2017

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs

Humana Group Medicare Plus

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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 Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

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Welcome to Humana Medicare Employer Plan!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

What is the formulary?
A formulary is the entire list of covered drugs or medicines selected by the Humana Medicare Employer Plan. The terms formulary and Drug List will be used interchangeably throughout communications regarding changes to your pharmacy benefits. The Humana Medicare Employer Plan worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. The Humana Medicare Employer Plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a Humana Medicare Employer Plan network pharmacy, and other plan rules are followed. For more information on how to fill your medicines, please review your Evidence of Coverage.

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

We'll notify members who are affected by the following changes to the formulary:
- When a drug is removed from the formulary
- When prior authorization, quantity limits, or step-therapy restrictions are added to a drug or made more restrictive
- When a drug is moved to a higher cost-sharing tier

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

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

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

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

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. If you're a current member, call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your Humana member identification card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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 158. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.
The Humana Medicare Employer Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

How much will I pay for covered drugs?
The Humana Medicare Employer Plan pays part of the costs for your covered drugs and you pay part of the costs, too.

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

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

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

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

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

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

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

If the Humana Medicare Employer Plan doesn't cover your drug, you have two options:

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

Talk to your health care provider to decide if you should switch to another drug that is covered or if you should request a formulary exception so that it can be considered for coverage.

How do I request an exception to the formulary?
You can ask the Humana Medicare Employer Plan to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.

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

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

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

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

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

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

- We'll temporarily cover 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, the Humana Medicare Employer Plan 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. The Humana Medicare Employer Plan will review requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

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

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

For More Information

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

If you have questions about Humana, please visit our website at **Humana.com/medicaredruglist**. The Drug List Search tool lets you search for your drug by name or drug type.

