b>	3	QL (1440 per 30 days)
sulindac 150 mg, 200 mg tablet <b>MO</b>	2	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray <b>MO</b>	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 <b>MO</b>	4	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet <b>MO</b>	2	QL (9 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE <b>MO</b>	4	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	
temazepam 15 mg, 30 mg capsule <b>MO</b>	3	QL (30 per 30 days)
tetrabenazine 12.5 mg tablet <b>SP</b>	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <b>SP</b>	5	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule <b>MO</b>	4	
tiagabine hcl 2 mg, 4 mg tablet <b>MO</b>	4	
tolcapone 100 mg tablet <b>MO</b>	4	PA
topiramate 100 mg, 200 mg, 50 mg tablet <b>MO</b>	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <b>MO</b>	2	
topiramate 25 mg tablet <b>MO</b>	2	QL (90 per 30 days)
tramadol hcl 50 mg tablet <b>MO</b>	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 <b>MO</b>	3	QL (240 per 30 days)
tranylcypromine sulf 10 mg tab <b>MO</b>	4	
trazodone 100 mg, 150 mg, 50 mg tablet <b>MO</b>	1	
trazodone 300 mg tablet <b>MO</b>	2	

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trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet <b>MO</b>	3	
trihexyphenidyl 2 mg, 5 mg tablet; trihexyphenidyl 2 mg/5 ml elx <b>MO</b>	3	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <b>MO</b>	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
ULTIVA 1 MG INTRAVENOUS SOLUTION <b>MO</b>	4	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION <b>MO</b>	4	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION <b>MO</b>	4	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <b>MO</b>	2	
valproic acid 250 mg capsule <b>MO</b>	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 <b>MO</b>	2	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <b>MO</b>	2	
venlafaxine hcl er 150 mg cap <b>MO</b>	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap <b>MO</b>	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <b>MO</b>	2	QL (90 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	PA,QL (540 per 30 days)
vigabatrin 500 mg powder packt <b>SP</b>	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 <b>MO</b>	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <b>MO</b>	4	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <b>MO</b>	4	PA
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>SP</b>	5	PA
VOLTAREN 1 % TOPICAL GEL <b>MO</b>	4	
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <b>MO</b>	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MO</b>	4	QL (30 per 30 days)
XENAZINE 12.5 MG TABLET <b>SP</b>	5	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE <b>MO</b>	3	QL (60 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION <b>SP</b>	5	PA,QL (540 per 30 days)
zaleplon 10 mg, 5 mg capsule <b>MO</b>	3	QL (30 per 30 days)
zenzedi 10 mg tablet <b>MO</b>	4	QL (180 per 30 days)
ZENZEDI 15 MG TABLET <b>MO</b>	4	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
ZENZEDI 30 MG TABLET <b>MO</b>	4	QL (60 per 30 days)

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zenzedi 5 mg tablet <b>MO</b>	4	QL (150 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule <b>MO</b>	4	QL (60 per 30 days)
zolpidem tart er 12.5 mg, 6.25 mg tab <b>MO</b>	4	QL (30 per 30 days)
zolpidem tartrate 10 mg, 5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY <b>MO</b>	4	QL (12 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg capsule <b>MO</b>	2	
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>SP</b>	5	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>SP</b>	5	QL (1 per 28 days)
<b>DEVICES</b>		
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 <b>MO</b>	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 <b>MO</b>	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 16 UNITS <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 2 TO 32 UNITS <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MO</b>	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G <b>MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	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" <b>MO</b>	1	
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" <b>MO</b>	1	
BD INTEGRA SYR 1 ML 29GX1/2" <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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" <b>MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	1	

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CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	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" <b>MO</b>	1	
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	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 <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	1	

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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" <b>MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MO</b>	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	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" <b>MO</b>	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>MO</b>	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 <b>MO</b>	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" <b>MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	1	
BD INSULIN SYR 0.5 ML 29GX1/2" <b>MO</b>	1	

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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" <b>MO</b>	1	
INSULIN SYRINGE U100 1 ML <b>MO</b>	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 <b>MO</b>	1	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	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 <b>MO</b>	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" <b>MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	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" <b>MO</b>	1	

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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 <b>MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <b>MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	1	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	1	
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM <b>MO</b>	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" <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" <b>MO</b>	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" <b>MO</b>	1	
RELION NEEDLES 31 GAUGE X 1/4" <b>MO</b>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <b>MO</b>	1	

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SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 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" <b>MO</b>	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" <b>MO</b>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	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 <b>MO</b>	1	

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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 <b>MO</b>	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" <b>MO</b>	1	
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 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 X5/16 ", 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" <b>MO</b>	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <b>MO</b>	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" <b>MO</b>	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" <b>MO</b>	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 <b>MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" <b>MO</b>	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" <b>MO</b>	1	

