2023

Prescription Drug Guide

Humana Formulary

List of covered drugs

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

Humana Basic Rx Plan (PDP)

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Humana with any questions at 1-800-281-6918 or for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com.**

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible and you haven't paid it. Call Humana for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible and you haven't paid it.

For a complete list of Contract/PBP numbers this document relates to, please see the final page of this document.

Humana®

Welcome to Humana!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana. This document includes a list of the drugs (formulary) for our plan which is current as of December 2023. For an updated formulary, please contact us on our website at **Humana.com/PlanDocuments** or you can call the number below to request a paper copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

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

Can the formulary change?
Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs**. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"
- **Drugs removed from the market**. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We will 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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the Humana Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

What if you are affected by a Drug List change?
We will notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of December 2023. We will update the printed formularies each month and they will be available on **Humana.com/medicaredruglist**.

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

Please contact Humana Customer Care with any questions at **1-800-281-6918 (TTY: 711)**, five days a week April 1- September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. (EST). Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

How do I use the formulary?
There are two ways to find your drug in the formulary:

Medical condition
The formulary starts on page 11. We have put the drugs into groups depending on the type of medical conditions that they are used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 11. 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 are not sure about your drug's group, you should look for your drug in the Index that begins on page 92. 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 will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

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

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

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

The amount of money you pay depends on:

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

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

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

- **Prior Authorization (PA):** Humana requires you to get prior authorization for certain drugs to be covered under your plan. This means that you will need to get approval from Humana before you fill your prescriptions. If you do not get approval, Humana may not cover the drug.
- **Quantity Limits (QL):** For some drugs, Humana limits the amount of the drug that is covered. Humana might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it is 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. Some drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, Humana requires that you first try certain drugs to treat your medical condition before coverage is available for another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana will then cover Drug B.
- **Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to Humana that describes the use and the place where you receive and take the drug so a determination can be made.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11.

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

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

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

If Humana does not cover your drug, you have two options:
- You can ask Customer Care for a list of similar drugs that Humana covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by Humana.
- You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

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

What is a compounded drug?
A compounded drug is used to provide drug therapies that are not commercially available as FDA-approved finished products in the same dose, formulation, and/or combination of ingredients, but are instead created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. While some compounded drugs may be Part D eligible, most compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered.

How do I request an exception to the Humana formulary?
You can ask Humana to make an exception to the coverage rules. There are several types of exceptions that you can ask to be made.
- **Formulary exception:** You can request that your drug be covered if it is not on the formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- **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 granted to cover a drug that was not on the formulary. *You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.*

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug, or other restrictions would not 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 fast, 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. If your request to expedite is granted, we must give you a decision no later than 24 hours after we receive 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 does not 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 are a member of the plan.

Here is what we will do for each of your current Part D drugs that are not on the formulary, or if you have limited ability to get your drugs:
- We will temporarily cover a 30-day supply of your drug unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 30 days of a drug) when you go to a pharmacy.
- There will be no coverage for the drugs after your first 30-day supply, even if you have been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you are a resident of a long-term care facility and you take Part D drugs that are not on the formulary, we will cover a 31-day supply unless you have a prescription written for fewer days (in which case we will allow multiple fills to provide up to a total of 31 days of a drug) during the first 90 days you are a member of our plan. We will cover a 31-day emergency supply of your drug unless you have a prescription for fewer days (in which we will allow multiple fills to provide up to a total of 31 days of a drug) while you request a formulary exception if:

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

Throughout the plan year, your treatment setting (the place where you receive and take your medicine) may change. These changes include:
- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

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

Transition extension
Humana will consider on a case-by-case basis an extension of the transition period if your exception request or appeal has not been processed by the end of your initial transition period. We will 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.

CenterWell Pharmacy™
You may fill your medicines at any network pharmacy. CenterWell Pharmacy – Humana's mail-delivery pharmacy is one option. CenterWell Pharmacy is the preferred cost-sharing mail order pharmacy for many Humana MAPD and prescription drug plans (PDP). You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that is most convenient for you. You should get your new prescription by mail in 7 – 10 days after CenterWell Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit **CenterWellpharmacy.com**. You can also call CenterWell Pharmacy at **1-844-222-2151** (**TTY: 711**) Monday – Friday, 8 a.m. to 11 p.m. (EST), and Saturday, 8 a.m. to 6:30 p.m. (EST).

Other pharmacies are available in our network.

For More Information

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

Please contact Humana Customer Care with any questions at **1-800-281-6918 (TTY: 711)**, five days a week April 1 – September 30 or seven days a week October 1 – March 31 from 8 a.m. – 8 p.m. (EST). Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com**.

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

Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

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 or Utilization Management column, you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:
DL - Dispensing Limit; Drugs that may be limited to a 30 day supply, regardless of tier placement.
MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.
LA - Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

The second column lists the tier of the drug. See page 5 for more details on the drug tiers in your plan.

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANALGESICS		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION **DL**	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET **DL**	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET **DL**	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET **DL**	3	QL(180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG FILM **DL**	4	QL(60 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY **DL**	4	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE **MO**	3	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE **MO**	3	QL(60 per 30 days)
diclofenac sodium 1 % GEL **MO**	3	QL(1000 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. **MO**	2	
diclofenac sodium 25 mg TABLET, DR/EC **MO**	3	
diclofenac sodium 50 mg TABLET, DR/EC **MO**	2	
diclofenac sodium 75 mg TABLET, DR/EC **MO**	2	
ec-naproxen 500 mg TABLET, DR/EC **MO**	2	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	3	QL(360 per 30 days)
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. 72 HR. **DL**	4	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE **DL**	5	PA,QL(120 per 30 days)
fentanyl citrate 200 mcg LOZENGE **DL**	4	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION **DL**	4	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET **MO**	2	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET **DL**	3	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml(15 ml) SOLUTION **DL**	4	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET **DL**	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION **DL**	4	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET **DL**	4	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET **DL**	4	QL(360 per 30 days)
hydromorphone 8 mg TABLET **DL**	4	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET **MO**	1	
ibuprofen 100 mg/5 ml SUSPENSION **MO**	2	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ibuprofen 400 mg TABLET **MO**	1	
ibuprofen 600 mg, 800 mg TABLET **MO**	1	
indomethacin 25 mg, 50 mg CAPSULE **MO**	2	
indomethacin 75 mg CAPSULE, ER **MO**	4	
ketorolac 10 mg TABLET **MO**	4	QL(20 per 30 days)
meloxicam 15 mg TABLET **MO**	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET **MO**	1	QL(60 per 30 days)
methadone 10 mg TABLET **DL**	4	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION **DL**	4	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE **DL**	4	QL(360 per 30 days)
methadone 5 mg TABLET **DL**	4	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION **DL**	4	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE **DL**	4	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION **DL**	3	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION **DL**	4	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER **DL**	3	QL(180 per 30 days)
morphine 15 mg TABLET ER **DL**	3	QL(120 per 30 days)
morphine 15 mg, 30 mg TABLET **DL**	4	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION **DL**	3	QL(1350 per 30 days)
morphine 200 mg TABLET ER **DL**	3	QL(90 per 30 days)
morphine 30 mg, 60 mg TABLET ER **DL**	3	QL(120 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION **DL**	3	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET **MO**	2	
naproxen 250 mg TABLET **MO**	2	
naproxen 375 mg TABLET **MO**	1	
naproxen 375 mg, 500 mg TABLET, DR/EC **MO**	2	
naproxen 500 mg TABLET **MO**	1	
oxycodone 10 mg, 15 mg, 5 mg TABLET **DL**	3	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET **DL**	3	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE **DL**	4	QL(270 per 30 days)
oxycodone 5 mg CAPSULE **DL**	4	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION **DL**	4	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	3	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET **DL**	3	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION **DL**	4	QL(1800 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE **MO**	3	

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

B vs D - Part B vs Part D • MO – Mail Order • PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • DL – Dispensing Limit • LA – Limited Access