If you're thinking about enrolling in a Humana Medicare Employer Plan and need help or information, call the Group Medicare Customer Care number listed in your enrollment materials. Current members should call the number listed in your Annual Notice of Change (ANOC) or Evidence of Coverage (EOC), or call the number on the back of your membership card Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 158.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 20 mg/ml solution **MO**	1	QL (960 per 30 days)
abacavir 300 mg tablet **MO**	1	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg **SP**	4	QL (30 per 30 days)
abacavir-lamivudine-zidov tab **SP**	4	QL (60 per 30 days)
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION **SP**	4	B vs D
acyclovir 200 mg capsule; acyclovir 200 mg/5 ml susp; acyclovir 400 mg, 800 mg tablet **MO**	1	
acyclovir 1,000 mg/20 ml vial **HI,MO**	1	B vs D
acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 500 mg vial **MO**	1	B vs D
adefovir dipivoxil 10 mg tab **SP**	4	
ADOXA 150 MG CAPSULE **MO**	1	PA
ALBENZA 200 MG TABLET **SP**	4	
ALINIA 100 MG/5 ML ORAL SUSPENSION **MO**	3	QL (150 per 30 days)
ALINIA 500 MG TABLET **MO**	3	QL (40 per 30 days)
AMBISOME 50 MG INTRAVENOUS SUSPENSION **MO**	3	B vs D
amikacin sulf 1 gram/4 ml vial **HI,MO**	1	
amikacin sulf 500 mg/2 ml vial **MO**	1	
amoxicillin 125 mg, 250 mg tab chew; amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp; amoxicillin 250 mg, 500 mg capsule; amoxicillin 500 mg, 875 mg tablet **MO**	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp; amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet; amox-clav er 1,000-62.5 mg tab **MO**	1	
amphotericin b 50 mg vial **MO**	1	B vs D
ampicillin 125 mg/5 ml, 250 mg/5 ml susp; ampicillin 250 mg, 500 mg capsule **MO**	1	
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 **MO**	1	
ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg vial; ampicillin 10 gm vial **HI,MO**	1	
ampicillin-sulbactam 1.5 gm vl **MO**	1	
ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial **HI,MO**	1	
ANCOBON 250 MG, 500 MG CAPSULE **MO**	3	
APTIVUS 100 MG/ML ORAL SOLUTION **SP**	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE **SP**	4	QL (120 per 30 days)
atovaquone 750 mg/5 ml susp **SP**	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
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 **MO**	1	
ATRIPLA 600 MG-200 MG-300 MG TABLET **SP**	4	QL (30 per 30 days)
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION **MO**	3	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET **MO**	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION **MO**	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET,EXTENDED RELEASE **MO**	3	
AVELOX 400 MG TABLET **MO**	3	PA
AVELOX ABC PACK 400 MG TAB **MO**	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE(ISO-OSM) INTRAVENOUS PIGGYBACK **HI,MO**	3	
avidoxy 100 mg tablet **MO**	1	
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION **SP**	4	
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION **MO**	3	PA
AZACTAM 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK **MO**	3	
azithromycin 1 gm pwd packet; azithromycin 100 mg/5 ml, 200 mg/5 ml susp; azithromycin 250 mg, 500 mg, 600 mg tablet **MO**	1	
azithromycin i.v. 500 mg vial **HI,MO**	1	
aztreonam 1 gm vial **HI,MO**	1	
aztreonam 2 gm vial **MO**	1	
AZULFIDINE 500 MG TABLET **MO**	3	
AZULFIDINE EN-TABS 500 MG TABLET,DELAYED RELEASE **MO**	3	
baciim 50,000 unit intramuscular solution **MO**	1	
bacitracin 50,000 unit vial **MO**	1	
BACTRIM 400 MG-80 MG TABLET **MO**	3	
BACTRIM DS 800 MG-160 MG TABLET **MO**	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION **SP**	4	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET **SP**	4	PA,QL (30 per 30 days)
BAXDELA 300 MG INTRAVENOUS SOLUTION; BAXDELA 450 MG TABLET **SP**	4	QL (28 per 14 days)
BENZNIDAZOLE 100 MG TABLET **MO**	3	QL (240 per 365 days)
BENZNIDAZOLE 12.5 MG TABLET **MO**	3	QL (720 per 365 days)
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION **SP**	4	PA,QL (224 per 28 days)
BIAXIN 250 MG, 500 MG TABLET; BIAXIN 250 MG/5 ML SUSPENSION **MO**	3	
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE **HI,MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE **MO**	3	
BILTRICIDE 600 MG TABLET **MO**	3	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION **HI,SP**	4	
CAPASTAT 1 GRAM SOLUTION FOR INJECTION **MO**	3	
caspofungin acetate 50 mg, 70 mg vial **SP**	4	
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **SP**	4	PA,QL (84 per 28 days)
CEDAX 180 MG/5 ML ORAL SUSPENSION; CEDAX 400 MG CAPSULE **MO**	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen; cefaclor 250 mg, 500 mg capsule; cefaclor er 500 mg tablet **MO**	1	
cefadroxil 1 gm tablet; cefadroxil 250 mg/5 ml, 500 mg/5 ml susp; cefadroxil 500 mg capsule **MO**	1	
cefazolin 1 gm add-van vial; cefazolin 1 gram, 10 gram, 20 gram, 500 mg vial; cefazolin 10 gm vial; cefazolin 20 gm bulk vial **MO**	1	
cefazolin 1 gm vial **HI,MO**	1	
cefazolin 1 g/50 ml-dextrose **HI,MO**	1	
cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose **MO**	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp; cefdinir 300 mg capsule **MO**	1	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial **HI,MO**	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml **MO**	1	
cefepime 1 gm injection; cefepime 2 gm injection **MO**	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp **MO**	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION **MO**	3	
cefotaxime sodium 1 gm vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial **HI,MO**	1	
cefotaxime sodium 500 mg vial **MO**	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial **MO**	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag **MO**	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial **MO**	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag **MO**	1	
cefpodoxime 100 mg, 200 mg tablet; cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp **MO**	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp; cefprozil 250 mg, 500 mg tablet **MO**	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial **HI,MO**	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback **MO**	1	
ceftibuten 180 mg/5 ml susp; ceftibuten 400 mg capsule **MO**	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSPENSION; CEFTIN 250 MG, 500 MG TABLET **MO**	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg bulk bag; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm vial **MO**	1	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 2 gram, 500 mg vial; ceftriaxone 2 gm add vial **HI,MO**	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag **MO**	1	
cefuroxime axetil 250 mg, 500 mg tab **MO**	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial **HI,MO**	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp; cephalexin 250 mg, 500 mg tablet; cephalexin 250 mg, 500 mg, 750 mg capsule **MO**	1	
chloramphen na succ 1 gm vl **HI,MO**	1	
chloroquine ph 250 mg, 500 mg tablet **MO**	1	
cidofovir 375 mg/5 ml vial	1	
CIPRO 250 MG, 500 MG TABLET; CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION **MO**	3	
CIPRO 400 MG/200 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK **MO**	3	
CIPRO XR 1,000 MG, 500 MG TABLET,EXTENDED RELEASE **MO**	3	PA
ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp **MO**	1	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet **MO**	1	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab **MO**	1	
ciprofloxacn-d5w 200 mg/100 ml **HI,MO**	1	
ciprofloxacn-d5w 400 mg/200 ml **MO**	1	
ciprofloxacin 200 mg/20 ml vl **MO**	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM, 2 GRAM SOLUTION FOR INJECTION **MO**	3	
CLAFORAN-DEXTROSE 1 GM/50 ML; CLAFORAN-DEXTROSE 2 GM/50 ML **MO**	3	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus; clarithromycin 250 mg, 500 mg tablet; clarithromycin er 500 mg tab **MO**	1	
CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INJECTION SOLUTION; CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INTRAVENOUS SOLUTION **MO**	3	
cleocin 300 mg/2 ml intravenous solution **MO**	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE **MO**	3	
CLEOCIN 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK **MO**	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION MO	1	
CLIN SINGLE USE 150 MG/ML INJECTION KIT MO	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule MO	1	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns MO	1	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml HI,MO	1	
clindamycin 75 mg/5 ml soln MO	1	
clindamycin pediatric 75 mg/5 ml oral solution MO	1	
clindamycin 150 mg/ml, 300 mg/2 ml, 900 mg/6 ml addvan; clindamycin ph 900 mg/6 ml vl MO	1	
clindamycin 600 mg/4 ml addvan HI,MO	1	
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
colistimethate 150 mg vial MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	3	
COMBIVIR 150 MG-300 MG TABLET SP	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET SP	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET SP	4	QL (168 per 28 days)
CRESEMBA 186 MG CAPSULE; CRESEMBA 372 MG INTRAVENOUS SOLUTION SP	4	PA
CRIXIVAN 200 MG CAPSULE MO	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	3	QL (270 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION HI,SP	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION SP	4	
cycloserine 250 mg capsule MO	1	
CYTOVENE 500 MG INTRAVENOUS SOLUTION MO	3	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET SP	4	PA,QL (28 per 28 days)
DALVANCE 500 MG INTRAVENOUS SOLUTION HI,SP	4	QL (4 per 28 days)
dapsone 100 mg, 25 mg tablet MO	1	
daptomycin 500 mg vial SP	4	
DARAPRIM 25 MG TABLET MO	3	
DAXBIA 333 MG CAPSULE MO	1	
demeclocycline 150 mg, 300 mg tablet MO	1	
DESCOVY 200 MG-25 MG TABLET SP	4	QL (30 per 30 days)
dicloxacillin 250 mg, 500 mg capsule MO	1	
didanosine dr 125 mg capsule MO	1	QL (90 per 30 days)
didanosine dr 200 mg capsule MO	1	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MO	1	QL (30 per 30 days)
DIFICID 200 MG TABLET MO	3	ST,QL (20 per 10 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION; DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET **MO**	3	
DORIBAX 250 MG, 500 MG INTRAVENOUS SOLUTION **MO**	3	
doripenem 250 mg, 500 mg vial **MO**	1	
DORYX 200 MG TABLET,DELAYED RELEASE **MO**	3	QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE **MO**	3	QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE **MO**	3	QL (60 per 30 days)
doxy-100 100 mg intravenous solution **MO**	1	
doxycycline hyc 100 mg vial **HI,MO**	1	
doxycycline hyc dr 100 mg, 100 mg, 150 mg, 75 mg tab; doxycycline hyclate 100 mg, 100 mg, 150 mg, 75 mg tab; doxycycline hyclate 100 mg, 50 mg cap **MO**	1	
doxycycline hyc dr 200 mg tab **MO**	1	QL (30 per 30 days)
doxycycline hyc dr 50 mg tab **MO**	1	QL (60 per 30 days)
doxycycline hyclate 150 mg tab **MO**	1	PA,QL (30 per 30 days)
doxycycline hyclate 75 mg tab **MO**	1	PA,QL (60 per 30 days)
doxycycline 25 mg/5 ml susp; doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet; doxycycline mono 150 mg cap **MO**	1	
doxycycline ir-dr 40 mg cap **MO**	1	PA
doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule **MO**	1	QL (60 per 30 days)
E.E.S. 400 MG TABLET **MO**	1	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION **MO**	3	
EDURANT 25 MG TABLET **SP**	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION **MO**	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE **MO**	3	QL (30 per 30 days)
emverm 100 mg chewable tablet **MO**	3	
entecavir 0.5 mg, 1 mg tablet	1	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET **SP**	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION **MO**	3	QL (960 per 30 days)
EPIVIR 150 MG TABLET **MO**	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET **MO**	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET **MO**	3	
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION	3	
EPZICOM 600 MG-300 MG TABLET **SP**	4	QL (30 per 30 days)
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION **HI,MO**	3	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE **MO**	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION **MO**	3	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION **MO**	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION **HI,MO**	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET **MO**	1	
erythromycin 250 mg, 500 mg filmtab; erythromycin ec 250 mg cap **MO**	1	
erythromycin 200 mg/5 ml gran; erythromycin es 400 mg tab **MO**	1	
ethambutol hcl 100 mg, 400 mg tablet **MO**	1	
EVOTAZ 300 MG-150 MG TABLET **SP**	4	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg tablet **MO**	1	QL (90 per 30 days)
FAMVIR 125 MG, 250 MG, 500 MG TABLET **MO**	3	PA,QL (90 per 30 days)
FLAGYL 250 MG, 500 MG TABLET; FLAGYL 375 MG CAPSULE **MO**	3	
fluconazole 10 mg/ml, 40 mg/ml susp; fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet **MO**	1	
fluconazole-dext 200 mg/100 ml **MO**	1	
fluconazole-dext 400 mg/200 ml **HI,MO**	1	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml **MO**	1	
flucytosine 250 mg, 500 mg capsule **SP**	4	
FLUMADINE 100 MG TABLET **MO**	3	
FORTAZ 1 GRAM, 1 GRAM, 2 GRAM, 2 GRAM, 500 MG, 6 GRAM INTRAVENOUS SOLUTION; FORTAZ 1 GRAM, 1 GRAM, 2 GRAM, 2 GRAM, 500 MG, 6 GRAM SOLUTION FOR INJECTION **MO**	3	
FORTAZ 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK **MO**	3	
fosamprenavir 700 mg tablet **SP**	4	QL (120 per 30 days)
foscarnet 24 mg/ml infus bttl **MO**	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION **MO**	3	B vs D
FURADANTIN 25 MG/5 ML ORAL SUSPENSION **MO**	3	
FUZEON 90 MG SUBCUTANEOUS SOLUTION **SP**	4	QL (60 per 30 days)
ganciclovir 500 mg vial **HI,MO**	1	B vs D
gentamicin 20 mg/2 ml vial **MO**	1	
gentamicin 80 mg/2 ml vial **HI,MO**	1	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml **HI,MO**	1	
iso gentamicin 100 mg/50 ml, 120 mg/100 ml; isoton gentamicin 100 mg/50 ml, 120 mg/100 ml **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin ped 20 mg/2 ml vial **MO**	1	
gentamicin 10 mg/ml vial **MO**	1	
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET **SP**	4	QL (30 per 30 days)
GRIFULVIN V 500 MG TABLET **MO**	1	
GRIS-PEG (ULTRAMICROSIZE) 125 MG, 250 MG TABLET **MO**	3	
griseofulvin 125 mg/5 ml susp; griseofulvin micro 500 mg tab **MO**	1	
griseofulvin ultra 125 mg, 250 mg tab **MO**	1	
HARVONI 90 MG-400 MG TABLET **SP**	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET **SP**	4	
HIPREX 1 GRAM TABLET **MO**	3	PA
hydroxychloroquine 200 mg tab **MO**	1	
imipenem-cilastatin 250 mg, 500 mg vl **HI,MO**	1	
INTELENCE 100 MG TABLET **SP**	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET **SP**	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET **MO**	3	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION **SP**	4	PA
INVANZ 1 GRAM INTRAVENOUS SOLUTION **MO**	3	
INVANZ 1 GRAM SOLUTION FOR INJECTION **HI,MO**	3	
INVIRASE 200 MG CAPSULE **SP**	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET **SP**	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET **SP**	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET **MO**	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET **MO**	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET **SP**	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET **SP**	4	QL (60 per 30 days)
isoniazid 100 mg, 300 mg tablet; isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial **MO**	1	
itraconazole 100 mg capsule **MO**	1	QL (120 per 30 days)
ivermectin 3 mg tablet **MO**	1	
JULUCA 50 MG-25 MG TABLET **SP**	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET **MO**	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET **SP**	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION **SP**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KEFLEX 250 MG, 500 MG, 750 MG CAPSULE **MO**	3	
KETEK 300 MG, 400 MG TABLET **MO**	3	
ketoconazole 200 mg tablet **MO**	1	
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION **SP**	4	PA,QL (280 per 28 days)
LAMISIL 125 MG, 187.5 MG GRANULES PACK; LAMISIL 125 MG, 187.5 MG GRANULES PACKET **MO**	3	QL (30 per 30 days)
LAMISIL 250 MG TABLET **MO**	3	PA,QL (90 per 365 days)
lamivudine 10 mg/ml oral soln **MO**	1	QL (960 per 30 days)
lamivudine 150 mg tablet **MO**	1	QL (60 per 30 days)
lamivudine 300 mg tablet **MO**	1	QL (30 per 30 days)
lamivudine hbv 100 mg tablet **MO**	1	
lamivudine-zidovudine tablet **MO**	1	QL (60 per 30 days)
LEVAQUIN 250 MG, 500 MG, 750 MG TABLET **MO**	3	
levofloxacin 25 mg/ml solution; levofloxacin 250 mg, 500 mg, 750 mg tablet **MO**	1	
levofloxacin 500 mg/20 ml vial **HI,MO**	1	
levofloxacin 250 mg/50 ml, 750 mg/150 ml-d5w **MO**	1	
levofloxacin 500 mg/100 ml-d5w **HI,MO**	1	
LEXIVA 50 MG/ML ORAL SUSPENSION **MO**	2	QL (1575 per 28 days)
LEXIVA 700 MG TABLET **SP**	4	QL (120 per 30 days)
LINCOCIN 300 MG/ML INJECTION SOLUTION **HI,MO**	3	
lincomycin hcl 600 mg/2 ml vl **MO**	1	
linezolid 100 mg/5 ml susp **MO**	1	
linezolid 600 mg tablet **SP**	4	
linezolid 600 mg/300 ml iv sol **HI,SP**	4	
linezolid-0.9% nacl 600 mg/300 **HI,SP**	4	
lopinavir-ritonavir 80-20mg/ml **SP**	4	
MACROBID 100 MG CAPSULE **MO**	3	
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE **MO**	3	
MALARONE 250 MG-100 MG TABLET **MO**	3	
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET **MO**	3	PA
MAVYRET 100 MG-40 MG TABLET **SP**	4	PA,QL (84 per 28 days)
MAXIPIME 1 GRAM, 2 GRAM INTRAVENOUS SOLUTION **MO**	3	
MAXIPIME 1 GRAM, 2 GRAM SOLUTION FOR INJECTION **MO**	3	PA
mefloquine hcl 250 mg tablet **MO**	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION **SP**	4	
meropenem iv 1 gm vial **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meropenem iv 500 mg vial **HI,MO**	1	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 **MO**	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION **MO**	3	
methenamine hipp 1 gm tablet **MO**	1	
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK **MO**	3	
metronidazole 250 mg, 500 mg tablet; metronidazole 375 mg capsule **MO**	1	
metronidazole 500 mg/100 ml **HI,MO**	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION; MINOCIN 100 MG, 50 MG CAPSULE **MO**	3	PA
MINOCIN KIT 100 MG, 50 MG COMBO **MO**	3	PA
minocycline 100 mg, 50 mg, 75 mg capsule; minocycline hcl 100 mg, 50 mg, 75 mg tablet **MO**	1	
minocycline er 135 mg, 45 mg, 90 mg tablet **MO**	1	QL (30 per 30 days)
moderiba 200 mg tablet	1	QL (168 per 28 days)
moderiba dose pack 200 mg (28)-400 mg (28) tablets **SP**	4	QL (112 per 28 days)
moderiba dose pack 400 mg (28)-400 mg (28) tablets **SP**	4	QL (84 per 28 days)
moderiba dose pack 600 mg (28)-400 mg (28) tablets **SP**	4	QL (112 per 30 days)
moderiba dose pack 600 mg (28)-600 mg (28) tablets **SP**	4	QL (56 per 28 days)
mondoxyne nl 100 mg, 50 mg, 75 mg capsule **MO**	1	QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET **MO**	3	
morgidox 100 mg capsule **MO**	1	
morgidox 50 mg capsule **MO**	3	
MORGIDOX 1X100 100 MG KIT **MO**	3	
MORGIDOX 2X100 100 MG KIT **MO**	3	
moxifloxacin hcl 400 mg tablet **MO**	1	
moxifloxacin 400 mg/250 ml bag **MO**	1	
moxifloxacin 400 mg/250 ml bag **MO**	1	
MYAMBUTOL 400 MG TABLET **MO**	3	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION **SP**	4	
MYCOBUTIN 150 MG CAPSULE **MO**	3	
nafcillin 1 gm add-van vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial **MO**	1	
nafcillin 1 gm vial; nafcillin 10 gm vial **HI,MO**	1	
nafcillin 1 gm/ 50 ml inj **HI,MO**	1	
nafcillin 2 gm/ 100 ml inj **MO**	1	
NEBUPENT 300 MG SOLUTION FOR INHALATION **MO**	3	B vs D
neomycin 500 mg tablet **MO**	1	
nevirapine 200 mg tablet **MO**	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nevirapine 50 mg/5 ml susp **MO**	1	QL (1200 per 30 days)
nevirapine er 100 mg tablet **MO**	1	QL (120 per 30 days)
nevirapine er 400 mg tablet **MO**	1	QL (30 per 30 days)
nitrofurantoin 25 mg/5 ml susp **MO**	1	
nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap **MO**	1	
nitrofurantoin mono-mcr 100 mg **MO**	1	
NORVIR 100 MG CAPSULE; NORVIR 100 MG TABLET **MO**	3	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION **MO**	3	QL (480 per 30 days)
NOXAFIL 100 MG TABLET,DELAYED RELEASE **SP**	4	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION **SP**	4	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION **SP**	4	PA
nystatin 100,000 unit/ml susp; nystatin 500,000 unit oral tab **MO**	1	
ODEFSEY 200 MG-25 MG-25 MG TABLET **SP**	4	QL (30 per 30 days)
ofloxacin 300 mg, 400 mg tablet **MO**	1	
okebo 100 mg, 75 mg capsule **MO**	1	QL (60 per 30 days)
OLYSIO 150 MG CAPSULE **SP**	4	PA,QL (28 per 28 days)
ONMEL 200 MG TABLET **SP**	4	QL (28 per 28 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE **MO**	3	PA
ORBACTIV 400 MG INTRAVENOUS SOLUTION **SP**	4	
oseltamivir 6 mg/ml suspension **MO**	1	QL (720 per 365 days)
oseltamivir phos 30 mg capsule **MO**	1	QL (112 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule **MO**	1	QL (56 per 365 days)
oxacillin 1 gm add-vantage vl; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial **MO**	1	
oxacillin 1 gm vial; oxacillin 10 gm vial **HI,MO**	1	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj **HI,MO**	1	
paromomycin 250 mg capsule **MO**	1	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET **MO**	1	
PCE 333 MG, 500 MG PARTICLES IN TABLET **MO**	3	
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR **SP**	4	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 **SP**	4	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGINTRON REDIPEN 120 MCG 4PK; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG; PEGINTRON REDIPEN 80 MCG **SP**	4	PA,QL (4 per 28 days)
pen g k 1 million unit/50 ml **MO**	2	
pen g k 2 million unit/50 ml, 3 million unit/50 ml **HI,MO**	2	
penicillin g k 5 million unit **HI,MO**	1	
penicillin gk 20 million unit **MO**	1	
pen g 1.2 million unit/2 ml, 600,000 unit/ml; penicillin g 600,000 unit/1 ml **MO**	1	
penicillin g na 5 million unit **HI,MO**	1	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln; penicillin vk 250 mg, 500 mg tablet **MO**	1	
PENTAM 300 MG SOLUTION FOR INJECTION **MO**	3	
pfizerpen-g 20 million unit, 5 million unit solution for injection **MO**	1	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl **MO**	1	
piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial **HI,MO**	1	
PLAQUENIL 200 MG TABLET **MO**	3	PA
polymyxin b sulfate vial **HI,MO**	1	
PREVYMIS 240 MG, 480 MG TABLET **SP**	4	PA,QL (28 per 28 days)
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (336 per 28 days)
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (672 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET **SP**	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION **SP**	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET **MO**	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET **SP**	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET **MO**	3	QL (480 per 30 days)
PREZISTA 800 MG TABLET **SP**	4	QL (30 per 30 days)
PRIFTIN 150 MG TABLET **MO**	3	
primaquine 26.3 mg tablet **MO**	1	
PRIMAXIN 250 MG, 500 MG INTRAVENOUS SOLUTION; PRIMAXIN 250 MG, 500 MG VIAL **MO**	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION **MO**	1	
PYLERA 140 MG-125 MG-125 MG CAPSULE **MO**	3	QL (144 per 30 days)
pyrazinamide 500 mg tablet **MO**	1	
QUALAQUIN 324 MG CAPSULE **MO**	3	PA,QL (42 per 7 days)
quinine sulfate 324 mg capsule **MO**	3	PA,QL (42 per 7 days)
REBETOL 200 MG CAPSULE **SP**	4	QL (168 per 28 days)
REBETOL 40 MG/ML ORAL SOLUTION	3	QL (1000 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET MO	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	3	
RETROVIR 10 MG/ML SYRUP MO	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE SP	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE SP	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET MO	3	
ribasphere 200 mg capsule; ribasphere 200 mg tablet	1	QL (168 per 28 days)
ribasphere 400 mg tablet	1	QL (112 per 30 days)
ribasphere 600 mg tablet	1	
RIBASPHERE RIBAPAK 200 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 200 MG (7)-400 MG (7) TABLETS IN A DOSE PACK	1	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK	1	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK	1	QL (112 per 30 days)
RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK	1	QL (56 per 28 days)
RIBATAB 400-400 MG DOSEPACK	1	QL (84 per 28 days)
RIBATAB 400-600 MG DOSEPACK	1	QL (112 per 30 days)
RIBATAB 600-600 MG DOSEPACK	1	QL (56 per 28 days)
ribavirin 200 mg capsule; ribavirin 200 mg tablet	1	QL (168 per 28 days)
ribavirin 6 gm inhalation vial SP	4	B vs D
rifabutin 150 mg capsule MO	1	
RIFADIN 150 MG CAPSULE MO	1	
RIFADIN 300 MG CAPSULE; RIFADIN 600 MG INTRAVENOUS SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE MO	1	
rifampin 150 mg, 300 mg capsule; rifampin iv 600 mg vial MO	1	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
rimantadine hcl 100 mg tablet MO	1	
SELZENTRY 150 MG TABLET SP	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION SP	4	QL (920 per 30 days)
SELZENTRY 25 MG TABLET MO	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET SP	4	QL (120 per 30 days)
SIRTURO 100 MG TABLET SP	4	PA,QL (68 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIVEXTRO 200 MG INTRAVENOUS SOLUTION **HI,SP**	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET **SP**	4	QL (6 per 28 days)
SOLODYN 105 MG, 55 MG, 80 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
SOLODYN 115 MG, 65 MG TABLET,EXTENDED RELEASE **SP**	4	PA,QL (30 per 30 days)
SOVALDI 400 MG TABLET **SP**	4	PA,QL (28 per 28 days)
SPORANOX 10 MG/ML ORAL SOLUTION **MO**	3	
SPORANOX 100 MG CAPSULE **MO**	3	PA,QL (120 per 30 days)
SPORANOX PULSEPAK 100 MG CAPSULE **MO**	3	PA,QL (120 per 30 days)
stavudine 1 mg/ml solution **MO**	1	QL (2400 per 30 days)
stavudine 15 mg, 20 mg capsule **MO**	1	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule **MO**	1	QL (60 per 30 days)
streptomycin sulf 1 gm vial **HI,MO**	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET **SP**	4	QL (30 per 30 days)
STROMECTOL 3 MG TABLET **MO**	3	
sulfadiazine 500 mg tablet **MO**	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp inj vial; sulfamethoxazole-tmp ss tablet; sulfamethoxazole-tmp susp **MO**	1	
sulfasalazine 500 mg, 500 mg tablet; sulfasalazine dr 500 mg, 500 mg tab **MO**	1	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION **MO**	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET; SUPRAX 400 MG CAPSULE; SUPRAX 500 MG/5 ML ORAL SUSPENSION **MO**	3	
SUPRAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION **MO**	1	
SUSTIVA 200 MG CAPSULE **SP**	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE **MO**	2	QL (480 per 30 days)
SUSTIVA 600 MG TABLET **SP**	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT **SP**	4	PA,QL (4 per 28 days)
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION **SP**	4	PA
SYNERCID 500 MG INTRAVENOUS SOLUTION **HI,SP**	4	
TAMIFLU 30 MG CAPSULE **MO**	3	QL (112 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE **MO**	3	QL (56 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION **MO**	3	QL (720 per 365 days)
TARGADOX 50 MG TABLET **MO**	1	QL (180 per 30 days)
tazicef 1 gram, 1 gram, 2 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 1 gram, 2 gram, 2 gram, 6 gram solution for injection **MO**	1	
TECHNIVIE 12.5 MG-75 MG-50 MG TABLET **SP**	4	PA,QL (56 per 28 days)
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION **MO**	3	
terbinafine hcl 250 mg tablet **MO**	1	QL (90 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tetracycline 250 mg, 500 mg capsule **MO**	1	
tigecycline 50 mg vial **SP**	4	
TINDAMAX 250 MG, 500 MG TABLET **MO**	3	
tinidazole 250 mg, 500 mg tablet **MO**	1	
TIVICAY 10 MG TABLET **MO**	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET **SP**	4	QL (60 per 30 days)
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION **SP**	4	PA,QL (280 per 28 days)
TOBI PODHALER 28 MG, 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, 28 MG CAPSULES FOR INHALATION **SP**	4	PA,QL (224 per 28 days)
tobramycin 300 mg/5 ml ampule **SP**	4	PA,QL (280 per 28 days)
tobramycin 1.2 gm vial **MO**	1	
tobramycin 10 mg/ml, 40 mg/ml vial **HI,MO**	1	
tobramycin pak 300 mg/5 ml **SP**	4	PA,QL (280 per 28 days)
TRECATOR 250 MG TABLET **MO**	3	
trimethoprim 100 mg tablet **MO**	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET **SP**	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET **SP**	4	QL (60 per 30 days)
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET **SP**	4	QL (30 per 30 days)
TYGACIL 50 MG INTRAVENOUS SOLUTION **HI,SP**	4	
TYZEKA 600 MG TABLET **SP**	4	QL (30 per 30 days)
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION **MO**	3	
VABOMERE 2 GRAM INTRAVENOUS SOLUTION **SP**	4	QL (84 per 14 days)
valacyclovir hcl 1 gram, 500 mg tablet **MO**	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET **SP**	4	PA
VALCYTE 50 MG/ML ORAL SOLUTION **SP**	4	
valganciclovir 450 mg tablet; valganciclovir hcl 50 mg/ml **SP**	4	
VALTREX 1 GRAM, 500 MG TABLET **MO**	3	PA,QL (90 per 30 days)
VANCOCIN 125 MG, 250 MG CAPSULE **SP**	4	PA
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 500 mg vial; vancomycin hcl 10 gm vial **HI,MO**	1	
vancomycin hcl 125 mg, 250 mg capsule **SP**	4	
vancomycin hcl 5 gm vial; vancomycin hcl 5 gram, 750 mg vial **MO**	1	
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl **MO**	3	
vancomycin 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag; vancomycin-d5w 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VEMLIDY 25 MG TABLET **SP**	4	
VFEND 200 MG, 50 MG TABLET **SP**	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION **SP**	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION **MO**	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION **MO**	3	
VIBRAMYCIN 100 MG CAPSULE; VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION; VIBRAMYCIN 50 MG/5 ML SYRUP **MO**	3	
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION **MO**	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION **MO**	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE,DELAYED RELEASE **MO**	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE,DELAYED RELEASE **MO**	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE,DELAYED RELEASE **MO**	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK **SP**	4	PA,QL (112 per 28 days)
VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG TABLET, EXTENDED RELEASE **SP**	4	PA,QL (84 per 28 days)
VIRACEPT 250 MG TABLET **SP**	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET **SP**	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET **MO**	3	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION **MO**	3	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET,EXTENDED RELEASE **MO**	3	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION **SP**	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET **SP**	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER **SP**	4	QL (240 per 30 days)
VISTIDE 75 MG/ML VIAL **SP**	4	
VITEKTA 150 MG, 85 MG TABLET **SP**	4	QL (30 per 30 days)
voriconazole 200 mg vial **HI,MO**	1	
voriconazole 200 mg, 50 mg tablet **MO**	1	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp **SP**	4	PA,QL (400 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET **SP**	4	PA,QL (28 per 28 days)
XIFAXAN 200 MG TABLET **SP**	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET **SP**	4	PA,QL (84 per 28 days)
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
ZEPATIER 50 MG-100 MG TABLET **SP**	4	PA,QL (28 per 28 days)
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION **HI,SP**	4	
ZERIT 1 MG/ML ORAL SOLUTION **MO**	2	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE **MO**	3	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZERIT 30 MG, 40 MG CAPSULE MO	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION MO	3	QL (960 per 30 days)
ZIAGEN 300 MG TABLET MO	3	QL (60 per 30 days)
zidovudine 100 mg capsule MO	1	QL (180 per 30 days)
zidovudine 300 mg tablet MO	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	1	QL (1680 per 28 days)
ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG, 750 MG INTRAVENOUS SOLUTION; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG, 750 MG SOLUTION FOR INJECTION MO	3	
ZINACEF IN STERILE WATER 1.5 GRAM/50 ML INTRAVENOUS PIGGYBACK MO	3	
ZITHROMAX 1 GRAM ORAL PACKET; ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION; ZITHROMAX 250 MG, 500 MG, 600 MG TABLET; ZITHROMAX 500 MG INTRAVENOUS SOLUTION MO	3	
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	
ZMAX 2 GRAM/60 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION MO	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
ZOVIRAX 200 MG CAPSULE; ZOVIRAX 200 MG/5 ML ORAL SUSPENSION; ZOVIRAX 400 MG, 800 MG TABLET MO	3	PA
ZYVOX 100 MG/5 ML ORAL SUSPENSION; ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS SOLUTION; ZYVOX 600 MG TABLET SP	4	
ANTIHISTAMINE DRUGS		
arbinoxa 4 mg tablet; arbinoxa 4 mg/5 ml liquid MO	1	
carbinoxamine 4 mg/5 ml liquid; carbinoxamine maleate 4 mg tab MO	1	
cetirizine hcl 1 mg/ml soln MO	1	QL (300 per 30 days)
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP MO	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET MO	3	PA,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
clemastine fum 2.68 mg tab MO	1	
cyproheptadine 2 mg/5 ml syrup; cyproheptadine 4 mg tablet MO	1	
desloratadine 2.5 mg, 5 mg odt MO	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet MO	1	QL (30 per 30 days)
diphenhydramine 12.5 mg/5 ml; diphenhydramine 50 mg/ml syrng; diphenhydramine 50 mg/ml vial MO	1	
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocetirizine 2.5 mg/5 ml sol **MO**	1	QL (300 per 30 days)
levocetirizine 5 mg tablet **MO**	1	QL (30 per 30 days)
phenadoz 12.5 mg, 25 mg rectal suppository **MO**	1	
PHENERGAN 12.5 MG, 25 MG, 50 MG RECTAL SUPPOSITORY **MO**	1	
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION **MO**	3	
promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository; promethazine 12.5 mg, 25 mg, 50 mg tablet; promethazine 25 mg/ml, 50 mg/ml vial; promethazine 6.25 mg/5 ml syrp **MO**	1	
promethegan 12.5 mg, 25 mg, 50 mg rectal suppository **MO**	1	
RYVENT 6 MG TABLET **MO**	1	QL (120 per 30 days)
SEMPREX-D 8 MG-60 MG CAPSULE **MO**	3	
XYZAL 2.5 MG/5 ML ORAL SOLUTION **MO**	3	QL (300 per 30 days)
XYZAL 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ANTINEOPLASTIC AGENTS		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION **SP**	4	PA
adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution **MO**	1	B vs D
adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution **MO**	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET **SP**	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION **SP**	4	PA
ALECENSA 150 MG CAPSULE **SP**	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION **SP**	4	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION **SP**	4	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET **MO**	3	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION	3	B vs D
ALUNBRIG 30 MG TABLET **SP**	4	PA,QL (180 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION **SP**	4	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
azacitidine 100 mg vial **SP**	4	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION **SP**	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION **SP**	4	PA
bexarotene 75 mg capsule **SP**	4	PA,QL (300 per 30 days)
bicalutamide 50 mg tablet **MO**	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BICNU 100 MG INTRAVENOUS SOLUTION	3	B vs D
bleomycin sulfate 15 unit, 30 unit vial **MO**	1	B vs D
BOSULIF 100 MG TABLET **SP**	4	PA,QL (120 per 30 days)
BOSULIF 400 MG TABLET **SP**	4	PA,QL (30 per 1 days)
BOSULIF 500 MG TABLET **SP**	4	PA,QL (30 per 30 days)
busulfan 60 mg/10 ml vial **MO**	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION **MO**	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET **SP**	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE **SP**	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML INTRAVENOUS SOLUTION	3	B vs D
CAMPTOSAR 300 MG/15 ML INTRAVENOUS SOLUTION **SP**	4	B vs D
CAMPTOSAR 40 MG/2 ML INTRAVENOUS SOLUTION **SP**	4	B vs D
CAPRELSA 100 MG TABLET **SP**	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET **SP**	4	PA,QL (30 per 30 days)
carboplatin 50 mg/5 ml vial **MO**	1	B vs D
CASODEX 50 MG TABLET **MO**	3	QL (30 per 30 days)
cisplatin 50 mg/50 ml vial **MO**	1	B vs D
cladribine 10 mg/10 ml vial	1	B vs D
clofarabine 20 mg/20 ml vial **SP**	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION **SP**	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES **SP**	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES **SP**	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES **SP**	4	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION **SP**	4	B vs D
COTELLIC 20 MG TABLET **SP**	4	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial	1	B vs D
cyclophosphamide 25 mg, 50 mg capsule	3	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (200 per 28 days)
cytarabine 20 mg/ml vial **MO**	1	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial **MO**	1	B vs D
dacarbazine 100 mg, 200 mg vial **MO**	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION **SP**	4	PA
dactinomycin 0.5 mg vial **SP**	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (400 per 30 days)
daunorubicin 20 mg/4 ml vial **MO**	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DAUNOXOME 50 MG (2 MG/ML) VIAL	3	B vs D
decitabine 50 mg vial **SP**	4	PA
DEPOCYT 50 MG/5 ML VIAL **SP**	4	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION **SP**	4	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	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION **SP**	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 **MO**	1	B vs D
doxorubicin liposome 50mg/25ml **MO**	1	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO**	3	
ELLENCE 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION **SP**	4	B vs D
EMCYT 140 MG CAPSULE **MO**	3	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION **SP**	4	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml vial **MO**	1	B vs D
epirubicin hcl 200 mg, 50 mg vial **MO**	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION **SP**	4	PA
ERIVEDGE 150 MG CAPSULE **SP**	4	PA,QL (28 per 28 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION **SP**	4	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
etoposide 100 mg/5 ml vial **MO**	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION **SP**	4	PA
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE **SP**	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE **SP**	4	B vs D,QL (30 per 30 days)
floxuridine 500 mg vial **MO**	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial **MO**	1	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml **MO**	1	B vs D
flutamide 125 mg capsule **MO**	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl	3	B vs D
gemcitabine hcl 1 gram, 2 gram, 200 mg vial	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GEMZAR 1 GRAM, 200 MG INTRAVENOUS SOLUTION **SP**	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **SP**	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET **SP**	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET **SP**	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 100 MG, 40 MG CAPSULE	3	
GLEOSTINE 5 MG CAPSULE **MO**	3	
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION **SP**	4	PA
HEXALEN 50 MG CAPSULE **SP**	4	
HYCAMTIN 4 MG INTRAVENOUS SOLUTION **SP**	4	B vs D
HYDREA 500 MG CAPSULE **MO**	3	
hydroxyurea 500 mg capsule **MO**	1	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **SP**	4	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET **SP**	4	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET **SP**	4	PA,QL (30 per 30 days)
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION **SP**	4	B vs D
idarubicin hcl 20 mg/20 ml vl **MO**	1	B vs D
IDHIFA 100 MG, 50 MG TABLET **SP**	4	PA,QL (30 per 30 days)
IFEX 1 GRAM, 3 GRAM INTRAVENOUS SOLUTION **MO**	3	B vs D
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/ 60 ml vial **MO**	1	B vs D
IMBRUVICA 140 MG CAPSULE **SP**	4	PA,QL (120 per 30 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION	3	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION **SP**	4	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET **SP**	4	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET **SP**	4	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET **SP**	4	PA,QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vl	1	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION **SP**	4	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION **SP**	4	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET **SP**	4	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION **SP**	4	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION **SP**	4	PA
KEYTRUDA 25 MG/ML, 50 MG INTRAVENOUS SOLUTION; KEYTRUDA 25 MG/ML, 50 MG VIAL **SP**	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KISQALI 200 MG/DAY (200 MG X 1) TABLET SP	4	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET SP	4	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET SP	4	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET SP	4	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET SP	4	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET SP	4	PA,QL (91 per 28 days)
KYPROLIS 30 MG INTRAVENOUS SOLUTION SP	4	PA
KYPROLIS 60 MG INTRAVENOUS SOLUTION SP	4	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION SP	4	PA
LENVIMA 10 MG/DAY (10 MG X 1/DAY) CAPSULE SP	4	PA,QL (30 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2) CAPSULE SP	4	PA,QL (60 per 30 days)
LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE SP	4	PA,QL (90 per 30 days)
LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE SP	4	PA,QL (90 per 30 days)
LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE SP	4	PA,QL (60 per 30 days)
LEUKERAN 2 MG TABLET MO	2	
lipodox 2 mg/ml intravenous suspension SP	4	PA
lipodox 50 2 mg/ml intravenous suspension SP	4	PA
LONSURF 15 MG-6.14 MG TABLET SP	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET SP	4	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET SP	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE SP	4	PA,QL (448 per 28 days)
LYSODREN 500 MG TABLET MO	2	
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT SP	4	PA
MATULANE 50 MG CAPSULE SP	4	
MEKINIST 0.5 MG TABLET SP	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET SP	4	PA,QL (30 per 30 days)
melphalan 2 mg tablet MO	1	B vs D
melphalan 50 mg vial w-diluent	1	B vs D
mercaptopurine 50 mg tablet MO	1	
methotrexate 2.5 mg tablet MO	1	B vs D
methotrexate 50 mg/2 ml vial MO	1	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial MO	1	
mitomycin 20 mg, 40 mg, 5 mg vial MO	1	B vs D
mitoxantrone 25 mg/12.5 ml vl	1	
MUSTARGEN 10 MG SOLUTION FOR INJECTION	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION **SP**	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION **MO**	3	B vs D
NERLYNX 40 MG TABLET **SP**	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET **SP**	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET **SP**	4	QL (60 per 30 days)
nilutamide 150 mg tablet **SP**	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE **SP**	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION **SP**	4	B vs D
ODOMZO 200 MG CAPSULE **SP**	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION **SP**	4	B vs D
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION **SP**	4	PA
OPDIVO 100 MG/10 ML, 40 MG/4 ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (80 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR; OTREXUP 10 MG/0.4 ML, 15 MG/0.4 ML, 20 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML AUTO-INJ **MO**	3	PA,QL (1.6 per 28 days)
OTREXUP (PF) 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR	3	PA,QL (1.6 per 28 days)
oxaliplatin 100 mg, 50 mg vial **MO**	1	B vs D
oxaliplatin 100 mg/20 ml, 50 mg/10 ml (5 mg/ml) vial; oxaliplatin 50 mg/10 ml vial	1	B vs D
paclitaxel 100 mg/16.7 ml vial	1	B vs D
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE **SP**	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA,QL (100 per 21 days)
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION **SP**	4	
PURIXAN 20 MG/ML ORAL SUSPENSION **MO**	3	QL (300 per 30 days)
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	PA,QL (0.6 per 28 days)
RASUVO 27.5 MG/0.55 ML AUTOINJ **MO**	3	PA,QL (2.2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE **SP**	4	PA,QL (28 per 28 days)
RHEUMATREX 2.5 MG TABLET **MO**	3	B vs D
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS **SP**	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (13.4 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET **SP**	4	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE **SP**	4	PA,QL (224 per 28 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET **SP**	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET **SP**	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET **SP**	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET **SP**	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE **SP**	4	PA,QL (28 per 28 days)
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION **SP**	4	PA
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET **MO**	1	
TAFINLAR 50 MG CAPSULE **SP**	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE **SP**	4	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET **SP**	4	PA,QL (30 per 30 days)
TARCEVA 100 MG, 150 MG TABLET **SP**	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET **SP**	4	PA,QL (90 per 30 days)
TARGRETIN 75 MG CAPSULE **SP**	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG CAPSULE **SP**	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION **SP**	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION **SP**	4	PA,QL (27 per 30 days)
teniposide 50 mg/5 ml ampule **MO**	1	B vs D
thiotepa 15 mg vial **MO**	1	B vs D
toposar 20 mg/ml intravenous solution **MO**	1	B vs D
topotecan hcl 4 mg vial	1	B vs D
topotecan hcl 4 mg/4 ml vial **SP**	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION **SP**	4	PA,QL (8 per 28 days)
TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML INTRAVENOUS POWDER FOR SOLUTION; TREANDA 100 MG, 180 MG/2 ML, 25 MG, 45 MG/0.5 ML VIAL **SP**	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tretinoin 10 mg capsule	1	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET **MO**	1	B vs D
TRISENOX 10 MG/10 ML INTRAVENOUS SOLUTION	3	B vs D
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION **SP**	4	B vs D
TYKERB 250 MG TABLET **SP**	4	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (40 per 30 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION **SP**	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION **SP**	4	PA,QL (4 per 21 days)
VENCLEXTA 10 MG TABLET	3	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET **SP**	4	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET	3	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK **SP**	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET **SP**	4	PA,QL (60 per 30 days)
VIDAZA 100 MG SOLUTION FOR INJECTION **SP**	4	PA
vinblastine 1 mg/ml vial **MO**	1	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution **MO**	1	B vs D
vincristine 1 mg/ml, 2 mg/2 ml vial **MO**	1	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml vial **MO**	1	B vs D
VOTRIENT 200 MG TABLET **SP**	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION **SP**	4	PA
XALKORI 200 MG, 250 MG CAPSULE **SP**	4	PA,QL (60 per 30 days)
XATMEP 2.5 MG/ML ORAL SOLUTION **SP**	4	PA,QL (120 per 28 days)
XTANDI 40 MG CAPSULE **SP**	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA,QL (280 per 21 days)
YERVOY 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA,QL (250 per 21 days)
YONDELIS 1 MG INTRAVENOUS SOLUTION **SP**	4	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION **SP**	4	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION	3	B vs D
ZEJULA 100 MG CAPSULE **SP**	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET **SP**	4	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE **SP**	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET **SP**	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE **SP**	4	PA,QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZYTIGA 250 MG TABLET SP	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET SP	4	PA,QL (60 per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE; ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
BCG VACCINE (TICE STRAIN) VIAL MO	3	
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION SP	4	PA
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 MO	3	
CARIMUNE NF NANOFILTERED 12 GRAM, 6 GRAM INTRAVENOUS SOLUTION SP	4	PA
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION SP	4	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	3	
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION; ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL; ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION SP	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION	3	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION SP	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION SP	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION SP	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION SP	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION SP	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION SP	4	PA
GAMUNEX-C 40 GRAM/400 ML (10 %) INJECTION SOLUTION SP	4	PA
GARDASIL SYRINGE; GARDASIL VIAL MO	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION; GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION SP	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	3	
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	2	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP; INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	3	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION; KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
MENOMUNE-A-C-Y-W-135 W-DILUENT MO	3	
MENOMUNE-A-C-Y-W-135 W-DILUENT MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	3	
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION SP	4	PA
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET; ORALAIR 300 IR SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION SP	4	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	2	B vs D
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION; RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE MO	3	
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
diphtheria-tetanus toxoids-ped MO	3	
tetanus diphtheria toxoids MO	3	
THERACYS 81 MG VIAL MO	3	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE; TWINRIX VACCINE VIAL MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION; TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION; VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	2	
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION SP	4	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION SP	4	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION SP	4	B vs D
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION SP	4	PA
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	2	QL (1 per 365 days)
AUTONOMIC DRUGS		
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION MO	3	
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln MO	1	B vs D
albuterol sulf 2 mg/5 ml syrup; albuterol sulfate 2 mg, 4 mg tab; albuterol sulfate er 4 mg, 8 mg tab MO	1	
alfuzosin hcl er 10 mg tablet MO	1	QL (30 per 30 days)
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARICEPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
atropine 0.05 mg/ml, 0.1 mg/ml syringe; atropine 0.4 mg/ml, 1 mg/ml vial MO	1	
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	3	QL (25.8 per 30 days)
baclofen 10 mg, 20 mg tablet MO	1	
BENTYL 10 MG CAPSULE; BENTYL 20 MG TABLET MO	1	PA
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION MO	3	PA
bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet MO	1	
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER MO	3	PA,QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION MO	3	PA,QL (120 per 30 days)
CAFERGOT 1 MG-100 MG TABLET MO	1	
CANTIL 25 MG TABLET MO	3	
carisoprodol 250 mg, 350 mg tablet MO	1	
carisoprodol-aspirin-codein tb MO	1	
carisoprodol compound tab MO	1	
cevimeline hcl 30 mg capsule MO	1	
CHANTIX 0.5 MG, 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
chlorzoxazone 250 mg, 500 mg tablet MO	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 20 days)
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION MO	3	
cyclobenzaprine 10 mg, 5 mg tablet MO	1	
cyclobenzaprine 7.5 mg tablet MO	1	PA
D.H.E.45 1 MG/ML INJECTION SOLUTION SP	4	
DANTRIUM 20 MG INTRAVENOUS SOLUTION; DANTRIUM 25 MG, 50 MG CAPSULE MO	3	
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	1	
DIBENZYLINE 10 MG CAPSULE MO	3	
dicyclomine 10 mg capsule; dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg tablet; dicyclomine 20 mg/2 ml vial MO	1	
dihydroergotamine 1 mg/ml amp MO	1	
dihydroergotamine 4 mg/ml spry MO	1	QL (8 per 30 days)
dobutamine 12.5 mg/ml vial MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml MO	1	
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg, 5 mg tablet MO	1	QL (30 per 30 days)
dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial MO	1	
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml MO	1	
epinephrine 0.1 mg/ml syringe; epinephrine 0.15 mg auto-injct; epinephrine 0.15 mg/0.15 ml, 0.3 mg/0.3 ml, 1 mg/ml, 1 mg/ml (1 ml) vial; epinephrine 0.3 mg auto-inject; epinephrine 1 mg/ml ampul MO	1	
EPINEPHRINE 0.15 MG AUTO-INJCT MO	1	
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	2	
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	2	
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	2	
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	2	
ergoloid mesylates 1 mg tab MO	1	
ERGOMAR 2 MG SUBLINGUAL TABLET MO	1	
ergotamine-caffeine 1-100mg tb MO	1	
EVOXAC 30 MG CAPSULE MO	3	PA
EXELON 1.5 MG, 3 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 4.5 MG, 6 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO	3	QL (30 per 30 days)
FEXMID 7.5 MG TABLET MO	1	PA
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)
galantamine 4 mg/ml oral soln MO	1	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule MO	1	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet MO	1	QL (60 per 30 days)
glycopyrrolate 0.2 mg/ml vial; glycopyrrolate 1 mg, 2 mg tablet MO	1	
guanidine hcl 125 mg tablet MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
ipratropium br 0.02% soln MO	1	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	1	B vs D
ISUPREL 0.2 MG/ML INJECTION SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **MO**	1	B vs D
levalbuterol tar hfa 45mcg inh **MO**	1	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION **MO**	3	
LIORESAL 2,000 MCG/ML INTRATHECAL SOLUTION **SP**	4	B vs D
LIORESAL 50 MCG/ML, 500 MCG/ML INTRATHECAL SOLUTION **MO**	3	B vs D
LORZONE 375 MG, 750 MG TABLET **MO**	1	QL (120 per 30 days)
MESTINON 60 MG TABLET **MO**	3	PA
MESTINON 60 MG/5 ML SYRUP **MO**	3	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE **SP**	4	
metaproterenol 10 mg, 20 mg tablet; metaproterenol 10 mg/5 ml syr **MO**	1	
metaxall 800 mg tablet **MO**	1	
metaxalone 400 mg tablet **MO**	1	QL (120 per 30 days)
metaxalone 800 mg tablet **MO**	1	
methocarbamol 1,000 mg/10 ml; methocarbamol 500 mg, 750 mg tablet **MO**	1	
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb **MO**	1	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
migergot 2 mg-100 mg rectal suppository **MO**	1	
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY **MO**	3	QL (8 per 30 days)
neostigmine 10 mg/10 ml vial; neostigmine 5 mg/10 ml vial **MO**	1	
NICOTROL 10 MG INHALATION CARTRIDGE **MO**	3	
NICOTROL NS 10 MG/ML NASAL SPRAY **MO**	3	
norepinephrine 1 mg/ml vial **MO**	1	
NORTHERA 100 MG, 200 MG CAPSULE **SP**	4	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE **SP**	4	PA,QL (180 per 30 days)
orphenadrine 30 mg/ml vial; orphenadrine er 100 mg tablet **MO**	1	
PARAFON FORTE DSC 500 MG CAPLT **MO**	3	
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION **MO**	3	PA,QL (120 per 30 days)
phenoxybenzamine hcl 10 mg cap **MO**	1	
phentolamine 5 mg vial **MO**	1	
phenylephrine 10 mg/ml vial **MO**	1	
pilocarpine hcl 5 mg, 7.5 mg tablet **MO**	1	
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER **MO**	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED **MO**	3	ST,QL (2 per 30 days)
propantheline 15 mg tablet **MO**	1	
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER **MO**	3	ST,QL (36 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pyridostigmine br 60 mg tablet; pyridostigmine er 180 mg tab MO	1	
RAPAFLO 4 MG, 8 MG CAPSULE MO	2	QL (30 per 30 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
REGONOL 5 MG/ML INJECTION SOLUTION MO	3	
revonto 20 mg intravenous solution MO	1	
rivastigmine 1.5 mg, 3 mg capsule MO	1	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule MO	1	QL (60 per 30 days)
ROBAXIN 100 MG/ML INJECTION SOLUTION; ROBAXIN 500 MG TABLET MO	3	
ROBAXIN-750 750 MG TABLET MO	3	
ROBINUL 0.2 MG/ML INJECTION SOLUTION; ROBINUL 1 MG TABLET MO	3	
ROBINUL FORTE 2 MG TABLET MO	3	PA
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
scopolamine 0.4 mg/ml vial MO	1	
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE MO	3	PA,QL (60 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
SKELAXIN 800 MG TABLET MO	3	PA
SOMA 250 MG, 350 MG TABLET MO	3	PA
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	1	QL (60 per 30 days)
terbutaline sulf 1 mg/ml vial; terbutaline sulfate 2.5 mg, 5 mg tab MO	1	
tizanidine hcl 2 mg, 4 mg tablet MO	1	
tizanidine hcl 2 mg, 4 mg, 6 mg capsule MO	1	ST
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (1 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET MO	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE MO	3	PA,QL (60 per 30 days)
VAZCULEP 10 MG/ML INJECTION SOLUTION MO	3	
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)
VOSPIRE ER 4 MG, 8 MG TABLET MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION **MO**	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION **MO**	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER **MO**	3	ST,QL (30 per 30 days)
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE **MO**	3	ST
ZANAFLEX 4 MG TABLET **MO**	3	PA
BLOOD FORMATION, COAGULATION, THROMBOSIS		
AGRYLIN 0.5 MG CAPSULE **MO**	3	PA
AMICAR 1,000 MG, 500 MG TABLET; AMICAR 250 MG/ML (25 %) ORAL SOLUTION **SP**	4	
aminocaproic acid 5 g/20 ml vl **MO**	1	
anagrelide hcl 0.5 mg, 1 mg capsule **MO**	1	
ANGIOMAX 250 MG INTRAVENOUS SOLUTION **SP**	4	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE **SP**	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION; ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE **SP**	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE **SP**	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION **SP**	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE **SP**	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE **SP**	4	PA,QL (2.4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE	3	PA,QL (1.2 per 30 days)
argatroban 250 mg/2.5 ml vial **HI,MO**	1	
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE **MO**	3	QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE **MO**	3	QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE **MO**	3	QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE **MO**	3	QL (18 per 30 days)
BEVYXXA 40 MG, 80 MG CAPSULE **MO**	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET **MO**	2	QL (60 per 30 days)
CEPROTIN (BLUE BAR) 500 UNIT INTRAVENOUS SOLUTION **MO**	3	
CEPROTIN (GREEN BAR) 1,000 UNIT INTRAVENOUS SOLUTION **MO**	3	
cilostazol 100 mg, 50 mg tablet **MO**	1	
clopidogrel 300 mg tablet **MO**	1	
clopidogrel 75 mg tablet **MO**	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET **MO**	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION **MO**	2	PA
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
EFFIENT 10 MG, 5 MG TABLET **MO**	2	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET **MO**	2	QL (60 per 30 days)
ELIQUIS 5 MG TABLET **MO**	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe **HI,MO**	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr **HI,MO**	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr **HI,MO**	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial **MO**	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr **HI,MO**	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION	3	PA,QL (28 per 30 days)
eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial **MO**	1	
fondaparinux 10 mg/0.8 ml syr **HI,MO**	1	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr **HI,MO**	1	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr **HI,MO**	1	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr **HI,MO**	1	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE **SP**	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE **SP**	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE **SP**	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE **SP**	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE **MO**	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION **SP**	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE **SP**	4	QL (9 per 30 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE **SP**	4	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 **HI,MO**	1	
heparin sod 1,000 unit/ml vial; heparin sod 5,000 unit/ml syr; heparin sod 5,000 unit/ml syrg **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin 20,000 unit/500 ml-d5w; heparin-d5w 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml); heparin-d5w 25,000 unit/250 ml; heparin-d5w 25,000 unit/500 ml **MO**	1	
heparin-ns 1,000 units/500 ml **MO**	1	
heparin-ns 2,000 unit/1,000 ml **HI,MO**	1	
heparin 25,000 unit/250-1/2 ns; heparin-1/2ns 25,000 units/500 **HI,MO**	1	
heparin-1/2ns 12,500 units/250 **MO**	1	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml; heparin sod 5,000 unit/0.5 ml **MO**	1	
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION **MO**	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet **MO**	1	
KENGREAL 50 MG INTRAVENOUS SOLUTION **SP**	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION **SP**	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE **MO**	3	QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE **MO**	3	QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE **MO**	3	QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION **MO**	3	QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE **MO**	3	QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET **MO**	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE **SP**	4	PA,QL (1.2 per 28 days)
MIRCERA 150 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE **SP**	4	PA,QL (0.6 per 28 days)
MIRCERA 200 MCG/0.3 ML INJECTION SYRINGE **SP**	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE **SP**	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR **SP**	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE **SP**	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE **SP**	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION **SP**	4	PA,QL (22.4 per 30 days)
pentoxifylline er 400 mg tab **MO**	1	
PLAVIX 300 MG TABLET **MO**	3	PA
PLAVIX 75 MG TABLET **MO**	3	PA,QL (30 per 30 days)
PLETAL 100 MG, 50 MG TABLET **MO**	3	
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO**	3	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION	3	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET **SP**	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET **SP**	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET **SP**	4	PA,QL (90 per 30 days)
protamine 250 mg/25 ml vial **MO**	1	
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION **SP**	4	
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION **MO**	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ticlopidine 250 mg tablet **MO**	1	
TNKASE 50 MG INTRAVENOUS KIT **SP**	4	
tranexamic acid 1,000 mg/10 ml **MO**	1	PA
tranexamic acid 650 mg tablet **MO**	1	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet **MO**	1	
XARELTO 10 MG TABLET **MO**	2	QL (35 per 60 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A DOSE PACK **MO**	2	QL (51 per 30 days)
XARELTO 15 MG TABLET **MO**	2	QL (60 per 30 days)
XARELTO 20 MG TABLET **MO**	2	QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE **SP**	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE **SP**	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET **MO**	3	PA,QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET **MO**	3	
acebutolol 200 mg, 400 mg capsule **MO**	1	
ACEON 4 MG, 8 MG TABLET **MO**	3	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
ADCIRCA 20 MG TABLET **SP**	4	PA,QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE **MO**	3	
adenosine 12 mg/4 ml syringe; adenosine 12 mg/4 ml vial **MO**	1	
ADVICOR 1,000 MG-20 MG TABLET; ADVICOR 1,000 MG-40 MG TABLET; ADVICOR 500 MG-20 MG TABLET; ADVICOR 750 MG-20 MG TABLET **MO**	3	QL (60 per 30 days)
afeditab cr 30 mg, 60 mg tablet,extended release **MO**	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE MO	3	ST
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	3	
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
amiodarone 150 mg/3 ml syringe; amiodarone 900 mg/18 ml vial; amiodarone hcl 100 mg, 200 mg, 400 mg tablet MO	1	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab MO	1	
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg MO	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 MO	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg MO	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg MO	1	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg MO	1	QL (30 per 30 days)
amlod-valsa-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-valsa-hctz 10-160-12.5mg MO	1	QL (30 per 30 days)
ANTARA 30 MG, 90 MG CAPSULE MO	3	QL (30 per 30 days)
aspirin-dipyridam er 25-200 mg MO	1	ST
ATACAND 16 MG, 4 MG, 8 MG TABLET MO	3	QL (60 per 30 days)
ATACAND 32 MG TABLET MO	3	QL (30 per 30 days)
ATACAND HCT 16 MG-12.5 MG TABLET; ATACAND HCT 32 MG-12.5 MG TABLET; ATACAND HCT 32 MG-25 MG TABLET MO	3	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet MO	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 MO	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet MO	1	QL (30 per 30 days)
AVALIDE 150 MG-12.5 MG TABLET; AVALIDE 300 MG-12.5 MG TABLET MO	3	PA,QL (30 per 30 days)
AVAPRO 150 MG, 300 MG, 75 MG TABLET MO	3	PA,QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET MO	3	PA,QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet MO	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab MO	1	
BENICAR 20 MG, 40 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET MO	3	PA,QL (30 per 30 days)
BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET MO	3	PA
BETAPACE AF 120 MG, 160 MG, 80 MG TABLET MO	3	PA
betaxolol 10 mg, 20 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIDIL 20 MG-37.5 MG TABLET MO	2	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab MO	1	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb MO	1	
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION MO	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	3	
BYSTOLIC 10 MG TABLET MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MO	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET MO	3	ST,QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 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 MO	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET MO	3	
CALAN SR 120 MG, 180 MG, 240 MG TABLET,EXTENDED RELEASE MO	3	
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb MO	1	QL (60 per 30 days)
candesartan cilexetil 32 mg tb MO	1	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb MO	1	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet MO	1	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet MO	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CARDIZEM CD 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML ORAL SUSPENSION SP	4	PA,QL (450 per 30 days)
cartia xt 120 mg, 180 mg, 240 mg capsule,extended release MO	1	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	1	QL (30 per 30 days)