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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 <b>MO</b>	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" <b>MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MO</b>	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" <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" <b>MO</b>	1	
VGO 20 DEVICE <b>MO</b>	4	
VGO 30 DEVICE <b>MO</b>	4	
VGO 40 DEVICE <b>MO</b>	4	
<b>DIAGNOSTIC AGENTS</b>		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL <b>SP</b>	5	PA
enlon 10 mg/ml injection solution <b>MO</b>	1	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
acetic acid 0.25% irrig soln <b>MO</b>	2	
amiloride hcl 5 mg tablet <b>MO</b>	3	
amiloride hcl-hctz 5-50 mg tab <b>MO</b>	2	
amino acids 15 % intravenous solution <b>MO</b>	4	B vs D
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>clinisol sf 15 % intravenous solution</i> <b>MO</b>	4	B vs D
<i>constulose 10 gram/15 ml oral solution</i> <b>MO</b>	2	
<i>dextrose 10%-0.45% nacl iv sol</i> <b>MO</b>	2	
<i>dextrose 2.5%-0.45% nacl iv</i> <b>MO</b>	2	
<i>dextrose 5%-0.9% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.45% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 10%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 10%-water iv solution</i> <b>MO</b>	2	
<i>dextrose 20%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 25%-water syringe</i> <b>MO</b>	2	
<i>dextrose 30%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 40%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-water iv soln; dextrose 5%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-lr iv solution</i> <b>MO</b>	2	
<i>dextrose 5%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.3% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 50%-water syringe; dextrose 50%-water vial</i> <b>MO</b>	2	
<i>dextrose 70%-water iv soln</i> <b>MO</b>	2	
DIURIL 250 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
<i>dextrose 5%-electrolyte 48</i> <b>MO</b>	2	
<i>enulose 10 gram/15 ml oral solution</i> <b>MO</b>	2	
<i>ethacrynate sodium 50 mg vial</i> <b>MO</b>	4	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>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</i> <sup>MO</sup>	1	
<i>generlac 10 gram/15 ml oral solution</i> <sup>MO</sup>	2	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLUTION <sup>MO</sup>	4	
<i>glycine 1.5% irrigation</i> <sup>MO</sup>	4	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <sup>MO</sup>	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
<i>hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb</i> <sup>MO</sup>	1	
<i>indapamide 1.25 mg, 2.5 mg tablet</i> <sup>MO</sup>	1	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE-S INTRAVENOUS SOLUTION <sup>MO</sup>	4	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	4	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
<i>kionex oral powder</i> <sup>MO</sup>	3	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> <sup>MO</sup>	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
<i>klor-con m10 meq tablet,extended release</i> <sup>MO</sup>	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
<i>klor-con m20 meq tablet,extended release</i> <sup>MO</sup>	2	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release</i> <sup>MO</sup>	2	
<i>lactated ringers injection; lactated ringers irrigation</i> <sup>MO</sup>	2	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> <sup>MO</sup>	2	
LITHOSTAT 250 MG TABLET <sup>MO</sup>	4	
<i>mannitol 10% iv solution</i> <sup>MO</sup>	2	
<i>mannitol 20% iv solution</i> <sup>MO</sup>	2	
<i>mannitol 25% vial</i> <sup>MO</sup>	2	
<i>mannitol 5% iv solution</i> <sup>MO</sup>	2	
<i>methyclothiazide 5 mg tablet</i> <sup>MO</sup>	3	
<i>metolazone 10 mg, 2.5 mg, 5 mg tablet</i> <sup>MO</sup>	2	
<i>nebusal 3 % solution for nebulization</i> <sup>MO</sup>	2	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	4	
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
OSMITROL 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 20 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 5 % INTRAVENOUS SOLUTION <b>MO</b>	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION <b>MO</b>	3	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
potassium acet 100 meq/50 ml <b>MO</b>	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 <b>MO</b>	2	
potassium cl 10 meq/100 ml sol	2	
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; 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 <b>MO</b>	2	
potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml) <b>MO</b>	4	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <b>MO</b>	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 <b>MO</b>	2	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <b>MO</b>	2	
potassium cl 20 meq-0.45% nacl <b>MO</b>	2	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl <b>MO</b>	2	
kcl 20 meq in d5w-0.3% nacl <b>MO</b>	2	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <b>MO</b>	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 <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>potassium phosp 45 mmol/15 ml</i> <b>MO</b>	1	
PREMASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
<i>probenecid 500 mg tablet</i> <b>MO</b>	3	
<i>probenecid-colchicine tabs</i> <b>MO</b>	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION; RENACIDIN IRRIGATION SOLN <b>MO</b>	4	
RENAGEL 400 MG, 800 MG TABLET <b>MO</b>	4	ST
REVELA 0.8 GRAM ORAL POWDER PACKET; REVELA 800 MG TABLET <b>MO</b>	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (180 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION <b>MO</b>	4	
<i>ringer's iv solution; ringers irrigation solution</i> <b>MO</b>	1	
SAMSCA 15 MG, 30 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
<i>sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 40 meq/20 ml vl</i> <b>MO</b>	1	
<i>sod phenylacet-sod benzoate vl</i> <b>SP</b>	5	
<i>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</i> <b>MO</b>	4	
<i>sodium chloride 0.9% inhal vl; sodium chloride 10% vial; sodium chloride 3% vial</i> <b>MO</b>	2	B vs D
<i>sodium chloride 0.9% irrig.; sodium chloride 100 meq/40 ml; sodium chloride 2.5 meq/ml, 4 meq/ml vl</i> <b>MO</b>	2	
<i>saline 0.45% soln-excel con; sodium chloride 0.45% soln</i> <b>MO</b>	2	
<i>sodium chloride 0.9% solution; sodium chloride 0.9% solution; sodium chloride 0.9% vial</i> <b>MO</b>	2	
<i>sodium chloride 3% iv soln</i> <b>MO</b>	2	
<i>sodium chloride 5% iv soln</i> <b>MO</b>	2	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
<i>sodium lactate 5 meq/ml vial</i> <b>MO</b>	1	
<i>sodium phenylbutyrate powder</i> <b>SP</b>	5	
<i>sodium phosphate 3mm/ml vial</i> <b>MO</b>	1	
<i>sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp</i> <b>MO</b>	3	
<i>sps 15 gm/60 ml suspension</i> <b>MO</b>	3	
<i>sps 30 gm/120 ml enema; sps 50 gm/200 ml enema</i> <b>MO</b>	4	
<i>sorbitol-mannitol irrig</i> <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <b>MO</b>	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <b>MO</b>	4	
<i>torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	2	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>triamterene-hctz 37.5-25 mg cp; triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb</i> <b>MO</b>	1	
<i>triamterene-hctz 50-25 mg cap</i> <b>MO</b>	2	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET <b>MO</b>	4	PA,QL (30 per 30 days)
VOLUVEN 6 % INTRAVENOUS SOLUTION <b>MO</b>	4	
<i>sterile water for irrigation</i> <b>MO</b>	2	
<b>ENZYMES</b>		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <b>SP</b>	5	
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <b>SP</b>	5	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (70 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>SP</b>	5	
VPRIV 400 UNIT INTRAVENOUS SOLUTION <b>SP</b>	5	PA
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<i>acetazolamide hc ear drops</i> <b>MO</b>	4	
<i>acetazolamide 125 mg, 250 mg tablet</i> <b>MO</b>	3	
<i>acetazolamide er 500 mg cap</i> <b>MO</b>	4	
<i>acetazolamide sod 500 mg vial</i> <b>MO</b>	2	
<i>acetic acid 2% ear solution</i> <b>MO</b>	2	
<i>acetic acid-aluminum drops</i> <b>MO</b>	3	
<i>ak-poly-bac eye ointment</i> <b>MO</b>	2	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	4	
ALPHAGAN P 0.1 %, 0.15 % EYE DROPS <b>MO</b>	3	
<i>apraclonidine hcl 0.5% drops</i> <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
atropine 1% eye drops <sup>MO</sup>	2	
AZASITE 1 % EYE DROPS <sup>MO</sup>	3	
azelastine 0.1% (137 mcg) spray <sup>MO</sup>	3	QL (30 per 25 days)
azelastine 0.15% nasal spray <sup>MO</sup>	4	QL (30 per 25 days)
azelastine hcl 0.05% drops <sup>MO</sup>	3	
AZOPT 1 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
bacitracin 500 unit/gm ophth <sup>MO</sup>	4	
bacitracin-polymyxin eye oint <sup>MO</sup>	2	
balanced salt intraocular solution <sup>MO</sup>	1	
BEPREVE 1.5 % EYE DROPS <sup>MO</sup>	4	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
BETADINE OPHTHALMIC PREP 5 % SOLUTION <sup>MO</sup>	4	
betaxolol hcl 0.5% eye drop <sup>MO</sup>	3	
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	ST
BLEPH-10 10 % EYE DROPS <sup>MO</sup>	4	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp <sup>MO</sup>	3	
BSS PLUS INTRAOCULAR SOLUTION <sup>MO</sup>	4	
budesonide 32 mcg nasal spray <sup>MO</sup>	4	ST,QL (17.2 per 30 days)
carteolol hcl 1% eye drops <sup>MO</sup>	2	
chlorhexidine 0.12% rinse <sup>MO</sup>	1	
CILOXAN 0.3 % EYE OINTMENT <sup>MO</sup>	4	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION <sup>MO</sup>	4	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <sup>MO</sup>	4	
ciprofloxacin 0.3% eye drop <sup>MO</sup>	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION <sup>MO</sup>	4	
COMBIGAN 0.2 %-0.5 % EYE DROPS <sup>MO</sup>	3	
CYSTARAN 0.44 % EYE DROPS <sup>SP</sup>	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop <sup>MO</sup>	2	
diclofenac 0.1% eye drops <sup>MO</sup>	2	
dorzolamide hcl 2% eye drops <sup>MO</sup>	2	QL (10 per 30 days)
dorzolamide-timolol eye drops <sup>MO</sup>	2	QL (10 per 30 days)
doxycycline hyclate 20 mg tab <sup>MO</sup>	3	
DUREZOL 0.05 % EYE DROPS <sup>MO</sup>	3	
epinastine hcl 0.05% eye drops <sup>MO</sup>	3	
erythromycin 0.5% eye ointment <sup>MO</sup>	2	
flunisolide 0.025% spray <sup>MO</sup>	3	QL (50 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluorometholone 0.1% drops <sup>MO</sup>	3	
flurbiprofen 0.03% eye drop <sup>MO</sup>	2	
fluticasone prop 50 mcg spray <sup>MO</sup>	2	QL (16 per 30 days)
gatifloxacin 0.5% eye drops <sup>MO</sup>	4	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment <sup>MO</sup>	2	
gentamicin 0.3% eye drops; gentamicin 0.3% eye ointment <sup>MO</sup>	2	
hydrocortison-acetic acid soln <sup>MO</sup>	4	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <sup>MO</sup>	3	
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	4	
ipratropium 0.03% spray <sup>MO</sup>	2	QL (30 per 30 days)
ipratropium 0.06% spray <sup>MO</sup>	2	QL (45 per 30 days)
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS <sup>MO</sup>	4	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution <sup>MO</sup>	2	
latanoprost 0.005% eye drops <sup>MO</sup>	2	QL (5 per 25 days)
levobunolol 0.5% eye drops <sup>MO</sup>	2	
levofloxacin 0.5% eye drops <sup>MO</sup>	3	
lidocaine 2% viscous soln; lidocaine hcl 2% jelly; lidocaine hcl 2% jelly; lidocaine hcl 4% solution <sup>MO</sup>	2	
lidocaine viscous 2 % mucosal solution <sup>MO</sup>	2	
LUMIGAN 0.01 % EYE DROPS <sup>MO</sup>	3	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	
methazolamide 25 mg, 50 mg tablet <sup>MO</sup>	4	
metipranolol 0.3% eye drops <sup>MO</sup>	2	
MIOCHOL-E 1 % (10 MG/ML) INTRAOCULAR KIT <sup>MO</sup>	4	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION <sup>MO</sup>	4	
mometasone furoate 50 mcg spry <sup>MO</sup>	4	ST,QL (34 per 30 days)
moxifloxacin 0.5% eye drops <sup>MO</sup>	4	
naphazoline 0.1% eye drops <sup>MO</sup>	1	
NASONEX 50 MCG/ACTUATION SPRAY <sup>MO</sup>	4	ST,QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <sup>MO</sup>	3	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <sup>MO</sup>	3	
neo-bacit-poly-hc eye ointment <sup>MO</sup>	3	
neomyc-bacit-polymix eye oint <sup>MO</sup>	3	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop <sup>MO</sup>	2	
neomyc-polym-gramicid eye drop <sup>MO</sup>	3	
neomycin-poly-hc eye drops <sup>MO</sup>	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
neomycin-polymyxin-hc ear soln <sup>MO</sup>	3	
neomycin-polymyxin-hc ear susp <sup>MO</sup>	2	
neosporin eye drops <sup>MO</sup>	2	
NEVANAC 0.1 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	ST
ofloxacin 0.3% ear drops <sup>MO</sup>	3	
ofloxacin 0.3% eye drops <sup>MO</sup>	2	
olopatadine 665 mcg nasal spry <sup>MO</sup>	4	ST,QL (30.5 per 30 days)
olopatadine hcl 0.1% eye drops <sup>MO</sup>	4	ST
OMNARIS 50 MCG NASAL SPRAY <sup>MO</sup>	4	ST,QL (12.5 per 30 days)
paroex oral rinse 0.12 % mouthwash <sup>MO</sup>	1	
PATADAY 0.2 % EYE DROPS <sup>MO</sup>	4	
PATANASE 0.6 % NASAL SPRAY <sup>MO</sup>	4	ST,QL (30.5 per 30 days)
PATANOL 0.1 % EYE DROPS <sup>MO</sup>	4	ST
PAZEO 0.7 % EYE DROPS <sup>MO</sup>	3	QL (2.5 per 25 days)
periogard 0.12 % mouthwash <sup>MO</sup>	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <sup>MO</sup>	4	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops <sup>MO</sup>	3	
polycin 500 unit-10,000 unit/gram eye ointment <sup>MO</sup>	2	
polymyxin b-tmp eye drops <sup>MO</sup>	1	
PRED MILD 0.12 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <sup>MO</sup>	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <sup>MO</sup>	4	
prednisolone ac 1% eye drop <sup>MO</sup>	4	
prednisolone sod 1% eye drop <sup>MO</sup>	3	
proparacaine 0.5% eye drops <sup>MO</sup>	1	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <sup>MO</sup>	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <sup>MO</sup>	3	QL (5.5 per 25 days)
RHINOCORT AQUA NASAL SPRAY <sup>MO</sup>	4	ST,QL (17.2 per 30 days)
sulfacetamide 10% eye drops <sup>MO</sup>	2	
sulfacetamide 10% eye ointment <sup>MO</sup>	3	
sulf-pred 10-0.23% eye drops <sup>MO</sup>	2	
timolol 0.25% gel-solution; timolol 0.5% gel-solution <sup>MO</sup>	3	
timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops <sup>MO</sup>	1	
tobramycin 0.3% eye drops <sup>MO</sup>	2	
tobramycin-dexameth ophth susp <sup>MO</sup>	4	
TOBREX 0.3 % EYE OINTMENT <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRAVATAN Z 0.004 % EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
<i>trifluridine 1% eye drops</i> <b>MO</b>	4	
<i>tropicamide 0.5% eye drops; tropicamide 1% eye drops</i> <b>MO</b>	2	
VERAMYST 27.5 MCG NASAL SPRAY <b>MO</b>	4	ST,QL (10 per 30 days)
VEXOL 1% EYE DROPS <b>MO</b>	4	
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	4	
ZIRGAN 0.15 % EYE GEL <b>MO</b>	4	QL (5 per 30 days)
<b>GASTROINTESTINAL DRUGS</b>		
ACIPHEX 20 MG TABLET,DELAYED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> <b>SP</b>	5	QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> <b>MO</b>	4	ST
<i>aprepitant 125 mg, 40 mg capsule</i> <b>MO</b>	4	B vs D,QL (2 per 28 days)
<i>aprepitant 125-80-80 mg pack</i> <b>MO</b>	4	B vs D,QL (6 per 28 days)
<i>aprepitant 80 mg capsule</i> <b>MO</b>	4	B vs D,QL (4 per 28 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> <b>MO</b>	4	
CANASA 1,000 MG RECTAL SUPPOSITORY <b>MO</b>	3	QL (30 per 30 days)
CARAFATE 100 MG/ML ORAL SUSPENSION <b>MO</b>	4	
CHENODAL 250 MG TABLET <b>SP</b>	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>SP</b>	5	PA,QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> <b>MO</b>	2	
<i>cimetidine 300 mg/5 ml soln</i> <b>MO</b>	2	
<i>compro 25 mg rectal suppository</i> <b>MO</b>	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 <b>MO</b>	3	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <b>MO</b>	4	QL (30 per 30 days)
<i>dimenhydrinate 50 mg/ml vial</i> <b>MO</b>	4	
<i>diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025</i> <b>MO</b>	4	
<i>dronabinol 10 mg, 2.5 mg, 5 mg capsule</i> <b>MO</b>	4	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK <b>MO</b>	4	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION <b>MO</b>	4	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE <b>MO</b>	4	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE <b>MO</b>	4	B vs D,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	PA