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulindac 150 mg, 200 mg TABLET **MO**	2	
tramadol 100 mg TABLET **DL**	4	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. **DL**	4	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE **DL**	4	ST,QL(30 per 30 days)
tramadol 50 mg TABLET **DL**	2	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET **DL**	2	QL(240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. **DL**	3	QL(60 per 30 days)
ANESTHETICS		
lidocaine 5 % ADHESIVE PATCH, MEDICATED **MO**	4	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY **MO**	3	
lidocaine hcl 2 % JELLY IN APPLICATOR **MO**	3	
lidocaine hcl 2 % SOLUTION **MO**	2	
lidocaine viscous 2 % SOLUTION **MO**	2	
lidocaine-prilocaine 2.5-2.5 % CREAM **MO**	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC **MO**	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET **MO**	2	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM **MO**	2	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM **MO**	2	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. **MO**	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET **MO**	3	
nalmefene 1 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml SOLUTION **MO**	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE **MO**	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL **MO**	3	QL(2 per 30 days)
naltrexone 50 mg TABLET **MO**	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL **MO**	4	
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK **MO**	3	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET **MO**	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON **DL**	5	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG SUBLINGUAL TABLET **MO**	2	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET **MO**	2	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET **MO**	2	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET **MO**	2	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTIBACTERIALS		
acetic acid 2 % SOLUTION **MO**	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION **MO**	4	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET **MO**	2	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	2	
amoxicillin 250 mg CAPSULE **MO**	2	
amoxicillin 500 mg CAPSULE **MO**	2	
amoxicillin 500 mg TABLET **MO**	2	
amoxicillin 875 mg TABLET **MO**	2	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET **MO**	2	
amoxicillin-pot clavulanate 875-125 mg TABLET **MO**	2	
ampicillin 500 mg CAPSULE **MO**	2	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	4	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION **MO**	4	
azithromycin 1 gram PACKET **MO**	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
azithromycin 250 mg TABLET **MO**	2	
azithromycin 500 mg RECON SOLUTION **MO**	4	
azithromycin 500 mg, 600 mg TABLET **MO**	2	
aztreonam 1 gram, 2 gram RECON SOLUTION **MO**	4	
bacitracin 50,000 unit RECON SOLUTION **MO**	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE **MO**	4	
cefaclor 250 mg, 500 mg CAPSULE **MO**	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
cefadroxil 500 mg CAPSULE **MO**	3	
cefazolin 1 gram, 10 gram, 2 gram, 500 mg RECON SOLUTION **MO**	4	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION **MO**	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
cefdinir 300 mg CAPSULE **MO**	2	
cefepime 1 gram, 2 gram RECON SOLUTION **MO**	4	
cefixime 400 mg CAPSULE **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	4	
cefpodoxime 100 mg, 200 mg TABLET **MO**	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
cefprozil 250 mg, 500 mg TABLET **MO**	3	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	4	
cefuroxime axetil 250 mg, 500 mg TABLET **MO**	3	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION **MO**	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	2	
cephalexin 250 mg CAPSULE **MO**	2	
cephalexin 500 mg CAPSULE **MO**	2	
ciprofloxacin hcl 100 mg TABLET **MO**	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET **MO**	2	
ciprofloxacin hcl 500 mg TABLET **MO**	2	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **MO**	4	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	4	
clarithromycin 250 mg, 500 mg TABLET **MO**	3	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	4	
clarithromycin 500 mg TABLET, ER 24 HR. **MO**	3	
clindamycin hcl 150 mg, 75 mg CAPSULE **MO**	2	
clindamycin hcl 300 mg CAPSULE **MO**	2	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	4	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	4	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION **MO**	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION **MO**	4	
clindamycin phosphate 150 mg/ml SOLUTION **MO**	4	
clindamycin phosphate 2 % CREAM **MO**	4	
colistin (colistimethate na) 150 mg RECON SOLUTION **MO**	4	
daptomycin 350 mg, 500 mg RECON SOLUTION **DL**	5	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK **MO**	4	
demeclocycline 150 mg TABLET **MO**	4	QL(240 per 30 days)
demeclocycline 300 mg TABLET **MO**	4	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicloxacillin 250 mg, 500 mg CAPSULE **MO**	2	
DIFICID 200 MG TABLET **DL**	5	
DIFICID 40 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	5	
doxy-100 100 mg RECON SOLUTION **MO**	4	
doxycycline hyclate 100 mg CAPSULE **MO**	3	
doxycycline hyclate 100 mg TABLET **MO**	3	
doxycycline hyclate 20 mg TABLET **MO**	2	
doxycycline hyclate 50 mg CAPSULE **MO**	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE **MO**	2	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET **MO**	3	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	4	
ertapenem 1 gram RECON SOLUTION **MO**	4	
ERYTHROCIN 500 MG RECON SOLUTION **MO**	4	
erythromycin 250 mg CAPSULE, DR/EC **MO**	4	
erythromycin lactobionate 500 mg RECON SOLUTION **MO**	4	
gentamicin 0.1 % CREAM **MO**	4	
gentamicin 0.1 % OINTMENT **MO**	4	
gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION **MO**	4	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION **MO**	4	
levofloxacin 250 mg, 750 mg TABLET **MO**	2	
levofloxacin 250 mg/10 ml SOLUTION **MO**	4	
levofloxacin 500 mg TABLET **MO**	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	4	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION **DL**	5	QL(1800 per 30 days)
linezolid 600 mg TABLET **MO**	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK **MO**	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION **MO**	4	
meropenem 1 gram, 500 mg RECON SOLUTION **MO**	4	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK **MO**	4	
methenamine hippurate 1 gram TABLET **MO**	4	
metronidazole 0.75 % CREAM **MO**	4	
metronidazole 0.75 % LOTION **MO**	4	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL **MO**	4	
metronidazole 1 % GEL WITH PUMP **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 250 mg TABLET **MO**	2	
metronidazole 500 mg TABLET **MO**	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK **MO**	4	
minocycline 100 mg, 50 mg, 75 mg CAPSULE **MO**	2	
mondoxyne nl 100 mg CAPSULE **MO**	2	
moxifloxacin 400 mg TABLET **MO**	3	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	4	
neomycin 500 mg TABLET **MO**	3	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE **MO**	3	
NUZYRA 150 MG TABLET **DL**	5	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET **MO**	4	
ORBACTIV 400 MG RECON SOLUTION **DL**	5	QL(3 per 28 days)
paromomycin 250 mg CAPSULE **MO**	4	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION **MO**	4	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE **MO**	4	
penicillin g sodium 5 million unit RECON SOLUTION **DL**	5	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION **MO**	2	
penicillin v potassium 250 mg, 500 mg TABLET **MO**	2	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION **MO**	4	
polymyxin b sulfate 500,000 unit RECON SOLUTION **MO**	4	
PRIMSOL 50 MG/5 ML SOLUTION **MO**	4	
SIVEXTRO 200 MG RECON SOLUTION **DL**	5	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET **DL**	5	QL(6 per 28 days)
sulfacetamide sodium 10 % OINTMENT **MO**	3	
sulfadiazine 500 mg TABLET **MO**	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION **MO**	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET **MO**	2	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION **MO**	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET **MO**	2	
SYNERCID 500 MG RECON SOLUTION **DL**	5	
TEFLARO 400 MG, 600 MG RECON SOLUTION **DL**	5	
tigecycline 50 mg RECON SOLUTION **DL**	5	
tinidazole 250 mg, 500 mg TABLET **MO**	3	
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION **DL**	5	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tobramycin with nebulizer 300 mg/5 ml SOLUTION FOR NEBULIZATION **DL**	5	PA
trimethoprim 100 mg TABLET **MO**	2	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg RECON SOLUTION **MO**	4	
vancomycin 125 mg CAPSULE **MO**	4	PA,QL(120 per 30 days)
vancomycin 250 mg CAPSULE **MO**	4	PA,QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	4	
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET **DL**	4	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET **DL**	4	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET **DL**	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION **DL**	5	PA,QL(600 per 30 days)
carbamazepine 100 mg CHEWABLE TABLET **MO**	3	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. **MO**	4	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	4	
carbamazepine 100 mg/5 ml, 200 mg/10 ml SUSPENSION **MO**	4	
carbamazepine 200 mg TABLET **MO**	3	
carbamazepine 400 mg TABLET, ER 12 HR. **MO**	4	QL(225 per 30 days)
CELONTIN 300 MG CAPSULE **MO**	4	
clobazam 10 mg, 20 mg TABLET **DL**	4	PA
clobazam 2.5 mg/ml SUSPENSION **DL**	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE **DL**	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET **DL**	5	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT **DL**	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET **MO**	4	
DILANTIN-125 125 MG/5 ML SUSPENSION **MO**	4	
divalproex 125 mg CAPSULE, DR SPRINKLE **MO**	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC **MO**	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. **MO**	4	
EPIDIOLEX 100 MG/ML SOLUTION **DL**	5	PA
epitol 200 mg TABLET **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ethosuximide 250 mg CAPSULE **MO**	3	
ethosuximide 250 mg/5 ml SOLUTION **MO**	4	
felbamate 400 mg, 600 mg TABLET **MO**	4	
felbamate 600 mg/5 ml SUSPENSION **MO**	4	
FINTEPLA 2.2 MG/ML SOLUTION **DL,LA**	5	PA,QL(360 per 30 days)
FYCOMPA 0.5 MG/ML SUSPENSION **DL**	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET **MO**	4	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE **MO**	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION **MO**	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET **MO**	2	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION **MO**	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET **MO**	4	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION **MO**	4	
lamotrigine 100 mg, 200 mg TABLET **MO**	2	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. **MO**	4	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING **MO**	4	
lamotrigine 150 mg, 25 mg TABLET **MO**	2	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK **MO**	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	2	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE **MO**	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET **MO**	2	
levetiracetam 100 mg/ml SOLUTION **MO**	2	
levetiracetam 500 mg TABLET **MO**	2	
levetiracetam 500 mg TABLET, ER 24 HR. **MO**	3	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION **MO**	2	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. **MO**	3	QL(120 per 30 days)
methsuximide 300 mg CAPSULE **MO**	4	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	4	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET **MO**	3	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION **MO**	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET **MO**	3	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET **MO**	3	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR **MO**	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET **MO**	3	QL(300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE **MO**	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION **MO**	2	
phenytoin 50 mg CHEWABLE TABLET **MO**	2	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE **MO**	2	
primidone 125 mg, 250 mg TABLET **MO**	2	
primidone 50 mg TABLET **MO**	2	
roweepra 1,000 mg, 500 mg, 750 mg TABLET **MO**	2	
roweepra xr 500 mg TABLET, ER 24 HR. **MO**	2	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. **MO**	2	QL(120 per 30 days)
rufinamide 200 mg TABLET **MO**	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION **MO**	4	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET **DL**	5	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION **MO**	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION **MO**	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION **MO**	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION **MO**	4	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET **MO**	2	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK **MO**	2	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK **MO**	2	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK **MO**	2	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM **DL**	5	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET **MO**	4	
valproic acid 250 mg CAPSULE **MO**	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION **MO**	2	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL **DL**	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET **DL**	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET **DL**	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET **DL**	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET **DL**	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET **DL**	4	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET **DL**	4	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET **DL**	4	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK **MO**	4	QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK **DL**	4	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION **DL**	5	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE **MO**	2	
ZTALMY 50 MG/ML SUSPENSION **DL**	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg TABLET **MO**	2	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	2	QL(30 per 30 days)
donepezil 5 mg TABLET **MO**	2	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET **MO**	4	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. **MO**	4	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION **MO**	4	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET **MO**	2	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. **MO**	4	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION **MO**	4	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK **MO**	2	PA,QL(98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. **MO**	3	QL(28 per 28 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE **MO**	4	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE **MO**	4	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 50 mg, 75 mg TABLET **MO**	1	
amitriptyline 100 mg, 150 mg TABLET **MO**	2	
amitriptyline 25 mg TABLET **MO**	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET **MO**	3	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **DL**	5	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. **MO**	3	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET **MO**	3	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. **MO**	3	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. **MO**	3	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. **MO**	3	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
citalopram 10 mg, 40 mg TABLET **MO**	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION **MO**	3	
citalopram 20 mg TABLET **MO**	1	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE **MO**	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET **MO**	4	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	4	QL(30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE **MO**	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC **MO**	3	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC **MO**	3	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC **MO**	3	QL(60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. **DL**	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET **MO**	2	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET **MO**	2	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION **MO**	4	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. **MO**	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. **MO**	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE **MO**	2	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE **MO**	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION **MO**	3	
fluoxetine 40 mg CAPSULE **MO**	1	QL(60 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC **MO**	4	QL(4 per 28 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET **MO**	2	QL(90 per 30 days)
imipramine hcl 10 mg TABLET **MO**	2	
imipramine hcl 25 mg, 50 mg TABLET **MO**	2	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE **MO**	4	
MARPLAN 10 MG TABLET **MO**	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING **MO**	4	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET **MO**	2	
mirtazapine 45 mg TABLET **MO**	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET **MO**	4	
nortriptyline 10 mg, 25 mg, 50 mg CAPSULE **MO**	1	
nortriptyline 10 mg/5 ml SOLUTION **MO**	4	
nortriptyline 75 mg CAPSULE **MO**	2	
paroxetine hcl 10 mg TABLET **MO**	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION **MO**	4	
paroxetine hcl 20 mg TABLET **MO**	1	QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 30 mg, 40 mg TABLET **MO**	1	QL(60 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION **MO**	4	
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET **MO**	4	
phenelzine 15 mg TABLET **MO**	3	
protriptyline 10 mg, 5 mg TABLET **MO**	4	
sertraline 100 mg TABLET **MO**	2	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE **MO**	3	
sertraline 25 mg, 50 mg TABLET **MO**	2	QL(90 per 30 days)
tranylcypromine 10 mg TABLET **MO**	4	
trazodone 100 mg, 150 mg, 50 mg TABLET **MO**	1	
trazodone 300 mg TABLET **MO**	3	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE **MO**	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET **MO**	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET **MO**	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. **MO**	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. **MO**	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. **MO**	2	QL(90 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK **MO**	4	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET **MO**	4	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE **DL**	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE **DL**	5	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK **MO**	4	BvsD,QL(6 per 28 days)
aprepitant 125 mg, 40 mg CAPSULE **MO**	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE **MO**	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY **MO**	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE **MO**	4	BvsD,QL(120 per 30 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION **MO**	3	
granisetron hcl 1 mg TABLET **MO**	3	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION **MO**	3	
meclizine 12.5 mg TABLET **MO**	3	
meclizine 25 mg TABLET **MO**	3	
metoclopramide hcl 10 mg, 5 mg TABLET **MO**	1	
ondansetron 4 mg TABLET, DISINTEGRATING **MO**	2	BvsD,QL(90 per 30 days)
ondansetron 8 mg TABLET, DISINTEGRATING **MO**	2	BvsD,QL(90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron hcl 2 mg/ml SOLUTION **MO**	4	
ondansetron hcl 4 mg TABLET **MO**	2	BvsD,QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml SOLUTION **MO**	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET **MO**	2	BvsD,QL(90 per 30 days)
ondansetron hcl (pf) 4 mg/2 ml SOLUTION **MO**	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE **MO**	4	
prochlorperazine 25 mg SUPPOSITORY **MO**	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION **MO**	4	
prochlorperazine maleate 10 mg, 5 mg TABLET **MO**	2	BvsD
promethazine 12.5 mg, 50 mg TABLET **MO**	2	
promethazine 25 mg TABLET **MO**	2	
scopolamine base 1 mg over 3 days PATCH, 3 DAY **MO**	4	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE **MO**	4	BvsD
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION **MO**	4	BvsD
amphotericin b 50 mg RECON SOLUTION **MO**	4	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION **DL**	5	BvsD
caspofungin 50 mg RECON SOLUTION **DL**	5	
caspofungin 70 mg RECON SOLUTION **MO**	4	
ciclodan 8 % SOLUTION **MO**	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM **MO**	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL **MO**	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION **MO**	4	QL(60 per 30 days)
ciclopirox 8 % SOLUTION **MO**	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM **MO**	2	
clotrimazole 1 % SOLUTION **MO**	3	
clotrimazole 10 mg TROCHE **MO**	2	
clotrimazole-betamethasone 1-0.05 % CREAM **MO**	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION **MO**	4	QL(90 per 28 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET **MO**	2	
fluconazole 150 mg TABLET **MO**	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **MO**	3	
flucytosine 250 mg, 500 mg CAPSULE **DL**	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
griseofulvin microsize 500 mg TABLET MO	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET MO	4	
itraconazole 10 mg/ml SOLUTION MO	4	
itraconazole 100 mg CAPSULE MO	4	QL(120 per 30 days)
ketoconazole 2 % CREAM MO	3	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO MO	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET MO	4	PA
miconazole-3 200 mg SUPPOSITORY MO	3	
nystatin 100,000 unit/gram CREAM MO	2	
nystatin 100,000 unit/gram OINTMENT MO	2	
nystatin 100,000 unit/ml SUSPENSION MO	2	
nystatin 500,000 unit TABLET MO	3	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	4	
terbinafine hcl 250 mg TABLET MO	2	
terconazole 0.4 %, 0.8 % CREAM MO	2	
terconazole 80 mg SUPPOSITORY MO	4	
voriconazole 200 mg RECON SOLUTION DL	5	PA
voriconazole 200 mg, 50 mg TABLET MO	4	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(400 per 30 days)
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET MO	2	
MITIGARE 0.6 MG CAPSULE MO	3	
probenecid 500 mg TABLET MO	3	
probenecid-colchicine 500-0.5 mg TABLET MO	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO-INJECTOR MO	4	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	4	PA,QL(2 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE MO	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE MO	4	PA,QL(3 per 30 days)
EPRONTIA 25 MG/ML SOLUTION MO	4	PA,QL(480 per 30 days)
ergotamine-caffeine 1-100 mg TABLET MO	3	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET MO	3	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
rizatriptan 10 mg TABLET **MO**	2	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	3	QL(12 per 30 days)
rizatriptan 5 mg TABLET **MO**	2	QL(12 per 30 days)
sumatriptan succinate 100 mg TABLET **MO**	2	QL(9 per 30 days)
sumatriptan succinate 25 mg, 50 mg TABLET **MO**	2	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE **MO**	4	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR **MO**	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION **MO**	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SYRINGE **MO**	4	QL(6 per 30 days)
topiramate 100 mg, 200 mg TABLET **MO**	2	QL(120 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE **MO**	3	
topiramate 25 mg TABLET **MO**	2	QL(90 per 30 days)
topiramate 50 mg TABLET **MO**	2	QL(120 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET **MO**	3	
ANTIMYCOBACTERIALS		
cycloserine 250 mg CAPSULE **DL**	5	
dapsone 100 mg, 25 mg TABLET **MO**	3	
ethambutol 100 mg, 400 mg TABLET **MO**	3	
isoniazid 100 mg, 300 mg TABLET **MO**	2	
isoniazid 50 mg/5 ml SOLUTION **MO**	4	
PASER 4 GRAM DR GRANULES IN PACKET **MO**	4	
PRIFTIN 150 MG TABLET **MO**	4	
pyrazinamide 500 mg TABLET **MO**	4	
rifabutin 150 mg CAPSULE **MO**	4	
rifampin 150 mg, 300 mg CAPSULE **MO**	3	
rifampin 600 mg RECON SOLUTION **MO**	4	
SIRTURO 100 MG TABLET **DL**	5	PA,QL(68 per 28 days)
SIRTURO 20 MG TABLET **DL**	5	PA,QL(340 per 28 days)
TRECATOR 250 MG TABLET **MO**	4	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET **DL**	5	PA,QL(120 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET **DL**	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE **DL**	5	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET **DL**	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET **DL**	5	PA,QL(180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	5	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET **MO**	2	QL(30 per 30 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL**	5	PA,QL(30 per 30 days)
BALVERSA 3 MG TABLET **DL**	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET **DL**	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET **DL**	5	PA,QL(30 per 30 days)
bexarotene 1 % GEL **DL**	5	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE **DL**	5	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET **MO**	3	QL(30 per 30 days)
BOSULIF 100 MG TABLET **DL**	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET **DL**	5	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE **DL**	5	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET **DL**	5	PA,QL(30 per 30 days)
CALQUENCE 100 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET **DL**	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET **DL,LA**	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET **DL,LA**	5	PA,QL(30 per 30 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE **DL**	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE **DL**	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE **DL**	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE **DL**	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET **DL**	5	PA,QL(63 per 28 days)
cyclophosphamide 25 mg, 50 mg CAPSULE **MO**	4	BvsD
cyclophosphamide 25 mg, 50 mg TABLET **MO**	3	BvsD
DAURISMO 100 MG TABLET **DL**	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET **DL**	5	PA,QL(60 per 30 days)
EMCYT 140 MG CAPSULE **DL**	5	
ERIVEDGE 150 MG CAPSULE **DL**	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET **DL**	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET **DL**	5	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET **DL**	5	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET **DL**	5	PA,QL(90 per 30 days)
EULEXIN 125 MG CAPSULE **DL**	5	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **DL**	5	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION **DL**	5	PA