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carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet **MO**	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule **MO**	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET **MO**	3	
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH **MO**	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH **MO**	3	PA,QL (4 per 28 days)
cholestyramine packet; cholestyramine powder **MO**	1	
cholestyramine light 4 gram, 4 gram oral powder; cholestyramine light 4 gram, 4 gram powder for susp in a packet **MO**	1	
CIALIS 2.5 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION **MO**	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch **MO**	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet **MO**	1	
clonidine hcl er 0.1 mg tablet **MO**	1	QL (120 per 30 days)
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet **MO**	1	
COLESTID 1 GRAM TABLET; COLESTID 5 GRAM ORAL GRANULES; COLESTID 5 GRAM ORAL PACKET **MO**	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES; COLESTID FLAVORED 7.5 GRAM PACKET **MO**	3	
colestipol hcl granules; colestipol hcl granules packet; colestipol micronized 1 gm tab **MO**	1	
CORDARONE 200 MG TABLET **MO**	3	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET **MO**	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
CORGARD 20 MG TABLET **MO**	3	
CORGARD 40 MG, 80 MG TABLET **MO**	3	PA
CORLANOR 5 MG, 7.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION **MO**	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION **MO**	3	
CORZIDE 40 MG-5 MG TABLET; CORZIDE 80 MG-5 MG TABLET **MO**	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
digitek 125 mcg tablet **MO**	1	QL (30 per 30 days)
digitek 250 mcg tablet **MO**	1	
digox 125 mcg tablet **MO**	1	QL (30 per 30 days)
digox 250 mcg tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
digoxin 0.05 mg/ml solution; digoxin 250 mcg tablet; digoxin 500 mcg/2 ml ampule **MO**	1	
digoxin 125 mcg tablet **MO**	1	QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE **MO**	3	
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release **MO**	1	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; diltiazem hcl 100 mg, 5 mg/ml vial **MO**	1	
diltiazem 24hr er 120 mg, 120 mg, 180 mg, 180 mg, 240 mg, 240 mg cap; diltiazem 24hr er 180 mg, 240 mg tab; diltiazem er 120 mg, 180 mg, 240 mg capsule **MO**	1	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 300 mg, 360 mg, 360 mg, 420 mg cap; diltiazem 24hr er 300 mg, 360 mg, 420 mg tab **MO**	1	QL (30 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET **MO**	3	PA,QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET; DIOVAN HCT 160 MG-25 MG TABLET; DIOVAN HCT 320 MG-12.5 MG TABLET; DIOVAN HCT 320 MG-25 MG TABLET; DIOVAN HCT 80 MG-12.5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg tablet **MO**	1	
disopyramide 100 mg, 150 mg capsule **MO**	1	
dofetilide 125 mcg capsule **MO**	1	QL (240 per 30 days)
dofetilide 250 mcg capsule **MO**	1	QL (120 per 30 days)
dofetilide 500 mcg capsule **MO**	1	QL (60 per 30 days)
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab **MO**	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE **MO**	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
EDARBI 40 MG, 80 MG TABLET **MO**	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET **MO**	3	ST,QL (30 per 30 days)
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet **MO**	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet **MO**	1	
enalaprilat 1.25 mg/ml vial **MO**	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET **MO**	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML, 1 MG/ML ORAL SOLUTION; EPANED 1 MG/ML, 1 MG/ML SOLUTION **MO**	3	
eplerenone 25 mg, 50 mg tablet **MO**	1	
eprosartan mesylate 600 mg tab **MO**	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
esmolol hcl 100 mg/10 ml vial **MO**	1	
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET **MO**	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ezetimibe 10 mg tablet **MO**	1	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg **MO**	1	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg tablet; fenofibrate 150 mg capsule **MO**	1	QL (30 per 30 days)
fenofibrate 40 mg, 54 mg tablet; fenofibrate 50 mg capsule **MO**	1	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule **MO**	1	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule **MO**	1	QL (30 per 30 days)
fenofibrate 67 mg capsule **MO**	1	QL (60 per 30 days)
fenofibrate 145 mg tablet **MO**	1	QL (30 per 30 days)
fenofibrate 48 mg tablet **MO**	1	QL (60 per 30 days)
fenofibric acid 105 mg, 35 mg tablet **MO**	2	QL (30 per 30 days)
fenofibric acid dr 135 mg, 45 mg cap **MO**	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET **MO**	3	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET **MO**	3	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET **MO**	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab **MO**	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION **MO**	3	ST,QL (150 per 30 days)
fluvastatin er 80 mg tablet **MO**	1	ST,QL (30 per 30 days)
fluvastatin sodium 20 mg, 40 mg cap **MO**	1	ST,QL (60 per 30 days)
fosinopril sodium 10 mg, 20 mg, 40 mg tab **MO**	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab **MO**	1	
gemfibrozil 600 mg tablet **MO**	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET **MO**	3	
guanfacine 1 mg, 2 mg tablet **MO**	1	
HEMANGEOL 4.28 MG/ML ORAL SOLUTION **MO**	3	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet; hydralazine 20 mg/ml vial **MO**	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
ibutilide fum 1 mg/10 ml vial **MO**	1	
INDERAL LA 120 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INDERAL LA 160 MG CAPSULE,EXTENDED RELEASE MO	3	
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	3	
INSPRA 25 MG, 50 MG TABLET MO	3	PA
irbesartan 150 mg, 300 mg, 75 mg tablet MO	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb MO	1	QL (30 per 30 days)
isochron 40 mg tablet,extended release MO	1	
ISORDIL 40 MG TABLET MO	3	PA
ISORDIL TITRADOSE 5 MG TABLET MO	3	PA
isosorbide dn 10 mg, 20 mg, 30 mg, 5 mg tablet; isosorbide dn er 40 mg tablet MO	1	
isosorbide mn 10 mg, 20 mg tablet; isosorbide mn er 120 mg, 30 mg, 60 mg tab; isosorbide mn er 120 mg, 30 mg, 60 mg tablet MO	1	
isradipine 2.5 mg, 5 mg capsule MO	1	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE SP	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE SP	4	PA,QL (84 per 28 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet; labetalol hcl 100 mg/20 ml vl; labetalol hcl 20 mg/4 ml syr MO	1	
LANOXIN 125 MCG, 187.5 MCG, 62.5 MCG TABLET MO	3	QL (30 per 30 days)
LANOXIN 250 MCG TABLET; LANOXIN 250 MCG/ML INJECTION SOLUTION MO	3	
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	3	
LESCOL 20 MG, 40 MG CAPSULE MO	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
lidocaine hcl 1% syringe; lidocaine hcl 2% abboject; lidocaine hcl 2% vial MO	1	
lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln MO	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE MO	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	2	ST,QL (30 per 30 days)
lofibra 134 mg, 200 mg capsule; lofibra 160 mg tablet MO	1	QL (30 per 30 days)
lofibra 54 mg tablet; lofibra 67 mg capsule MO	1	QL (60 per 30 days)
LOPID 600 MG TABLET MO	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET; LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOPRESSOR HCT 50 MG-25 MG TABLET MO	3	
losartan potassium 100 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab MO	1	QL (60 per 30 days)
LOTENSIN 20 MG, 40 MG TABLET MO	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET MO	3	
LOTREL 10 MG-20 MG CAPSULE; LOTREL 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE MO	3	PA,QL (30 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet MO	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE MO	3	PA,QL (120 per 30 days)
matzim la 180 mg, 240 mg tablet,extended release MO	1	QL (60 per 30 days)
matzim la 300 mg, 360 mg, 420 mg tablet,extended release MO	1	QL (30 per 30 days)
MAVIK 1 MG TABLET	3	
MAVIK 2 MG TABLET MO	3	
methyldopa 250 mg, 500 mg tablet MO	1	
methyldopa-hctz 250-15 mg, 250-25 mg tab MO	1	
methyldopate 250 mg/5 ml vial MO	1	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab MO	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab MO	1	
metoprolol 1 mg/ml carpuject; metoprolol tart 5 mg/5 ml vial; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb MO	1	
mexiletine 150 mg, 200 mg, 250 mg capsule MO	1	
MICARDIS 20 MG, 40 MG TABLET MO	3	ST,QL (30 per 30 days)
MICARDIS 80 MG TABLET MO	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET MO	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET MO	3	ST,QL (60 per 30 days)
milrinone lact 20 mg/20 ml vl MO	1	
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml MO	1	
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	3	
minoxidil 10 mg, 2.5 mg tablet MO	1	
moexipril hcl 15 mg, 7.5 mg tablet MO	1	
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	1	
MULTAQ 400 MG TABLET MO	2	QL (60 per 30 days)