esomeprazole mag dr 20 mg cap <sup>MO</sup>	3	QL (30 per 1 days)
esomeprazole mag dr 40 mg cap <sup>MO</sup>	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet; famotidine 40 mg/4 ml vial <sup>MO</sup>	2	
famotidine 40 mg/5 ml susp <sup>MO</sup>	4	
famotidine 20 mg/2 ml vial <sup>MO</sup>	2	
famotidine 20 mg piggyback <sup>MO</sup>	2	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <sup>SP</sup>	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <sup>SP</sup>	5	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <sup>MO</sup>	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <sup>MO</sup>	2	
gavilyte-n 420 gram oral solution <sup>MO</sup>	2	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	
granisetron hcl 1 mg tablet <sup>MO</sup>	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	
granisetron hcl 4 mg/4 ml vial <sup>MO</sup>	4	QL (4 per 28 days)
lansoprazole dr 15 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE <sup>MO</sup>	3	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <sup>MO</sup>	3	QL (30 per 30 days)
loperamide 2 mg capsule <sup>MO</sup>	2	
meclizine 12.5 mg, 25 mg tablet <sup>MO</sup>	3	
mesalamine 4 gm/60 ml enema <sup>MO</sup>	4	QL (1800 per 30 days)
mesalamine 4 gm/60 ml kit <sup>MO</sup>	4	
metoclopramide 10 mg, 5 mg tablet <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln <sup>MO</sup>	2	
misoprostol 100 mcg, 200 mcg tablet <sup>MO</sup>	3	
nizatidine 15 mg/ml solution; nizatidine 150 mg, 300 mg capsule <sup>MO</sup>	3	
omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule <sup>MO</sup>	4	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule <sup>MO</sup>	2	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,100 cap; omeprazole-bicarb 40-1,680 pkt <sup>MO</sup>	4	ST,QL (30 per 30 days)
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	4	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	2	
ondansetron hcl 24 mg tablet <sup>MO</sup>	2	B vs D,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron hcl 4 mg, 8 mg tablet <b>MO</b>	2	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr; ondansetron hcl 4 mg/2 ml vial <b>MO</b>	2	
pantoprazole sod dr 20 mg, 40 mg tab <b>MO</b>	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial <b>MO</b>	4	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln <b>MO</b>	2	
peg 3350-electrolyte solution <b>MO</b>	2	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE <b>MO</b>	4	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE <b>MO</b>	4	QL (300 per 30 days)
polyethylene glycol 3350 powd <b>MO</b>	2	
PREVPAC 500 MG-500 MG-30 MG ORAL PACK <b>MO</b>	4	ST
prochlorperazine 25 mg supp <b>MO</b>	4	
prochlorperazine 10 mg/2 ml vl <b>MO</b>	4	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet <b>MO</b>	1	B vs D
PROTONIX 40 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
rabeprazole sod dr 20 mg tab <b>MO</b>	4	QL (30 per 30 days)
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg tablet; ranitidine hcl 50 mg/2 ml vial <b>MO</b>	2	
ranitidine 150 mg, 300 mg capsule <b>MO</b>	3	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (12 per 30 days)
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <b>MO</b>	4	QL (4 per 30 days)
scopolamine 1 mg/3 day patch <b>MO</b>	4	QL (10 per 30 days)
sucralfate 1 gm tablet <b>MO</b>	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	3	
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) <b>MO</b>	4	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution <b>MO</b>	2	
trimethobenzamide 300 mg cap <b>MO</b>	4	B vs D
ursodiol 250 mg, 500 mg tablet <b>MO</b>	4	
VIBERZI 100 MG, 75 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1.1 GRAM CAPSULE <b>MO</b>	4	ST,QL (30 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 <b>MO</b>	4	
<b>GOLD COMPOUNDS</b>		
RIDAURA 3 MG CAPSULE <b>SP</b>	5	
<b>HEAVY METAL ANTAGONISTS</b>		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
<i>calcium disodium versenate 200 mg/ml injection solution</i> <b>MO</b>	1	
CHEMET 100 MG CAPSULE <b>MO</b>	4	
CUPRIMINE 250 MG CAPSULE <b>SP</b>	5	
<i>deferoxamine 2 gram, 500 mg vial</i> <b>MO</b>	4	
DEPEN TITRATABS 250 MG TABLET <b>SP</b>	5	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <b>SP</b>	5	PA
SYPRINE 250 MG CAPSULE <b>SP</b>	5	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<i>a-hydrocort 100 mg solution for injection</i> <b>HI,MO</b>	1	
<i>acarbose 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	3	
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	QL (8 per 28 days)
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> <b>MO</b>	4	
<i>amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	4	
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	4	QL (91 per 90 days)
<i>amethyst 90 mcg-20 mcg tablet</i> <b>MO</b>	4	
ANADROL-50 50 MG TABLET <b>SP</b>	5	
<i>anastrozole 1 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	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 <b>MO</b>	3	QL (150 per 30 days)
androxy 10 mg tablet <b>MO</b>	4	
apri 0.15 mg-0.03 mg tablet <b>MO</b>	4	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	4	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	
aubra 0.1 mg-20 mcg tablet <b>MO</b>	4	
AVANDIA 2 MG, 4 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
aviane 0.1 mg-20 mcg tablet <b>MO</b>	4	
AYGESTIN 5 MG TABLET <b>MO</b>	4	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
balziva (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
betamethasone ac-sp 6 mg/ml vl <b>MO</b>	2	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
BREVICON (28) 0.5 MG-35 MCG TABLET <b>MO</b>	4	
briellyn 0.4 mg-35 mcg tablet <b>MO</b>	4	
budesonide ec 3 mg capsule <b>MO</b>	4	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION; BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	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 <b>MO</b>	4	QL (2.4 per 30 days)
calcitonin-salmon 200 units sp <b>MO</b>	3	QL (3.7 per 28 days)
camila 0.35 mg tablet <b>MO</b>	4	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
chateal 0.15 mg-0.03 mg tablet <b>MO</b>	4	
chorionic gonad 10,000 unit vl	4	PA
cortisone 25 mg tablet <b>MO</b>	4	
cryselle (28) 0.3 mg-30 mcg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cyclafem 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	4	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET <b>MO</b>	4	
<i>cyred 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET <b>MO</b>	4	
<i>danazol 100 mg, 200 mg, 50 mg capsule</i> <b>MO</b>	4	
<i>dasetta 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	4	
<i>deblitane 0.35 mg tablet</i> <b>MO</b>	4	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL <b>MO</b>	4	
<i>delyla (28) 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <b>MO</b>	2	
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (0.65 per 90 days)
<i>desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr</i> <b>MO</b>	3	
<i>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</i> <b>MO</b>	4	
<i>desogestr-eth estrad eth estra</i> <b>MO</b>	4	
DESOGEN 28 DAY TABLET <b>MO</b>	4	
<i>desogestrel-ethinyl estrad tab</i> <b>MO</b>	4	
<i>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</i> <b>MO</b>	2	
<i>dexamethasone intensol 1 mg/ml drops (concentrate)</i> <b>MO</b>	3	
<i>dexamethasone 10 mg/ml vial</i> <b>MO</b>	2	
<i>dexamethasone 10 mg/ml, 4 mg/ml vial; dexamethasone 4 mg/ml syringe</i> <b>MO</b>	2	
<i>drosiprenone-ee 3-0.02 mg, 3-0.03 mg tab</i> <b>MO</b>	4	
DUAVEE 0.45 MG-20 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION <b>SP</b>	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
<i>elinest 0.3 mg-30 mcg tablet</i> <b>MO</b>	4	
ELLA 30 MG TABLET <b>MO</b>	3	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENDOMETRIN 100 MG VAGINAL INSERTS <b>MO</b>	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MO</b>	4	
<i>enskyce 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>errin 0.35 mg tablet</i> <b>MO</b>	4	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM <b>MO</b>	3	
<i>estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch</i> <b>MO</b>	4	QL (8 per 28 days)
<i>estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day</i> <b>MO</b>	4	QL (4 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	3	
<i>estradiol 10 mcg vaginal insrt</i> <b>MO</b>	4	
<i>estradiol valerate 20 mg/ml, 40 mg/ml v</i> <b>MO</b>	4	
<i>estradiol-noreth 0.5-0.1 mg tb</i> <b>MO</b>	3	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <b>MO</b>	4	QL (1 per 90 days)
<i>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</i> <b>MO</b>	3	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MO</b>	4	
<i>ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg</i> <b>MO</b>	4	
<i>exemestane 25 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<i>falmina (28) 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
FARESTON 60 MG TABLET <b>SP</b>	5	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
<i>fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack</i> <b>MO</b>	4	QL (91 per 90 days)
FEMCON FE CHEWABLE TABLET <b>MO</b>	4	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET <b>MO</b>	4	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 90 days)
<i>femynor 0.25 mg-35 mcg tablet</i> <b>MO</b>	4	
FIASP 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
FIASP FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION	4	PA
<i>fludrocortisone 0.1 mg tablet</i> <b>MO</b>	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	ST,QL (2.4 per 28 days)
FORTICAL 200 UNITS NASAL SPRAY <b>MO</b>	4	QL (3.7 per 28 days)
<i>gianvi (28) 3 mg-20 mcg tablet</i> <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gildagia 0.4 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>gildess 1.5 mg-30 mcg tablet</i> <b>MO</b>	4	
<i>gildess 1 mg-20 mcg tablet</i> <b>MO</b>	4	
<i>gildess 24 fe 1-0.02 mg tablet</i> <b>MO</b>	4	
<i>gildess fe 1.5-30 tablet</i> <b>MO</b>	4	
<i>gildess fe 1-20 tablet</i> <b>MO</b>	4	
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> <b>MO</b>	1	
<i>glipizide 10 mg, 5 mg tablet; glipizide er 10 mg, 2.5 mg, 5 mg tablet</i> <b>MO</b>	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> <b>MO</b>	2	
GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	3	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION <b>MO</b>	4	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (120 per 30 days)
GLYSET 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	4	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>heather 0.35 mg tablet</i> <b>MO</b>	4	
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <b>SP</b>	5	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>SP</b>	5	
<i>hydrocortisone 10 mg, 20 mg, 5 mg tablet</i> <b>MO</b>	2	
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
<i>introvale 0.15 mg-30 mcg tablets,3 month dose pack</i> <b>MO</b>	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 <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
<i>isibloom 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
jencycla 0.35 mg tablet <b>MO</b>	4	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
jolessa 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	
jolivette 0.35 mg tablet <b>MO</b>	4	
juleber 0.15 mg-0.03 mg tablet <b>MO</b>	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
junel 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)
KORLYM 300 MG TABLET <b>SP</b>	5	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet <b>MO</b>	4	
levono-e estrad 0.10-0.02-0.01; levonorg 0.15mg-ee 20-25-30mcg <b>MO</b>	4	QL (91 per 90 days)
levono-e estrad 0.15-0.03-0.01 <b>MO</b>	4	
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
larin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
larissia 0.1 mg-20 mcg tablet <b>MO</b>	4	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	4	
lessina 0.1 mg-20 mcg tablet <b>MO</b>	4	
letrozole 2.5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
leuprolide 2wk 14 mg/2.8 ml kt	4	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
levonor-eth estrad triphasic <b>MO</b>	4	
levonorgestrel 1.5 mg tablet <b>MO</b>	4	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <b>MO</b>	4	
levora-28 0.15 mg-0.03 mg tablet <b>MO</b>	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 <b>MO</b>	1	
levothyroxine 100 mcg, 200 mcg, 500 mcg vial <b>MO</b>	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 <b>MO</b>	3	
lillow 0.15 mg-0.03 mg tablet <b>MO</b>	4	
liothyronine sod 10 mcg/ml vl <b>MO</b>	2	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab <b>MO</b>	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>MO</b>	4	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <b>MO</b>	4	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
lomedica 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
loryna (28) 3 mg-20 mcg tablet <b>MO</b>	3	
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MO</b>	4	
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>SP</b>	5	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT <b>SP</b>	5	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <b>SP</b>	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>SP</b>	5	PA,QL (1 per 90 days)
lutera (28) 0.1 mg-20 mcg tablet <b>MO</b>	4	
lyza 0.35 mg tablet <b>MO</b>	4	
marlissa 0.15 mg-0.03 mg tablet <b>MO</b>	4	
MEDROL 2 MG TABLET <b>MO</b>	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	2	
medroxyprogesterone 150 mg/ml <b>MO</b>	2	QL (1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MEGACE ES 625 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	PA
megestrol 20 mg, 40 mg tablet; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <b>MO</b>	3	
megestrol 625 mg/5 ml susp <b>MO</b>	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <b>MO</b>	4	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	QL (8 per 28 days)
metformin hcl 1,000 mg, 500 mg, 850 mg tablet <b>MO</b>	1	
metformin hcl er 500 mg tablet <b>MO</b>	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet <b>MO</b>	1	QL (60 per 30 days)
methimazole 10 mg, 5 mg tablet <b>MO</b>	2	
METHITEST 10 MG TABLET <b>MO</b>	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 <b>MO</b>	2	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml v1 <b>HI,MO</b>	2	
methylprednisolone ss 1 gm v1 <b>MO</b>	4	
methylprednisolone ss 125 mg, 40 mg; methylprednisolone ss 125 mg, 40 mg v1 <b>HI,MO</b>	4	
methyltestosterone 10 mg cap <b>SP</b>	5	
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	4	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET <b>MO</b>	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
miglitol 100 mg, 25 mg, 50 mg tablet <b>MO</b>	4	
mimvey 1 mg-0.5 mg tablet <b>MO</b>	4	
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET <b>MO</b>	4	
MODICON 28 TABLET <b>MO</b>	4	
mono-lyyah 0.25 mg-35 mcg tablet <b>MO</b>	4	
mononessa (28) 0.25 mg-35 mcg tablet <b>MO</b>	4	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (30 per 30 days)
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	4	
nateglinide 120 mg, 60 mg tablet <b>MO</b>	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	PA,QL (2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
necon 1-35-28 tablet <b>MO</b>	4	
necon 1-50-28 tablet <b>MO</b>	4	
necon 10-11-28 tablet <b>MO</b>	4	
necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
nikki (28) 3 mg-20 mcg tablet <b>MO</b>	4	
NOR-Q-D TABLET <b>MO</b>	4	
nora-be 0.35 mg tablet <b>MO</b>	4	
noret-estr-fe 0.4-0.035(21)-75 <b>MO</b>	4	
norethindrone 0.35 mg tablet <b>MO</b>	4	
norethind-eth estrad 1-0.02 mg <b>MO</b>	4	
norethindrone 5 mg tablet <b>MO</b>	3	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	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 <b>MO</b>	4	
NORINYL 1+50-28 TABLET <b>MO</b>	4	
NORINYL 1-35 28 TABLET <b>MO</b>	4	
norlyda 0.35 mg tablet <b>MO</b>	4	
norlyroc 0.35 mg tablet <b>MO</b>	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE <b>MO</b>	3	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet <b>MO</b>	4	
ogestrel (28) 0.5 mg-50 mcg tablet <b>MO</b>	4	