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exemestane 25 mg TABLET **MO**	4	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
flutamide 125 mg CAPSULE **MO**	4	
FOTIVDA 0.89 MG, 1.34 MG CAPSULE **DL**	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE **DL**	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE **DL**	5	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE **DL,LA**	5	PA,QL(120 per 30 days)
gefitinib 250 mg TABLET **DL**	5	PA,QL(30 per 30 days)
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL,LA**	5	PA,QL(30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE	5	PA
GLEOSTINE 100 MG CAPSULE **DL**	5	PA
hydroxyurea 500 mg CAPSULE **MO**	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE **DL**	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET **DL**	5	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET **DL**	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET **DL**	5	PA,QL(60 per 30 days)
IDHIFA 100 MG, 50 MG TABLET **DL**	5	PA,QL(30 per 30 days)
imatinib 100 mg TABLET **DL**	5	PA,QL(90 per 30 days)
imatinib 400 mg TABLET **DL**	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET **DL**	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE **DL**	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION **DL**	5	PA
INLYTA 1 MG TABLET **DL**	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET **DL**	5	PA,QL(60 per 30 days)
INQOVI 35-100 MG TABLET **DL**	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
IRESSA 250 MG TABLET **DL**	5	PA,QL(30 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET **DL**	5	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET **DL**	5	PA,QL(90 per 30 days)
KISQALI 200 MG/DAY (200 MG X 1) TABLET **DL**	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET **DL**	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET **DL**	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET **DL**	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET **DL**	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET **DL**	5	PA,QL(91 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KOSELUGO 10 MG CAPSULE **DL**	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET **DL**	5	PA,QL(180 per 30 days)
lapatinib 250 mg TABLET **DL**	5	PA,QL(180 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE **DL**	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE **DL**	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE **DL**	5	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET **MO**	2	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET **MO**	3	
leucovorin calcium 10 mg/ml SOLUTION **MO**	4	
LEUKERAN 2 MG TABLET **DL**	5	
LONSURF 15-6.14 MG TABLET **DL**	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET **DL**	5	PA,QL(80 per 30 days)
LORBRENA 100 MG TABLET **DL**	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET **DL**	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET **DL**	5	PA,QL(240 per 30 days)
LUMAKRAS 320 MG TABLET **DL**	5	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET **DL**	5	PA,QL(120 per 30 days)
LYTGOBI 4 MG TABLET **DL**	5	PA,QL(140 per 28 days)
MATULANE 50 MG CAPSULE **DL**	5	
MEKINIST 0.05 MG/ML RECON SOLUTION **DL**	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET **DL**	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET **DL**	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET **DL**	5	PA,QL(180 per 30 days)
melphalan 2 mg TABLET **MO**	4	BvsD
mercaptopurine 50 mg TABLET **MO**	3	
MESNEX 400 MG TABLET **DL**	5	
NERLYNX 40 MG TABLET **DL**	5	PA,QL(180 per 30 days)
nilutamide 150 mg TABLET **DL**	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE **DL**	5	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET **DL**	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET **DL**	5	PA,QL(30 per 30 days)