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nadolol 20 mg, 40 mg, 80 mg tablet **MO**	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab **MO**	1	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION **MO**	3	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION **MO**	3	
niacin er 1,000 mg, 500 mg, 750 mg tablet **MO**	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE **MO**	3	PA
nicardipine 20 mg, 30 mg capsule; nicardipine 25 mg/10 ml ampule **MO**	1	
nifedical xl 30 mg, 60 mg tablet **MO**	1	QL (60 per 30 days)
nifedipine 10 mg, 20 mg capsule **MO**	1	
nifedipine er 30 mg, 30 mg, 60 mg, 60 mg, 90 mg, 90 mg tablet **MO**	1	QL (60 per 30 days)
nimodipine 30 mg capsule **MO**	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet **MO**	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet **MO**	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT **MO**	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR PATCH; NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH **MO**	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH **MO**	3	
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH **MO**	3	QL (60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch **MO**	1	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl; nitroglycerin 400 mcg spray; nitroglycerin 5 mg/ml vial **MO**	1	
nitroglycerin 0.4 mg/hr patch **MO**	1	QL (60 per 30 days)
nitroglycerin lingual 0.4 mg **MO**	2	
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**	1	
NITROLINGUAL 400 MCG/SPRAY **MO**	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL **MO**	3	
NITRONAL 25 MG/25 ML AMPULE **MO**	3	
NITROPRESS 25 MG/ML INTRAVENOUS SOLUTION **MO**	1	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO**	2	
NORPACE 100 MG, 150 MG CAPSULE **MO**	3	
NORPACE CR 100 MG, 150 MG CAPSULE,EXTENDED RELEASE **MO**	3	
NORVASC 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA
NYMALIZE 30 MG/10 ML ORAL SOLUTION **SP**	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML ORAL SOLUTION **SP**	4	QL (2838 per 28 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab **MO**	1	QL (30 per 30 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5 **MO**	1	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab **MO**	1	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap **MO**	1	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET **MO**	1	
pacerone 200 mg tablet **MO**	1	
perindopril erbumine 2 mg, 4 mg, 8 mg tab **MO**	1	
PERSANTINE 25 MG, 50 MG, 75 MG TABLET **MO**	3	
pindolol 10 mg, 5 mg tablet **MO**	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR **SP**	4	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE **SP**	4	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET **MO**	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET **MO**	3	PA,QL (60 per 30 days)
pravastatin sodium 10 mg, 20 mg, 80 mg tab **MO**	1	QL (30 per 30 days)
pravastatin sodium 40 mg tab **MO**	1	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule **MO**	1	
prevalite 4 gram, 4 gram oral powder; prevalite 4 gram, 4 gram powder for susp in a packet **MO**	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET **MO**	3	
procainamide 100 mg/ml, 500 mg/ml vial **MO**	1	
PROCARDIA 10 MG CAPSULE **MO**	3	
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet; propafenone hcl er 225 mg, 325 mg, 425 mg cap **MO**	1	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln; propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule **MO**	1	
propranolol-hctz 40-25 mg, 80-25 mg tab **MO**	1	
QBRELIS 1 MG/ML ORAL SOLUTION **MO**	3	QL (1200 per 30 days)
QUESTRAN 4 GRAM, 4 GRAM ORAL POWDER; QUESTRAN 4 GRAM, 4 GRAM POWDER FOR SUSP IN A PACKET **MO**	1	
QUESTRAN LIGHT 4 GRAM ORAL POWDER **MO**	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet **MO**	1	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab **MO**	1	
quinidine gluc 80 mg/ml vial; quinidine gluc er 324 mg tab **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quinidine sulfate 200 mg, 300 mg tab **MO**	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule **MO**	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE **MO**	2	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR **SP**	4	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR **SP**	4	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (3 per 28 days)
reserpine 0.1 mg, 0.25 mg tablet **MO**	1	
REVATIO 10 MG/ML ORAL SUSPENSION **SP**	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET **SP**	4	PA,QL (90 per 30 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab **MO**	1	QL (30 per 30 days)
RYTHMOL 150 MG, 225 MG TABLET **MO**	3	PA
RYTHMOL SR 225 MG, 325 MG, 425 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA
SECTRAL 200 MG, 400 MG CAPSULE **MO**	3	PA
sildenafil 20 mg tablet	1	PA,QL (90 per 30 days)
SIMCOR 1,000-20 MG, 500-20 MG, 750-20 MG TABLET **MO**	3	QL (60 per 30 days)
SIMCOR 1,000-40 MG, 500-40 MG TABLET **MO**	3	QL (30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet **MO**	1	QL (30 per 30 days)
sodium nitroprusside 50 mg/2ml **MO**	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet **MO**	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet; sotalol hcl 150 mg/10 ml vial **MO**	1	
sotalol af 120 mg, 160 mg, 80 mg tablet **MO**	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION **MO**	3	
spironolactone-hctz 25-25 tab **MO**	1	
spironolactone 100 mg, 25 mg, 50 mg tablet **MO**	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
TARKA 1 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE **MO**	3	
taztia xt 120 mg, 180 mg, 240 mg capsule,extended release **MO**	1	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule,extended release **MO**	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET **MO**	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET **MO**	2	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet **MO**	1	QL (30 per 30 days)
telmisartan 80 mg tablet **MO**	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 **MO**	1	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 **MO**	1	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb **MO**	1	ST,QL (60 per 30 days)
TENEX 1 MG, 2 MG TABLET **MO**	3	PA
TENORETIC 100 100 MG-25 MG TABLET **MO**	3	
TENORETIC 50 50 MG-25 MG TABLET **MO**	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET **MO**	3	
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule **MO**	1	
TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE **MO**	3	QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE **MO**	3	QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE **MO**	3	QL (60 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg tablet **MO**	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
trandolapril 1 mg tablet	1	
trandolapril 2 mg, 4 mg tablet **MO**	1	
trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg **MO**	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET **MO**	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET **MO**	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET **MO**	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET **MO**	3	QL (30 per 30 days)
triklo 1 gram capsule **MO**	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE,DELAYED RELEASE **MO**	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET **MO**	3	QL (30 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet **MO**	1	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab **MO**	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE **MO**	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE **MO**	3	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET **MO**	3	
VASOTEC 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA
VASOTEC 2.5 MG TABLET **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vecamyl 2.5 mg tablet **SP**	4	QL (300 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil er pm 200 mg capsule **MO**	1	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet; verapamil 2.5 mg/ml ampul; verapamil 2.5 mg/ml syringe; verapamil er 120 mg, 180 mg, 240 mg tablet **MO**	1	
verapamil er pm 100 mg, 300 mg capsule **MO**	1	QL (30 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET **MO**	3	QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET **MO**	3	QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET **MO**	3	QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET **MO**	3	QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET; WELCHOL 625 MG TABLET **MO**	2	
XYLOCAINE (CARDIAC) (PF) 20 MG/ML (2 %) INTRAVENOUS SOLUTION **MO**	3	
ZEBETA 10 MG, 5 MG TABLET **MO**	3	
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET **MO**	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET **MO**	3	
ZETIA 10 MG TABLET **MO**	2	QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET **MO**	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET **MO**	3	PA,QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET **MO**	3	QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE; ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE **SP**	4	QL (1 per 28 days)
ABSTRAL 100 MCG SUBLINGUAL TABLET **MO**	3	PA,QL (128 per 30 days)
ABSTRAL 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG SUBLINGUAL TABLET **SP**	4	PA,QL (128 per 30 days)
acamprosate calc dr 333 mg tab **MO**	1	
acetamin-caff-dihydrocod 320.5; acetamin-caff-dihydrocod 325 **MO**	1	QL (300 per 30 days)
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 **MO**	1	QL (2700 per 30 days)
acetaminophen-cod #2 tablet **MO**	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet **MO**	1	QL (360 per 30 days)
acetaminophen-cod #4 tablet **MO**	1	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE ON A HANDLE SP	4	PA,QL (120 per 30 days)
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
ADDERALL 30 MG TABLET MO	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
ALFENTANIL 500 MCG/ML AMPULE MO	1	QL (450 per 30 days)
ALLZITAL 25 MG-325 MG TABLET MO	1	QL (360 per 30 days)
almotriptan malate 12.5 mg, 6.25 mg tab MO	1	QL (9 per 30 days)
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet MO	1	QL (120 per 30 days)
alprazolam 2 mg tablet MO	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet MO	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab MO	1	
alprazolam intensol 1 mg/ml oral concentrate MO	1	
amantadine 100 mg capsule; amantadine 100 mg tablet; amantadine 50 mg/5 ml solution MO	1	
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab MO	1	
chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25 MO	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet MO	1	
AMYTAL 500 MG SOLUTION FOR INJECTION MO	3	
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE MO	3	PA
ANAPROX 275 MG TABLET MO	3	
ANAPROX DS 550 MG TABLET MO	3	
APLENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE SP	4	QL (60 per 28 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE MO	3	QL (30 per 30 days)
APTIOM 200 MG, 400 MG, 800 MG TABLET MO	3	PA,QL (30 per 30 days)
APTIOM 600 MG TABLET MO	3	PA,QL (60 per 30 days)
aripiprazole 1 mg/ml solution MO	1	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	1	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE SP	4	QL (3.2 per 28 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	1	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	1	PA,QL (60 per 30 days)
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARYMO ER 15 MG, 30 MG, 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule MO	1	QL (360 per 30 days)
aspirin-caff-dihydrocodein cap MO	1	QL (330 per 30 days)
astramorph-pf 0.5 mg/ml injection solution MO	1	QL (7200 per 30 days)
astramorph-pf 1 mg/ml injection solution MO	1	QL (3600 per 30 days)
ATIVAN 0.5 MG, 1 MG TABLET MO	3	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET MO	3	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION MO	3	PA
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule MO	1	PA,QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule MO	1	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET SP	4	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET SP	4	PA,QL (60 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET MO	3	PA,QL (9 per 30 days)
AZILECT 0.5 MG, 1 MG TABLET MO	2	
BANZEL 200 MG TABLET MO	3	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION SP	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET SP	4	PA,QL (240 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM MO	3	PA,QL (60 per 30 days)
belladonna-opium 16.2-60 supp MO	1	QL (120 per 30 days)
belladonna-opium 16.2 mg-30 mg rectal suppository MO	1	QL (120 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
benztropine 2 mg/2 ml ampule; benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	1	
BRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG CAPSULE MO	3	ST,QL (30 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET SP	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION SP	4	PA,QL (600 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	PA
bromocriptine 2.5 mg tablet; bromocriptine 5 mg capsule MO	1	
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM MO	3	PA,QL (60 per 30 days)
bupap 50 mg-300 mg tablet MO	1	QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION SP	4	PA,QL (240 per 30 days)
buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch MO	1	ST,QL (4 per 28 days)
buprenorphine 0.3 mg/ml syring MO	1	PA,QL (240 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	1	PA,QL (90 per 30 days)
buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl MO	1	PA,QL (90 per 30 days)
buproban 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl 100 mg tablet MO	1	QL (180 per 30 days)
bupropion hcl 75 mg tablet MO	1	
bupropion hcl sr 100 mg tablet MO	1	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet; bupropion hcl xl 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet; bupropion hcl xl 300 mg tablet MO	1	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet MO	1	
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule MO	1	QL (360 per 30 days)
butalb-acetaminoph-caff-codein MO	1	QL (180 per 30 days)
butalb-caff-acetaminoph-codein MO	1	QL (360 per 30 days)
butalbital-acetaminophn 50-300; butalbital-acetaminophn 50-325 MO	1	QL (180 per 30 days)
butalb-acetamin-caff 50-300-40; butalb-acetamin-caff 50-325-40; butalbit-acetaminophen-caff cp MO	1	QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40; butalbital-asa-caffeine cap MO	1	QL (180 per 30 days)
BUTISOL 30 MG TABLET MO	3	
butorphanol 1 mg/ml vial MO	1	QL (960 per 30 days)
butorphanol 10 mg/ml spray MO	1	QL (5 per 28 days)
butorphanol 2 mg/ml vial MO	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR TRANSDERMAL PATCH MO	3	ST,QL (4 per 28 days)
cabergoline 0.5 mg tablet MO	1	QL (16 per 28 days)
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	3	
caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial MO	1	
caffeine-sod benzoat 250 mg/ml MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CAMBIA 50 MG ORAL POWDER PACKET MO	3	ST
capacet 50 mg-325 mg-40 mg capsule MO	1	QL (180 per 30 days)
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML ORAL SUSPENSION MO	1	QL (2700 per 30 days)
carbamazepine 100 mg tab chew; carbamazepine 100 mg/5 ml susp; carbamazepine 200 mg tablet; carbamazepine er 100 mg, 200 mg, 300 mg cap; carbamazepine er 100 mg, 200 mg, 400 mg tablet MO	1	
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
carbidopa 25 mg tablet MO	1	
carbidopa-levo 10-100 mg, 10-100 mg, 25-100 mg, 25-100 mg, 25-250 mg, 25-250 mg odt; carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	1	
carbidopa-levodopa-enta 100 mg; carbidopa-levodopa-enta 125 mg; carbidopa-levodopa-enta 150 mg; carbidopa-levodopa-enta 200 mg; carbidopa-levodopa-enta 50 mg; carbidopa-levodopa-enta 75 mg MO	1	
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MO	3	PA,QL (60 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	1	QL (60 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	3	QL (30 per 30 days)
CELEXA 20 MG TABLET MO	3	QL (60 per 30 days)
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION MO	3	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule MO	1	QL (120 per 30 days)
chlorpromazine 10 mg, 25 mg tablet MO	1	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet; chlorpromazine 25 mg/ml amp MO	1	
citalopram hbr 10 mg, 40 mg tablet MO	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln MO	1	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule MO	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg odt; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 0.5 mg, 1 mg, 1 mg, 2 mg, 2 mg tablet MO	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet MO	1	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet MO	1	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet MO	1	PA
CLOZARIL 100 MG, 25 MG TABLET MO	3	
codeine sulfate 15 mg, 30 mg tablet MO	1	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
codeine sulfate 60 mg tablet MO	1	QL (180 per 30 days)
asa-butalb-caff-cod #3 capsule MO	1	QL (360 per 30 days)
COGENTIN 2 MG/2 ML INJECTION SOLUTION MO	3	
COMTAN 200 MG TABLET MO	3	PA,QL (300 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG CAPSULE,EXTENDED RELEASE (25-75) MO	3	ST,QL (30 per 30 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
CYCLOSET 0.8 MG TABLET MO	3	PA,QL (180 per 30 days)
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH MO	3	QL (30 per 30 days)
DEMEROL 100 MG TABLET; DEMEROL 100 MG/ML INJECTION SOLUTION MO	3	PA,QL (360 per 30 days)
DEMEROL 50 MG TABLET MO	3	PA,QL (480 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION MO	3	PA,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION; DEMEROL (PF) 100 MG/ML INJECTION SYRINGE MO	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML INJECTION SOLUTION; DEMEROL (PF) 50 MG/ML INJECTION SYRINGE MO	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE MO	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE MO	3	PA,QL (480 per 30 days)
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	
DEPAKENE 250 MG CAPSULE; DEPAKENE 250 MG/5 ML ORAL SOLUTION MO	3	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET,DELAYED RELEASE MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET,EXTENDED RELEASE MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE,DELAYED RELEASE MO	3	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet MO	1	
DESOXYN 5 MG TABLET MO	3	PA,QL (150 per 30 days)
desvenlafaxine er 100 mg, 50 mg tab MO	3	QL (30 per 30 days)
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet MO	1	ST,QL (30 per 30 days)
desvenlafaxine fum er 100 mg, 50 mg MO	3	QL (30 per 30 days)
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb MO	1	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DEXEDRINE 10 MG TABLET MO	1	QL (180 per 30 days)
DEXEDRINE 5 MG TABLET MO	1	QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab MO	1	QL (60 per 30 days)
dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp MO	1	QL (30 per 30 days)
d-amphetamine er 10 mg capsule; dextroamphetamine 10 mg tab MO	1	QL (180 per 30 days)
d-amphetamine er 15 mg capsule MO	1	QL (120 per 30 days)
d-amphetamine er 5 mg capsule MO	1	QL (60 per 30 days)
dextroamphetamine 5 mg tab MO	1	QL (150 per 30 days)
dextroamphetamine 5 mg/5 ml MO	1	QL (1800 per 30 days)
dextroamp-amphet er 10 mg, 15 mg, 5 mg cap MO	1	QL (30 per 30 days)
dextroamp-amphet er 20 mg, 25 mg, 30 mg cap; dextroamp-amphetamin 30 mg tab MO	1	QL (60 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab MO	1	QL (90 per 30 days)
DIASTAT 2.5 MG RECTAL KIT MO	3	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT; DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT MO	3	
diazepam 10 mg rectal gel syst; diazepam 10 mg/2 ml carpuject; 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; diazepam 5 mg/ml vial MO	1	
diazepam 10 mg tablet MO	1	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet MO	1	QL (90 per 30 days)
diazepam 5 mg/5 ml oral soln; diazepam 5 mg/5 ml solution MO	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc MO	1	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate MO	1	QL (240 per 30 days)
diclofenac pot 50 mg tablet MO	1	
diclofenac 1.5% topical soln; diclofenac sod ec 25 mg, 50 mg, 75 mg tab; diclofenac sod er 100 mg tab MO	1	
diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb MO	1	
diflunisal 500 mg tablet MO	1	
DILANTIN 30 MG CAPSULE MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DILANTIN EXTENDED 100 MG CAPSULE MO	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	3	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	3	
DILAUDID 1 MG/ML ORAL LIQUID MO	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET MO	3	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET MO	3	PA,QL (240 per 30 days)
DILAUDID 4 MG/ML AMPUL MO	3	PA,QL (180 per 30 days)
DILAUDID-HP 10 MG/ML AMPUL MO	3	PA,QL (144 per 30 days)
divalproex dr 125 mg cap sprnk; divalproex sod dr 125 mg, 250 mg, 500 mg tab; divalproex sod er 250 mg, 500 mg tab MO	1	
DOLOPHINE 10 MG TABLET MO	1	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET MO	1	QL (480 per 30 days)
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION MO	3	
DORAL 15 MG TABLET MO	3	
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule; doxepin 10 mg/ml oral conc MO	1	
droperidol 2.5 mg/ml vial MO	1	
DUEXIS 800 MG-26.6 MG TABLET MO	3	ST,QL (90 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	1	QL (60 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP SP	4	PA,QL (2800 per 28 days)
DURAGESIC 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH MO	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION MO	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION MO	3	QL (3600 per 30 days)
DYLOJECT 37.5 MG/ML VIAL MO	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE MO	3	PA
EDLUAR 10 MG, 5 MG SUBLINGUAL TABLET MO	3	QL (30 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
ELDEPRYL 5 MG CAPSULE MO	3	PA
eletriptan hbr 20 mg, 40 mg tablet MO	1	QL (9 per 30 days)
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY MO	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH **SP**	4	QL (30 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet **MO**	1	QL (360 per 30 days)
entacapone 200 mg tablet **MO**	1	QL (300 per 30 days)
epitol 200 mg tablet **MO**	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE **MO**	3	
escitalopram 10 mg tablet **MO**	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet **MO**	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml **MO**	1	QL (600 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE; ESGIC 50 MG-325 MG-40 MG TABLET **MO**	1	QL (180 per 30 days)
estazolam 1 mg, 2 mg tablet **MO**	1	QL (30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet **MO**	1	QL (30 per 30 days)
ethosuximide 250 mg capsule; ethosuximide 250 mg/5 ml soln **MO**	1	
etodolac 200 mg, 300 mg capsule; etodolac 400 mg, 500 mg tablet; etodolac er 400 mg, 500 mg, 600 mg tablet **MO**	1	
EVEKEO 10 MG, 5 MG TABLET **MO**	1	QL (90 per 30 days)
EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR **MO**	3	
EXALGO ER 12 MG TABLET,EXTENDED RELEASE **MO**	3	QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE **MO**	3	QL (120 per 30 days)
EXALGO ER 32 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE **MO**	3	QL (240 per 30 days)
FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK **MO**	3	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET **MO**	3	PA
felbamate 400 mg, 600 mg tablet **MO**	1	
felbamate 600 mg/5 ml susp **SP**	4	
FELBATOL 400 MG, 600 MG TABLET; FELBATOL 600 MG/5 ML ORAL SUSPENSION **SP**	4	
FELDENE 10 MG, 20 MG CAPSULE **MO**	3	
fenoprofen 400 mg capsule; fenoprofen 600 mg tablet **MO**	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch **MO**	1	QL (20 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg **MO**	1	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul; fentanyl 100 mcg/2 ml syringe **MO**	1	QL (720 per 30 days)
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT **SP**	4	PA,QL (120 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK **MO**	3	PA,QL (28 per 28 days)
fioricet 50 mg-300 mg-40 mg capsule **MO**	1	QL (180 per 30 days)
FIORICET-COD 50-300-40-30 CAP **MO**	3	PA,QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE **MO**	3	QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE **MO**	3	PA,QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH **MO**	3	PA,QL (60 per 30 days)
flumazenil 0.1 mg/ml vial **MO**	1	
fluoxetine 20 mg/5 ml solution; fluoxetine hcl 10 mg, 20 mg tablet **MO**	1	
fluoxetine dr 90 mg capsule **MO**	1	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule **MO**	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule **MO**	1	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet **MO**	1	QL (30 per 30 days)
fluphenazine dec 125 mg/5 ml **MO**	1	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet; fluphenazine 2.5 mg/5 ml elix; fluphenazine 2.5 mg/ml vial; fluphenazine 5 mg/ml conc **MO**	1	
flurazepam 15 mg capsule **MO**	1	QL (60 per 30 days)
flurazepam 30 mg capsule **MO**	1	QL (30 per 30 days)
flurbiprofen 100 mg, 50 mg tablet **MO**	1	
fluvoxamine er 100 mg, 150 mg capsule **MO**	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab **MO**	1	QL (90 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl **MO**	1	
FROVA 2.5 MG TABLET **MO**	3	PA,QL (12 per 30 days)
frovatriptan succ 2.5 mg tab **MO**	1	QL (12 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSPENSION **MO**	3	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **MO**	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 100 mg, 300 mg, 400 mg capsule **MO**	1	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln **MO**	1	
gabapentin 600 mg, 800 mg tablet **MO**	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG, 2 MG, 4 MG TABLET **MO**	3	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE **MO**	3	QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION **MO**	3	
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE **SP**	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE **SP**	4	PA,QL (30 per 30 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE **MO**	3	ST,QL (78 per 30 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet **MO**	1	QL (30 per 30 days)
HALCION 0.25 MG TABLET **MO**	3	PA,QL (30 per 30 days)
HALDOL 5 MG/ML INJECTION SOLUTION **MO**	3	
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION **MO**	3	PA
HALDOL DECANOATE 50 MG/ML INTRAMUSCULAR SOLUTION **MO**	3	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet **MO**	1	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp **MO**	1	
haloperidol lac 2 mg/ml conc; haloperidol lac 5 mg/ml vial **MO**	1	
HETLIOZ 20 MG CAPSULE **SP**	4	PA,QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION **MO**	1	QL (5520 per 30 days)
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg; hydrocodone-acetamin 7.5-300 **MO**	1	QL (390 per 30 days)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 **MO**	1	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 **MO**	1	QL (2700 per 30 days)
hydrocodone-acetamn 7.5-325/15 **MO**	1	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200 **MO**	1	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 carpujct; hydromorphone hcl 1 mg/ml amp **MO**	1	QL (720 per 30 days)
hydromorphone 1 mg/ml solution **MO**	1	QL (2400 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydromorphone 2 mg, 4 mg tablet; hydromorphone 2 mg/ml carpujct; hydromorphone 2 mg/ml vial **MO**	1	QL (360 per 30 days)
hydromorphone 3 mg suppos; hydromorphone hcl er 16 mg tab **MO**	1	QL (120 per 30 days)
hydromorphone 4 mg/ml carpujct; hydromorphone hcl 4 mg/ml amp; hydromorphone hcl er 12 mg tab **MO**	1	QL (180 per 30 days)
hydromorphone 8 mg tablet; hydromorphone hcl er 8 mg tab **MO**	1	QL (240 per 30 days)
hydromorphone hcl er 32 mg tab **MO**	1	QL (60 per 30 days)
hydromorphone hcl 10 mg/ml vl **MO**	1	QL (144 per 30 days)
hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial; hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet **MO**	1	
hydroxyzine pam 100 mg, 25 mg, 50 mg cap **MO**	1	
HYSINGLA ER 100 MG, 120 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **SP**	4	ST,QL (30 per 30 days)
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
IBUDONE 10 MG-200 MG TABLET **MO**	1	QL (150 per 30 days)
ibudone 5 mg-200 mg tablet **MO**	1	QL (150 per 30 days)
ibuprofen 100 mg/5 ml susp; ibuprofen 400 mg, 600 mg, 800 mg tablet **MO**	1	
oxycodone-ibuprofen 5-400 tab **MO**	1	QL (240 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet **MO**	1	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap **MO**	1	
IMITREX 100 MG, 25 MG, 50 MG TABLET **MO**	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY **MO**	3	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION **MO**	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE **MO**	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	QL (6 per 30 days)
IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	PA,QL (6 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION **MO**	3	
INDOCIN 50 MG RECTAL SUPPOSITORY **MO**	1	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule **MO**	1	
indomethacin 1 mg vial **MO**	1	
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION **MO**	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION **MO**	3	QL (150 per 30 days)
INGREZZA 40 MG CAPSULE **SP**	4	PA,QL (60 per 30 days)
INGREZZA 80 MG CAPSULE **SP**	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET **MO**	3	QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (60 per 30 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE SP	4	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE SP	4	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE SP	4	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE SP	4	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE SP	4	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE SP	4	QL (2.62 per 90 days)
IRENKA DR 40 MG CAPSULE MO	3	QL (60 per 30 days)
KADIAN 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KEPPRA 1,000 MG, 250 MG, 500 MG, 750 MG TABLET; KEPPRA 100 MG/ML, 500 MG/5 ML INTRAVENOUS SOLUTION; KEPPRA 100 MG/ML, 500 MG/5 ML ORAL SOLUTION MO	3	
KEPPRA XR 500 MG, 750 MG TABLET,EXTENDED RELEASE MO	3	PA
ketoprofen 50 mg, 75 mg capsule; ketoprofen er 200 mg capsule MO	1	
ketorolac 10 mg tablet MO	1	QL (20 per 30 days)
ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpuject; ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml isecure syr; ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial MO	1	
KHEDEZLA 100 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
klofensaid ii 1.5% topical sol MO	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET MO	3	PA
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET; LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET MO	3	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET MO	3	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING MO	3	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT MO	3	
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT MO	3	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK **MO**	3	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK **MO**	3	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE **MO**	3	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE **MO**	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL **MO**	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL **MO**	3	
lamotrigine 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet; lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet; lamotrigine odt 100 mg, 100 mg, 150 mg, 200 mg, 200 mg, 25 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kt-green; lamotrigine tab start kt-orang **MO**	1	
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET **SP**	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET **SP**	4	PA,QL (60 per 30 days)
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY **SP**	4	PA,QL (30 per 30 days)
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) soln; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) vial; levetiracetam 500 mg/5 ml soln; levetiracetam er 500 mg, 750 mg tablet **MO**	1	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 **MO**	1	
levorphanol 2 mg tablet **MO**	1	QL (240 per 30 days)
LEXAPRO 10 MG TABLET **MO**	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG/5 ML SOLUTION **MO**	3	PA,QL (600 per 30 days)
lithium carbonate 150 mg, 300 mg, 600 mg cap; lithium carbonate 300 mg tab; lithium carbonate er 300 mg, 450 mg tb **MO**	1	
lithium 8 meq/5 ml solution **MO**	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LODINE 400 MG TABLET MO	3	PA
LODOSYN 25 MG TABLET MO	3	PA
lorazepam 0.5 mg, 1 mg tablet MO	1	QL (90 per 30 days)
lorazepam 2 mg tablet; lorazepam 2 mg/ml oral concent MO	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpuject; lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 ml vial MO	1	
lorazepam intensol 2 mg/ml oral concentrate MO	1	QL (150 per 30 days)
lorcet (hydrocodone) 5 mg-325 mg tablet MO	1	QL (360 per 30 days)
lorcet hd 10 mg-325 mg tablet MO	1	QL (360 per 30 days)
lorcet plus 7.5 mg-325 mg tablet MO	1	QL (360 per 30 days)
lortab 10-325 mg tablet MO	1	QL (360 per 30 days)
lortab 5-325 mg tablet MO	1	QL (360 per 30 days)
lortab 7.5-325 mg tablet MO	1	QL (360 per 30 days)
lortab elixir 10 mg-300 mg/15 ml oral solution MO	3	QL (6000 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO	1	
LUNESTA 1 MG, 2 MG, 3 MG TABLET MO	3	PA,QL (30 per 30 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	2	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	2	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE MO	2	QL (60 per 30 days)
magnesium chl 200 mg/ml vial MO	1	
magnesium sulfate 50% syringe; magnesium sulfate 50% vial MO	1	
magnesium sulf 1 g/100 ml-d5w MO	1	
magnesium sulf 2 g/50 ml bag; magnesium sulf 20 g/500 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag; magnesium sulf 40 g/1,000 ml MO	1	
maprotiline 25 mg, 50 mg, 75 mg tablet MO	1	
MARGESIC CAPSULE MO	1	QL (180 per 30 days)
MARPLAN 10 MG TABLET MO	3	
MARTEN-TAB 50 MG-325 MG TABLET MO	1	QL (180 per 30 days)
MAXALT 10 MG, 5 MG TABLET MO	3	QL (12 per 30 days)
MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET MO	3	QL (12 per 30 days)
meclofenamate 100 mg, 50 mg capsule MO	1	
mefenamic acid 250 mg capsule MO	1	
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp MO	1	QL (300 per 30 days)
memantine 5-10 mg titration pk MO	1	PA,QL (98 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
memantine hcl 10 mg, 5 mg tablet **MO**	1	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution **MO**	1	PA,QL (360 per 30 days)
meperidine 10 mg/ml cartrdge **MO**	1	QL (3600 per 30 days)
meperidine 100 mg tablet **MO**	1	QL (360 per 30 days)
meperidine 50 mg tablet **MO**	1	QL (480 per 30 days)
meperidine 50 mg/5 ml solution **MO**	1	QL (720 per 30 days)
meperidine 100 mg/ml vial **MO**	1	QL (360 per 30 days)
meperidine 25 mg/ml vial **MO**	1	QL (1440 per 30 days)
meperidine 50 mg/ml vial **MO**	1	QL (720 per 30 days)
meprobamate 200 mg, 400 mg tablet **MO**	1	
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE **MO**	3	QL (30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE **MO**	3	QL (60 per 30 days)
metadate er 20 mg tablet,extended release **MO**	1	QL (90 per 30 days)
methadone 10 mg/5 ml solution **MO**	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc; methadone hcl 10 mg/ml vial **MO**	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution **MO**	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet **MO**	1	QL (240 per 30 days)
methadone hcl 5 mg tablet **MO**	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate **MO**	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE **MO**	1	QL (360 per 30 days)
methamphetamine 5 mg tablet **MO**	1	QL (150 per 30 days)
METHYLIN 10 MG CHEWABLE TABLET **MO**	1	QL (180 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION **MO**	1	PA,QL (900 per 30 days)
METHYLIN 2.5 MG, 5 MG CHEWABLE TAB; METHYLIN 2.5 MG, 5 MG CHEWABLE TABLET **MO**	1	QL (150 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION **MO**	1	PA,QL (1800 per 30 days)
methylphenidate 10 mg chew tab; methylphenidate er 10 mg tab **MO**	1	QL (180 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet; methylphenidate er 20 mg tab **MO**	1	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol **MO**	1	QL (900 per 30 days)
methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb **MO**	1	QL (150 per 30 days)
methylphenidate 5 mg/5 ml soln **MO**	1	QL (1800 per 30 days)
methylphenidate cd 10 mg, 20 mg, 40 mg, 40 mg, 50 mg, 60 mg, 60 mg cap; methylphenidate er 18 mg, 27 mg, 54 mg tab; methylphenidate la 10 mg, 20 mg, 40 mg, 40 mg, 50 mg, 60 mg, 60 mg cap **MO**	1	QL (30 per 30 days)
methylphenidate cd 20 mg, 30 mg, 30 mg cap; methylphenidate er 36 mg tab; methylphenidate la 20 mg, 30 mg, 30 mg cap **MO**	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
midazolam hcl 2 mg/ml syrup **MO**	1	
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET **MO**	3	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg odt; mirtazapine 15 mg, 15 mg, 30 mg, 30 mg, 45 mg, 45 mg tablet **MO**	1	QL (30 per 30 days)
mirtazapine 7.5 mg tablet **MO**	1	
MOBIC 15 MG TABLET **MO**	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
MOBIC 7.5 MG/5 ML SUSPENSION **MO**	3	PA,QL (300 per 30 days)
modafinil 100 mg, 200 mg tablet **MO**	1	PA,QL (60 per 30 days)
molindone hcl 10 mg tablet **MO**	1	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet **MO**	1	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet **MO**	1	PA,QL (360 per 30 days)
MORPHABOND ER 100 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **MO**	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **MO**	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpuject; morphine 10 mg/ml isecure syrg; morphine sulfate 10 mg/ml vial **MO**	1	QL (360 per 30 days)
morphine 15 mg/ml vial **MO**	1	QL (600 per 30 days)
morphine 2 mg/ml carpuject; morphine 2 mg/ml isecure syr **MO**	1	QL (1800 per 30 days)
morphine 4 mg/ml carpuject; morphine 4 mg/ml isecure syr; morphine sulfate 4 mg/ml vial **MO**	1	QL (900 per 30 days)
morphine 8 mg/ml isecure syrng; morphine 8 mg/ml syringe; morphine 8 mg/ml, 8 mg/ml vial; morphine sulfate 8 mg/ml, 8 mg/ml vial **MO**	1	QL (450 per 30 days)
morphine sulf 10 mg, 20 mg, 30 mg, 5 mg suppos; morphine sulf er 100 mg tablet; morphine sulfate ir 15 mg, 30 mg tab **MO**	1	QL (180 per 30 days)
morphine sulf 10 mg/5 ml soln **MO**	1	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln **MO**	1	QL (1350 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet **MO**	1	QL (120 per 30 days)
morphine sulf er 200 mg tablet **MO**	1	QL (90 per 30 days)
morphine sulfate 100 mg/4 ml, 25 mg/ml vial; morphine sulfate 25 mg/ml vl **MO**	1	QL (150 per 30 days)
morphine sulfate 50 mg/ml vial **MO**	1	QL (240 per 30 days)
morphine sulfate er 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap; morphine sulfate er 120 mg, 60 mg, 75 mg, 90 mg cap **MO**	1	QL (60 per 30 days)
morphine sulfate er 30 mg, 45 mg cap **MO**	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine 0.5 mg/ml vial **MO**	1	QL (7200 per 30 days)
morphine 1 mg/ml, 30 mg/30 ml vial p-f; morphine sulfate 1 mg/ml vial **MO**	1	QL (3600 per 30 days)
morphine 5 mg/ml vial **MO**	1	QL (720 per 30 days)
morphine sulf 100 mg/5 ml soln **MO**	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (90 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG MG CAPSULE EXTENDED RELEASE 24 HR; MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR **MO**	3	QL (30 per 30 days)
MYSOLINE 250 MG, 50 MG TABLET **MO**	3	PA
nabumetone 500 mg, 750 mg tablet **MO**	1	
nalbuphine 100 mg/10 ml vial **MO**	1	QL (240 per 30 days)
nalbuphine 200 mg/10 ml vial **MO**	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE **MO**	3	
naloxone 0.4 mg/ml vial; naloxone 0.4 mg/ml, 1 mg/ml carpuject; naloxone 2 mg/2 ml syringe **MO**	1	
naltrexone 50 mg tablet **MO**	1	
NAMENDA 10 MG, 5 MG TABLET **MO**	3	PA,QL (60 per 30 days)
NAMENDA 2 MG/ML SOLUTION **MO**	2	PA,QL (360 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK **MO**	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE **MO**	2	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK **MO**	2	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE **MO**	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK **MO**	2	QL (28 per 28 days)
NAPRELAN CR 375 MG, 500 MG, 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE **MO**	3	ST
NAPROSYN 500 MG TABLET **MO**	3	PA
naproxen 125 mg/5 ml suspen; naproxen 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 375 mg, 500 mg, 500 mg tablet **MO**	1	
naproxen sod cr 375 mg, 500 mg tablet **MO**	1	ST
naproxen sodium 275 mg, 550 mg tab **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naratriptan hcl 1 mg, 2.5 mg tablet **MO**	1	QL (9 per 30 days)
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY **MO**	3	QL (2 per 30 days)
NARDIL 15 MG TABLET **MO**	3	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet **MO**	1	
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION **MO**	3	
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH **MO**	3	QL (30 per 30 days)
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE **MO**	3	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION **MO**	3	
NEURONTIN 600 MG, 800 MG TABLET **MO**	3	PA,QL (180 per 30 days)
NORCO 10 MG-325 MG TABLET; NORCO 5 MG-325 MG TABLET; NORCO 7.5 MG-325 MG TABLET **MO**	1	PA,QL (360 per 30 days)
NORPRAMIN 10 MG, 100 MG, 150 MG, 25 MG, 50 MG TABLET **MO**	3	
nortriptyline 10 mg/5 ml sol; nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap **MO**	1	
NUCYNTA 100 MG, 50 MG, 75 MG TABLET **MO**	3	ST,QL (181 per 30 days)
NUCYNTA ER 100 MG, 150 MG, 200 MG, 250 MG, 50 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE **MO**	2	QL (60 per 30 days)
NUPLAZID 17 MG TABLET **SP**	4	PA,QL (60 per 30 days)
NUVIGIL 150 MG, 200 MG, 250 MG TABLET **MO**	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET **MO**	3	PA,QL (60 per 30 days)
olanzapine 10 mg vial **MO**	1	
olanzapine 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet; olanzapine odt 10 mg, 10 mg, 2.5 mg, 5 mg, 5 mg, 7.5 mg tablet **MO**	1	QL (30 per 30 days)
olanzapine 15 mg, 15 mg, 20 mg, 20 mg tablet; olanzapine odt 15 mg, 15 mg, 20 mg, 20 mg tablet **MO**	1	QL (60 per 30 days)
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg **MO**	1	QL (30 per 30 days)
ONFI 10 MG, 20 MG TABLET **MO**	3	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION **MO**	3	PA,QL (480 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION **MO**	3	ST,QL (16 per 30 days)
OPANA 1 MG/ML INJECTION SOLUTION **MO**	3	QL (270 per 30 days)
OPANA 10 MG, 5 MG TABLET **MO**	3	PA,QL (360 per 30 days)
OPANA ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG TABLET **MO**	2	QL (60 per 30 days)
ORAP 1 MG, 2 MG TABLET **MO**	3	
oxaprozin 600 mg caplet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES); OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES) MO	3	PA,QL (360 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg capsule MO	1	
oxcarbazepine 150 mg, 300 mg, 600 mg tablet; oxcarbazepine 300 mg/5 ml susp MO	1	
OXECTA 5 MG, 7.5 MG TABLET MO	3	PA,QL (360 per 30 days)
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (120 per 30 days)
oxycodon 10 mg/0.5 ml oral syr; oxycodone hcl 100 mg/5 ml soln MO	1	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet; oxycodone hcl 5 mg capsule MO	1	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln MO	1	QL (5400 per 30 days)
oxycodone hcl er 10 mg, 20 mg, 40 mg tablet MO	3	PA,QL (90 per 30 days)
oxycodone hcl er 15 mg, 30 mg, 60 mg tablet MO	1	PA,QL (90 per 30 days)
oxycodone hcl er 80 mg tablet MO	3	PA,QL (120 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 MO	1	QL (360 per 30 days)
oxycodon-acetaminophen 7.5-300; oxycodone-acetaminophen 10-300; oxycodone-acetaminophen 5-300 MO	1	QL (390 per 30 days)
oxycodone-acetaminophn 5-325/5 MO	1	QL (1830 per 30 days)
oxycodone-aspirin 4.8355-325 MO	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
oxymorphone hcl 10 mg, 5 mg tablet MO	1	QL (360 per 30 days)
oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tab; oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tablet MO	1	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet MO	1	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet MO	1	PA,QL (60 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE MO	3	PA
PARLODEL 2.5 MG TABLET; PARLODEL 5 MG CAPSULE MO	3	PA
PARNATE 10 MG TABLET MO	3	
paroxetine er 12.5 mg, 37.5 mg tablet; paroxetine hcl 30 mg, 40 mg tablet MO	1	QL (60 per 30 days)
paroxetine er 25 mg tablet MO	1	QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet MO	1	QL (30 per 30 days)
paroxetine mesylate 7.5 mg cap MO	1	ST,QL (30 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PAXIL 10 MG, 20 MG TABLET MO	3	QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	3	
PAXIL 30 MG, 40 MG TABLET MO	3	QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
PEGANONE 250 MG TABLET MO	3	
PENNSAID 2 %, 20 MG/GRAM /ACTUATION(2 %) TOPICAL SOLUTION IN PACKET; PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP MO	3	
pentazocine-naloxone tablet MO	1	QL (360 per 30 days)
pentobarbital 1,000 mg/20 ml MO	1	
PERCOCET 10 MG-325 MG TABLET; PERCOCET 2.5 MG-325 MG TABLET; PERCOCET 5 MG-325 MG TABLET; PERCOCET 7.5 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	1	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab MO	1	
PEXEVA 10 MG, 20 MG TABLET MO	3	QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET MO	3	QL (60 per 30 days)
phenelzine sulfate 15 mg tab MO	1	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	1	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	1	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	1	QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	1	QL (300 per 30 days)
phenobarbital 130 mg/ml, 65 mg/ml vial MO	1	
PHENYTEK 200 MG, 300 MG CAPSULE MO	1	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp; phenytoin 50 mg tablet chew MO	1	
phenytoin 50 mg/ml syringe; phenytoin 50 mg/ml vial MO	1	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	1	
pimozide 1 mg, 2 mg tablet MO	1	
piroxicam 10 mg, 20 mg capsule MO	1	
PONSTEL 250 MG CAPSULE MO	3	PA
POTIGA 200 MG, 300 MG, 400 MG TABLET SP	4	PA
POTIGA 50 MG TABLET MO	3	PA
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet MO	1	
pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet MO	1	ST,QL (30 per 30 days)
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION SP	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
primidone 250 mg, 50 mg tablet **MO**	1	
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet **MO**	1	QL (390 per 30 days)
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
procentra 5 mg/5 ml oral solution **MO**	1	QL (1800 per 30 days)
profeno 600 mg tablet **MO**	1	
protriptyline hcl 10 mg, 5 mg tablet **MO**	1	
PROVIGIL 100 MG TABLET **MO**	3	PA,QL (60 per 30 days)
PROVIGIL 200 MG TABLET **SP**	4	PA,QL (60 per 30 days)
PROZAC 10 MG, 40 MG CAPSULE **MO**	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE **MO**	3	PA,QL (120 per 30 days)
PROZAC WEEKLY 90 MG CAPSULE **MO**	3	QL (4 per 28 days)
quazepam 15 mg tablet **MO**	3	
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE **MO**	3	ST,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE **MO**	3	ST,QL (90 per 30 days)
quetiapine er 150 mg tablet **MO**	1	PA,QL (90 per 30 days)
quetiapine er 200 mg tablet **MO**	1	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet **MO**	1	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet **MO**	1	PA,QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab **MO**	1	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab **MO**	1	QL (120 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET **MO**	3	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR **MO**	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK **SP**	4	PA
rasagiline mesylate 0.5 mg, 1 mg tab **MO**	1	
RELPAX 20 MG, 40 MG TABLET **MO**	3	QL (9 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET **MO**	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET **MO**	3	QL (30 per 30 days)
reprexain 10-200 mg tablet **MO**	1	QL (150 per 30 days)
REPREXAIN 2.5 MG-200 MG TABLET; REPREXAIN 2.5-200 MG, 5-200 MG TABLET **MO**	1	QL (150 per 30 days)
REQUIP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG TABLET **MO**	3	PA
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE **MO**	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **SP**	4	PA,QL (30 per 30 days)
RILUTEK 50 MG TABLET **SP**	4	
riluzole 50 mg tablet **MO**	1	
RISPERDAL 0.25 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **MO**	3	QL (60 per 30 days)
RISPERDAL 0.5 MG TABLET **MO**	3	QL (120 per 30 days)
RISPERDAL 1 MG/ML ORAL SOLUTION **MO**	3	
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE **MO**	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE **SP**	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET **MO**	3	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG DISINTEGRATING TABLET; RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG ODT **MO**	3	QL (60 per 30 days)
risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg odt; risperidone 0.25 mg, 0.25 mg, 1 mg, 1 mg, 2 mg, 2 mg, 3 mg, 3 mg, 4 mg, 4 mg tablet **MO**	1	QL (60 per 30 days)
risperidone 0.5 mg, 0.5 mg odt; risperidone 0.5 mg, 0.5 mg tablet **MO**	1	QL (120 per 30 days)
risperidone 1 mg/ml solution **MO**	1	
RITALIN 10 MG, 20 MG, 5 MG TABLET **MO**	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 60 MG CAPSULE; RITALIN LA 10 MG, 60 MG CAPSULE,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
RITALIN LA 20 MG, 40 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
rizatriptan 10 mg, 10 mg, 5 mg, 5 mg odt; rizatriptan 10 mg, 10 mg, 5 mg, 5 mg tablet **MO**	1	QL (12 per 30 days)
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablet **MO**	1	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet **MO**	1	QL (90 per 30 days)
roweepra 1,000 mg, 500 mg, 750 mg tablet **MO**	1	
ROXICODONE 15 MG, 30 MG TABLET **MO**	3	PA,QL (360 per 30 days)
ROZEREM 8 MG TABLET **MO**	3	ST,QL (30 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE **MO**	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE **MO**	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE **MO**	3	ST,QL (300 per 30 days)
SABRIL 500 MG ORAL POWDER PACKET; SABRIL 500 MG TABLET **SP**	4	PA,QL (180 per 30 days)
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET **SP**	4	PA,QL (60 per 30 days)
SAPHRIS (BLACK CHERRY) 2.5 MG, 5 MG SUBLINGUAL TABLET **MO**	3	PA,QL (60 per 30 days)
SARAFEM 10 MG, 20 MG TABLET **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK **MO**	2	QL (60 per 30 days)
SECONAL SODIUM 100 MG CAPSULE **MO**	3	QL (90 per 30 days)
selegiline hcl 5 mg capsule; selegiline hcl 5 mg tablet **MO**	1	
SEROQUEL 100 MG, 300 MG, 400 MG TABLET **MO**	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET **MO**	3	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (120 per 30 days)
sertraline 20 mg/ml oral conc **MO**	1	
sertraline hcl 100 mg tablet **MO**	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet **MO**	1	QL (90 per 30 days)
SILENOR 3 MG, 6 MG TABLET **MO**	3	QL (30 per 30 days)
SINEMET 10 MG-100 MG TABLET **MO**	3	
SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET **MO**	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE **MO**	3	PA
SONATA 10 MG, 5 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION **MO**	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION **MO**	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION **MO**	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION **MO**	3	ST,QL (120 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY **SP**	4	PA,QL (5 per 30 days)
STALEVO 100 25 MG-100 MG-200 MG TABLET **MO**	3	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET **MO**	3	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET **MO**	3	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET **MO**	3	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET **MO**	3	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET **MO**	3	PA
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE **MO**	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM **MO**	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM **MO**	3	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY **SP**	4	PA,QL (120 per 30 days)
sufentanil 250 mcg/5 ml ampule **MO**	1	QL (1440 per 30 days)
sulindac 150 mg, 200 mg tablet **MO**	1	
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray **MO**	3	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill **MO**	3	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject; sumatriptan 6 mg/0.5 ml syrng; sumatriptan 6 mg/0.5 ml vial **MO**	1	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet **MO**	1	QL (9 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR **MO**	3	QL (6 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE **MO**	3	
SYMBYAX 12 MG-25 MG CAPSULE; SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
SYNALGOS-DC CAPSULE **MO**	3	QL (330 per 30 days)
TALWIN 30 MG/ML INJECTION SOLUTION **MO**	3	QL (360 per 30 days)
TASMAR 100 MG TABLET **MO**	3	PA
TEGRETOL 100 MG/5 ML ORAL SUSPENSION; TEGRETOL 200 MG TABLET **MO**	3	
TEGRETOL XR 100 MG, 200 MG, 400 MG TABLET,EXTENDED RELEASE **MO**	3	
temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule **MO**	1	QL (30 per 30 days)
tencon 50 mg-325 mg tablet **MO**	1	QL (180 per 30 days)
tetrabenazine 12.5 mg tablet	1	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet	1	PA,QL (120 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet **MO**	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule **MO**	1	
tiagabine hcl 2 mg, 4 mg tablet **MO**	1	
TIVORBEX 20 MG, 40 MG CAPSULE **MO**	3	ST,QL (90 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET **MO**	1	PA
tolcapone 100 mg tablet **MO**	1	PA
tolmetin sodium 200 mg, 600 mg tab; tolmetin sodium 400 mg cap **MO**	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET **MO**	3	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE **MO**	3	
TOPAMAX 25 MG TABLET **MO**	3	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
topiramate 100 mg, 200 mg, 50 mg tablet MO	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	1	
topiramate 25 mg tablet MO	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule MO	3	ST,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule MO	3	ST,QL (60 per 30 days)
topiramate er 25 mg capsule MO	3	ST,QL (90 per 30 days)
tramadol er 100 mg, 100 mg, 200 mg, 200 mg, 300 mg, 300 mg tablet; tramadol hcl er 100 mg, 100 mg, 200 mg, 200 mg, 300 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg capsule MO	1	ST,QL (30 per 30 days)
tramadol hcl 50 mg tablet MO	1	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 MO	1	QL (240 per 30 days)
TRANXENE T-TAB 3.75 MG, 7.5 MG; TRANXENE T-TAB 3.75 MG, 7.5 MG TABLET MO	3	PA
tranylcypromine sulf 10 mg tab MO	1	
trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet MO	1	
TREXIMET 10 MG-60 MG TABLET; TREXIMET 85 MG-500 MG TABLET MO	3	QL (18 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE MO	1	QL (300 per 30 days)
triazolam 0.125 mg, 0.25 mg tablet MO	1	QL (30 per 30 days)
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	1	
trihexyphenidyl 2 mg, 5 mg tablet; trihexyphenidyl 2 mg/5 ml elx MO	1	
TRILEPTAL 150 MG, 300 MG, 600 MG TABLET MO	3	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION MO	3	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp MO	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (90 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET MO	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET MO	1	PA,QL (180 per 30 days)
ULTIVA 1 MG INTRAVENOUS SOLUTION MO	3	QL (450 per 30 days)
ULTIVA 2 MG INTRAVENOUS SOLUTION MO	3	QL (240 per 30 days)
ULTIVA 5 MG INTRAVENOUS SOLUTION MO	3	QL (90 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET MO	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET MO	3	QL (240 per 30 days)
ULTRAM ER 100 MG, 200 MG, 300 MG TABLET MO	3	ST,QL (30 per 30 days)
VALIUM 10 MG TABLET MO	3	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VALIUM 2 MG, 5 MG TABLET MO	3	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	1	
valproic acid 250 mg capsule MO	1	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol MO	1	
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution MO	1	
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution MO	1	
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet MO	1	
venlafaxine hcl er 150 mg cap MO	1	QL (60 per 30 days)
VENLAFAXINE HCL ER 150 MG, 225 MG, 37.5 MG TAB MO	3	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	1	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	1	QL (90 per 30 days)
VENLAFAXINE HCL ER 75 MG TAB MO	3	QL (60 per 30 days)
verdrocet 2.5 mg-325 mg tablet MO	1	QL (360 per 30 days)
VERSACLOZ 50 MG/ML ORAL SUSPENSION MO	3	PA,QL (540 per 30 days)
vicodin 5 mg-300 mg tablet MO	1	QL (390 per 30 days)
vicodin es 7.5 mg-300 mg tablet MO	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet MO	1	QL (390 per 30 days)
VICOPROFEN 7.5-200 MG TABLET MO	3	PA,QL (150 per 30 days)
vigabatrin 500 mg powder packt SP	4	PA,QL (180 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET MO	3	PA,QL (30 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE SP	4	QL (60 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	3	PA,QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET; VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	3	PA
VISTARIL 25 MG, 50 MG CAPSULE MO	3	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SP	4	PA
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL MO	3	
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE SP	4	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET; VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	3	QL (30 per 30 days)
WELLBUTRIN 100 MG TABLET MO	3	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
WELLBUTRIN 75 MG TABLET MO	3	
WELLBUTRIN SR 100 MG TABLET, 12 HR SUSTAINED-RELEASE MO	3	QL (120 per 30 days)
WELLBUTRIN SR 150 MG TABLET, 12 HR SUSTAINED-RELEASE MO	3	QL (90 per 30 days)
WELLBUTRIN SR 200 MG TABLET, 12 HR SUSTAINED-RELEASE MO	3	QL (60 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
XADAGO 100 MG, 50 MG TABLET MO	3	PA,QL (30 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET MO	3	PA,QL (120 per 30 days)
XANAX 2 MG TABLET MO	3	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
XARTEMIS XR 7.5-325 MG TABLET MO	3	
XENAZINE 12.5 MG TABLET SP	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET SP	4	PA,QL (120 per 30 days)
XODOL 10-300 TABLET MO	1	QL (390 per 30 days)
XODOL 5-300 TABLET MO	1	QL (390 per 30 days)
XODOL 7.5-300 MG TABLET MO	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE MO	2	QL (60 per 30 days)
xylon 10 10 mg-200 mg tablet MO	1	QL (150 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION SP	4	PA,QL (540 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE MO	3	PA,QL (30 per 30 days)
zaleplon 10 mg, 5 mg capsule MO	1	QL (30 per 30 days)
ZAMICET 10-325 MG/15 ML SOLN MO	1	QL (5430 per 30 days)
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION MO	1	
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE MO	1	QL (180 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET MO	3	
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (6 per 30 days)
zenzedi 10 mg tablet MO	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MO	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	1	QL (60 per 30 days)
zenzedi 5 mg tablet MO	1	QL (150 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	1	QL (60 per 30 days)
ZIPSOR 25 MG CAPSULE MO	3	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
zolmitriptan 2.5 mg, 2.5 mg, 5 mg, 5 mg odt; zolmitriptan 2.5 mg, 2.5 mg, 5 mg, 5 mg tablet MO	1	QL (9 per 30 days)
ZOLOFT 100 MG TABLET MO	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE MO	3	PA
ZOLOFT 25 MG, 50 MG TABLET MO	3	PA,QL (90 per 30 days)
zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl; zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl; zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab; zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet MO	1	QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY MO	3	QL (23.1 per 365 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY MO	3	QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET MO	3	PA,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET MO	3	PA,QL (9 per 30 days)
ZONEGRAN 100 MG, 25 MG CAPSULE MO	3	PA
zonisamide 100 mg, 25 mg, 50 mg capsule MO	1	
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL (90 per 30 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET MO	3	PA,QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	3	PA,QL (60 per 30 days)
ZYBAN 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION MO	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET MO	3	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET MO	3	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION SP	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION SP	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
DEVICES		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" **MO**	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **MO**	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN **MO**	1	
AUTOPEN 1 TO 16 UNITS **MO**	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS **MO**	1	
AUTOPEN 2 TO 32 UNITS **MO**	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS **MO**	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" **MO**	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G **MO**	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE **MO**	1	
BD INSULIN PEN NEEDLE UF MINI 31 GAUGE X 3/16" **MO**	1	
BD INSULIN PEN NEEDLE UF ORIGINAL 29 GAUGE X 1/2" **MO**	1	
BD INSULIN PEN NEEDLE UF SHORT 31 GAUGE X 5/16" **MO**	1	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" **MO**	1	
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" **MO**	1	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" **MO**	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" **MO**	1	
BD INSULIN SYRINGE SLIP TIP 1 ML **MO**	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" **MO**	1	
BD INSULIN SYRINGE ULT-FINE II 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"" **MO**	1	
BD INTEGRA SYR 1 ML 29GX1/2" **MO**	1	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	1	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE **MO**	1	
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" **MO**	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" **MO**	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" **MO**	1	
BD ULTRA-FINE NANO PEN NEEDLES 32 GAUGE X 5/32" **MO**	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" **MO**	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" **MO**	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" **MO**	1	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" **MO**	1	