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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 <b>SP</b>	5	PA
ONGLYZA 2.5 MG, 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
<i>orsythia 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
ORTHO MICRONOR 0.35 MG TABLET <b>MO</b>	4	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET <b>MO</b>	4	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET <b>MO</b>	4	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET <b>MO</b>	4	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)
OVCON-35 28 TABLET <b>MO</b>	4	
<i>oxandrolone 10 mg tablet</i> <b>SP</b>	5	PA,QL (60 per 30 days)
<i>oxandrolone 2.5 mg tablet</i> <b>MO</b>	3	PA,QL (120 per 30 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION <b>MO</b>	4	
<i>philith 0.4 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>pimtree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	4	
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> <b>MO</b>	4	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> <b>MO</b>	4	QL (90 per 30 days)
<i>pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>portia 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>prednisolone 15 mg/5 ml syrup</i> <b>MO</b>	2	
<i>prednisolone 15 mg/5 ml soln</i> <b>MO</b>	2	
<i>prednisolone 20 mg/5 ml soln</i> <b>MO</b>	4	
<i>prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml</i> <b>MO</b>	3	
<i>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</i> <b>MO</b>	1	B vs D
<i>prednisone 5 mg/5 ml solution</i> <b>MO</b>	3	B vs D
<i>prednisone intensol 5 mg/ml oral concentrate</i> <b>MO</b>	4	B vs D
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET <b>MO</b>	4	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET <b>MO</b>	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 <b>MO</b>	4	