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ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
ORSERDU 345 MG TABLET DL	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET DL	5	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL DL	5	PA
pazopanib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL(56 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
PURIXAN 20 MG/ML SUSPENSION DL	5	QL(300 per 30 days)
QINLOCK 50 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
ROZLYTREK 100 MG CAPSULE DL	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE DL	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET DL	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL(120 per 30 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
SCEMBLIX 20 MG TABLET DL	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET DL	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION DL	5	
sorafenib 200 mg TABLET DL	5	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL(84 per 28 days)
sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE DL	5	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION DL	5	PA
TABLOID 40 MG TABLET MO	4	
TABRECTA 150 MG, 200 MG TABLET DL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION DL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE DL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE **DL**	5	PA,QL(90 per 30 days)
tamoxifen 10 mg, 20 mg TABLET **MO**	2	
TARGRETIN 75 MG CAPSULE **DL**	5	PA,QL(300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET **DL**	5	PA,QL(240 per 30 days)
TEPMETKO 225 MG TABLET **DL**	5	PA,QL(60 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
TIBSOVO 250 MG TABLET **DL**	5	PA,QL(60 per 30 days)
toremifene 60 mg TABLET **DL**	5	QL(30 per 30 days)
tretinoin (antineoplastic) 10 mg CAPSULE **DL**	5	
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE **DL**	5	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE **DL**	5	PA,QL(42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE **DL**	5	PA,QL(63 per 28 days)
TUKYSA 150 MG TABLET **DL**	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET **DL**	5	PA,QL(300 per 30 days)
TURALIO 125 MG, 200 MG CAPSULE **DL,LA**	5	PA,QL(120 per 30 days)
VALCHLOR 0.016 % GEL **DL**	5	PA,QL(60 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET **DL**	5	PA,QL(56 per 28 days)
VENCLEXTA 10 MG TABLET **MO**	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET **DL**	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET **MO**	3	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK **DL**	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET **DL**	5	PA,QL(60 per 30 days)
VISTOGARD 10 GRAM GRANULES IN PACKET **DL**	5	QL(20 per 365 days)
VITRAKVI 100 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION **DL**	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE **DL**	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET **DL**	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
VOTRIENT 200 MG TABLET **DL**	5	PA,QL(120 per 30 days)
WELIREG 40 MG TABLET **DL**	5	PA,QL(90 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
XOSPATA 40 MG TABLET **DL**	5	PA,QL(90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET **DL**	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET **DL**	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET **DL**	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET **DL**	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET **DL**	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET **DL**	5	PA,QL(60 per 30 days)
ZEJULA 100 MG CAPSULE **DL**	5	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET **DL**	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET **DL**	5	PA,QL(240 per 30 days)
ZOLINZA 100 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET **DL**	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET **DL**	5	PA,QL(150 per 30 days)
ANTIPARASITICS		
albendazole 200 mg TABLET **MO**	4	
atovaquone 750 mg/5 ml SUSPENSION **MO**	4	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET **MO**	4	
chloroquine phosphate 250 mg, 500 mg TABLET **MO**	4	
COARTEM 20-120 MG TABLET **MO**	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET **MO**	3	
hydroxychloroquine 200 mg TABLET **MO**	3	
ivermectin 3 mg TABLET **MO**	3	
KRINTAFEL 150 MG TABLET **MO**	3	QL(4 per 180 days)
LAMPIT 120 MG, 30 MG TABLET **MO**	4	
mefloquine 250 mg TABLET **MO**	2	
NEBUPENT 300 MG RECON SOLUTION **MO**	4	BvsD
nitazoxanide 500 mg TABLET **DL**	5	QL(40 per 30 days)
PENTAM 300 MG RECON SOLUTION **MO**	4	
pentamidine 300 mg RECON SOLUTION **MO**	4	BvsD
pentamidine 300 mg RECON SOLUTION **MO**	4	
primaquine 26.3 mg TABLET **MO**	3	
pyrimethamine 25 mg TABLET **DL**	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE **MO**	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amantadine hcl 50 mg/5 ml SOLUTION **MO**	3	
benztropine 0.5 mg, 1 mg, 2 mg TABLET **MO**	2	
bromocriptine 2.5 mg TABLET **MO**	4	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING **MO**	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET **MO**	2	
carbidopa-levodopa 25-100 mg TABLET **MO**	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER **MO**	3	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg TABLET **MO**	4	QL(240 per 30 days)
carbidopa-levodopa-entacapone 50-200-200 mg TABLET **MO**	4	
entacapone 200 mg TABLET **MO**	3	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE **DL**	5	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE **DL**	5	PA,QL(300 per 30 days)
KYNMOBI 10 MG, 15 MG, 20 MG, 25 MG, 30 MG FILM **DL**	5	PA,QL(150 per 30 days)
KYNMOBI 10-15-20-25-30 MG FILM **DL**	5	PA,QL(150 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET **MO**	2	
rasagiline 0.5 mg, 1 mg TABLET **MO**	4	PA,QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET **MO**	2	
RYTARY 23.75-95 MG CAPSULE, ER **MO**	4	ST,QL(360 per 30 days)
RYTARY 36.25-145 MG CAPSULE, ER **MO**	4	ST,QL(270 per 30 days)
RYTARY 48.75-195 MG CAPSULE, ER **MO**	4	ST,QL(360 per 30 days)
RYTARY 61.25-245 MG CAPSULE, ER **MO**	4	ST,QL(300 per 30 days)
selegiline hcl 5 mg CAPSULE **MO**	3	
selegiline hcl 5 mg TABLET **MO**	3	
trihexyphenidyl 0.4 mg/ml ELIXIR **MO**	3	
trihexyphenidyl 2 mg, 5 mg TABLET **MO**	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE **MO**	4	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE **MO**	4	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON **DL**	4	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION **MO**	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING **MO**	4	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET **MO**	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE **MO**	4	QL(3.9 per 56 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE **DL**	4	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET **MO**	4	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET **MO**	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET **MO**	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE **MO**	4	
clozapine 100 mg TABLET **MO**	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING **MO**	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING **MO**	4	PA
clozapine 150 mg TABLET, DISINTEGRATING **MO**	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET **MO**	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING **MO**	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET **MO**	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING **MO**	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET **MO**	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET **DL**	4	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK **MO**	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION **MO**	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET **MO**	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR **MO**	4	
fluphenazine hcl 2.5 mg/ml SOLUTION **MO**	4	
fluphenazine hcl 5 mg/ml CONCENTRATE **MO**	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET **MO**	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION **MO**	4	
haloperidol lactate 2 mg/ml CONCENTRATE **MO**	2	
haloperidol lactate 5 mg/ml SOLUTION **MO**	4	
haloperidol lactate 5 mg/ml SYRINGE **MO**	4	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE **MO**	4	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE **MO**	4	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE **DL**	4	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE **DL**	4	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE **MO**	4	QL(1.5 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INVEGA TRINZA 273 MG/0.88 ML SYRINGE **MO**	4	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE **MO**	4	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE **MO**	4	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE **MO**	4	QL(2.63 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET **DL**	4	PA,QL(30 per 30 days)
LATUDA 80 MG TABLET **DL**	4	PA,QL(60 per 30 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE **MO**	2	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET **MO**	2	PA,QL(30 per 30 days)
lurasidone 80 mg TABLET **MO**	2	PA,QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET **DL**	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET **MO**	4	PA,QL(240 per 30 days)
molindone 25 mg TABLET **MO**	4	PA,QL(270 per 30 days)
molindone 5 mg TABLET **MO**	4	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET **DL**	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION **MO**	4	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET **MO**	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING **MO**	4	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING **MO**	4	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. **MO**	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. **MO**	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	4	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE **DL**	4	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET **MO**	4	
quetiapine 100 mg TABLET **MO**	2	QL(90 per 30 days)
quetiapine 150 mg TABLET **MO**	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. **MO**	4	QL(90 per 30 days)
quetiapine 200 mg TABLET **MO**	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. **MO**	4	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET **MO**	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET **MO**	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. **MO**	4	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. **MO**	4	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET **MO**	4	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON **MO**	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON **DL**	4	QL(2 per 28 days)