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COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" **MO**	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" **MO**	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" **MO**	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" **MO**	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" **MO**	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE **MO**	1	

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EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" **MO**	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE **MO**	1	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE **MO**	1	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE **MO**	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
HUMAPEN LUXURA HD SUBCUTANEOUS **MO**	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) **MO**	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PV INSULIN SYRINGE 0.5 ML; PV INSULIN SYRINGE 1 ML **MO**	1	
BD INSULIN U100-3/10 ML SYR; INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" **MO**	1	
BD LUER-LOK SYRINGE 1 ML **MO**	1	
BD INSULIN SYR 0.5 ML 29GX1/2" **MO**	1	
BD INSULIN SYR 1 ML 25GX5/8"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; KMART VALU PLUS SYR 1/2 ML; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" **MO**	1	
INSULIN SYRINGE U100 1 ML **MO**	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	1	

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LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" **MO**	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 **MO**	1	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" **MO**	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" **MO**	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" **MO**	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE **MO**	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"" **MO**	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML **MO**	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE **MO**	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE **MO**	1	
NOVOFINE 30 30 GAUGE X 1/3" NEEDLE **MO**	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE **MO**	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE **MO**	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE **MO**	1	
NOVOPEN ECHO SUBCUTANEOUS **MO**	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOTWIST 30 GAUGE X 1/3", 32 GAUGE X 1/5" NEEDLE; NOVOTWIST NEEDLE 30G 8MM **MO**	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G **MO**	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" **MO**	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"" **MO**	1	
RELION NEEDLES 31 GAUGE X 1/4" **MO**	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" **MO**	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" **MO**	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" **MO**	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"" **MO**	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" **MO**	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" **MO**	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 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" **MO**	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" **MO**	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" **MO**	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" **MO**	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 **MO**	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" **MO**	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" **MO**	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 **MO**	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	1	
VGO 20 DEVICE MO	3	
VGO 30 DEVICE MO	3	
VGO 40 DEVICE MO	3	
DIAGNOSTIC AGENTS		
ACTHAR H.P. 80 UNIT/ML INJECTION GEL SP	4	PA
enlon 10 mg/ml injection solution MO	1	
ENLON-PLUS 10 MG-0.14 MG/ML INTRAVENOUS SOLUTION MO	3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
acetic acid 0.25% irrig soln MO	1	
amiloride hcl 5 mg tablet MO	1	
amiloride hcl-hctz 5-50 mg tab MO	1	
amino acids 15 % intravenous solution MO	1	B vs D
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	3	B vs D
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION SP	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AURYXIA 210 MG IRON TABLET **MO**	3	QL (360 per 30 days)
bumetanide 0.25 mg/ml vial; bumetanide 0.5 mg, 1 mg, 2 mg tablet **MO**	1	
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER; BUPHENYL 500 MG TABLET **SP**	4	
calcium acetate 667 mg gelcap; calcium acetate 667 mg tablet **MO**	1	
calcium chloride 10% syringe; calcium chloride 10% vial **MO**	1	
calcium gluconate 10% vial **MO**	1	
CARBAGLU 200 MG DISPERSIBLE TABLET **SP**	4	PA
chlorothiazide 250 mg, 500 mg tablet **MO**	1	
chlorothiazide sod 500 mg vial **MO**	1	
chlorthalidone 25 mg, 50 mg tablet **MO**	1	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION **MO**	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
clinisol sf 15 % intravenous solution MO	3	B vs D
constulose 10 gram/15 ml oral solution MO	1	
dextrose 10%-0.45% nacl iv sol MO	1	
dextrose 2.5%-0.45% nacl iv MO	1	
dextrose 5%-0.9% nacl iv soln MO	1	
dextrose 5%-0.45% nacl iv soln MO	1	
DEMADEX 10 MG, 20 MG, 5 MG TABLET MO	3	
dextrose 10%-0.2% nacl iv soln MO	1	
dextrose 10%-water iv solution MO	1	
dextrose 20%-water iv soln MO	1	
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-water iv soln; dextrose 5%-water iv soln MO	1	
dextrose 5%-lr iv solution MO	1	
dextrose 5%-0.2% nacl iv soln MO	1	
dextrose 5%-0.3% nacl iv soln MO	1	
dextrose 50%-water syringe; dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION MO	3	
DIURIL 500 MG INTRAVENOUS SOLUTION MO	3	
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET MO	3	PA,QL (30 per 30 days)
DYAZIDE 37.5 MG-25 MG CAPSULE MO	3	
DYRENIUM 100 MG, 50 MG CAPSULE MO	3	
EDECRIN 25 MG TABLET MO	3	
dextrose 5%-electrolyte 48 MO	1	
eliphos 667 mg tablet MO	1	
enulose 10 gram/15 ml oral solution MO	1	
ethacrynate sodium 50 mg vial MO	1	
ethacrynic acid 25 mg tablet MO	1	
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET; FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET MO	3	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION MO	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
furosemide 10 mg/ml, 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 100 mg/10 ml syring; furosemide 20 mg, 40 mg, 80 mg tablet; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln **MO**	1	
generlac 10 gram/15 ml oral solution **MO**	1	
GLYCINE UROLOGIC 1.5 % IRRIGATION SOLUTION **MO**	3	
glycine 1.5% irrigation **MO**	3	
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION **MO**	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION **MO**	3	B vs D
hydrochlorothiazide 12.5 mg cp; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb **MO**	1	
HYPERLYTE CR 25 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION **MO**	3	
indapamide 1.25 mg, 2.5 mg tablet **MO**	1	
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION **MO**	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION **MO**	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION **MO**	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION **MO**	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION **MO**	3	
ISOLYTE-S INTRAVENOUS SOLUTION **MO**	3	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE **MO**	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION **MO**	3	B vs D
kionex oral powder **MO**	1	
kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension **MO**	1	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE **MO**	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE **MO**	1	
klor-con m10 meq tablet,extended release **MO**	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE **MO**	1	
klor-con m20 meq tablet,extended release **MO**	1	
klor-con sprinkle 10 meq, 8 meq capsule,extended release **MO**	1	
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET **MO**	1	
lactated ringers injection; lactated ringers irrigation **MO**	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution **MO**	1	
lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw **MO**	1	ST
LASIX 20 MG, 40 MG, 80 MG TABLET **MO**	3	
LITHOSTAT 250 MG TABLET **MO**	3	
mannitol 10% iv solution **MO**	1	
mannitol 20% iv solution **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mannitol 25% vial **MO**	1	
mannitol 5% iv solution **MO**	1	
MAXZIDE 75 MG-50 MG TABLET **MO**	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET **MO**	3	PA
methyclothiazide 5 mg tablet **MO**	1	
metolazone 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
MICROZIDE 12.5 MG CAPSULE **MO**	3	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION **MO**	3	B vs D
NEUT 4 % INTRAVENOUS SOLUTION **MO**	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION **MO**	3	
NORMOSOL-R INTRAVENOUS SOLUTION **MO**	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION **MO**	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION **MO**	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION **MO**	3	B vs D
OSMITROL 10 % INTRAVENOUS SOLUTION **MO**	3	
OSMITROL 15 % INTRAVENOUS SOLUTION **MO**	3	
OSMITROL 20 % INTRAVENOUS SOLUTION **MO**	3	
OSMITROL 5 % INTRAVENOUS SOLUTION **MO**	3	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION **MO**	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION **MO**	2	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION **MO**	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION **MO**	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION **MO**	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION **MO**	3	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS SOLUTION **MO**	3	
potassium acet 100 meq/50 ml **MO**	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl **MO**	1	
potassium cl 10 meq/100 ml sol	1	
potassium cl 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol; potassium cl 10% (20 meq/15 ml, 40 meq/15 ml; potassium cl 20 meq/10 ml conc; potassium cl 20% (20 meq/15 ml, 40 meq/15 ml; potassium cl er 10 meq, 20 meq tablet; potassium cl er 10 meq, 20 meq, 8 meq tablet; potassium cl er 10 meq, 8 meq capsule **MO**	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln **MO**	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution **MO**	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer **MO**	1	