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previfem 0.25 mg-35 mcg tablet <b>MO</b>	4	
progesterone oil 50 mg/ml vial <b>MO</b>	3	
progesterone in oil 50 mg/ml intramuscular <b>MO</b>	3	
progesterone 100 mg, 200 mg capsule <b>MO</b>	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	
propylthiouracil 50 mg tablet <b>MO</b>	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET <b>MO</b>	4	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	
raloxifene hcl 60 mg tablet <b>MO</b>	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet <b>MO</b>	4	
repaglinide 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	3	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
SENSIPAR 30 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET <b>SP</b>	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>SP</b>	5	QL (120 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	
sharobel 0.35 mg tablet <b>MO</b>	4	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (60 per 30 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 500 MG/4 ML INTRAVENOUS SOLUTION <b>MO</b>	4	
SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML SOLUTION FOR INJECTION <b>HI,MO</b>	3	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <b>SP</b>	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 <b>SP</b>	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet <b>MO</b>	4	
sronyx 0.1 mg-20 mcg tablet <b>MO</b>	4	
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>MO</b>	4	
syeda 3 mg-0.03 mg tablet <b>MO</b>	4	

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SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>SP</b>	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 <b>MO</b>	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 <b>MO</b>	3	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	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 <b>MO</b>	3	
<i>tamoxifen 10 mg, 20 mg tablet</i> <b>MO</b>	2	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	4	
<i>testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml</i> <b>MO</b>	3	
<i>testosterone enan 200 mg/ml</i> <b>MO</b>	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>MO</b>	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>MO</b>	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>MO</b>	2	
THYROLAR-2 25 MCG-100 MCG TABLET <b>MO</b>	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>MO</b>	2	
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	4	
<i>tolbutamide 500 mg tablet</i> <b>MO</b>	4	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
TRADJENTA 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML INTRAMUSCULAR SYRINGE	4	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION <b>SP</b>	5	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE <b>SP</b>	5	PA
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	4	
<i>tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	

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TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET <b>MO</b>	4	
<i>tri-previfem</i> (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
<i>tri-sprintec</i> (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
<i>trinessa</i> (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet <b>MO</b>	4	
<i>trinessa lo</i> 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet <b>MO</b>	4	
<i>trivora</i> (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	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 <b>MO</b>	3	
VAGIFEM 10 MCG VAGINAL TABLET <b>MO</b>	4	
<i>velivet triphasic regimen</i> (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <b>MO</b>	4	
<i>vestura</i> (28) 3 mg-20 mcg tablet <b>MO</b>	4	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
<i>vienva</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>viorele</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH <b>MO</b>	4	QL (8 per 28 days)
<i>vyfemla</i> (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
<i>wera</i> (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
<i>wymzya fe</i> 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet <b>MO</b>	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 <b>MO</b>	4	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
<i>xulane</i> 150 mcg-35 mcg/24 hr transdermal patch <b>MO</b>	4	QL (3 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET <b>MO</b>	4	
YAZ (28) 3 MG-20 MCG TABLET <b>MO</b>	4	
<i>yuvaferm</i> 10 mcg vaginal tablet <b>MO</b>	4	
<i>zarah</i> 3 mg-0.03 mg tablet <b>MO</b>	4	
<i>zenchent</i> (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
<i>zenchent fe</i> tablet chewable <b>MO</b>	4	
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT	4	PA,QL (1 per 28 days)

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ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA
zovia 1/35e (28) 1 mg-35 mcg tablet <sup>MO</sup>	4	
zovia 1/50e (28) 1 mg-50 mcg tablet <sup>MO</sup>	4	
<b>LOCAL ANESTHETICS (PARENTERAL)</b>		
bupivacaine 0.25% vial <sup>MO</sup>	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial <sup>MO</sup>	1	
lidocaine 5% in d7.5w ampul <sup>MO</sup>	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% vial; lidocaine hcl 4% ampul <sup>MO</sup>	2	
lidocaine hcl 1% vial; lidocaine hcl 2% vial <sup>MO</sup>	2	
lidocaine 0.5%-epi 1:200,000; lidocaine 1%-epi 1:100,000; lidocaine 2%-epi 1:100,000 <sup>MO</sup>	2	
lidocaine 2% - epi 1:100,000 <sup>MO</sup>	2	
lidocaine 2% - epi 1:50,000 <sup>MO</sup>	1	
mepivacaine hcl 3% cartridge <sup>MO</sup>	1	
polocaine 1 % (10 mg/ml), 2 % injection solution <sup>MO</sup>	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution <sup>MO</sup>	1	
ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 150 mg/30 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl <sup>MO</sup>	4	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
acetylcysteine 6 gram/30 ml vl <sup>MO</sup>	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab <sup>MO</sup>	1	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet <sup>MO</sup>	2	
allopurinol sodium 500 mg vial <sup>MO</sup>	4	
ALOPRIM 500 MG INTRAVENOUS SOLUTION <sup>MO</sup>	4	
amifostine 500 mg vial <sup>SP</sup>	5	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE <sup>SP</sup>	5	PA,QL (60 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA
ATELVIA 35 MG TABLET,DELAYED RELEASE <sup>MO</sup>	4	QL (4 per 28 days)
ATGAM 50 MG/ML INTRAVENOUS SOLUTION <sup>HI,MO</sup>	4	PA
AVODART 0.5 MG CAPSULE <sup>MO</sup>	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 <sup>SP</sup>	5	PA,QL (1 per 28 days)