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risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET **MO**	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING **MO**	4	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET **MO**	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING **MO**	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION **MO**	2	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. **DL**	5	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET **MO**	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **MO**	4	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET **MO**	3	
VERSACLOZ 50 MG/ML SUSPENSION **DL**	4	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK **MO**	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE **DL**	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE **MO**	4	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION **MO**	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION **MO**	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION **DL**	4	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION **DL**	4	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET **MO**	2	
baclofen 20 mg TABLET **MO**	2	
baclofen 5 mg TABLET **MO**	2	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE **MO**	4	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION **MO**	4	QL(960 per 30 days)
abacavir 300 mg TABLET **MO**	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET **MO**	4	QL(30 per 30 days)
acyclovir 200 mg CAPSULE **MO**	2	
acyclovir 400 mg TABLET **MO**	2	
acyclovir 5 % OINTMENT **MO**	4	PA,QL(30 per 30 days)
acyclovir 800 mg TABLET **MO**	2	
acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION **MO**	4	BvsD
acyclovir sodium 50 mg/ml SOLUTION **MO**	4	BvsD
adefovir 10 mg TABLET **MO**	4	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER **DL**	5	QL(21 per 365 days)
APTIVUS 250 MG CAPSULE **DL**	5	QL(120 per 30 days)