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
potassium cl 20 meq-0.45% nacl **MO**	1	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl **MO**	1	
kcl 20 meq in d5w-0.3% nacl **MO**	1	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% **MO**	1	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab **MO**	1	
potassium phosp 45 mmol/15 ml **MO**	1	
PREMASOL 10 % INTRAVENOUS SOLUTION **MO**	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION **MO**	1	B vs D
probenecid 500 mg tablet **MO**	1	
probenecid-colchicine tabs **MO**	1	
PROCALAMINE 3% INTRAVENOUS SOLUTION **MO**	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION **MO**	3	B vs D
RAVICTI 1.1 GRAM/ML ORAL LIQUID **SP**	4	PA,QL (525 per 30 days)
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION; RENACIDIN IRRIGATION SOLN **MO**	3	
RENAGEL 400 MG, 800 MG TABLET **MO**	3	ST
RENVELA 0.8 GRAM ORAL POWDER PACKET; RENVELA 800 MG TABLET **MO**	2	QL (540 per 30 days)
RENVELA 2.4 GRAM ORAL POWDER PACKET **MO**	2	QL (180 per 30 days)
RESECTISOL 5 % URETHRAL SOLUTION **MO**	3	
ringer's iv solution; ringers irrigation solution **MO**	1	
SAMSCA 15 MG, 30 MG TABLET **SP**	4	QL (60 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION **MO**	3	B vs D
sodium acetate 2 meq/ml, 4 meq/ml vial; sodium acetate 40 meq/20 ml vl **MO**	1	
sod phenylacet-sod benzoate vl **SP**	4	
sodium bicarb 4.2% abbjct; sodium bicarb 4.2% vial; sodium bicarb 7.5% abboject; sodium bicarb 8.4% abboject; sodium bicarb 8.4% vial **MO**	1	
sodium chloride 0.9% irrig.; sodium chloride 100 meq/40 ml; sodium chloride 2.5 meq/ml, 4 meq/ml vl **MO**	1	
saline 0.45% soln-excel con; sodium chloride 0.45% soln **MO**	1	
sodium chloride 0.9% solution; sodium chloride 0.9% solution **MO**	1	
sodium chloride 0.9% vial **MO**	2	
sodium chloride 3% iv soln **MO**	1	
sodium chloride 5% iv soln **MO**	1	
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION **MO**	3	
sodium lactate 5 meq/ml vial **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium phenylbutyrate 500mg tb **SP**	4	
sodium phenylbutyrate powder **MO**	1	
sodium phosphate 3mm/ml vial **MO**	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp **MO**	1	
sps 15 gm/60 ml suspension; sps 30 gm/120 ml enema; sps 50 gm/200 ml enema **MO**	1	
sorbitol-mannitol irrig **MO**	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION; SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA **MO**	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION **MO**	3	
torsemide 10 mg, 100 mg, 20 mg, 5 mg tablet **MO**	1	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION **MO**	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION **MO**	3	B vs D
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp; triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb **MO**	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION **MO**	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION **MO**	3	B vs D
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE **MO**	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE **MO**	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE **MO**	3	
VELPHORO 500 MG CHEWABLE TABLET **SP**	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET **MO**	3	PA,QL (30 per 30 days)
VOLUVEN 6 % INTRAVENOUS SOLUTION **MO**	3	
sterile water for irrigation **MO**	1	
ZURAMPIC 200 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ENZYMES		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION **SP**	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION **SP**	4	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION **SP**	4	PA
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION **SP**	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION **SP**	4	PA,QL (70 per 30 days)
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION **SP**	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION **SP**	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION **SP**	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION SP	4	PA
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION SP	4	PA,QL (38.4 per 30 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION SP	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION SP	4	
VPRIV 400 UNIT INTRAVENOUS SOLUTION SP	4	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetasol hc ear drops MO	1	
acetazolamide 125 mg, 250 mg tablet; acetazolamide er 500 mg cap MO	1	
acetazolamide sod 500 mg vial MO	1	
acetic acid 2% ear solution MO	1	
acetic acid-aluminum drops MO	1	
ACULAR 0.5 % EYE DROPS MO	3	ST
ACULAR LS 0.4 % EYE DROPS MO	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE MO	3	ST
ak-poly-bac eye ointment MO	1	
AKTEN (PF) 3.5 % EYE GEL MO	3	
ALCAINE 0.5% EYE DROPS MO	1	
ALOMIDE 0.1 % EYE DROPS MO	3	
ALPHAGAN P 0.1 %, 0.15 % EYE DROPS MO	2	
ALREX 0.2 % EYE DROPS,SUSPENSION MO	3	
apraclonidine hcl 0.5% drops MO	1	
ARESTIN 1 MG DENTAL CARTRIDGE MO	3	
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MO	3	PA,QL (30 per 25 days)
atropine 1% eye drops; atropine 1% eye ointment MO	1	
ATROVENT 0.03% SPRAY MO	3	QL (30 per 30 days)
ATROVENT 0.06% SPRAY MO	3	QL (45 per 30 days)
AZASITE 1 % EYE DROPS MO	2	
azelastine 0.1% (137 mcg) spry; azelastine 0.15% nasal spray MO	1	QL (30 per 25 days)
azelastine hcl 0.05% drops MO	1	
AZOPT 1 % EYE DROPS,SUSPENSION MO	2	
bacitracin 500 unit/gm ophth MO	1	
bacitracin-polymyxin eye oint MO	1	
BACTROBAN NASAL 2 % OINTMENT MO	3	
balanced salt intraocular solution MO	1	
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY MO	3	ST,QL (50 per 30 days)
BEPREVE 1.5 % EYE DROPS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	3	
BETAGAN 0.5 % EYE DROPS MO	3	
betaxolol hcl 0.5% eye drop MO	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS MO	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION MO	3	ST
bimatoprost 0.03% eye drops MO	1	QL (2.5 per 25 days)
BLEPH-10 10 % EYE DROPS MO	1	
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION MO	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT MO	1	
brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp MO	1	
bromfenac sodium 0.09% eye drp MO	1	
BROMSITE 0.075 % EYE DROPS MO	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION MO	3	
BSS PLUS INTRAOCULAR SOLUTION MO	3	
budesonide 32 mcg nasal spray MO	1	ST,QL (17.2 per 30 days)
carteolol hcl 1% eye drops MO	1	
chlorhexidine 0.12% rinse MO	1	
CILOXAN 0.3 % EYE DROPS; CILOXAN 0.3 % EYE OINTMENT MO	3	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	3	
ciprofloxacin 0.2% otic soln; ciprofloxacin 0.3% eye drop MO	1	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	3	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	2	
CORTISPORIN-TC EAR SUSPENSION MO	3	
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS MO	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (60 per 30 days)
CYCLOGYL 0.5 %, 1 %, 2 % EYE DROPS MO	1	
cyclopentolate 0.5% eye drops; cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops MO	1	
CYSTARAN 0.44 % EYE DROPS SP	4	PA,QL (60 per 28 days)
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
dexamethasone 0.1% eye drop MO	1	
DIAMOX SEQUELS ER 500 MG CAP MO	3	PA
diclofenac 0.1% eye drops MO	1	
dorzolamide hcl 2% eye drops MO	1	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	1	QL (10 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline hyclate 20 mg tab MO	1	
DUREZOL 0.05 % EYE DROPS MO	2	
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY MO	3	ST
ELESTAT 0.05 % EYE DROPS MO	3	
EMADINE 0.05 % EYE DROPS MO	3	
epinastine hcl 0.05% eye drops MO	1	
erythromycin 0.5% eye ointment MO	1	
FLAREX 0.1 % EYE DROPS,SUSPENSION MO	3	
FLOXIN 0.3 % EAR DROPS MO	1	
flunisolide 0.025% spray MO	1	QL (50 per 30 days)
fluocinolone oil 0.01% ear drp MO	1	
fluorometholone 0.1% drops MO	1	
flurbiprofen 0.03% eye drop MO	1	
fluticasone prop 50 mcg spray MO	1	QL (16 per 30 days)
FML FORTE 0.25 % EYE DROPS,SUSPENSION MO	3	
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION MO	3	
FML S.O.P. 0.1 % EYE OINTMENT MO	3	
gatifloxacin 0.5% eye drops MO	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment MO	1	
gentamicin 0.3% eye drops; gentamicin 0.3% eye ointment MO	1	
glydo 2 % mucous membrane jelly in applicator MO	1	
hydrocortison-acetic acid soln MO	1	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	2	
ILOTYCIN 0.5% EYE OINTMENT MO	1	
IOPIDINE 0.5 % EYE DROPS MO	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE MO	3	
ipratropium 0.03% spray MO	1	QL (30 per 30 days)
ipratropium 0.06% spray MO	1	QL (45 per 30 days)
ISOPTO ATROPINE 1% EYE DROPS MO	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
LASTACAFT 0.25 % EYE DROPS MO	3	
latanoprost 0.005% eye drops MO	1	QL (5 per 25 days)
levobunolol 0.5% eye drops MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 0.5% eye drops MO	1	
lidocaine 2% viscous soln; lidocaine hcl 2% jelly; lidocaine hcl 2% jelly; lidocaine hcl 4% solution MO	1	
lidocaine viscous 2 % mucosal solution MO	1	
LOTEMAX 0.5 % EYE OINTMENT; LOTEMAX 0.5 %, 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 %, 0.5 % EYE GEL DROPS MO	3	
LUMIGAN 0.01 % EYE DROPS MO	2	QL (2.5 per 25 days)
MAXIDEX 0.1 % EYE DROPS,SUSPENSION MO	3	
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION MO	1	
methazolamide 25 mg, 50 mg tablet MO	1	
metipranolol 0.3% eye drops MO	1	
MIOCHOL-E 1 % (10 MG/ML) INTRAOCULAR KIT MO	3	
mometasone furoate 50 mcg spry MO	1	ST,QL (34 per 30 days)
MOXEZA 0.5 % EYE DROPS MO	3	
moxifloxacin 0.5% eye drops MO	1	
MYDRIACYL 1 % EYE DROPS MO	1	
naphazoline 0.1% eye drops MO	1	
NASONEX 50 MCG/ACTUATION SPRAY MO	3	ST,QL (34 per 30 days)
NATACYN 5 % EYE DROPS,SUSPENSION MO	3	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	1	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	1	
neo-bacit-poly-hc eye ointment MO	1	
neomyc-bacit-polymix eye oint MO	1	
neomyc-polym-dexamet eye ointm; neomyc-polym-dexameth eye drop MO	1	
neomyc-polym-gramicid eye drop MO	1	
neomycin-poly-hc eye drops; neomycin-polymyxin-hc ear soln; neomycin-polymyxin-hc ear susp MO	1	
neosporin eye drops MO	1	
NEPTAZANE 25 MG, 50 MG TABLET MO	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	3	ST
OCUFEN 0.03% EYE DROPS MO	3	ST
OCUFLOX 0.3 % EYE DROPS MO	3	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops MO	1	
olopatadine 665 mcg nasal spry MO	1	ST,QL (30.5 per 30 days)
olopatadine hcl 0.1% eye drops MO	1	ST
OMNARIS 50 MCG NASAL SPRAY MO	3	ST,QL (12.5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNIPRED 1 % EYE DROPS,SUSPENSION MO	3	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION MO	3	
paroex oral rinse 0.12 % mouthwash MO	1	
PATADAY 0.2 % EYE DROPS MO	3	
PATANASE 0.6 % NASAL SPRAY MO	3	ST,QL (30.5 per 30 days)
PATANOL 0.1 % EYE DROPS MO	3	ST
PAZEO 0.7 % EYE DROPS MO	2	QL (2.5 per 25 days)
periogard 0.12 % mouthwash MO	1	
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	3	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops MO	2	
polycin 500 unit-10,000 unit/gram eye ointment MO	1	
polymyxin b-tmp eye drops MO	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS MO	1	
PRED FORTE 1 % EYE DROPS,SUSPENSION MO	3	
PRED MILD 0.12 % EYE DROPS,SUSPENSION MO	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
prednisolone ac 1% eye drop MO	1	
prednisolone sod 1% eye drop MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
proparacaine 0.5% eye drops MO	1	
QNASL 40 MCG/ACTUATION, 80 MCG/ACTUATION NASAL AEROSOL SPRAY MO	3	ST
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	2	QL (5.5 per 25 days)
RHINOCORT AQUA NASAL SPRAY MO	3	ST,QL (17.2 per 30 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION MO	3	ST,QL (16 per 30 days)
sulfacetamide 10% eye drops; sulfacetamide 10% eye ointment MO	1	
sulf-pred 10-0.23% eye drops MO	1	
timolol 0.25% gel-solution; timolol 0.5% eye drops; timolol 0.5% gel-solution; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops MO	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS MO	3	
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE MO	3	
TIMOPTIC-XE 0.25 % EYE GEL MO	3	
TIMOPTIC-XE 0.5 % EYE GEL MO	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION; TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION MO	3	
tobramycin 0.3% eye drops MO	1	
tobramycin-dexameth ophth susp MO	1	
TOBREX 0.3 % EYE DROPS MO	1	
TOBREX 0.3 % EYE OINTMENT MO	3	
TRAVATAN Z 0.004 % EYE DROPS MO	2	QL (2.5 per 25 days)
travoprost 0.004% eye drop MO	1	QL (2.5 per 25 days)
triamcinolone 55 mcg nasal spr MO	1	QL (17 per 30 days)
TRIESENCE (PF) 40 MG/ML INTRAOCULAR SUSPENSION MO	3	B vs D
trifluridine 1% eye drops MO	1	
tropicamide 0.5% eye drops; tropicamide 1% eye drops MO	1	
TRUSOPT 2 % EYE DROPS MO	3	QL (10 per 30 days)
VERAMYST 27.5 MCG NASAL SPRAY MO	3	ST,QL (10 per 30 days)
VEXOL 1% EYE DROPS MO	3	
VIGAMOX 0.5 % EYE DROPS MO	3	
VIROPTIC 1 % EYE DROPS MO	3	
VYZULTA 0.024 % EYE DROPS MO	3	ST,QL (5 per 30 days)
XALATAN 0.005 % EYE DROPS MO	3	QL (5 per 25 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	3	PA,QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	3	ST
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (30 per 30 days)
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	QL (2.5 per 25 days)
GASTROINTESTINAL DRUGS		
ACIPHEX 20 MG TABLET,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE SPRINKLE MO	3	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE MO	3	PA
AKYNZEO 300 MG-0.5 MG CAPSULE MO	3	PA,QL (4 per 28 days)
alosetron hcl 0.5 mg, 1 mg tablet SP	4	QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	2	QL (60 per 30 days)
lansoprazol-amoxicil-clarithro MO	1	ST
ANZEMET 100 MG, 50 MG TABLET MO	3	ST,QL (4 per 28 days)
ANZEMET 100 MG/5 ML, 12.5 MG/0.625 ML, 20 MG/ML VIAL; ANZEMET 20 MG/ML VIAL MO	3	ST
aprepitant 125 mg, 40 mg capsule MO	1	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack MO	1	B vs D,QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aprepitant 80 mg capsule **MO**	1	B vs D,QL (4 per 28 days)
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE **MO**	2	QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE **MO**	3	ST
balsalazide disodium 750 mg cp **MO**	1	
CANASA 1,000 MG RECTAL SUPPOSITORY **MO**	2	QL (30 per 30 days)
CARAFATE 1 GRAM TABLET; CARAFATE 100 MG/ML ORAL SUSPENSION **MO**	3	
CESAMET 1 MG CAPSULE **SP**	4	PA,QL (180 per 30 days)
CHENODAL 250 MG TABLET	1	PA
CHOLBAM 250 MG, 50 MG CAPSULE **SP**	4	PA,QL (120 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet **MO**	1	
cimetidine 300 mg/5 ml soln **MO**	1	
CINVANTI 7.2 MG/ML INTRAVENOUS EMULSION **SP**	4	PA,QL (36 per 28 days)
COLAZAL 750 MG CAPSULE **MO**	3	PA
COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION **MO**	3	ST
COMPAZINE 10 MG, 5 MG TABLET **MO**	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY **MO**	3	
compro 25 mg rectal suppository **MO**	1	
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE **MO**	2	
CYTOTEC 100 MCG, 200 MCG TABLET **MO**	3	
DELZICOL 400 MG, 400 MG CAPSULE (DR TABLETS INSIDE); DELZICOL DR 400 MG, 400 MG CAPSULE **MO**	3	ST,QL (180 per 30 days)
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE **MO**	3	QL (30 per 30 days)
dimenhydrinate 50 mg/ml vial **MO**	1	
DIPENTUM 250 MG CAPSULE **MO**	3	
diphenoxylat-atrop 2.5-0.025/5; diphenoxylate-atrop 2.5-0.025 **MO**	1	
dronabinol 10 mg, 2.5 mg, 5 mg capsule **MO**	1	B vs D,QL (120 per 30 days)
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK **MO**	3	B vs D,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION **MO**	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE **MO**	3	B vs D,QL (2 per 28 days)
EMEND 80 MG CAPSULE **MO**	3	B vs D,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION **MO**	3	PA
ENTYVIO 300 MG INTRAVENOUS SOLUTION **SP**	4	PA,QL (2 per 28 days)
esomeprazole mag dr 20 mg cap **MO**	1	QL (30 per 1 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
esomeprazole mag dr 40 mg cap **MO**	1	QL (30 per 30 days)
esomeprazole sodium 20 mg, 40 mg vial **MO**	1	
famotidine 20 mg, 40 mg tablet; famotidine 40 mg/4 ml vial; famotidine 40 mg/5 ml susp **MO**	1	
famotidine 20 mg/2 ml vial **MO**	1	
famotidine 20 mg piggyback **MO**	1	
FULYZAQ 125 MG DR TABLET **MO**	3	PA,QL (60 per 30 days)
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT **SP**	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT **SP**	4	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution **MO**	1	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution **MO**	1	
gavilyte-h and bisacodyl kit **MO**	1	
gavilyte-n 420 gram oral solution **MO**	1	
GIAZO 1.1 GRAM TABLET **MO**	3	PA,QL (180 per 30 days)
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET; GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION **MO**	3	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial **MO**	1	
granisetron hcl 1 mg tablet **MO**	1	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial **MO**	1	
granisetron hcl 4 mg/4 ml vial **MO**	1	QL (4 per 28 days)
lansoprazole dr 15 mg capsule **MO**	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule **MO**	1	QL (30 per 30 days)
LIALDA 1.2 GRAM TABLET,DELAYED RELEASE **MO**	2	QL (120 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET **MO**	3	
loperamide 2 mg capsule **MO**	1	
LOTRONEX 0.5 MG, 1 MG TABLET **SP**	4	PA,QL (60 per 30 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE **MO**	3	PA,QL (120 per 30 days)
meclizine 12.5 mg, 25 mg tablet **MO**	1	
mesalamine 4 gm/60 ml enema **MO**	1	QL (1800 per 30 days)
mesalamine 800 mg dr tablet **MO**	1	ST
mesalamine 4 gm/60 ml kit **MO**	1	
metoclopramide 10 mg, 5 mg tablet; metoclopramide 10 mg/2 ml syr; metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln **MO**	1	
metoclopramide hcl 10 mg odt **MO**	1	QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metoclopramide hcl 5 mg odt MO	1	QL (360 per 30 days)
METOZOLV ODT 5 MG TABLET MO	3	QL (360 per 30 days)
misoprostol 100 mcg, 200 mcg tablet MO	1	
MOTOFEN 1 MG-0.025 MG TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	PA,QL (30 per 30 days)
MOVIPREP 100 G-7.5 G-2.691 G-4.7 G ORAL POWDER PACKET MO	3	ST
MYTESI 125 MG TABLET,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION MO	3	
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
nizatidine 15 mg/ml solution; nizatidine 150 mg, 300 mg capsule MO	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	
NUTRESTORE 5 GRAM ORAL POWDER PACKET SP	4	PA
OCALIVA 10 MG, 5 MG TABLET SP	4	PA,QL (30 per 30 days)
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK MO	3	
omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule MO	1	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	1	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,100 cap; omeprazole-bicarb 40-1,680 pkt MO	1	ST,QL (30 per 30 days)
ondansetron odt 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	1	
ondansetron hcl 24 mg tablet MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr; ondansetron hcl 4 mg/2 ml vial MO	1	
opium tincture 10 mg/ml MO	2	QL (180 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	3	ST
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE MO	3	
pantoprazole sod dr 20 mg, 40 mg tab MO	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial MO	1	
paregoric liquid MO	1	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
peg 3350-electrolyte solution MO	1	
peg-prep 5 mg-210 gram oral kit MO	1	
PENTASA 250 MG CAPSULE,CONTROLLED RELEASE MO	3	QL (150 per 30 days)
PENTASA 500 MG CAPSULE,CONTROLLED RELEASE MO	3	QL (300 per 30 days)
pepcid 20 mg, 40 mg tablet MO	3	PA
PEPCID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION MO	3	PA
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE MO	3	
polyethylene glycol 3350 powd MO	1	
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET MO	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
PREVPAC 500 MG-500 MG-30 MG ORAL PACK MO	3	ST
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	QL (30 per 30 days)
prochlorperazine 25 mg supp MO	1	
prochlorperazine 10 mg/2 ml vl MO	1	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet MO	1	B vs D
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE MO	3	QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET MO	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION MO	3	
rabeprazole sod dr 20 mg tab MO	1	QL (30 per 30 days)
ranitidine 15 mg/ml syrup; ranitidine 150 mg, 300 mg capsule; ranitidine 150 mg, 300 mg tablet; ranitidine hcl 50 mg/2 ml vial MO	1	
REGLAN 10 MG, 5 MG TABLET MO	3	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION; RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	3	QL (12 per 30 days)
ROWASA RECTAL SUSPENSION ENEMA 4 GRAM/60 ML MO	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	3	QL (4 per 30 days)
scopolamine 1 mg/3 day patch MO	1	QL (10 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
sucralfate 1 gm tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION **MO**	2	
SUSTOL 10 MG/0.4 ML LIQUID,EXTENDED RELEASE SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (1.6 per 28 days)
SYMPROIC 0.2 MG TABLET **MO**	3	PA,QL (30 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION **SP**	4	PA,QL (120 per 30 days)
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION **MO**	3	
TIGAN 300 MG CAPSULE **MO**	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) **MO**	3	QL (10 per 30 days)
trilyte with flavor packets 420 gram oral solution **MO**	1	
trimethobenzamide 300 mg cap **MO**	1	B vs D
TRULANCE 3 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ULTRESA DR 13,800 UNIT CAPSULE; ULTRESA DR 20,700 UNIT CAPSULE; ULTRESA DR 23,000 UNIT CAPSULE **MO**	3	
URSO 250 250 MG TABLET **MO**	3	PA
URSO FORTE 500 MG TABLET **MO**	3	PA
ursodiol 250 mg, 500 mg tablet; ursodiol 300 mg capsule **MO**	1	
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION	3	PA,QL (185 per 28 days)
VARUBI 90 MG TABLET **SP**	4	PA,QL (4 per 28 days)
VIBERZI 100 MG, 75 MG TABLET **MO**	3	PA,QL (60 per 30 days)
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET **MO**	3	
XENICAL 120 MG CAPSULE **MO**	3	PA
XERMELO 250 MG TABLET **SP**	4	PA,QL (84 per 28 days)
ZANTAC 150 MG, 300 MG TABLET; ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION **MO**	3	PA
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 **MO**	3	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 **MO**	3	
ZOFRAN 2 MG/ML INTRAVENOUS SOLUTION **MO**	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOFRAN 4 MG, 8 MG TABLET MO	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLUTION MO	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG DISINTEGRATING TABLET MO	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM MO	3	B vs D,QL (90 per 30 days)
GOLD COMPOUNDS		
RIDAURA 3 MG CAPSULE MO	3	
HEAVY METAL ANTAGONISTS		
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	
calcium disodium versenate 200 mg/ml injection solution MO	1	
CHEMET 100 MG CAPSULE MO	3	
CUPRIMINE 250 MG CAPSULE SP	4	
deferoxamine 2 gram, 500 mg vial MO	1	
DEPEN TITRATABS 250 MG TABLET SP	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION MO	3	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET SP	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION SP	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET SP	4	PA,QL (720 per 30 days)
JADENU 180 MG TABLET SP	4	PA,QL (600 per 30 days)
JADENU 360 MG TABLET SP	4	PA,QL (300 per 30 days)
JADENU 90 MG TABLET SP	4	PA,QL (1200 per 30 days)
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET SP	4	PA,QL (600 per 30 days)
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET SP	4	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET SP	4	PA,QL (1200 per 30 days)
SYPRINE 250 MG CAPSULE MO	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
a-hydrocort 100 mg solution for injection HI,MO	1	
acarbose 100 mg, 25 mg, 50 mg tablet MO	1	
ACTIVELLA 0.5 MG-0.1 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET MO	3	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET MO	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE; ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR; ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AFREZZA 12 UNIT, 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (30)/8 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (60)/8 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 8 UNIT (60)/12 UNIT (30) CARTRIDGE WITH INHALER **MO**	3	PA,QL (90 per 30 days)
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER **MO**	3	PA,QL (180 per 30 days)
alogliptin 12.5 mg, 25 mg, 6.25 mg tablet **MO**	1	QL (30 per 30 days)
alogliptin-metformin 12.5-1000; alogliptin-metformin 12.5-500 **MO**	1	QL (60 per 30 days)
alogliptin-pioglit 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg; alogliptin-pioglit 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg tb **MO**	1	QL (30 per 30 days)
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
altavera (28) 0.15 mg-0.03 mg tablet **MO**	1	
alyacen 1/35 (28) 1 mg-35 mcg tablet **MO**	1	
alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet **MO**	1	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet **MO**	1	
AMARYL 1 MG, 2 MG, 4 MG TABLET **MO**	3	PA
amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack **MO**	1	
amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
amethyst 90 mcg-20 mcg tablet **MO**	1	
ANADROL-50 50 MG TABLET **SP**	4	
anastrozole 1 mg tablet **MO**	1	QL (30 per 30 days)
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH **MO**	3	ST,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH **MO**	3	ST,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET; ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %) TRANSDERMAL GEL PACKET; ANDROGEL 1% GEL PUMP **MO**	3	ST,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET **MO**	2	QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP **MO**	2	QL (150 per 30 days)
ANDROID 10 MG CAPSULE **MO**	1	
androxy 10 mg tablet **MO**	1	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET **MO**	3	
APIDRA 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	3	ST
APIDRA SOLOSTAR 100 UNIT/ML SUBCUTANEOUS INSULIN PEN **MO**	3	ST
apri 0.15 mg-0.03 mg tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet **MO**	1	
ARIMIDEX 1 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION **MO**	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION **MO**	3	
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO**	3	
AROMASIN 25 MG TABLET **MO**	3	PA,QL (60 per 30 days)
ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack **MO**	1	
aubra 0.1 mg-20 mcg tablet **MO**	1	
AVANDIA 2 MG, 4 MG TABLET **MO**	3	QL (60 per 30 days)
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION **MO**	3	PA,QL (3 per 70 days)
aviane 0.1 mg-20 mcg tablet **MO**	1	
AXIRON 30 MG/ACTUATION (1.5 ML) TRANSDERM SOLUTION IN METERED PUMP **MO**	3	ST,QL (180 per 30 days)
AYGESTIN 5 MG TABLET **MO**	3	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
balziva (28) 0.4 mg-35 mcg tablet **MO**	1	
BASAGLAR KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS **MO**	3	PA
bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
betamethasone ac-sp 6 mg/ml vl **MO**	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET **MO**	3	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
BREVICON (28) 0.5 MG-35 MCG TABLET **MO**	3	
briellyn 0.4 mg-35 mcg tablet **MO**	1	
budesonide ec 3 mg capsule **MO**	1	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION; BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR **MO**	3	QL (3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	QL (2.4 per 30 days)
calcitonin-salmon 200 units sp **MO**	1	QL (3.7 per 28 days)
camila 0.35 mg tablet **MO**	1	
camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack **MO**	3	
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION MO	3	
chateal 0.15 mg-0.03 mg tablet MO	1	
chlorpropamide 100 mg, 250 mg tablet MO	1	
chorionic gonad 10,000 unit vl	3	PA
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH MO	3	QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MO	3	QL (8 per 28 days)
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
cortisone 25 mg tablet MO	1	
CRINONE 4 %, 8 % VAGINAL GEL MO	3	
cryselle (28) 0.3 mg-30 mcg tablet MO	1	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	1	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET MO	3	
cyred 0.15 mg-0.03 mg tablet MO	1	
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET MO	3	
danazol 100 mg, 200 mg, 50 mg capsule MO	1	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	1	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	1	
daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack MO	1	
DDAVP 0.1 MG, 0.2 MG TABLET; DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML INJECTION SOLUTION; DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML NASAL SOLUTION; DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY AEROSOL MO	3	PA
deblitane 0.35 mg tablet MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL MO	3	
DELTASONE 20 MG TABLET MO	1	B vs D
delyla (28) 0.1 mg-20 mcg tablet MO	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	1	
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION MO	3	
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION; DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SOLUTION MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
desmopressin 0.01% solution; desmopressin 0.1 mg/ml sol; desmopressin 10 mcg/0.1 ml spr; desmopressin ac 0.1 mg/ml (refrigerate), 4 mcg/ml vial; desmopressin acetate 0.1 mg, 0.2 mg tb **MO**	1	
desogestr-eth estrad eth estra **MO**	1	
DESOGEN 28 DAY TABLET **MO**	3	
desogestrel-ethinyl estrad tab **MO**	1	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet; dexamethasone 0.5 mg/5 ml elx; dexamethasone 0.5 mg/5 ml liq **MO**	1	
dexamethasone intensol 1 mg/ml drops (concentrate) **MO**	1	
dexamethasone 10 mg/ml vial **MO**	1	
dexamethasone 10 mg/ml, 4 mg/ml vial; dexamethasone 4 mg/ml syringe **MO**	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK **MO**	1	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK **MO**	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK **MO**	1	
DIABETA 1.25 MG, 2.5 MG, 5 MG TABLET **MO**	3	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET **MO**	3	
drosp-ee-levomef 3-0.02-0.451 **MO**	1	
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab **MO**	1	
DUAVEE 0.45 MG-20 MG TABLET **MO**	3	PA,QL (30 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET **MO**	3	QL (30 per 30 days)
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP **MO**	3	
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA
elinest 0.3 mg-30 mcg tablet **MO**	1	
ELLA 30 MG TABLET **MO**	2	QL (1 per 30 days)
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET; EMFLAZA 22.75 MG/ML ORAL SUSPENSION **SP**	4	PA
emoquette 0.15 mg-0.03 mg tablet **MO**	1	
ENDOMETRIN 100 MG VAGINAL INSERTS **MO**	3	
ENJUVIA 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO**	3	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet **MO**	1	
enskyce 0.15 mg-0.03 mg tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENTOCORT EC 3 MG CAPSULE,DELAYED,EXTENDED RELEASE **SP**	4	PA
errin 0.35 mg tablet **MO**	1	
estarylla 0.25 mg-35 mcg tablet **MO**	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM; ESTRACE 0.5 MG, 1 MG, 2 MG TABLET **MO**	1	
estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch **MO**	1	QL (8 per 28 days)
estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day **MO**	1	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg vaginal insrt **MO**	1	
estradiol valerate 20 mg/ml, 40 mg/ml vl **MO**	1	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb **MO**	1	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING **MO**	3	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab **MO**	1	
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET **MO**	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg **MO**	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY **MO**	3	
EVISTA 60 MG TABLET **MO**	3	PA,QL (30 per 30 days)
exemestane 25 mg tablet **MO**	1	QL (60 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet **MO**	1	
FARESTON 60 MG TABLET **SP**	4	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET **MO**	3	QL (30 per 30 days)
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack **MO**	1	QL (91 per 90 days)
FEMARA 2.5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
FEMCON FE CHEWABLE TABLET **MO**	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET **MO**	3	
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL **MO**	3	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet **MO**	1	
FIASP 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	2	
FIASP FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION **SP**	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION	3	PA
FLO-PRED 16.7(15) MG/5 ML SUSP **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fludrocortisone 0.1 mg tablet **MO**	1	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE **MO**	3	ST,QL (150 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR **MO**	3	ST,QL (2.4 per 28 days)
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP **MO**	3	ST,QL (120 per 30 days)
FORTICAL 200 UNITS NASAL SPRAY **MO**	3	QL (3.7 per 28 days)
fyavolv 0.5 mg-2.5 mcg tablet; fyavolv 1 mg-5 mcg tablet **MO**	1	
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET **MO**	3	
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE **SP**	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML SUBCUTANEOUS SYRINGE	3	PA
GENOTROPIN MINIQUICK 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE **SP**	4	PA
gianvi (28) 3 mg-20 mcg tablet **MO**	1	
gildagia 0.4 mg-35 mcg tablet **MO**	1	
gildess 1.5 mg-30 mcg tablet **MO**	1	
gildess 1 mg-20 mcg tablet **MO**	1	
gildess 24 fe 1-0.02 mg tablet **MO**	1	
gildess fe 1.5-30 tablet **MO**	1	
gildess fe 1-20 tablet **MO**	1	
glimepiride 1 mg, 2 mg, 4 mg tablet **MO**	1	
glipizide 10 mg, 5 mg tablet; glipizide er 10 mg, 2.5 mg, 5 mg tablet **MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg **MO**	1	