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AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT <b>SP</b>	5	PA,QL (4 per 28 days)
<i>azathioprine 50 mg tablet</i> <b>MO</b>	1	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR; BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (6 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	4	QL (4 per 28 days)
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION <b>MO</b>	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET <b>SP</b>	5	B vs D
CELLCEPT 250 MG CAPSULE <b>MO</b>	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CERDELGA 84 MG CAPSULE <b>SP</b>	5	PA,QL (60 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION <b>SP</b>	5	PA,QL (20 per 30 days)
COLCRYS 0.6 MG TABLET <b>MO</b>	3	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (12 per 28 days)
<i>cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul</i> <b>MO</b>	4	B vs D
<i>cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg</i> <b>MO</b>	4	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>SP</b>	5	
CYTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	4	
DEMSEER 250 MG CAPSULE <b>SP</b>	5	
<i>dexrazoxane 250 mg, 500 mg vial</i> <b>MO</b>	4	B vs D
<i>disulfiram 250 mg, 500 mg tablet</i> <b>MO</b>	4	
<i>dutasteride 0.5 mg capsule</i> <b>MO</b>	3	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> <b>MO</b>	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION <b>SP</b>	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE <b>SP</b>	5	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA,QL (7.84 per 28 days)
<i>etidronate disodium 200 mg, 400 mg tab</i> <b>MO</b>	4	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION <b>SP</b>	5	PA
<i>finasteride 5 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (18 per 30 days)