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atazanavir 150 mg, 200 mg CAPSULE **MO**	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE **MO**	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION **DL**	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET **DL**	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER **DL**	5	QL(50 per 365 days)
CIMDUO 300-300 MG TABLET **DL**	5	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET **DL**	5	QL(30 per 30 days)
darunavir ethanolate 600 mg TABLET **DL**	5	QL(60 per 30 days)
darunavir ethanolate 800 mg TABLET **DL**	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET **DL**	5	QL(30 per 30 days)
DESCOVY 120-15 MG TABLET **DL**	5	QL(30 per 30 days)
DESCOVY 200-25 MG TABLET **DL**	5	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC **MO**	4	QL(30 per 30 days)
DOVATO 50-300 MG TABLET **DL**	5	QL(30 per 30 days)
EDURANT 25 MG TABLET **DL**	5	QL(30 per 30 days)
efavirenz 200 mg CAPSULE **MO**	4	QL(120 per 30 days)
efavirenz 50 mg CAPSULE **MO**	4	QL(480 per 30 days)
efavirenz 600 mg TABLET **MO**	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET **MO**	4	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET **DL**	5	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE **MO**	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET **MO**	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION **MO**	4	QL(680 per 28 days)
EMTRIVA 200 MG CAPSULE **MO**	4	QL(30 per 30 days)
entecavir 0.5 mg, 1 mg TABLET **MO**	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET **DL**	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET **DL**	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET **DL**	5	PA,QL(28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION **MO**	4	
etravirine 100 mg TABLET **DL**	5	QL(120 per 30 days)
etravirine 200 mg TABLET **DL**	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET **DL**	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET **MO**	3	QL(90 per 30 days)
fosamprenavir 700 mg TABLET **DL**	5	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FUZEON 90 MG RECON SOLUTION DL	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
HARVONI 33.75-150 MG PELLETS IN PACKET DL	5	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET DL	5	PA,QL(56 per 28 days)
HARVONI 45-200 MG TABLET DL	5	PA,QL(28 per 28 days)
HARVONI 90-400 MG TABLET DL	5	PA,QL(28 per 28 days)
INTELENCE 200 MG TABLET DL	5	QL(60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL(120 per 30 days)
INVIRASE 500 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET MO	3	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL(180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET DL	5	QL(30 per 30 days)
lamivudine 10 mg/ml SOLUTION MO	3	QL(900 per 30 days)
lamivudine 100 mg TABLET MO	3	QL(90 per 30 days)
lamivudine 150 mg TABLET MO	3	QL(60 per 30 days)
lamivudine 300 mg TABLET MO	3	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET MO	4	QL(60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION MO	4	QL(1575 per 28 days)
lopinavir-ritonavir 100-25 mg TABLET MO	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET MO	4	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION MO	4	
maraviroc 150 mg TABLET DL	5	QL(240 per 30 days)
maraviroc 300 mg TABLET DL	5	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. MO	4	QL(120 per 30 days)
nevirapine 200 mg TABLET MO	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION MO	4	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET MO	4	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION MO	4	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET DL	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE MO	3	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE MO	3	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	QL(1440 per 365 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PIFELTRO 100 MG TABLET DL	5	QL(60 per 30 days)
PREVYMIS 240 MG TABLET DL	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET DL	5	PA
PREZCOBIX 800-150 MG-MG TABLET DL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION DL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET DL	5	QL(240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL(60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL(480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL(30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE MO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION MO	4	
REYATAZ 50 MG POWDER IN PACKET MO	4	
ribavirin 200 mg CAPSULE MO	3	QL(168 per 28 days)
ribavirin 200 mg TABLET MO	3	QL(168 per 28 days)
rimantadine 100 mg TABLET MO	4	
ritonavir 100 mg TABLET MO	3	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. DL	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION DL	5	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL(240 per 30 days)
SELZENTRY 75 MG TABLET DL	5	QL(120 per 30 days)
stavudine 15 mg, 20 mg CAPSULE MO	3	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE MO	3	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET DL	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET DL	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET DL	5	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET DL	5	QL(30 per 30 days)
TEMIXYS 300-300 MG TABLET DL	5	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET MO	3	QL(30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET DL	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION DL	5	QL(180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET DL	5	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION **DL**	5	
TYBOST 150 MG TABLET **MO**	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET **MO**	3	
valganciclovir 450 mg TABLET **MO**	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION **DL**	5	QL(1056 per 30 days)
VIRACEPT 250 MG TABLET **DL**	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET **DL**	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET **DL**	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER **DL**	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET **DL**	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET **DL**	5	PA,QL(28 per 28 days)
XOFLUZA 20 MG TABLET **MO**	4	QL(10 per 365 days)
XOFLUZA 40 MG TABLET **MO**	4	QL(10 per 365 days)
XOFLUZA 80 MG TABLET **MO**	4	QL(5 per 365 days)
zidovudine 10 mg/ml SYRUP **MO**	4	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE **MO**	4	QL(180 per 30 days)
zidovudine 300 mg TABLET **MO**	2	QL(60 per 30 days)
ZIRGAN 0.15 % GEL **MO**	4	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET **DL**	3	QL(120 per 30 days)
alprazolam 2 mg TABLET **DL**	3	QL(150 per 30 days)
buspirone 10 mg, 5 mg TABLET **MO**	1	
buspirone 15 mg TABLET **MO**	2	
buspirone 30 mg, 7.5 mg TABLET **MO**	2	
chlordiazepoxide hcl 10 mg, 25 mg, 5 mg CAPSULE **DL**	4	QL(120 per 30 days)
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING **DL**	4	
clonazepam 0.5 mg, 1 mg TABLET **DL**	3	
clonazepam 2 mg TABLET **DL**	3	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET **DL**	4	
diazepam 10 mg TABLET **DL**	3	QL(120 per 30 days)
diazepam 2 mg TABLET **DL**	3	QL(90 per 30 days)
diazepam 5 mg TABLET **DL**	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION **DL**	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE **DL**	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE **DL**	4	QL(240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	4	
doxepin 10 mg/ml CONCENTRATE **MO**	4	
hydroxyzine hcl 10 mg, 50 mg TABLET **MO**	3	
hydroxyzine hcl 10 mg/5 ml SOLUTION **MO**	3	
hydroxyzine hcl 25 mg TABLET **MO**	3	
lorazepam 0.5 mg, 1 mg TABLET **DL**	2	QL(90 per 30 days)
lorazepam 2 mg TABLET **DL**	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE **DL**	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE **DL**	3	QL(150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg CAPSULE **DL**	4	
BIPOLAR AGENTS		
lithium carbonate 150 mg, 600 mg CAPSULE **MO**	2	
lithium carbonate 300 mg CAPSULE **MO**	1	
lithium carbonate 300 mg TABLET **MO**	2	
lithium carbonate 300 mg, 450 mg TABLET ER **MO**	2	
lithium citrate 8 meq/5 ml SOLUTION **MO**	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **MO**	3	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL **MO**	3	
BYDUREON BCISE 2 MG/0.85 ML AUTO-INJECTOR **MO**	4	QL(3.4 per 28 days)
diazoxide 50 mg/ml SUSPENSION **DL**	5	
FARXIGA 10 MG TABLET **MO**	4	QL(30 per 30 days)
FARXIGA 5 MG TABLET **MO**	4	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE **MO**	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION **MO**	3	
glimepiride 1 mg TABLET **MO**	1	
glimepiride 2 mg, 4 mg TABLET **MO**	1	
glipizide 10 mg TABLET, ER 24 HR. **MO**	2	
glipizide 10 mg, 5 mg TABLET **MO**	1	
glipizide 2.5 mg TABLET **MO**	1	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	2	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION **MO**	3	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET **MO**	2	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET **MO**	2	
GLYXAMBI 10-5 MG, 25-5 MG TABLET **MO**	3	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION **MO**	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO**	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR **MO**	3	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE **MO**	3	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE **MO**	3	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION **DL**	5	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **DL**	5	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET **MO**	3	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET **MO**	3	QL(30 per 30 days)
JANUMET 50-1,000 MG TABLET **MO**	3	QL(60 per 30 days)
JANUMET 50-500 MG TABLET **MO**	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(60 per 30 days)
JANUMET XR 50-500 MG TABLET, ER 24 HR., MULTIPHASE **MO**	3	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET **MO**	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET **MO**	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG TABLET **MO**	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION **MO**	3	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION **MO**	3	
metformin 1,000 mg, 500 mg TABLET **MO**	1	
metformin 500 mg TABLET, ER 24 HR. **MO**	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. **MO**	1	QL(60 per 30 days)
metformin 850 mg TABLET **MO**	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR **MO**	3	QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **MO**	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **MO**	3	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **MO**	3	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION **MO**	3	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION **MO**	3	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **MO**	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **MO**	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **MO**	3	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (2 MG/1.5 ML) PEN INJECTOR **MO**	3	QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR **MO**	3	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR **MO**	3	QL(3 per 28 days)
pioglitazone 15 mg, 30 mg TABLET **MO**	2	QL(30 per 30 days)
pioglitazone 45 mg TABLET **MO**	2	QL(30 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET **MO**	3	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET **MO**	3	QL(30 per 30 days)
saxagliptin 2.5 mg, 5 mg TABLET **MO**	4	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN **MO**	3	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET **MO**	3	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN **MO**	3	
TRADJENTA 5 MG TABLET **MO**	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN **MO**	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION **MO**	3	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	3	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR **MO**	3	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR **MO**	3	QL(9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR **MO**	3	QL(9 per 30 days)
XIGDUO XR 10-1,000 MG, 10-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	4	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	4	QL(60 per 30 days)
XIGDUO XR 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC **MO**	4	QL(30 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN **MO**	3	QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR **MO**	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE **MO**	3	
BLOOD PRODUCTS AND MODIFIERS		
aminocaproic acid 1,000 mg, 500 mg TABLET **DL**	5	
aminocaproic acid 250 mg/ml (25 %) SOLUTION **DL**	5	
anagrelide 0.5 mg, 1 mg CAPSULE **MO**	3	
BRILINTA 60 MG, 90 MG TABLET **MO**	3	QL(60 per 30 days)
CABLIVI 11 MG KIT **DL**	5	PA,QL(30 per 30 days)
cilostazol 100 mg, 50 mg TABLET **MO**	2	
clopidogrel 300 mg TABLET **MO**	4	
clopidogrel 75 mg TABLET **MO**	2	QL(30 per 30 days)
dabigatran etexilate 150 mg, 75 mg CAPSULE **MO**	4	QL(60 per 30 days)
dipyridamole 25 mg, 50 mg, 75 mg TABLET **MO**	4	
ELIQUIS 2.5 MG TABLET **MO**	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET **MO**	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK **MO**	3	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE **MO**	4	
enoxaparin 300 mg/3 ml SOLUTION **MO**	4	
FULPHILA 6 MG/0.6 ML SYRINGE **DL**	5	PA,QL(1.2 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION **MO**	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE **MO**	3	