GLUCAGEN HYPOKIT 1 MG INJECTION **MO**	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION **MO**	2	
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET **MO**	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (120 per 30 days)
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE **MO**	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET **MO**	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE **MO**	3	
GLUCOVANCE 2.5 MG-500 MG TABLET; GLUCOVANCE 5 MG-500 MG TABLET **MO**	3	
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE **MO**	3	QL (120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet **MO**	1	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg **MO**	1	
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET **MO**	3	
GLYSET 100 MG, 25 MG, 50 MG TABLET **MO**	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET **MO**	2	QL (30 per 30 days)
heather 0.35 mg tablet **MO**	1	
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE; HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	3	ST
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN **MO**	3	ST
HUMALOG KWIKPEN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS **MO**	3	ST
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN **MO**	3	ST
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN **MO**	3	ST
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE; HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION **SP**	4	PA
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMULIN 70/30 KWIKPEN 100 UNIT/ML (70-30) SUBCUTANEOUS **MO**	3	ST
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	3	ST
HUMULIN N KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS **MO**	3	ST
HUMULIN R U-100 100 UNIT/ML INJECTION SOLUTION **MO**	3	ST
HUMULIN R U-500 (CONCENTRATED) KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS **SP**	4	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN **SP**	4	
hydrocortisone 10 mg, 20 mg, 5 mg tablet **MO**	1	
hydroxyprogesterone 1.25 g/5ml **SP**	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION **SP**	4	PA
introvale 0.15 mg-30 mcg tablets,3 month dose pack **MO**	1	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET **MO**	2	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE **MO**	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET **MO**	2	QL (30 per 30 days)
isibloom 0.15 mg-0.03 mg tablet **MO**	1	
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET **MO**	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE **MO**	2	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE **MO**	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO**	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET **MO**	2	QL (30 per 30 days)
jencycla 0.35 mg tablet **MO**	1	
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET **MO**	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	QL (30 per 30 days)
jevantique lo 0.5 mg-2.5 mcg tablet **MO**	3	
jinteli 1 mg-5 mcg tablet **MO**	1	
jolessa 0.15 mg-30 mcg tablets,3 month dose pack **MO**	1	
jolivette 0.35 mg tablet **MO**	1	
juleber 0.15 mg-0.03 mg tablet **MO**	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet **MO**	1	
junel 1/20 (21) 1 mg-20 mcg tablet **MO**	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet **MO**	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET **MO**	3	QL (60 per 30 days)
kelnor 1/35 (28) 1 mg-35 mcg tablet **MO**	1	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION **MO**	3	
kimidess (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
KORLYM 300 MG TABLET **SP**	4	PA,QL (120 per 30 days)
kurvelo 0.15 mg-0.03 mg tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levono-e estrad 0.10-0.02-0.01; levonorg 0.15mg-ee 20-25-30mcg **MO**	1	QL (91 per 90 days)
levono-e estrad 0.15-0.03-0.01 **MO**	1	
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	2	
LANTUS SOLOSTAR 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
larin 1.5/30 (21) 1.5 mg-30 mcg tablet **MO**	1	
larin 1/20 (21) 1 mg-20 mcg tablet **MO**	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
larissia 0.1 mg-20 mcg tablet **MO**	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET **MO**	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet **MO**	1	
lessina 0.1 mg-20 mcg tablet **MO**	1	
letrozole 2.5 mg tablet **MO**	1	QL (30 per 30 days)
leuprolide 2wk 14 mg/2.8 ml kt	1	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION **MO**	2	
LEVEMIR FLEXTOUCH 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet **MO**	1	
levonor-eth estrad triphasic **MO**	1	
levonorgestrel 1.5 mg tablet **MO**	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 **MO**	1	
levora-28 0.15 mg-0.03 mg tablet **MO**	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet; levothyroxine 100 mcg, 200 mcg, 500 mcg vial **MO**	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	1	
lillow 0.15 mg-0.03 mg tablet **MO**	1	
liothyronine sod 10 mcg/ml vl; liothyronine sod 25 mcg, 5 mcg, 50 mcg tab **MO**	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET **MO**	3	
locort 1.5 mg (27 tabs), 1.5 mg (41 tabs) tablets in a dose pack **MO**	1	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET **MO**	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET **MO**	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO**	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	3	
lomedia 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet **MO**	1	
loryna (28) 3 mg-20 mcg tablet **MO**	1	
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK **MO**	3	QL (91 per 90 days)
low-ogestrel (28) 0.3 mg-30 mcg tablet **MO**	1	
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS,KIT **SP**	4	PA,QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS,KIT **SP**	4	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT	3	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT **SP**	4	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT **SP**	4	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT **SP**	4	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT **SP**	4	PA,QL (1 per 90 days)
lutera (28) 0.1 mg-20 mcg tablet **MO**	1	
lyza 0.35 mg tablet **MO**	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL **SP**	4	PA
marlissa 0.15 mg-0.03 mg tablet **MO**	1	
MEDROL 16 MG, 32 MG, 4 MG, 8 MG TABLET **MO**	3	B vs D
MEDROL 2 MG TABLET **MO**	3	
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK **MO**	3	B vs D
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab **MO**	1	
medroxyprogesterone 150 mg/ml **MO**	1	QL (1 per 90 days)
MEGACE 40 MG/ML ORAL SUSP **MO**	3	
MEGACE ES 625 MG/5 ML ORAL SUSPENSION **MO**	3	PA
megestrol 20 mg, 40 mg tablet; megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml **MO**	1	
melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet **MO**	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO**	1	
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
metformin er 1,000 mg osm-tab **MO**	1	ST,QL (60 per 30 days)
metformin hcl 1,000 mg, 500 mg, 850 mg tablet **MO**	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metformin hcl er 1,000 mg, 750 mg tab; metformin hcl er 1,000 mg, 750 mg tablet **MO**	1	QL (60 per 30 days)
metformin hcl er 500 mg osm-tb **MO**	1	ST,QL (150 per 30 days)
metformin hcl er 500 mg tablet **MO**	1	QL (120 per 30 days)
methimazole 10 mg, 5 mg tablet **MO**	1	
METHITEST 10 MG TABLET **MO**	1	
methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg dosepk; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 4 mg, 8 mg tablet **MO**	1	B vs D
methylprednisolone 40 mg/ml, 80 mg/ml vl **HI,MO**	1	
methylprednisolone ss 1 gm vl **MO**	1	
methylprednisolone ss 125 mg, 40 mg; methylprednisolone ss 125 mg, 40 mg vl **HI,MO**	1	
methyltestosterone 10 mg cap **MO**	1	
MIACALCIN 200 UNIT NASAL SPRAY **MO**	3	QL (3.7 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION **MO**	3	
mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet **MO**	1	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet **MO**	1	
microgestin 1/20 (21) 1 mg-20 mcg tablet **MO**	1	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET **MO**	1	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet **MO**	1	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
miglitol 100 mg, 25 mg, 50 mg tablet **MO**	1	
MILLIPRED 10 MG/5 ML ORAL SOLUTION **MO**	1	
millipred 5 mg tablet **MO**	1	B vs D
millipred dp 5 mg (21 tabs) tablets in a dose pack **MO**	1	
millipred dp 5 mg (48 tabs) tablets in a dose pack **MO**	1	B vs D
mimvey 1 mg-0.5 mg tablet **MO**	1	
mimvey lo 0.5 mg-0.1 mg tablet **MO**	1	
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET **MO**	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET **MO**	3	
MODICON 28 TABLET **MO**	3	
mono-linyah 0.25 mg-35 mcg tablet **MO**	1	
mononessa (28) 0.25 mg-35 mcg tablet **MO**	1	
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet **MO**	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET **MO**	3	
nateglinide 120 mg, 60 mg tablet **MO**	1	
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP **MO**	3	ST,QL (21.96 per 30 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE **SP**	4	PA,QL (2 per 28 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet **MO**	1	
necon 1-35-28 tablet **MO**	1	
necon 1-50-28 tablet **MO**	3	
necon 10-11-28 tablet **MO**	1	
necon 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet **MO**	1	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET **MO**	3	QL (30 per 30 days)
nikki (28) 3 mg-20 mcg tablet **MO**	1	
NOR-Q-D TABLET **MO**	3	
nora-be 0.35 mg tablet **MO**	1	
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR **SP**	4	PA
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg **MO**	1	
norethindrone 0.35 mg tablet **MO**	1	
norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5; norethind-eth estrad 1-0.02 mg **MO**	1	
norethindrone 5 mg tablet **MO**	1	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75; noreth-estrad-fe 1-0.02(24)-75 **MO**	1	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg **MO**	1	
NORINYL 1+50-28 TABLET **MO**	3	
NORINYL 1-35 28 TABLET **MO**	3	
norlyda 0.35 mg tablet **MO**	1	
norlyroc 0.35 mg tablet **MO**	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet **MO**	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet **MO**	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet **MO**	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet **MO**	1	
NOVAREL 10,000 UNIT INTRAMUSCULAR SOLUTION	3	PA
NOVAREL 5,000 UNIT INTRAMUSCULAR SOLUTION **MO**	3	PA
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	2	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	2	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	2	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	2	
NOVOLOG PENFILL 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	2	
NUTROPIN AQ 20 MG/2ML PEN CART; NUTROPIN AQ PEN CARTRIDGE SP	4	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS PEN INJECTOR SP	4	PA
NUTROPIN AQ NUSPIN 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR SP	4	PA
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet MO	1	
ogestrel (28) 0.5 mg-50 mcg tablet MO	1	
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE; OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION SP	4	PA
ONGLYZA 2.5 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET MO	3	
orsythia 0.1 mg-20 mcg tablet MO	1	
ORTHO MICRONOR 0.35 MG TABLET MO	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	3	
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET MO	3	QL (30 per 30 days)
OVCON-35 28 TABLET MO	1	
oxandrolone 10 mg tablet MO	1	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	1	PA,QL (120 per 30 days)
OZEMPIC 0.25 MG/0.2 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (1.5 per 0 days)
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (3 per 0 days)
PEDIAPRED 5 MG BASE/5 ML (6.7 MG/5 ML) ORAL SOLUTION MO	3	
philith 0.4 mg-35 mcg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet **MO**	1	QL (30 per 30 days)
pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4 **MO**	1	QL (30 per 30 days)
pioglitazone-metformin 15-500; pioglitazone-metformin 15-850 **MO**	1	QL (90 per 30 days)
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet **MO**	1	
portia 0.15 mg-0.03 mg tablet **MO**	1	
PRANDIMET 1 MG-500 MG TABLET; PRANDIMET 2 MG-500 MG TABLET **MO**	3	
PRANDIN 0.5 MG, 1 MG, 2 MG TABLET **MO**	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET **MO**	3	
prednisolone 15 mg/5 ml syrup **MO**	1	
prednisolone 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) soln; prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone odt 10 mg, 15 mg, 30 mg tablet; prednisolone sod ph 25 mg/5 ml **MO**	1	
prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tab dose pack; prednisone 1 mg, 10 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 5 mg, 50 mg tablet; prednisone 5 mg/5 ml solution **MO**	1	B vs D
prednisone intensol 5 mg/ml oral concentrate **MO**	1	B vs D
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET **MO**	3	
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION	3	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET; PREMARIN 25 MG SOLUTION FOR INJECTION **MO**	3	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM **MO**	2	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET **MO**	3	
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET **MO**	3	
previfem 0.25 mg-35 mcg tablet **MO**	1	
progesterone oil 50 mg/ml vl **MO**	1	
progesterone in oil 50 mg/ml intramuscular **MO**	1	
progesterone 100 mg, 200 mg capsule **MO**	1	
PROGLYCEM 50 MG/ML ORAL SUSPENSION **MO**	3	
PROMETRIUM 100 MG, 200 MG CAPSULE **MO**	3	
propylthiouracil 50 mg tablet **MO**	1	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	
QTERN 10 MG-5 MG TABLET **MO**	3	PA,QL (30 per 30 days)
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK **MO**	3	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quasense 0.15 mg-30 mcg tablets,3 month dose pack MO	1	
rajani (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet MO	1	
raloxifene hcl 60 mg tablet MO	1	QL (30 per 30 days)
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE MO	3	B vs D
reclipsen (28) 0.15 mg-0.03 mg tablet MO	1	
repaglinide 0.5 mg, 1 mg, 2 mg tablet MO	1	
repaglinide-metformin 1-500 mg, 2-500 mg MO	1	
RIOMET 500 MG/5 ML ORAL SOLUTION MO	3	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET MO	3	
SAIZEN 5 MG, 8.8 MG SUBCUTANEOUS SOLUTION SP	4	PA
SAIZEN CLICK.EASY 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE SP	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE SP	4	PA
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	
SENSIPAR 30 MG TABLET MO	2	QL (60 per 30 days)
SENSIPAR 60 MG TABLET SP	4	QL (60 per 30 days)
SENSIPAR 90 MG TABLET SP	4	QL (120 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION SP	4	PA
setlakin 0.15 mg-30 mcg tablets,3 month dose pack MO	1	
sharobel 0.35 mg tablet MO	1	
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION SP	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 20 MG, 40 MG, 60 MG INTRAMUSCULAR SUSPENSION SP	4	PA,QL (1 per 28 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MO	3	PA,QL (15 per 24 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION MO	3	
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 500 MG/4 ML INTRAVENOUS SOLUTION MO	3	
SOLU-MEDROL (PF) 125 MG/2 ML, 40 MG/ML SOLUTION FOR INJECTION HI,MO	2	
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (0.3 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION; SOMAVERT 10 MG, 15 MG, 20 MG VIAL **SP**	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (30 per 30 days)
sprintec (28) 0.25 mg-35 mcg tablet **MO**	1	
sronyx 0.1 mg-20 mcg tablet **MO**	1	
STARLIX 120 MG, 60 MG TABLET **MO**	3	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY **MO**	3	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE **MO**	3	
syeda 3 mg-0.03 mg tablet **MO**	1	
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	QL (10.5 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY **SP**	4	
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET **MO**	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE **MO**	2	QL (60 per 30 days)
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	2	
tamoxifen 10 mg, 20 mg tablet **MO**	1	
TANZEUM 30 MG/0.5 ML, 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	3	ST,QL (4 per 28 days)
TAPAZOLE 10 MG, 5 MG TABLET **MO**	1	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet **MO**	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE **MO**	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL **MO**	3	ST,QL (300 per 30 days)
testosterone 10 mg gel pump **MO**	1	QL (120 per 30 days)
testosterone 12.5 mg/1.25 gram; testosterone 25 mg/2.5 gm pkt; testosterone 50 mg/5 gram gel; testosterone 50 mg/5 gram pkt **MO**	1	QL (300 per 30 days)
testosterone 30 mg/1.5 ml pump **MO**	1	ST,QL (180 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml **MO**	1	
testosterone enan 200 mg/ml **MO**	1	
TESTRED 10 MG CAPSULE **MO**	1	
THYROLAR-1 12.5 MCG-50 MCG TABLET **MO**	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET **MO**	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET **MO**	1	
THYROLAR-2 25 MCG-100 MCG TABLET **MO**	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet **MO**	3	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE **MO**	3	
tolazamide 250 mg, 500 mg tablet **MO**	1	
tolbutamide 500 mg tablet **MO**	1	
TOUJEO SOLOSTAR 300 UNIT/ML (1.5 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
TRADJENTA 5 MG TABLET **MO**	2	QL (30 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION **MO**	3	PA,QL (60 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION **MO**	3	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML INTRAMUSCULAR SYRINGE	3	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION **SP**	4	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE **SP**	4	PA
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	2	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet **MO**	1	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg(28) tablet **MO**	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet **MO**	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet **MO**	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet **MO**	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet **MO**	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet **MO**	1	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET **MO**	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet **MO**	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet **MO**	1	
triamcinolone 400 mg/10 ml vl **MO**	1	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet **MO**	1	
trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet **MO**	1	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION **MO**	3	
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION **SP**	4	PA,QL (1 per 168 days)
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet **MO**	1	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (2 per 28 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR **SP**	4	ST,QL (1.56 per 30 days)
UCERIS 2 MG/ACTUATION RECTAL FOAM **MO**	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UCERIS 9 MG TABLET, EXTENDED RELEASE **SP**	4	PA,QL (30 per 30 days)
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	1	
VAGIFEM 10 MCG VAGINAL TABLET **MO**	3	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet **MO**	1	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION **MO**	1	
vestura (28) 3 mg-20 mcg tablet **MO**	1	
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR **MO**	2	QL (9 per 30 days)
vienva 0.1 mg-20 mcg tablet **MO**	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet **MO**	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH **MO**	3	QL (8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL; VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL PACKET; VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL **MO**	3	ST,QL (300 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet **MO**	1	
wera (28) 0.5 mg-35 mcg tablet **MO**	1	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet **MO**	3	
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE **MO**	3	QL (30 per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE **MO**	3	QL (60 per 30 days)
xulane 150 mcg-35 mcg/24 hr transdermal patch **MO**	1	QL (3 per 28 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN **MO**	3	PA,QL (15 per 30 days)
YASMIN (28) 3 MG-0.03 MG TABLET **MO**	3	
YAZ (28) 3 MG-20 MCG TABLET **MO**	3	
yuvafem 10 mcg vaginal tablet **MO**	1	
zarah 3 mg-0.03 mg tablet **MO**	1	
zenchent (28) 0.4 mg-35 mcg tablet **MO**	1	
zenchent fe tablet chewable **MO**	1	
ZILRETTA 32 MG INTRA-ARTICULAR SUSPENSION,EXTENDED RELEASE **MO**	3	PA
zodex 1.5 mg (21 tabs) tablets in a dose pack **MO**	1	
ZODEX 1.5 MG (49 TABS) TABLETS IN A DOSE PACK **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT	3	PA,QL (1 per 28 days)
ZOMACTON 10 MG, 5 MG SUBCUTANEOUS SOLUTION	3	PA
ZONACORT 1.5 MG (27 TABS), 1.5 MG (41 TABS) TABLETS IN A DOSE PACK **MO**	1	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION **SP**	4	PA
zovia 1/35e (28) 1 mg-35 mcg tablet **MO**	1	
zovia 1/50e (28) 1 mg-50 mcg tablet **MO**	1	
LOCAL ANESTHETICS (PARENTERAL)		
bupivacaine 0.25% vial **MO**	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial **MO**	1	
bupivacaine-dextr 0.75% amp **MO**	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 **MO**	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 **MO**	1	
bupivacaine 0.5%-epi 1:200,000 **MO**	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION **MO**	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION **MO**	3	
chloroprocaine 2% vial; chloroprocaine 3% vial **MO**	1	
lidocaine 5% in d7.5w ampul **MO**	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% vial; lidocaine hcl 4% ampul **MO**	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial **MO**	1	
lidocaine 0.5%-epi 1:200,000; lidocaine 1%-epi 1:100,000; lidocaine 2%-epi 1:100,000 **MO**	1	
lidocaine 2% - epi 1:100,000; lidocaine 2% - epi 1:50,000 **MO**	1	
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION **MO**	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION **MO**	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION **MO**	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION **MO**	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION **MO**	3	
mepivacaine hcl 3% cartridge **MO**	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) INJECTION SOLUTION **MO**	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION **MO**	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
polocaine 1 % (10 mg/ml), 2 % injection solution MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution MO	1	
ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 150 mg/30 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl MO	1	
sensorcaine 0.25 % (2.5 mg/ml) injection solution MO	3	
sensorcaine 0.5 % (5 mg/ml) injection solution MO	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.75 % (7.5 mg/ml) injection solution MO	1	
sensorcaine-mpf 0.5 % (5 mg/ml) injection solution MO	3	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000 injection solution MO	1	
sensorcaine-mpf/epinephrine 0.5 %-1:200,000, 0.75 %-1:200,000 injection solution MO	3	
sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution MO	1	
XYLOCAINE 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) INJECTION SOLUTION MO	3	
XYLOCAINE DENTAL WITH EPINEPHRINE 2 %-1:100,000, 2 %-1:50,000 INJECTION CARTRIDGE MO	1	
XYLOCAINE-EPINEPHRINE 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 INJECTION SOLUTION MO	3	
XYLOCAINE-MPF 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) INJECTION SOLUTION MO	3	
XYLOCAINE-MPF/EPINEPHRINE 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000 INJECTION SOLUTION MO	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 6 gram/30 ml vl MO	1	
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (3.6 per 28 days)
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION SP	4	PA
ACTONEL 150 MG TABLET MO	3	PA,QL (1 per 30 days)
ACTONEL 30 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	3	PA,QL (4 per 28 days)
alendronate sod 70 mg/75 ml MO	1	
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	1	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 100 mg, 300 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
allopurinol sodium 500 mg vial **MO**	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION **MO**	3	
amifostine 500 mg vial **MO**	1	B vs D
AMPYRA 10 MG TABLET,EXTENDED RELEASE **SP**	4	PA,QL (60 per 30 days)
ANTABUSE 250 MG, 500 MG TABLET **MO**	1	
ARAVA 10 MG, 20 MG TABLET **MO**	3	PA,QL (30 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION **SP**	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE,EXTENDED RELEASE **MO**	3	B vs D
ATELVIA 35 MG TABLET,DELAYED RELEASE **MO**	3	QL (4 per 28 days)
ATGAM 50 MG/ML INTRAVENOUS SOLUTION **HI,MO**	3	PA
AUBAGIO 14 MG, 7 MG TABLET **SP**	4	PA,QL (30 per 30 days)
AVODART 0.5 MG CAPSULE **MO**	3	PA,QL (30 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT; AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT **SP**	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT **SP**	4	PA,QL (4 per 28 days)
AZASAN 100 MG, 75 MG TABLET **MO**	1	B vs D
azathioprine 50 mg tablet **MO**	1	B vs D
azathioprine sod 100 mg vial **MO**	3	B vs D
BENLYSTA 120 MG INTRAVENOUS SOLUTION **SP**	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR; BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION **SP**	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT **SP**	4	PA,QL (20 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION **SP**	4	PA,QL (200 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT **SP**	4	PA,QL (15 per 30 days)
BINOSTO 70 MG EFFERVESCENT TABLET **MO**	3	QL (4 per 28 days)
BONIVA 150 MG TABLET **MO**	3	PA,QL (1 per 28 days)
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE **MO**	3	PA,QL (3 per 90 days)
CARNITOR 100 MG/ML, 200 MG/ML INTRAVENOUS SOLUTION; CARNITOR 100 MG/ML, 200 MG/ML ORAL SOLUTION; CARNITOR 330 MG TABLET **MO**	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION **MO**	3	
CELLCEPT 200 MG/ML ORAL SUSPENSION; CELLCEPT 500 MG TABLET **SP**	4	B vs D
CELLCEPT 250 MG CAPSULE **MO**	3	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION **MO**	3	B vs D
CERDELGA 84 MG CAPSULE **SP**	4	PA,QL (60 per 30 days)
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT **SP**	4	PA,QL (3 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT SP	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT SP	4	PA,QL (3 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION SP	4	PA,QL (20 per 30 days)
COLCRYS 0.6 MG TABLET MO	2	QL (120 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (12 per 28 days)
cyclosporine 100 mg, 25 mg capsule; cyclosporine 50 mg/ml ampul MO	1	B vs D
cyclosporine 100 mg/ml soln; cyclosporine modified 100 mg, 25 mg, 50 mg MO	1	B vs D
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER SP	4	
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
DEMSER 250 MG CAPSULE SP	4	
denta 5000 plus 1.1 % cream MO	1	
dentagel 1.1 % MO	1	
dexrazoxane 250 mg, 500 mg vial MO	1	B vs D
disulfiram 250 mg, 500 mg tablet MO	1	
dutasteride 0.5 mg capsule MO	1	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 MO	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	3	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION SP	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	4	PA,QL (4.08 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	4	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE SP	4	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR SP	4	PA,QL (7.84 per 28 days)
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE MO	3	B vs D
etidronate disodium 200 mg, 400 mg tab MO	1	
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION SP	4	PA
EXTAVIA 0.3 MG SUBCUTANEOUS KIT SP	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION SP	4	PA,QL (15 per 30 days)
finasteride 5 mg tablet MO	1	QL (30 per 30 days)
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (18 per 30 days)
FLUOR-A-DAY(WITH XYLITOL) 1 MG FLUORIDE (2.2 MG)-236.79 MG CHEW TABLET MO	3	
fluoride 0.25 mg tablet chew; fluoride 0.5 mg tablet chew; fluoride 1 mg tablet chewable; neutral sodium fluoride; sodium fluoride 0.5 mg/ml drop MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluoritab 0.125 mg/drp drops; fluoritab 0.5 mg fluoride (1.1 mg sodium fluoride) chewable tablet **MO**	1	
FLUORITAB 1 MG FLUORIDE (2.2 MG SODIUM FLUORIDE) CHEWABLE TABLET **MO**	1	
fomepizole 1.5 gm/1.5 ml vial **MO**	1	
FOSAMAX 70 MG TABLET **MO**	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET **MO**	3	ST,QL (4 per 28 days)
FUSILEV 50 MG INTRAVENOUS SOLUTION	3	PA
gengraf 100 mg, 25 mg, 50 mg capsule; gengraf 100 mg/ml oral solution **MO**	1	B vs D
GILENYA 0.5 MG CAPSULE **SP**	4	PA,QL (30 per 30 days)
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (20 per 28 days)
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT **SP**	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT **SP**	4	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT **SP**	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS **SP**	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT **SP**	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT **SP**	4	PA,QL (6 per 28 days)
ibandronate 3 mg/3 ml syringe; ibandronate 3 mg/3 ml vial **MO**	1	PA,QL (3 per 90 days)
ibandronate sodium 150 mg tab **MO**	1	QL (1 per 28 days)
IMURAN 50 MG TABLET **MO**	3	B vs D
INFLECTRA 100 MG INTRAVENOUS SOLUTION **SP**	4	PA
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE **MO**	3	PA,QL (30 per 30 days)
KEVEYIS 50 MG TABLET **SP**	4	PA,QL (120 per 30 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (20.1 per 30 days)
KUVAN 100 MG ORAL POWDER PACKET; KUVAN 100 MG SOLUBLE TABLET **SP**	4	PA
KUVAN 500 MG ORAL POWDER PACKET **SP**	4	PA
leflunomide 10 mg, 20 mg tablet **MO**	1	QL (30 per 30 days)
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (6 per 365 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab **MO**	1	
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 **MO**	1	B vs D
levocarnitine 200 mg/ml vial; levocarnitine 330 mg tablet **MO**	1	
levocarnitine 1 g/10 ml soln **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levoleucovorin 10 mg/ml, 175 mg, 50 mg vial; levoleucovorin 250 mg/25 ml vl	1	PA
ludent fluoride 0.25 mg fluoride (0.55 mg sod.fluorid) chewable tablet; ludent fluoride 0.5 mg fluoride (1.1 mg sod.fluoride) chewable tablet; ludent fluoride 1 mg fluoride (2.2 mg sodium fluoride) chewable tablet **MO**	1	
mesna 1 gram/10 ml vial **MO**	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION **MO**	3	B vs D
MESNEX 400 MG TABLET **MO**	3	
MITIGARE 0.6 MG CAPSULE **MO**	3	ST,QL (60 per 30 days)
mycophenolate 200 mg/ml susp; mycophenolate 250 mg capsule; mycophenolate 500 mg tablet **MO**	1	B vs D
mycophenolate 500 mg vial **MO**	1	B vs D
mycophenolic acid dr 180 mg, 360 mg tb **MO**	1	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE **MO**	3	B vs D
NEORAL 100 MG, 25 MG CAPSULE; NEORAL 100 MG/ML ORAL SOLUTION **MO**	3	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION **SP**	4	PA,QL (20 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA,QL (40 per 365 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 **MO**	1	PA
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR **SP**	4	PA,QL (4 per 28 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE; ORFADIN 4 MG/ML ORAL SUSPENSION **SP**	4	
OTEZLA 30 MG TABLET **SP**	4	PA,QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK **SP**	4	PA,QL (27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK **SP**	4	PA,QL (55 per 28 days)
pamidronate 30 mg/10 ml vial; pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial **MO**	1	
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS SYRINGE; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (1 per 28 days)
PREVIDENT 0.2 % DENTAL SOLUTION **MO**	3	
prevident 1.1 % gel **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PREVIDENT 5000 BOOSTER PLUS 1.1 % DENTAL PASTE MO	3	
PREVIDENT 5000 DRY MOUTH 1.1 % GEL MO	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1 %-5 % DENTAL PASTE MO	3	
PREVIDENT 5000 PLUS 1.1 % CREAM MO	3	
PREVIDENT 5000 SENSITIVE 1.1 %-5 % DENTAL PASTE MO	3	
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE SP	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE SP	4	PA,QL (780 per 30 days)
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE; PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE	3	QL (1 per 180 days)
PROSCAR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET; RAPAMUNE 1 MG/ML ORAL SOLUTION MO	3	B vs D
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR SP	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. SP	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (4.2 per 28 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK	3	PA,QL (100 per 365 days)
REMICADE 100 MG INTRAVENOUS SOLUTION SP	4	PA
RENFLEXIS 100 MG INTRAVENOUS SOLUTION SP	4	PA
risedronate sod dr 35 mg, 35 mg tab; risedronate sodium 35 mg, 35 mg tab MO	1	QL (4 per 28 days)
risedronate sodium 150 mg tab MO	1	QL (1 per 30 days)
risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet MO	1	QL (30 per 30 days)
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION SP	4	PA,QL (4 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE; SANDIMMUNE 100 MG/ML, 250 MG/5 ML INTRAVENOUS SOLUTION; SANDIMMUNE 100 MG/ML, 250 MG/5 ML ORAL SOLUTION MO	3	B vs D
SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML INJECTION SOLUTION SP	4	PA
SANDOSTATIN 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION MO	3	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE SP	4	PA