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<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> <b>MO</b>	1	
<i>fluoritab 0.125 mg/drp drops; fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet</i> <b>MO</b>	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET <b>MO</b>	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> <b>MO</b>	1	
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET <b>MO</b>	4	ST,QL (4 per 28 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION	4	PA
<i>gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution</i> <b>MO</b>	4	B vs D
GILENYA 0.5 MG CAPSULE <b>SP</b>	5	PA,QL (30 per 30 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>SP</b>	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT <b>SP</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT <b>SP</b>	5	PA,QL (6 per 28 days)
<i>ibandronate 3 mg/3 ml syringe; ibandronate 3 mg/3 ml vial</i> <b>MO</b>	4	PA,QL (3 per 90 days)
<i>ibandronate sodium 150 mg tab</i> <b>MO</b>	2	QL (1 per 28 days)
IMURAN 50 MG TABLET <b>MO</b>	4	B vs D
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
KUVAN 100 MG ORAL POWDER PACKET; KUVAN 100 MG SOLUBLE TABLET <b>SP</b>	5	PA
KUVAN 500 MG ORAL POWDER PACKET <b>SP</b>	5	PA
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> <b>MO</b>	2	
<i>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 vl</i> <b>MO</b>	2	B vs D
<i>levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet</i> <b>MO</b>	3	
<i>levocarnitine 1 g/10 ml soln</i> <b>MO</b>	3	
<i>levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vl</i> <b>SP</b>	5	PA
<i>levoleucovorin 50 mg vial</i>	4	PA
<i>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</i> <b>MO</b>	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
mesna 1 gram/10 ml vial <b>MO</b>	4	B vs D
MESNEX 400 MG TABLET <b>MO</b>	4	
mycophenolate 200 mg/ml susp <b>MO</b>	4	B vs D
mycophenolate 250 mg capsule; mycophenolate 500 mg tablet <b>MO</b>	3	B vs D
mycophenolate 500 mg vial <b>MO</b>	4	B vs D
mycophenolic acid dr 180 mg, 360 mg tb <b>MO</b>	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE <b>MO</b>	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION <b>SP</b>	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 vl; octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr <b>MO</b>	4	PA
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION <b>SP</b>	5	
pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial <b>MO</b>	3	
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE; PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	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 <b>MO</b>	4	B vs D
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA, QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>SP</b>	5	PA, QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. <b>SP</b>	5	PA, QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA, QL (4.2 per 28 days)
REMICADE 100 MG INTRAVENOUS SOLUTION <b>SP</b>	5	PA
risedronate sod dr 35 mg, 35 mg tab; risedronate sodium 35 mg, 35 mg tab <b>MO</b>	4	QL (4 per 28 days)
risedronate sodium 150 mg tab <b>MO</b>	4	QL (1 per 30 days)
risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP, EXTENDED RELEASE <b>SP</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE <sup>SP</sup>	5	PA,QL (1 per 30 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <sup>MO</sup>	4	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <sup>MO</sup>	4	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <sup>SP</sup>	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <sup>SP</sup>	5	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET <sup>SP</sup>	5	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <sup>MO</sup>	3	B vs D
TYBOST 150 MG TABLET <sup>MO</sup>	4	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
ULORIC 40 MG, 80 MG TABLET <sup>MO</sup>	3	ST,QL (30 per 30 days)
XELJANZ 5 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE <sup>SP</sup>	5	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE <sup>SP</sup>	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> <sup>MO</sup>	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 <sup>MO</sup>	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <sup>MO</sup>	4	B vs D,QL (120 per 30 days)
<b>OXYTOCICS</b>		
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION <sup>MO</sup>	4	
<i>methergine 0.2 mg tablet</i> <sup>MO</sup>	4	
<i>methylergonovine 0.2 mg tablet</i> <sup>MO</sup>	4	
<i>methylergonovine 0.2 mg/ml amp</i> <sup>MO</sup>	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL <sup>MO</sup>	4	
<b>PHARMACEUTICAL AIDS</b>		
BAND-AID GAUZE PADS 2" X 2" BANDAGE <sup>MO</sup>	1	
BORDERED GAUZE 2" X 2" BANDAGE <sup>MO</sup>	1	
CURITY GAUZE 2" X 2" BANDAGE <sup>MO</sup>	1	
DERMACEA 2" X 2" BANDAGE <sup>MO</sup>	1	
GAUZE PADS 2"X2" <sup>MO</sup>	1	
GAUZE PAD 2" X 2" BANDAGE <sup>MO</sup>	1	
GAUZE PADS, STERILE 2"X2" <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>RESPIRATORY TRACT AGENTS</b>		
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <sup>MO</sup>	3	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <sup>SP</sup>	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 <sup>MO</sup>	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 <sup>MO</sup>	3	QL (12 per 30 days)
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	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 <sup>MO</sup>	3	QL (60 per 30 days)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> <sup>MO</sup>	4	B vs D
<i>cromolyn 100 mg/5 ml oral conc</i> <sup>MO</sup>	4	
<i>cromolyn 20 mg/2 ml neb soln</i> <sup>MO</sup>	3	B vs D
<i>cromolyn 4% eye drops</i> <sup>MO</sup>	2	
DALIRESP 500 MCG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg v1</i> <sup>SP</sup>	5	PA
ESBRIET 267 MG CAPSULE; ESBRIET 267 MG TABLET <sup>SP</sup>	5	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <sup>SP</sup>	5	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <sup>MO</sup>	3	QL (10.6 per 30 days)
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
KALYDECO 150 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <sup>SP</sup>	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
<i>montelukast sod 10 mg tablet; montelukast sod 4 mg, 5 mg tab chew</i> <sup>MO</sup>	2	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> <sup>MO</sup>	4	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE <sup>SP</sup>	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET <sup>SP</sup>	5	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET <sup>SP</sup>	5	PA,QL (112 per 28 days)
ORKAMBI 200 MG-125 MG TABLET <sup>SP</sup>	5	PA,QL (112 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <sup>SP</sup>	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 <sup>SP</sup>	5	PA
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <sup>MO</sup>	3	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET <sup>SP</sup>	5	PA,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION <sup>SP</sup>	5	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION <sup>SP</sup>	5	PA,QL (270 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION <sup>SP</sup>	5	PA,QL (90 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <sup>SP</sup>	5	PA,QL (6 per 28 days)
zafirlukast 10 mg, 20 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
8-MOP 10 MG CAPSULE <sup>MO</sup>	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule <sup>SP</sup>	5	
acyclovir 5% ointment <sup>MO</sup>	4	PA
adapalene 0.1% gel <sup>MO</sup>	4	
ALA-CORT 1 % TOPICAL CREAM <sup>MO</sup>	2	
ala-cort 2.5 % topical cream <sup>MO</sup>	4	
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm <sup>MO</sup>	3	
ALCOHOL PADS <sup>MO</sup>	1	
ALCOHOL PREP PADS <sup>MO</sup>	1	
ALCOHOL PREP SWABS <sup>MO</sup>	1	
ALCOHOL 70% SWABS <sup>MO</sup>	1	
ALCOHOL WIPES <sup>MO</sup>	1	
ALTABAX 1 % TOPICAL OINTMENT <sup>MO</sup>	4	
ammonium lactate 12% cream; ammonium lactate 12% lotion <sup>MO</sup>	2	
amnesteem 10 mg, 20 mg, 40 mg capsule <sup>MO</sup>	4	
anusol-hc 2.5 % topical cream with perineal applicator <sup>MO</sup>	4	
BD ALCOHOL SWABS <sup>MO</sup>	1	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint <sup>MO</sup>	3	
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm <sup>MO</sup>	2	
betamethasone dp aug 0.05% crm <sup>MO</sup>	2	
betamethasone dp aug 0.05% gel; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin <sup>MO</sup>	3	
calcipotriene 0.005% cream <sup>MO</sup>	4	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
calcipotriene 0.005% solution <b>MO</b>	4	QL (60 per 30 days)
CARAC 0.5 % TOPICAL CREAM <b>MO</b>	4	PA
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <b>MO</b>	1	
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution <b>MO</b>	2	
ciclopirox 0.77% cream <b>MO</b>	2	
ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo <b>MO</b>	4	
ciclopirox 8% solution <b>MO</b>	3	
CLEOCIN 100 MG VAGINAL SUPPOSITORY <b>MO</b>	4	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin phosp 1% lotion <b>MO</b>	4	
clindamycin ph 1% solution; clindamycin phos 1% pledget <b>MO</b>	3	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	4	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% solution; clobetasol 0.05% topical lotn <b>MO</b>	4	
clobetasol emollient 0.05% crm <b>MO</b>	4	
CLOBEX 0.05 % LOTION <b>MO</b>	4	
clotrimazole 1% cream; clotrimazole 10 mg troche <b>MO</b>	2	
clotrimazole 1% solution <b>MO</b>	3	
clotrimazole-betamethasone crm <b>MO</b>	3	
clotrimazole-betamethasone lot <b>MO</b>	4	
colocort 100 mg/60 ml enema <b>MO</b>	3	
CONDYLOX 0.5 % TOPICAL GEL <b>MO</b>	4	
cormax 0.05 % scalp solution <b>MO</b>	4	
CORTISPORIN 1 % TOPICAL OINTMENT; CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>SP</b>	5	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS <b>SP</b>	5	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>SP</b>	5	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS <b>SP</b>	5	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS <b>MO</b>	1	
DENAVIR 1 % TOPICAL CREAM <b>MO</b>	4	PA
desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment <b>MO</b>	4	
desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment <b>MO</b>	4	
diclofenac sodium 3% gel <b>MO</b>	4	PA
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
econazole nitrate 1% cream <b>MO</b>	4	
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	4	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>MO</b>	4	QL (120 per 30 days)
ery pads 2 % topical swab <b>MO</b>	3	
erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution <b>MO</b>	3	
erythromycin-benzoyl gel <b>MO</b>	4	
FINACEA 15 % TOPICAL GEL <b>MO</b>	4	ST
fluocinolone 0.01% body oil; fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment <b>MO</b>	4	
fluocinolone 0.01% scalp oil <b>MO</b>	4	
fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment <b>MO</b>	3	
fluocinonide 0.05% solution <b>MO</b>	4	
fluocinonide-e 0.05 % topical cream <b>MO</b>	4	
fluocinonide-e 0.05% cream <b>MO</b>	4	
fluorouracil 0.5% cream; fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% topical soln <b>MO</b>	4	
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream <b>MO</b>	2	
gentamicin 0.1% cream; gentamicin 0.1% ointment <b>MO</b>	3	
gynazole-1 2 % vaginal cream <b>MO</b>	4	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt <b>MO</b>	4	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment <b>MO</b>	2	
hydrocortisone 100 mg/60 ml <b>MO</b>	3	
hydrocortisone 2.5% cream <b>MO</b>	4	
hydrocort buty 0.1% lipo cream <b>MO</b>	4	
hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln <b>MO</b>	4	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt <b>MO</b>	4	
hydrocortisone 1% absorbase <b>MO</b>	2	
imiquimod 5% cream packet <b>MO</b>	4	QL (12 per 30 days)
INCONTROL ALCOHOL PADS <b>MO</b>	1	
IV PREP WIPES MEDICATED <b>MO</b>	1	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>SP</b>	5	
ketoconazole 2% cream; ketoconazole 2% shampoo <b>MO</b>	2	
LEVULAN 20 % TOPICAL SOLUTION <b>MO</b>	4	
lidocaine 5% patch <b>MO</b>	4	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine-prilocaine cream <b>MO</b>	4	
lindane 1% lotion; lindane 1% shampoo <b>MO</b>	4	
mafenide acetate 50 gm powd pk <b>MO</b>	4	
malathion 0.5% lotion <b>MO</b>	4	
MENTAX 1 % TOPICAL CREAM <b>MO</b>	4	
methoxsalen 10 mg softgel <b>SP</b>	5	
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel <b>MO</b>	4	
metronidazole vaginal 0.75% gl <b>MO</b>	3	
miconazole-3 200 mg vaginal suppository <b>MO</b>	3	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln <b>MO</b>	2	
mupirocin 2% ointment <b>MO</b>	2	
mupirocin 2% cream <b>MO</b>	4	
myorisan 10 mg, 20 mg, 30 mg, 40 mg capsule <b>MO</b>	4	
naftifine hcl 1% cream; naftifine hcl 2% cream <b>MO</b>	4	ST
NAFTIN 1 %, 2 % TOPICAL GEL; NAFTIN 2 % TOPICAL CREAM <b>MO</b>	4	ST
neomy-polymyxin b 40 mg/ml amp <b>MO</b>	3	
NORITATE 1 % TOPICAL CREAM <b>MO</b>	4	ST
nyamyc 100,000 unit/gram topical powder <b>MO</b>	2	
nyata 100,000 unit/gram topical powder <b>MO</b>	2	
nystatin 100,000 unit/gm cream; nystatin 100,000 unit/gm powd; nystatin 100,000 units/gm oint <b>MO</b>	2	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm <b>MO</b>	4	
nystop 100,000 unit/gram topical powder <b>MO</b>	2	
oralone 0.1 % dental paste <b>MO</b>	3	
PANRETIN 0.1 % TOPICAL GEL <b>SP</b>	5	
permethrin 5% cream <b>MO</b>	3	
PICATO 0.015 % TOPICAL GEL <b>MO</b>	4	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL <b>MO</b>	4	QL (2 per 30 days)
podofilox 0.5% topical soln <b>MO</b>	4	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment <b>MO</b>	4	
PRO COMFORT ALCOHOL PADS <b>MO</b>	1	
procto-med hc 2.5 % topical cream perineal applicator <b>MO</b>	4	
procto-pak 1 % topical cream perineal applicator <b>MO</b>	2	
proctosol hc 2.5 % topical cream perineal applicator <b>MO</b>	4	
proctozone-hc 2.5 % topical cream perineal applicator <b>MO</b>	4	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>SP</b>	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	4	
selenium sulfide 2.5% lotion <b>MO</b>	2	
silver sulfadiazine 1% cream <b>MO</b>	2	
SOLARAZE 3 % TOPICAL GEL <b>MO</b>	4	PA
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE <b>SP</b>	5	
SSD 1 % TOPICAL CREAM <b>MO</b>	2	
sulfacetamide sod 10% top susp <b>MO</b>	3	
SULFAMYLON 50 GRAM TOPICAL PACKET; SULFAMYLON 85 MG/G TOPICAL CREAM <b>MO</b>	4	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	3	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment <b>MO</b>	4	
TARGRETIN 1 % TOPICAL GEL <b>SP</b>	5	PA
tazarotene 0.1% cream <b>MO</b>	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL <b>MO</b>	4	PA
terconazole 0.4% cream; terconazole 0.8% cream <b>MO</b>	2	
terconazole 80 mg suppository <b>MO</b>	3	
THERMAZENE 1% CREAM <b>MO</b>	2	
TOLAK 4 % TOPICAL CREAM <b>MO</b>	4	
tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.1% cream <b>MO</b>	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 <b>MO</b>	2	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion; triamcinolone 0.1% paste <b>MO</b>	3	
triderm 0.1 %, 0.5 % topical cream <b>MO</b>	2	
u-cort 1% cream <b>MO</b>	2	
ULTILET ALCOHOL SWAB <b>MO</b>	1	
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	4	B vs D
VALCHLOR 0.016 % TOPICAL GEL <b>SP</b>	5	PA,QL (60 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT <b>SP</b>	5	
WEBCOL TOPICAL PADS <b>MO</b>	1	
zenatane 10 mg, 20 mg, 30 mg, 40 mg capsule <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOVIRAX 5 % TOPICAL CREAM <sup>SP</sup>	5	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP <sup>MO</sup>	4	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <sup>MO</sup>	4	
<b>SMOOTH MUSCLE RELAXANTS</b>		
aminophylline 250 mg/10 ml, 500 mg/20 ml vl <sup>MO</sup>	2	
darifenacin er 15 mg, 7.5 mg tablet <sup>MO</sup>	4	ST,QL (30 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR <sup>MO</sup>	4	
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	ST,QL (30 per 30 days)
flavoxate hcl 100 mg tablet <sup>MO</sup>	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (30 per 30 days)
oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup <sup>MO</sup>	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
theophylline 80 mg/15 ml, 80 mg/15 ml soln <sup>MO</sup>	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 <sup>MO</sup>	2	
theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w <sup>MO</sup>	2	
tolterodine tart er 2 mg, 4 mg cap <sup>MO</sup>	3	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab <sup>MO</sup>	3	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	QL (30 per 30 days)
tropium chloride 20 mg tablet <sup>MO</sup>	4	
tropium chloride er 60 mg cap <sup>MO</sup>	4	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET <sup>MO</sup>	4	QL (30 per 30 days)
<b>VITAMINS</b>		
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release <sup>MO</sup>	4	
c-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MO</sup>	4	
calcitriol 0.25 mcg, 0.5 mcg capsule; calcitriol 1 mcg/ml ampul <sup>MO</sup>	2	
calcitriol 1 mcg/ml solution <sup>MO</sup>	4	
complete natal dha 29 mg-1 mg-250 mg oral pack <sup>MO</sup>	4	
completenate 29 mg iron-1 mg chewable tablet <sup>MO</sup>	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <sup>MO</sup>	4	
CONCEPT OB 85 MG-1 MG CAPSULE <sup>MO</sup>	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 vl <sup>MO</sup>	4	
folivane-ob 85 mg-1 mg capsule <sup>MO</sup>	4	
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION <sup>MO</sup>	3	
inatal advance tablet <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>inatal ultra tablet</i> <sup>MO</sup>	4	
<i>multi-vitamin with fluoride 0.5 mg, 1 mg chewable tablet</i> <sup>MO</sup>	4	
<i>multivitamin with fluoride 0.5 mg chewable tablet</i> <sup>MO</sup>	4	
<i>multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet</i> <sup>MO</sup>	4	
MVC-FLUORIDE 0.25 MG, 0.5 MG, 1 MG CHEWABLE TABLET <sup>MO</sup>	4	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <sup>MO</sup>	4	
<i>paire ob plus dha combo pack</i> <sup>MO</sup>	4	
<i>paricalcitol 1 mcg, 2 mcg, 4 mcg capsule</i> <sup>MO</sup>	4	
<i>paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial</i> <sup>MO</sup>	3	
<i>pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack</i> <sup>MO</sup>	4	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> <sup>MO</sup>	4	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> <sup>MO</sup>	4	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> <sup>MO</sup>	4	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> <sup>MO</sup>	4	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <sup>MO</sup>	4	
PRENATABS FA 29 MG-1 MG TABLET <sup>MO</sup>	4	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> <sup>MO</sup>	4	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE <sup>MO</sup>	4	
PRENATE ELITE 26 MG IRON-1 MG TABLET <sup>MO</sup>	4	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE <sup>MO</sup>	4	
<i>preplus 27 mg iron-1 mg tablet</i> <sup>MO</sup>	4	
PREQUE 10 TABLET <sup>MO</sup>	4	
<i>relnate dha 28 mg iron-1 mg-200 mg capsule</i> <sup>MO</sup>	4	
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> <sup>MO</sup>	4	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> <sup>MO</sup>	4	
<i>taron-c dha 35 mg-1 mg-200 mg capsule</i> <sup>MO</sup>	4	
<i>taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule</i> <sup>MO</sup>	4	
<i>thrivite-19 29 mg iron-1 mg-25 mg tablet</i> <sup>MO</sup>	4	
<i>tri-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops</i> <sup>MO</sup>	1	
<i>tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops</i> <sup>MO</sup>	1	
<i>triadvance 90 mg-1 mg-50 mg tablet</i> <sup>MO</sup>	4	
<i>trinatal gt 90 mg-1 mg-50 mg tablet</i> <sup>MO</sup>	4	
<i>trinatal rx 1 60 mg iron-1 mg tablet</i> <sup>MO</sup>	4	
<i>triveen-duo dha 29 mg-1 mg-400 mg oral pack</i> <sup>MO</sup>	4	
<i>triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule</i> <sup>MO</sup>	4	
<i>ultimatecare one 27 mg-1 mg-330 mg capsule</i> <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule</i> <b>MO</b>	4	
<i>vena-bal dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	4	
<i>virt-c dha 35 mg-1 mg-200 mg capsule</i> <b>MO</b>	4	
<i>virt-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MO</b>	4	
<i>zatean-ch 27 mg-1 mg-50 mg-250 mg capsule</i> <b>MO</b>	4	
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	