heparin (porcine) 5,000 unit/ml SYRINGE **MO**	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION **MO**	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE **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	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION **DL**	5	PA,QL(9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE **DL**	5	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR **DL**	5	PA,QL(1.2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NIVESTYM 300 MCG/0.5 ML SYRINGE **DL**	5	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION **DL**	5	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE **DL**	5	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION **DL**	5	PA,QL(22.4 per 30 days)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION **DL**	5	PA,QL(9.6 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE **MO**	4	QL(60 per 30 days)
prasugrel 10 mg, 5 mg TABLET **MO**	3	QL(30 per 30 days)
PROCRIT 10,000 UNIT/ML SOLUTION **MO**	4	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION **MO**	4	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION	5	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION	5	PA,QL(14 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET **DL,LA**	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET **DL,LA**	5	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET **DL,LA**	5	PA,QL(180 per 30 days)
PROMACTA 25 MG TABLET **DL,LA**	5	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET **DL,LA**	5	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK **DL**	5	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET **DL**	5	PA,QL(60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML SOLUTION **MO**	4	PA,QL(14 per 30 days)
tranexamic acid 650 mg TABLET **MO**	3	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE **DL**	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR **DL**	5	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET **MO**	1	
warfarin 5 mg TABLET **MO**	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION **MO**	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET **MO**	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET **MO**	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK **MO**	3	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE **DL**	5	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE **DL**	5	PA,QL(11.2 per 30 days)
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE **MO**	2	
acetazolamide 125 mg, 250 mg TABLET **MO**	4	
acetazolamide 500 mg CAPSULE, ER **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amiloride 5 mg TABLET **MO**	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET **MO**	2	
amiodarone 100 mg TABLET **MO**	4	
amiodarone 200 mg TABLET **MO**	2	
amiodarone 400 mg TABLET **MO**	4	QL(60 per 30 days)
amlodipine 10 mg, 2.5 mg, 5 mg TABLET **MO**	1	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE **MO**	2	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE **MO**	2	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET **MO**	2	QL(30 per 30 days)
atenolol 100 mg TABLET **MO**	1	
atenolol 25 mg, 50 mg TABLET **MO**	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET **MO**	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET **MO**	2	
benazepril 10 mg, 5 mg TABLET **MO**	2	
benazepril 20 mg, 40 mg TABLET **MO**	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET **MO**	2	
bisoprolol fumarate 10 mg, 5 mg TABLET **MO**	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET **MO**	2	
bumetanide 0.5 mg, 2 mg TABLET **MO**	2	
bumetanide 1 mg TABLET **MO**	2	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET **MO**	3	QL(60 per 30 days)
candesartan 32 mg TABLET **MO**	3	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET **MO**	3	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET **MO**	3	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET **MO**	3	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	3	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. **MO**	3	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **MO**	1	
chlorthalidone 25 mg TABLET **MO**	2	
chlorthalidone 50 mg TABLET **MO**	2	
cholestyramine (with sugar) 4 gram POWDER **MO**	3	
cholestyramine (with sugar) 4 gram POWDER IN PACKET **MO**	3	
cholestyramine light 4 gram POWDER **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cholestyramine light 4 gram POWDER IN PACKET **MO**	3	
cholestyramine-aspartame 4 gram POWDER IN PACKET **MO**	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY **MO**	4	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET **MO**	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET **MO**	1	
colestipol 1 gram TABLET **MO**	3	
colestipol 5 gram GRANULES **MO**	4	QL(1000 per 30 days)
colestipol 5 gram PACKET **MO**	4	
CORLANOR 5 MG, 7.5 MG TABLET **MO**	4	PA,QL(60 per 30 days)
DEMSER 250 MG CAPSULE **DL**	5	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **MO**	2	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **MO**	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET **MO**	2	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET **MO**	2	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	3	QL(60 per 30 days)
diltiazem hcl 120 mg CAPSULE, ER 12 HR. **MO**	3	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	3	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **MO**	3	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET **MO**	2	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **MO**	3	QL(30 per 30 days)
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. **MO**	3	QL(180 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION **MO**	4	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE **MO**	4	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET **MO**	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET **MO**	2	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET **MO**	2	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO**	3	QL(60 per 30 days)
ezetimibe 10 mg TABLET **MO**	3	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET **MO**	3	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
fenofibrate 160 mg TABLET **MO**	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET **MO**	2	QL(60 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE **MO**	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE **MO**	3	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET **MO**	3	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET **MO**	3	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flecainide 100 mg, 150 mg, 50 mg TABLET **MO**	3	
fosinopril 10 mg, 20 mg, 40 mg TABLET **MO**	2	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET **MO**	2	
furosemide 10 mg/ml SOLUTION **MO**	4	
furosemide 10 mg/ml SYRINGE **MO**	4	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION **MO**	2	
furosemide 20 mg, 40 mg TABLET **MO**	1	
furosemide 80 mg TABLET **MO**	1	
gemfibrozil 600 mg TABLET **MO**	2	QL(60 per 30 days)
guanfacine 1 mg TABLET **MO**	2	
guanfacine 2 mg TABLET **MO**	2	
hydralazine 10 mg TABLET **MO**	1	
hydralazine 100 mg TABLET **MO**	2	
hydralazine 25 mg, 50 mg TABLET **MO**	1	
hydrochlorothiazide 12.5 mg CAPSULE **MO**	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET **MO**	1	
hydrochlorothiazide 50 mg TABLET **MO**	1	
indapamide 1.25 mg, 2.5 mg TABLET **MO**	1	
irbesartan 150 mg, 75 mg TABLET **MO**	2	QL(30 per 30 days)
irbesartan 300 mg TABLET **MO**	2	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET **MO**	2	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET **MO**	2	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET **MO**	3	
isosorbide mononitrate 10 mg, 20 mg TABLET **MO**	2	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. **MO**	2	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. **MO**	1	
isradipine 2.5 mg, 5 mg CAPSULE **MO**	4	
KERENDIA 10 MG, 20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET **MO**	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 5 mg TABLET **MO**	1	
lisinopril 30 mg TABLET **MO**	1	
lisinopril 40 mg TABLET **MO**	2	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET **MO**	2	
lisinopril-hydrochlorothiazide 20-25 mg TABLET **MO**	1	
losartan 100 mg, 25 mg, 50 mg TABLET **MO**	2	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET **MO**	2	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lovastatin 10 mg TABLET **MO**	1	
lovastatin 20 mg, 40 mg TABLET **MO**	1	
methyldopa 250 mg, 500 mg TABLET **MO**	2	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET **MO**	3	
metolazone 10 mg, 2.5 mg, 5 mg TABLET **MO**	2	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	2	
metoprolol succinate 200 mg TABLET, ER 24 HR. **MO**	2	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET **MO**	3	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET **MO**	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET **MO**	2	
metyrosine 250 mg CAPSULE **DL**	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET **MO**	4	
minoxidil 10 mg, 2.5 mg TABLET **MO**	2	
moexipril 15 mg, 7.5 mg TABLET **MO**	2	
MULTAQ 400 MG TABLET **MO**	3	QL(60 per 30 days)
nebivolol 10 mg TABLET **MO**	3	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET **MO**	3	QL(30 per 30 days)
nebivolol 20 mg TABLET **MO**	3	QL(60 per 30 days)
NEXLETOL 180 MG TABLET **MO**	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET **MO**	3	PA,QL(30 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET ER **MO**	3	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
nimodipine 30 mg CAPSULE **MO**	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr PATCH, 24 HR. **MO**	2	QL(30 per 30 days)
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET **MO**	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET **MO**	3	
nitroglycerin 0.4 mg/hr PATCH, 24 HR. **MO**	2	QL(60 per 30 days)
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO**	3	
olmesartan 20 mg TABLET **MO**	2	QL(30 per 30 days)
olmesartan 40 mg TABLET **MO**	2	QL(30 per 30 days)
olmesartan 5 mg TABLET **MO**	2	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET **MO**	4	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET **MO**	2	QL(30 per 30 days)
PACERONE 100 MG TABLET **MO**	4	
pacerone 200 mg TABLET **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 400 MG TABLET MO	4	QL(60 per 30 days)
pentoxifylline 400 mg TABLET ER MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET MO	2	
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET MO	2	
prazosin 1 mg, 2 mg, 5 mg CAPSULE MO	2	
prevalite 4 gram POWDER MO	3	
prevalite 4 gram POWDER IN PACKET MO	3	
propafenone 150 mg, 225 mg, 300 mg TABLET MO	3	
propafenone 225 mg, 325 mg CAPSULE, ER 12 HR. MO	4	QL(60 per 30 days)
propafenone 425 mg CAPSULE, ER 12 HR. MO	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET MO	2	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	2	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET MO	2	
quinidine sulfate 200 mg, 300 mg TABLET MO	2	
ramipril 1.25 mg CAPSULE MO	2	
ramipril 10 mg, 2.5 mg, 5 mg CAPSULE MO	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. MO	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR MO	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR MO	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE MO	3	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET MO	2	
simvastatin 10 mg, 20 mg, 40 mg TABLET MO	1	
simvastatin 5 mg TABLET MO	1	
simvastatin 80 mg TABLET MO	2	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET MO	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET MO	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET MO	2	
spironolactone 100 mg TABLET MO	2	
spironolactone 25 mg, 50 mg TABLET MO	2	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	3	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. MO	3	QL(30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE MO	2	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. MO	3	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. MO	3	QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
timolol maleate 10 mg, 20 mg, 5 mg TABLET **MO**	4	
torsemide 10 mg, 100 mg, 5 mg TABLET **MO**	2	
torsemide 20 mg TABLET **MO**	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET **MO**	2	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE **MO**	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET **MO**	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET **MO**	1	
valsartan 160 mg TABLET **MO**	2	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET **MO**	2	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET **MO**	2	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)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. **MO**	3	
verapamil 120 mg, 180 mg, 240 mg TABLET ER **MO**	2	
verapamil 120 mg, 40 mg, 80 mg TABLET **MO**	2	QL(120 per 30 days)
verapamil 360 mg CAPSULE ER PELLETS 24 HR. **MO**	3	QL(60 per 30 days)
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET **MO**	3	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET **MO**	3	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE **MO**	4	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE **MO**	4	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET **DL**	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET **DL**	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. **DL**	5	PA,QL(90 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. **DL**	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK **DL**	5	PA,QL(42 per 28 days)
BETASERON 0.3 MG KIT **DL**	5	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE **DL**	5	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE **DL**	5	PA,QL(12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. **MO**	3	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET **MO**	4	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET **MO**	4	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET **MO**	4	QL(120 per 30 days)