sf 1.1 % dental gel MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sf 5000 plus 1.1 % dental cream MO	1	
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (1 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR; SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (0.5 per 30 days)
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION SP	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION SP	4	B vs D
sirolimus 0.5 mg, 1 mg, 2 mg tablet MO	1	B vs D
tacrolimus 0.5 mg, 1 mg, 5 mg capsule MO	1	B vs D
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE SP	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE SP	4	PA,QL (14 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE SP	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE SP	4	PA,QL (60 per 30 days)
THIOLA 100 MG TABLET MO	3	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	2	B vs D
TYBOST 150 MG TABLET MO	3	QL (30 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION SP	4	PA
ULORIC 40 MG, 80 MG TABLET MO	2	ST,QL (30 per 30 days)
XELJANZ 5 MG TABLET SP	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (30 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION SP	4	PA,QL (1.7 per 28 days)
ZAVESCA 100 MG CAPSULE SP	4	PA,QL (90 per 30 days)
ZINBRYTA 150 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (1 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION SP	4	B vs D
zoledronic acid 4 mg/100 ml	1	PA,QL (300 per 21 days)
zoledronic acid 4 mg vial MO	3	PA
zoledronic acid 4 mg/5 ml vial	1	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INTRAVENOUS PIGGYBACK SP	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML INTRAVENOUS SOLUTION SP	4	PA,QL (15 per 21 days)
ZORTRESS 0.25 MG, 0.75 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	3	B vs D,QL (120 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET MO	3	
OXYTOCICS		
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE MO	3	
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methergine 0.2 mg tablet MO	1	
methylergonovine 0.2 mg tablet; methylergonovine 0.2 mg/ml amp MO	1	
oxytocin 10 units/ml vial MO	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION MO	3	
PREPIDIL 0.5 MG/3 G VAGINAL GEL MO	3	
PHARMACEUTICAL AIDS		
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	1	
BORDERED GAUZE 2" X 2" BANDAGE MO	1	
CURITY GAUZE 2" X 2" BANDAGE MO	1	
DERMACEA 2" X 2" BANDAGE MO	1	
GAUZE PADS 2"X2" MO	1	
GAUZE PAD 2" X 2" BANDAGE MO	1	
GAUZE PADS, STERILE 2"X2" MO	1	
RESPIRATORY TRACT AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL (60 per 30 days)
acetylcysteine 10% vial; acetylcysteine 20% vial MO	1	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET SP	4	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	2	QL (12 per 30 days)
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL (17.8 per 30 days)
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (1 per 30 days)
ALOCRIL 2 % EYE DROPS MO	3	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER MO	3	ST
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION SP	4	PA
ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER MO	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ASMANEX TWISTHALER 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) BREATH ACTIVATED **MO**	3	ST
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION **MO**	2	QL (60 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh susp; budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml susp **MO**	1	B vs D
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION **SP**	4	PA
cromolyn 100 mg/5 ml oral conc **MO**	3	
cromolyn 20 mg/2 ml neb soln **MO**	1	B vs D
cromolyn 4% eye drops **MO**	1	
CUROSURF 120 MG/1.5 ML INTRATRACHEAL SUSPENSION **MO**	3	
CUROSURF 240 MG/3 ML INTRATRACHEAL SUSPENSION **SP**	4	
DALIRESP 500 MCG TABLET **MO**	2	QL (30 per 30 days)
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	ST
epoprostenol sodium 0.5 mg, 1.5 mg vl	1	PA
ESBRIET 267 MG CAPSULE; ESBRIET 267 MG TABLET **SP**	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET **SP**	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE **SP**	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION **MO**	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER **MO**	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER **MO**	2	QL (10.6 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 **MO**	3	QL (1 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE **SP**	4	
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION **SP**	4	PA
INFASURF 35 MG/ML INTRATRACHEAL SUSPENSION **MO**	3	
KALYDECO 150 MG TABLET **SP**	4	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET **SP**	4	PA,QL (56 per 28 days)
LETAIRIS 10 MG TABLET **SP**	4	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET **SP**	4	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet; montelukast sod 4 mg granules; montelukast sod 4 mg, 5 mg tab chew **MO**	1	QL (30 per 30 days)
NUCALA 100 MG SUBCUTANEOUS SOLUTION **SP**	4	PA,QL (1 per 28 days)
OFEV 100 MG, 150 MG CAPSULE **SP**	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPSUMIT 10 MG TABLET SP	4	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE SP	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE SP	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG TABLET SP	4	PA,QL (112 per 28 days)
ORKAMBI 200 MG-125 MG TABLET SP	4	PA,QL (112 per 28 days)
PROLASTIN-C 1,000 MG INTRAVENOUS SOLUTION SP	4	PA
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (2 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION SP	4	B vs D,QL (150 per 30 days)
QVAR 40 MCG/ACTUATION, 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER MO	3	ST
QVAR REDIHALER HFA BREATH ACTIVATED AEROSOL MO	3	ST,QL (21.2 per 30 days)
QVAR REDIHALER HFA BREATH ACTIVATED AEROSOL MO	3	ST,QL (10.6 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION SP	4	PA
SINGULAIR 10 MG TABLET; SINGULAIR 4 MG ORAL GRANULES IN PACKET; SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
SURVANTA 25 MG/ML INTRATRACHEAL SUSPENSION MO	3	
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (10.2 per 30 days)
TRACLEER 125 MG, 62.5 MG TABLET SP	4	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION SP	4	PA,QL (120 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION SP	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION SP	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION SP	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION SP	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET SP	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK SP	4	PA,QL (200 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION SP	4	PA
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION SP	4	PA,QL (270 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION SP	4	PA,QL (90 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION SP	4	PA,QL (6 per 28 days)
zafirlukast 10 mg, 20 mg tablet MO	1	QL (60 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION SP	4	PA
zileuton er 600 mg tablet MO	1	QL (120 per 30 days)
ZYFLO 600 MG TABLET MO	3	
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
8-MOP 10 MG CAPSULE MO	3	
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG CAPSULE MO	3	ST
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
acitretin 10 mg, 17.5 mg, 25 mg capsule SP	4	
acyclovir 5% ointment MO	1	PA
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP MO	3	
adapalene 0.1% cream; adapalene 0.1% gel; adapalene 0.1% lotion; adapalene 0.3% gel; adapalene 0.3% gel pump MO	1	
adapalene-bnzyl perox 0.1-2.5% MO	1	
ALA-CORT 1 % TOPICAL CREAM MO	1	
ala-cort 2.5 % topical cream MO	1	
ALA-SCALP 2 % LOTION MO	1	
alclometasone dipr 0.05% oint; alclometasone dipro 0.05% crm MO	1	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL 70% SWABS MO	1	
ALCOHOL WIPES MO	1	
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)
ALTABAX 1 % TOPICAL OINTMENT MO	3	
amcinonide 0.1% cream; amcinonide 0.1% lotion; amcinonide 0.1% ointment MO	1	
ammonium lactate 12% cream; ammonium lactate 12% lotion MO	1	
amnesteem 10 mg, 20 mg, 40 mg capsule MO	1	
anusol-hc 2.5 % topical cream with perineal applicator MO	1	
apexicon e 0.05 % topical cream MO	1	
ATRALIN 0.05 % TOPICAL GEL MO	3	PA
AVC VAGINAL 15 % CREAM MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AVITA 0.025 % TOPICAL CREAM; AVITA 0.025 % TOPICAL GEL MO	3	PA
AZELEX 20 % TOPICAL CREAM MO	3	
BACTROBAN 2 % TOPICAL CREAM; BACTROBAN 2% OINTMENT MO	3	
BD ALCOHOL SWABS MO	1	
BENZACLIN 1 %-5 % TOPICAL GEL MO	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL MO	3	
BENZAMYCINPAK GEL MO	3	
betamethasone dp 0.05% crm; betamethasone dp 0.05% lot; betamethasone dp 0.05% oint MO	1	
betamethasone va 0.1% cream; betamethasone va 0.1% lotion; betamethasone valer 0.1% ointm; betamethasone valer 0.12% foam MO	1	
betamethasone dp aug 0.05% crm; betamethasone dp aug 0.05% gel; betamethasone dp aug 0.05% lot; betamethasone dp aug 0.05% oin MO	1	
calcipotriene 0.005% cream MO	1	QL (120 per 30 days)
calcipotriene 0.005% ointment MO	1	
calcipotriene 0.005% solution MO	1	QL (60 per 30 days)
calcipotriene-betameth dp oint MO	1	
calcitrene 0.005 % topical ointment MO	1	
calcitriol 3 mcg/g ointment MO	1	ST,QL (800 per 28 days)
CAPEX 0.01 % SHAMPOO MO	3	
CARAC 0.5 % TOPICAL CREAM MO	3	PA
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	
CENTANY 2 % TOPICAL OINTMENT MO	3	
CENTANY AT 2 % OINTMENT TOPICAL KIT MO	3	
ciclodan 0.77 % topical cream; ciclodan 8 % topical solution MO	1	
CICLODAN KIT 0.77 % TOPICAL COMBO PACK; CICLODAN KIT 8 % TOPICAL SOLUTION MO	3	
ciclopirox 0.77% cream; ciclopirox 0.77% gel; ciclopirox 0.77% topical susp; ciclopirox 1% shampoo; ciclopirox 8% solution MO	1	
ciclopirox 8% treatment kit MO	1	
claravis 10 mg, 20 mg, 30 mg, 40 mg capsule MO	1	ST
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 2 % VAGINAL CREAM MO	3	PA
CLEOCIN T 1 % LOTION; CLEOCIN T 1 % SOLUTION; CLEOCIN T 1 % TOPICAL GEL; CLEOCIN T 1 % TOPICAL SWAB MO	3	
clindacin etz 1 % topical swab MO	1	
clindacin p 1 % topical swab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINDAGEL 1 % TOPICAL MO	3	
clindamycin 2% vaginal cream; clindamycin ph 1% gel; clindamycin ph 1% solution; clindamycin phos 1% pledget; clindamycin phosp 1% lotion; clindamycin phosphate 1% foam MO	1	
clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5% MO	1	
clinda-tretinoin 1.2%-0.025% MO	1	
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
clobetasol 0.05% cream; clobetasol 0.05% gel; clobetasol 0.05% ointment; clobetasol 0.05% shampoo; clobetasol 0.05% solution; clobetasol 0.05% topical lotn; clobetasol prop 0.05% foam; clobetasol prop 0.05% spray MO	1	
clobetasol emollient 0.05% crm; clobetasol emulsion 0.05% foam MO	1	
CLOBEX 0.05 % LOTION MO	3	
CLOBEX 0.05 % SHAMPOO; CLOBEX 0.05 % TOPICAL SPRAY MO	3	ST
clocortolone pivalate 0.1% crm MO	1	
clodan 0.05 % shampoo MO	1	
CLODERM 0.1 % TOPICAL CREAM MO	3	PA
clotrimazole 1% cream; clotrimazole 1% solution; clotrimazole 10 mg troche MO	1	
clotrimazole-betamethasone crm; clotrimazole-betamethasone lot MO	1	
CNL 8 NAIL KIT MO	1	
colocort 100 mg/60 ml enema MO	1	
CONDYLOX 0.5 % TOPICAL GEL; CONDYLOX 0.5% TOPICAL SOLN MO	3	
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 MO	3	
CORDRAN 4 MCG/SQ CM TAPE SMALL MO	3	
cormax 0.05 % scalp solution MO	1	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
CORTISPORIN 1 % TOPICAL OINTMENT; CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS SP	4	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS SP	4	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS SP	4	PA,QL (32 per 365 days)
CURITY ALCOHOL SWABS MO	1	
CUTIVATE 0.05 % LOTION MO	3	PA
CUTIVATE 0.05 % TOPICAL CREAM MO	1	PA
dapsone 5% gel MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DENAVIR 1 % TOPICAL CREAM MO	3	PA
DERMA-SMOOTHE/FS BODY OIL 0.01 % MO	3	
DERMA-SMOOTHE/FS SCALP OIL 0.01 % MO	3	
DERMASORB HC COMPLETE KIT 2 % TOPICAL,CLEANSER AND LOTION MO	3	
DERMASORB TA COMPLETE KIT 0.1 % TOPICAL CREAM MO	3	
DERMATOP 0.1 % TOPICAL CREAM; DERMATOP 0.1 % TOPICAL OINTMENT MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
desonide 0.05% cream; desonide 0.05% lotion; desonide 0.05% ointment MO	1	
DESOWEN 0.05 % LOTION MO	1	PA
DESOWEN 0.05 % TOPICAL CREAM MO	3	
desoximetasone 0.05% cream; desoximetasone 0.05% gel; desoximetasone 0.05% ointment; desoximetasone 0.25% cream; desoximetasone 0.25% ointment MO	1	
diclofenac sodium 3% gel MO	1	PA
DIFFERIN 0.1 % LOTION; DIFFERIN 0.3 %, 0.3 % TOPICAL GEL; DIFFERIN 0.3 %, 0.3 % TOPICAL GEL WITH PUMP MO	3	
DIFFERIN 0.1 % TOPICAL CREAM; DIFFERIN 0.1 % TOPICAL GEL MO	3	PA
diflorasone 0.05% cream; diflorasone 0.05% ointment MO	1	
DIPROLENE 0.05 % TOPICAL OINTMENT; DIPROLENE 0.05% LOTION MO	3	
DIPROLENE AF 0.05% CREAM MO	3	
DOVONEX 0.005 % TOPICAL CREAM MO	3	ST,QL (120 per 30 days)
doxepin 5% cream MO	1	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (6 per 28 days)
EASY TOUCH ALCOHOL PREP PADS MO	1	
econazole nitrate 1% cream MO	1	
EFUDEX 5 % TOPICAL CREAM MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	
ELIMITE 5 % TOPICAL CREAM MO	1	
ELOCON 0.1 % TOPICAL CREAM; ELOCON 0.1 % TOPICAL OINTMENT; ELOCON 0.1% LOTION MO	3	
EMLA CREAM MO	3	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIFOAM 1 %-1 % TOPICAL MO	3	
ERTACZO 2 % TOPICAL CREAM MO	3	
ery pads 2 % topical swab MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ERYGEL 2 % TOPICAL MO	1	
erythromycin 2% gel; erythromycin 2% pledgets; erythromycin 2% solution MO	1	
erythromycin-benzoyl gel MO	1	
EUCRISA 2 % TOPICAL OINTMENT MO	3	PA
EURAX 10 % LOTION; EURAX 10 % TOPICAL CREAM MO	3	
EVOCLIN 1 % TOPICAL FOAM MO	3	PA
EXELDERM 1 % TOPICAL CREAM; EXELDERM 1 % TOPICAL SOLUTION MO	3	
EXTINA 2 % TOPICAL FOAM MO	3	
FABIOR 0.1 % TOPICAL FOAM MO	3	
FINACEA 15 % TOPICAL FOAM MO	3	
FINACEA 15 % TOPICAL GEL MO	3	ST
fluocinolone 0.01% body oil; fluocinolone 0.01% cream; fluocinolone 0.01% solution; fluocinolone 0.025% cream; fluocinolone 0.025% ointment MO	1	
fluocinolone 0.01% scalp oil MO	1	
fluocinonide 0.05% cream; fluocinonide 0.05% gel; fluocinonide 0.05% ointment; fluocinonide 0.05% solution; fluocinonide 0.1% cream MO	1	
fluocinonide-e 0.05 % topical cream MO	1	
fluocinonide-e 0.05% cream MO	1	
fluorouracil 0.5% cream; fluorouracil 2% topical soln; fluorouracil 5% cream; fluorouracil 5% topical soln MO	1	
flurandrenolide 0.05% cream; flurandrenolide 0.05% lotion; flurandrenolide 0.05% ointment MO	1	
fluticasone prop 0.005% oint; fluticasone prop 0.05% cream; fluticasone prop 0.05% lotion MO	1	
gentamicin 0.1% cream; gentamicin 0.1% ointment MO	1	
gynazole-1 2 % vaginal cream MO	1	
halobetasol prop 0.05% cream; halobetasol prop 0.05% ointmnt MO	1	
HALOG 0.1 % TOPICAL CREAM; HALOG 0.1 % TOPICAL OINTMENT MO	3	
hydrocortisone 1% cream; hydrocortisone 1% ointment; hydrocortisone 100 mg/60 ml; hydrocortisone 2.5% cream; hydrocortisone 2.5% lotion; hydrocortisone 2.5% ointment MO	1	
hydrocort buty 0.1% lipo cream MO	1	
hydrocortisone buty 0.1% cream; hydrocortisone butyr 0.1% oint; hydrocortisone butyr 0.1% soln MO	1	
hydrocortisone val 0.2% cream; hydrocortisone val 0.2% ointmt MO	1	
hydrocortisone 1% absorbase MO	1	
imiquimod 5% cream packet MO	1	QL (12 per 30 days)
INCONTROL ALCOHOL PADS MO	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IV PREP WIPES MEDICATED MO	1	
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR MO	3	PA,QL (4 per 28 days)
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL MO	3	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION SP	4	
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR MO	3	
ketoconazole 2% cream; ketoconazole 2% foam; ketoconazole 2% shampoo MO	1	
KLARON 10 % LOTION (SUSPENSION) MO	3	
LEVULAN 20 % TOPICAL SOLUTION MO	3	
lidocaine 5% ointment MO	1	
lidocaine 5% patch MO	1	PA,QL (90 per 30 days)
lidocaine hcl 4% solution MO	1	
lidocaine-prilocaine cream; lidocaine-prilocaine cream MO	1	
LIDODERM 5 % TOPICAL PATCH MO	3	PA,QL (90 per 30 days)
lindane 1% lotion; lindane 1% shampoo MO	1	
LOCOID 0.1 % LOTION; LOCOID 0.1 % TOPICAL CREAM; LOCOID 0.1 % TOPICAL OINTMENT; LOCOID 0.1 % TOPICAL SOLUTION MO	3	
LOCOID LIPOCREAM 0.1 % TOPICAL MO	3	
LOPROX 1 % SHAMPOO MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION MO	3	
LOTRISONE 1 %-0.05 % TOPICAL CREAM MO	3	
lp lite pak 2.5 %-2.5 % topical kit MO	3	
LTA PRE-ATTACHED 4 % LARYNGOTRACHEAL SOLUTION MO	1	
LUXIQ 0.12 % TOPICAL FOAM MO	3	
LUZU 1 % TOPICAL CREAM MO	3	PA,QL (60 per 28 days)
mafenide acetate 50 gm powd pk MO	1	
malathion 0.5% lotion MO	1	
MENTAX 1 % TOPICAL CREAM MO	3	
methoxsalen 10 mg softgel SP	4	
METROCREAM 0.75 % TOPICAL MO	3	PA
METROGEL 1 %, 1 % TOPICAL; METROGEL 1 %, 1 % TOPICAL GEL WITH PUMP MO	3	
METROGEL VAGINAL 0.75 % MO	3	
METROLOTION 0.75 % TOPICAL MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 0.75% cream; metronidazole 0.75% lotion; metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl **MO**	1	
miconazole-3 200 mg vaginal suppository **MO**	1	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR **MO**	1	
micort-hc 2.5 % topical cream with perineal applicator **MO**	1	
MIRVASO 0.33 %, 0.33 % TOPICAL GEL; MIRVASO 0.33 %, 0.33 % TOPICAL GEL WITH PUMP **MO**	3	
mometasone furoate 0.1% cream; mometasone furoate 0.1% oint; mometasone furoate 0.1% soln **MO**	1	
mupirocin 2% ointment **MO**	1	
mupirocin 2% cream **MO**	1	
myorisan 10 mg, 20 mg, 30 mg, 40 mg capsule **MO**	1	
naftifine hcl 1% cream; naftifine hcl 2% cream **MO**	1	ST
NAFTIN 1 %, 2 % TOPICAL GEL; NAFTIN 2 % TOPICAL CREAM **MO**	3	ST
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM **MO**	1	
neomy-polymyxin b 40 mg/ml amp **MO**	1	
NEOSPORIN GU IRRIGANT 40 MG-200,000 UNIT/ML **MO**	1	
neuac 1.2 % (1 % base)-5 % topical gel **MO**	1	
NEUAC KIT 1.2 %-5 % TOPICAL PACK,CREAM AND GEL **MO**	1	
NIZORAL 2 % SHAMPOO **MO**	3	
nolix 0.05 % lotion **MO**	1	
NORITATE 1 % TOPICAL CREAM **MO**	3	ST
NUVESSA 1.3 % VAGINAL GEL **MO**	3	
nyamyc 100,000 unit/gram topical powder **MO**	1	
nyata 100,000 unit/gram topical powder **MO**	1	
nystatin 100,000 unit/gm cream; nystatin 100,000 unit/gm powd; nystatin 100,000 units/gm oint **MO**	1	
nystatin-triamcinolone cream; nystatin-triamcinolone ointm **MO**	1	
nystop 100,000 unit/gram topical powder **MO**	1	
OLUX 0.05 % TOPICAL FOAM **MO**	3	PA
OLUX-E 0.05 % TOPICAL FOAM **MO**	3	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP **MO**	3	
oralone 0.1 % dental paste **MO**	1	
ORAVIG 50 MG BUCCAL TABLET **MO**	3	QL (14 per 30 days)
OVIDE 0.5 % LOTION **MO**	3	PA
oxiconazole nitrate 1% cream **MO**	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OXISTAT 1 % LOTION; OXISTAT 1 % TOPICAL CREAM MO	3	
OXSORALEN 1% LOTION MO	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE SP	4	
PANDEL 0.1 % TOPICAL CREAM MO	3	
PANRETIN 0.1 % TOPICAL GEL SP	4	
PEDIADERM HC 2% KIT MO	3	
PENLAC 8 % TOPICAL SOLUTION MO	3	
permethrin 5% cream MO	1	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
PLIAGLIS 7 %-7 % TOPICAL CREAM MO	3	
podofilox 0.5% topical soln MO	1	
prednicarbate 0.1% cream; prednicarbate 0.1% ointment MO	1	
PRO COMFORT ALCOHOL PADS MO	1	
procto-med hc 2.5 % topical cream perineal applicator MO	1	
procto-pak 1 % topical cream perineal applicator MO	1	
PROCTOFOAM HC 1 %-1 % MO	3	
proctosol hc 2.5 % topical cream perineal applicator MO	1	
proctozone-hc 2.5 % topical cream perineal applicator MO	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT MO	3	
PRUDOXIN 5 % TOPICAL CREAM MO	3	
psorcon 0.05 % topical cream MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL SP	4	
relador pak 2.5 %-2.5 % topical kit SP	4	
relador pak plus 2.5 %-2.5 % topical kit SP	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL; RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM MO	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL MO	3	PA
RETIN-A MICRO PUMP 0.04 %, 0.08 %, 0.1 % TOPICAL GEL MO	3	PA
RETIN-A MICRO PUMP 0.06 % TOPICAL GEL SP	4	PA
RHOFADE 1 % TOPICAL CREAM MO	3	PA,QL (30 per 30 days)
RIMSO-50 50 % INTRAVESICAL SOLUTION MO	3	
ROSADAN 0.75 % TOP,CLEANSER AND CREAM KIT; ROSADAN 0.75 % TOPICAL CLEANSER AND GEL KIT MO	3	
rosadan 0.75 % topical cream; rosadan 0.75 % topical gel MO	1	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
selenium sulfide 2.5% lotion MO	1	
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP SP	4	PA,QL (120 per 365 days)
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (4.5 per 28 days)
SILVADENE 1 % TOPICAL CREAM MO	3	
silver sulfadiazine 1% cream MO	1	
SKLICE 0.5 % LOTION MO	3	
SOLARAZE 3 % TOPICAL GEL MO	3	PA
SOOLANTRA 1 % TOPICAL CREAM MO	3	
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE SP	4	
SORILUX 0.005 % TOPICAL FOAM MO	3	ST,QL (120 per 28 days)
spinosad 0.9% topical susp MO	1	QL (240 per 30 days)
SSD 1 % TOPICAL CREAM MO	1	
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION SP	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION; STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (3 per 84 days)
sulfacetamide sod 10% top susp MO	1	
SULFAMYLON 50 GRAM TOPICAL PACKET; SULFAMYLON 85 MG/G TOPICAL CREAM MO	3	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
SYNALAR 0.01 % TOPICAL SOLUTION MO	3	
SYNALAR CREAM KIT 0.025 % TOPICAL MO	3	
SYNALAR OINTMENT KIT 0.025 % TOPICAL PACK,OINTMENT AND CREAM MO	3	
SYNALAR TS 0.01 % TOPICAL KIT MO	3	
SYNERA 70 MG-70 MG PATCH MO	3	
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT MO	3	PA
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	2	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment MO	1	
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS SP	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS SP	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS SP	4	PA,QL (3 per 28 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS SP	4	PA,QL (3 per 28 days)
TALTZ SYRINGE (2 PACK) 80 MG/ML SUBCUTANEOUS SP	4	PA,QL (3 per 28 days)
TALTZ SYRINGE (3 PACK) 80 MG/ML SUBCUTANEOUS SP	4	PA,QL (3 per 28 days)
TARGRETIN 1 % TOPICAL GEL SP	4	PA
tazarotene 0.1% cream MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TAZORAC 0.05 %, 0.1 % TOPICAL CREAM; TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	3	PA
TEMOVATE 0.05 % TOPICAL CREAM; TEMOVATE 0.05 % TOPICAL OINTMENT MO	3	PA
TERAZOL 3 CREAM MO	3	
TERAZOL 7 0.4 % VAGINAL CREAM MO	3	
terconazole 0.4% cream; terconazole 0.8% cream; terconazole 80 mg suppository MO	1	
TEXACORT 2.5 % TOPICAL SOLUTION MO	1	
THERMAZENE 1% CREAM MO	1	
TOLAK 4 % TOPICAL CREAM MO	3	
TOPICORT 0.05 % TOPICAL GEL; TOPICORT 0.05 %, 0.25 % TOPICAL CREAM; TOPICORT 0.25 % TOPICAL OINTMENT MO	1	
TOPICORT 0.05 % TOPICAL OINTMENT; TOPICORT 0.25 % TOPICAL SPRAY MO	3	
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE SP	4	PA,QL (1 per 28 days)
TRETIN-X 0.0375 %, 0.075 % TOPICAL CREAM; TRETIN-X 0.0375% CREAM MO	1	PA
TRETIN-X CREAM 0.025 % TOPICAL KIT MO	3	PA
TRETIN-X CREAM 0.05 %, 0.1 % TOPICAL KIT MO	1	PA
tretinoin 0.01% gel; tretinoin 0.025% cream; tretinoin 0.025% gel; tretinoin 0.05% cream; tretinoin 0.05% gel; tretinoin 0.1% cream MO	1	PA
tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube MO	1	PA
triamcinolone 0.025% cream; triamcinolone 0.025% lotion; triamcinolone 0.025% oint; triamcinolone 0.1% cream; triamcinolone 0.1% lotion; triamcinolone 0.1% ointment; triamcinolone 0.1% paste; triamcinolone 0.147 mg/g spray; triamcinolone 0.5% cream; triamcinolone 0.5% ointment MO	1	
trianex 0.05 % topical ointment MO	1	
triderm 0.1 %, 0.5 % topical cream MO	1	
TRIDESILON 0.05 % TOPICAL CREAM MO	3	
u-cort 1% cream MO	1	
ULESFIA 5 % LOTION MO	3	
ULTILET ALCOHOL SWAB MO	1	
ULTRAVATE 0.05 % LOTION; ULTRAVATE 0.05 % TOPICAL CREAM; ULTRAVATE 0.05 % TOPICAL OINTMENT MO	3	
ULTRAVATE X 0.05 %-10 % TOPICAL PACK, CREAM AND CREAM; ULTRAVATE X 0.05 %-10 % TOPICAL PACK,OINTMENT AND CREAM MO	3	
UVADEX 20 MCG/ML INJECTION SOLUTION MO	3	B vs D
VALCHLOR 0.016 % TOPICAL GEL SP	4	PA,QL (60 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VANDAZOLE 0.75 % VAGINAL GEL MO	1	
VANOS 0.1 % TOPICAL CREAM MO	3	
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT MO	3	ST,QL (800 per 28 days)
VELTIN 1.2 %-0.025 % TOPICAL GEL MO	3	
VERDESO 0.05 % TOPICAL FOAM MO	3	
VEREGEN 15 % TOPICAL OINTMENT MO	3	
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
WEBCOL TOPICAL PADS MO	1	
XERESE 5 %-1 % TOPICAL CREAM MO	3	
zenatane 10 mg, 20 mg, 30 mg, 40 mg capsule MO	1	
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA
ZONALON 5 % TOPICAL CREAM MO	3	
ZOVIRAX 5 % TOPICAL CREAM; ZOVIRAX 5 % TOPICAL OINTMENT SP	4	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP MO	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	
SMOOTH MUSCLE RELAXANTS		
aminophylline 250 mg/10 ml, 500 mg/20 ml vl MO	1	
darifenacin er 15 mg, 7.5 mg tablet MO	1	ST,QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	3	QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	1	
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
flavoxate hcl 100 mg tablet MO	1	
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP MO	3	QL (30 per 30 days)
GELNIQUE 3% GEL MO	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
oxybutynin 5 mg tablet; oxybutynin 5 mg/5 ml syrup MO	1	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet MO	1	QL (60 per 30 days)
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH MO	3	QL (8 per 28 days)
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE MO	1	
theophylline 80 mg/15 ml, 80 mg/15 ml soln; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet; theophylline er 400 mg, 600 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w **MO**	1	
tolterodine tart er 2 mg, 4 mg cap **MO**	1	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab **MO**	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE **MO**	2	QL (30 per 30 days)
trospium chloride 20 mg tablet **MO**	1	
trospium chloride er 60 mg cap **MO**	1	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET **MO**	3	QL (30 per 30 days)
VITAMINS		
bal-care dha 27 mg-1 mg-430 mg tablet-capsule,delayed release **MO**	3	
c-nate dha 28 mg iron-1 mg-200 mg capsule **MO**	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE **MO**	3	
calcitriol 0.25 mcg, 0.5 mcg capsule; calcitriol 1 mcg/ml, 1 mcg/ml ampul; calcitriol 1 mcg/ml, 1 mcg/ml solution **MO**	1	
calcium pnv 28 mg-1 mg-250 mg capsule **MO**	1	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET **MO**	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK **MO**	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK **MO**	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS **MO**	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK **MO**	3	
complete natal dha 29 mg-1 mg-250 mg oral pack **MO**	1	
completenate 29 mg iron-1 mg chewable tablet **MO**	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE **MO**	3	
CONCEPT OB 85 MG-1 MG CAPSULE **MO**	3	
dothelle dha 35 mg-1 mg-200 mg capsule **MO**	1	
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 **MO**	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK **MO**	3	
FLORIVA 0.25 MG (0.55 MG) CHEWABLE TABLET; FLORIVA 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET **MO**	3	
FLORIVA PLUS 0.25 MG FLUORIDE (0.55 MG)/ML ORAL DROPS **MO**	3	
focalgin 90 dha combo pack **MO**	1	
focalgin ca combo pack **MO**	1	
folivane-ob 85 mg-1 mg capsule **MO**	3	
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE **MO**	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HECTOROL 2 MCG/ML (1 ML) INTRAVENOUS SOLUTION MO	2	
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION MO	3	
hemenatal ob 28 mg-6 mg-1 mg tablet MO	3	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack MO	1	
inatal advance tablet MO	1	
inatal ultra tablet MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MO	3	
levomefolate dha 27 mg-400 mcg-1.13 mg-250 mg capsule MO	1	
macnatal cn dha softgel MO	1	
multi-vitamin with fluoride 0.25 mg/ml, 0.5 mg/ml oral drops MO	3	
multi-vitamin with fluoride 0.5 mg, 1 mg chewable tablet MO	1	
multi-vitamin-fluoride (vit e acetate) 0.25 mg/ml oral drops MO	3	
multivit-fluor 0.25 mg/ml drop MO	3	
multivitamin with fluoride 0.5 mg chewable tablet MO	1	
multivitamins with fluoride 0.25 mg, 0.5 mg, 1 mg chewable tablet MO	1	
MVC-FLUORIDE 0.25 MG, 0.5 MG, 1 MG CHEWABLE TABLET MO	3	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MO	3	
NATELLE ONE 28 MG-1 MG-250 MG CAPSULE MO	3	
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE MO	3	
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET MO	3	
OB COMPLETE GOLD 27.5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MO	3	
paire ob plus dha combo pack MO	3	
paricalcitol 1 mcg, 2 mcg, 4 mcg capsule; paricalcitol 10 mcg/2 ml vial; paricalcitol 2 mcg/ml, 2 mcg/ml, 5 mcg/ml, 5 mcg/ml vial MO	1	
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	1	
POLY-VI-FLOR 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE CHEWABLE TABLET MO	3	
POLY-VI-FLOR 0.25 MG/ML FLUORIDE BIPHASIC ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR WITH IRON 0.25 MG FLUORIDE-7 MG IRON/ML BPHASE ORAL DROPS MO	3	QL (50 per 30 days)
POLY-VI-FLOR WITH IRON 0.5 MG FLUORIDE-10 MG IRON CHEWABLE TABLET MO	3	
pr natal 400 29 mg-1 mg-400 mg oral pack MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release **MO**	1	
pr natal 430 29 mg iron-1 mg-430 mg oral pack **MO**	1	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release **MO**	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET **MO**	3	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE **MO**	3	
PREFERA-OB PLUS DHA 28 MG IRON-6 MG IRON-1 MG ORAL PACK **MO**	3	
prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule **MO**	3	
prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule **MO**	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET **MO**	3	
PRENATABS FA 29 MG-1 MG TABLET **MO**	1	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet **MO**	1	
prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack **MO**	3	
prenatal vitamins plus low iron 27 mg iron-1 mg tablet **MO**	1	
PRENATE AM 1 MG-500 MG TABLET **MO**	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE **MO**	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET **MO**	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE **MO**	3	
PRENATE MINI SOFTGEL **MO**	3	
preplus 27 mg iron-1 mg tablet **MO**	1	
PREQUE 10 TABLET **MO**	3	
QUFLORA PEDIATRIC 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET **MO**	3	
QUFLORA PEDIATRIC DROPS 0.25 MG FLUORIDE (0.55 MG)/ML ORAL; QUFLORA PEDIATRIC DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML ORAL **MO**	3	
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE **SP**	4	PA,QL (60 per 30 days)
relnate dha 28 mg iron-1 mg-200 mg capsule **MO**	1	
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE; ROCALTROL 1 MCG/ML ORAL SOLUTION **MO**	3	
se-natal 19 29 mg iron-1 mg chewable tablet **MO**	1	
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet **MO**	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET **MO**	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK **MO**	3	
taron-c dha 35 mg-1 mg-200 mg capsule **MO**	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule **MO**	1	
thrivite-19 29 mg iron-1 mg-25 mg tablet **MO**	1	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TL FOLATE TABLET MO	3	
tl-select 29 mg-1.25 mg-55 mg-325 mg capsule MO	3	
TRI-VI-FLOR 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE BIPHASIC ORAL DROPS MO	3	QL (50 per 30 days)
tri-vit with fluoride and iron 0.25 mg-10 mg/ml oral drops MO	1	
tri-vitamin with fluoride 0.5 mg fluoride (1.1 mg)/ml oral drops MO	1	
triadvance 90 mg-1 mg-50 mg tablet MO	1	
TRICARE 27 MG IRON-1 MG TABLET MO	1	
TRICARE PRENATAL DHA ONE 27 MG-1 MG-25 MG-500 MG CAPSULE MO	3	
trinatal gt 90 mg-1 mg-50 mg tablet MO	1	
trinatal rx 1 60 mg iron-1 mg tablet MO	1	
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MO	3	
triveen-duo dha 29 mg-1 mg-400 mg oral pack MO	1	
triveen-prx rnf 26 mg-1.2 mg-55 mg-300 mg capsule MO	1	
ultimatecare one 27 mg-1 mg-330 mg capsule MO	1	
ultimatecare one nf 27 mg-1 mg-50 mg-500 mg capsule MO	1	
vena-bal dha 27 mg-1 mg-430 mg tablet-capsule,delayed release MO	3	
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE MO	3	
virt-c dha 35 mg-1 mg-200 mg capsule MO	1	
virt-nate dha 28 mg iron-1 mg-200 mg capsule MO	1	
virt-select 29 mg-1.25 mg-55 mg-325 mg capsule MO	1	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET MO	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET MO	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65 MG-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMEDMD PLUS RX COMBO PACK MO	3	
vol-nate 28 mg iron-1 mg tablet MO	3	
vol-plus 27 mg iron-1 mg tablet MO	1	
vol-tab rx 29 mg iron-1 mg tablet MO	3	
vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule MO	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MO	3	
zatean-ch 27 mg-1 mg-50 mg-250 mg capsule MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	3	
ZEMPLAR 2 MCG/ML, 5 MCG/ML INTRAVENOUS SOLUTION MO	2	

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

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

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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 do not speak English, language assistance services, free of charge, are available to you. Call 1-866-396-8810 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-396-8810 (TTY: 711).

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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 1-866-396-8810 (TTY: 711).

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Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-396-8810 (TTY: 711).

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Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-396-8810 (TTY: 711).

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Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-866-396-8810 (TTY: 711).

العربية (Arabic):
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Notes

This formulary was updated on 12/26/2017. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

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