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## Discrimination is Against the Law

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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 1-800-457-4708 (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-457-4708 (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 1-800-457-4708 (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 1-800-457-4708 (TTY: 711).

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

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

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

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

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

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

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

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

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

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

**فارسی (Farsi):**

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

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-457-4708 (TTY: 711) पर कॉल करें।

**Հայերեն (Armenian):** Ուշադրութեամբ խոսելով ձեր հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ, Զանգահարեք 1-800-457-4708 (TTY (հեռատիպ)՝ 711):

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-457-4708 (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 1-800-457-4708 (TTY: 711).

**وُڊرُا (Urdu):**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں  
- (TTY: 711) 1-800-457-4708

**ខ្មែរ (Cambodian):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-457-4708 (TTY: 711)។

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-457-4708 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**বাংলা (Bengali):** লক্ষ্য করুনঃ যদি আপনাবাংলা, কথা বলতে পারেন, তাহলে নঃখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন 1-800-457-4708 (TTY: 711)।

**אידיש (Yiddish):**

אויפגעקאמט: אויב איר ארעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. אופט  
(TTY: 711) 1-800-457-4708

**አማርኛ (Amharic):** ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚስተኛው ቁጥር ይደውሉ 1-800-457-4708 (መስማት ለተሳናቸው: 711)።

**ภาษาไทย (Thai):** เร็วนี้: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-457-4708 (TTY: 711).

**Oroomiffa (Oromo):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-457-4708 (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 1-800-457-4708 (TTY: 711).

**ພາສາລາວ (Lao):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-457-4708 (TTY: 711).

**Shqip (Albanian):** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjjuhësore, pa pagesë. Telefononi në 1-800-457-4708 (TTY: 711).

**Srpsko-hrvatski (Serbo-Croatian):** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-457-4708 (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 1-800-457-4708 (телетайп: 711).

**नेपाली (Nepali):** ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-457-4708 (टिटिवाड: 711) ।

**Nederlands (Dutch):** AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-457-4708 (TTY: 711).

**Gagana fa'a Sāmoa (Samoan):** MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai au'aunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-457-4708 (TTY: 711).

**Kajin ʻMajōl (Marshallese):** LALE: ʻÑe kwōj kōnono Kajin ʻMajōl, kwomaroñ bōk jermal in jipañ ilo kajin ʻne aṃ ejjeļok wōṃāān. Kaalok 1-800-457-4708 (TTY: 711).

**Română (Romanian):** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-457-4708 (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 1-800-457-4708 (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 1-800-457-4708 (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 1-800-457-4708 (TTY: 711).

**Ikirundi (Bantu – Kirundi):** ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-457-4708 (TTY: 711).

**Kiswahili (Swahili):** KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-457-4708 (TTY: 711).

**Bahasa Indonesia (Indonesian):** PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-457-4708 (TTY: 711).

**Türkçe (Turkish):** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-457-4708 (TTY: 711) irtibat numaralarını arayın.

**ی‌دروک (Kurdish):**

ئاگاداری: ئه‌گەر به زمانی کوردی قهسه ده کهیت، خزمه‌تگوزاریه‌کانی یارمه‌تی زمان، به‌خۆراییی، بۆ تۆ به‌رده‌سته. په‌یه‌ندی به 1-800-457-4708 (TTY 711) بکه.

**తెలుగు (Teluga):** శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-457-4708 (TTY: 711) కు కాల్ చేయండి.

**Thuɔŋjaŋ (Nilotic – Dinka):** PIN KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔɔ waar thook atō kuka lëu yök abac ke cɪn wënh cuatë piny. Yuɔpë 1-800-457-4708 (TTY: 711).

**Norsk (Norwegian):** MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-800-457-4708 (TTY: 711).

**Català (Catalan):** ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-800-457-4708 (TTY o teletip: 711).

**λληνικά (Greek):** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-457-4708 (TTY: 711).

**Igbo asusu (Ibo):** Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-457-4708 (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 1-800-457-4708 (TTY: 711).
















This formulary was updated on 12/26/2017. For more recent information or other questions, please contact Humana at 1-800-457-4708 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that 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 Medicare Advantage PFFS 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 **1-800-457-4708 (TTY: 711)**.

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

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