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dextroamphetamine sulfate 20 mg TABLET **MO**	4	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET **MO**	4	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET **MO**	4	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET **MO**	3	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET **MO**	3	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC **DL**	5	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC **DL**	5	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE **DL**	5	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET **DL**	5	PA,QL(240 per 30 days)
GILENYA 0.25 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE **DL**	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE **DL**	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE **DL**	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE **DL**	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. **MO**	2	QL(30 per 30 days)
methylphenidate hcl 10 mg TABLET ER **MO**	4	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET **MO**	4	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER **MO**	4	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE **MO**	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION **MO**	3	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE **MO**	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE **MO**	3	QL(60 per 30 days)
riluzole 50 mg TABLET **MO**	4	
SAVELLA 100 MG, 12.5 MG, 25 MG, 50 MG TABLET **MO**	3	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK **MO**	3	QL(55 per 28 days)
teriflunomide 14 mg, 7 mg TABLET **MO**	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET **MO**	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET **DL**	5	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % MOUTHWASH **MO**	2	
kourzeq 0.1 % PASTE **MO**	3	
oralone 0.1 % PASTE **MO**	3	
paroex oral rinse 0.12 % MOUTHWASH **MO**	2	

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periogard 0.12 % MOUTHWASH **MO**	2	
pilocarpine hcl 5 mg, 7.5 mg TABLET **MO**	4	
triamcinolone acetonide 0.1 % PASTE **MO**	3	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg CAPSULE **MO**	4	QL(60 per 30 days)
accutane 40 mg CAPSULE **MO**	4	QL(120 per 30 days)
acitretin 10 mg CAPSULE **MO**	4	PA,QL(90 per 30 days)
acitretin 17.5 mg CAPSULE **MO**	4	PA,QL(60 per 30 days)
acitretin 25 mg CAPSULE **MO**	4	PA
adapalene 0.3 % GEL **MO**	4	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP **MO**	4	QL(45 per 30 days)
ammonium lactate 12 % CREAM **MO**	2	
ammonium lactate 12 % LOTION **MO**	2	
amnesteem 10 mg, 20 mg CAPSULE **MO**	4	QL(60 per 30 days)
amnesteem 40 mg CAPSULE **MO**	4	QL(120 per 30 days)
betamethasone dipropionate 0.05 % CREAM **MO**	3	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION **MO**	3	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT **MO**	4	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM **MO**	2	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION **MO**	3	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT **MO**	2	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM **MO**	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL **MO**	4	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION **MO**	4	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT **MO**	4	QL(100 per 30 days)
calcipotriene 0.005 % CREAM **MO**	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION **MO**	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg CAPSULE **MO**	4	QL(60 per 30 days)
claravis 40 mg CAPSULE **MO**	4	QL(120 per 30 days)
clindamycin phosphate 1 % LOTION **MO**	4	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB **MO**	2	
clobetasol 0.05 % CREAM **MO**	4	QL(120 per 30 days)
clobetasol 0.05 % GEL **MO**	4	QL(120 per 28 days)
clobetasol 0.05 % LOTION **MO**	4	QL(240 per 28 days)
clobetasol 0.05 % OINTMENT **MO**	4	QL(120 per 28 days)
clobetasol 0.05 % SOLUTION **MO**	3	QL(100 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clobetasol-emollient 0.05 % CREAM **MO**	4	QL(120 per 30 days)
ENSTILAR 0.005-0.064 % FOAM **MO**	4	QL(120 per 30 days)
ery pads 2 % SWAB **MO**	3	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION **MO**	4	QL(120 per 30 days)
fluocinolone 0.01 % OIL **MO**	4	QL(118.28 per 30 days)
fluocinolone 0.025 % CREAM **MO**	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT **MO**	4	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL **MO**	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM **MO**	4	QL(120 per 30 days)
fluocinonide 0.05 % GEL **MO**	4	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT **MO**	4	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION **MO**	4	QL(120 per 30 days)
fluorouracil 2 % SOLUTION **MO**	3	QL(30 per 30 days)
fluorouracil 5 % CREAM **MO**	4	
fluorouracil 5 % SOLUTION **MO**	3	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT **MO**	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM **MO**	2	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR **MO**	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM **MO**	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT **MO**	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET **MO**	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION **MO**	2	QL(236 per 30 days)
HYFTOR 0.2 % GEL **DL**	5	PA
imiquimod 5 % CREAM IN PACKET **MO**	3	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg CAPSULE **MO**	4	QL(60 per 30 days)
isotretinoin 40 mg CAPSULE **MO**	4	QL(120 per 30 days)
lindane 1 % SHAMPOO **MO**	4	QL(60 per 30 days)
malathion 0.5 % LOTION **MO**	4	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL **DL**	5	
mometasone 0.1 % CREAM **MO**	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT **MO**	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION **MO**	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT **MO**	2	
myorisan 10 mg, 20 mg, 30 mg CAPSULE **MO**	4	QL(60 per 30 days)
myorisan 40 mg CAPSULE **MO**	4	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OTEZLA 30 MG TABLET **DL**	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK **DL**	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK **DL**	5	PA,QL(27 per 30 days)
permethrin 5 % CREAM **MO**	3	
pimecrolimus 1 % CREAM **MO**	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION **MO**	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	4	QL(60 per 30 days)
REGRANEX 0.01 % GEL **DL**	5	PA
SANTYL 250 UNIT/GRAM OINTMENT **MO**	4	QL(180 per 30 days)
selenium sulfide 2.5 % LOTION **MO**	2	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM **MO**	2	
SSD 1 % CREAM **MO**	2	
tacrolimus 0.03 %, 0.1 % OINTMENT **MO**	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM **MO**	3	PA,QL(120 per 30 days)
tretinoin 0.01 % GEL **MO**	3	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL **MO**	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM **MO**	4	PA,QL(45 per 30 days)
UVADEX 20 MCG/ML SOLUTION **MO**	4	
zenatane 10 mg, 20 mg, 30 mg CAPSULE **MO**	4	QL(60 per 30 days)
zenatane 40 mg CAPSULE **MO**	4	QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % 10 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION **MO**	4	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION **MO**	4	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP **MO**	4	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE **MO**	4	
calcium acetate(phosphat bind) 667 mg CAPSULE **MO**	3	
calcium acetate(phosphat bind) 667 mg TABLET **MO**	3	
carglumic acid 200 mg TABLET, DISPERSIBLE **DL**	5	PA
CHEMET 100 MG CAPSULE **DL**	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION **MO**	4	BvsD
CLINOLIPID 20 % EMULSION **MO**	4	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	4	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	2	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	2	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION **MO**	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION **MO**	2	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE **DL**	5	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION **MO**	2	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION **MO**	2	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION **MO**	2	
dextrose 25 % in water (d25w) SYRINGE **MO**	2	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION **MO**	2	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION **MO**	2	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION **MO**	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK **MO**	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION **MO**	2	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION **MO**	2	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION **MO**	2	
dextrose 50 % in water (d50w) SYRINGE **MO**	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION **MO**	2	
electrolyte-48 in d5w PARENTERAL SOLUTION **MO**	2	
INTRALIPID 20 %, 30 % EMULSION **MO**	4	BvsD
KABIVEN 3.31-9.8-3.9 % EMULSION **MO**	4	BvsD
KLOR-CON 10 10 MEQ TABLET ER **MO**	2	
KLOR-CON 8 8 MEQ TABLET ER **MO**	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS **MO**	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS **MO**	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS **MO**	2	
levocarnitine 330 mg TABLET **MO**	4	
levocarnitine (with sugar) 100 mg/ml SOLUTION **MO**	4	
m-natal plus 27 mg iron- 1 mg TABLET **MO**	4	
magnesium sulfate 4 meq/ml (50 %) SOLUTION **MO**	4	
magnesium sulfate 4 meq/ml SYRINGE **MO**	4	
NEONATAL COMPLETE 29-1 MG TABLET **MO**	4	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET **MO**	4	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK **MO**	4	
NUTRILIPID 20 % EMULSION **MO**	4	BvsD
O-CAL PRENATAL 15 MG IRON- 1,000 MCG TABLET **MO**	4	
penicillamine 250 mg TABLET **DL**	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION **MO**	4	BvsD
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION **MO**	4	
potassium chloride 10 meq CAPSULE, ER **MO**	2	
potassium chloride 10 meq, 20 meq TABLET ER **MO**	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS **MO**	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS **MO**	2	
potassium chloride 20 meq/15 ml LIQUID **MO**	4	QL(1125 per 30 days)
potassium chloride 40 meq/15 ml LIQUID **MO**	4	
potassium chloride 8 meq CAPSULE, ER **MO**	2	
potassium chloride 8 meq TABLET ER **MO**	2	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pr natal 400 29-1-400 mg COMBO PACK **MO**	4	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP **MO**	4	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK **MO**	4	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP **MO**	4	
PREMASOL 10 % 10 % PARENTERAL SOLUTION **MO**	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET **MO**	4	
PRENATABS FA 29-1 MG TABLET **MO**	4	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET **MO**	4	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET **MO**	4	
PRENATE ELITE 26 MG IRON- 1 MG TABLET **MO**	4	
preplus 27 mg iron- 1 mg TABLET **MO**	4	
PROCALAMINE 3% 3 % PARENTERAL SOLUTION **MO**	4	BvsD
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET **MO**	4	
sevelamer carbonate 0.8 gram POWDER IN PACKET **MO**	4	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET **MO**	4	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET **MO**	4	QL(540 per 30 days)
SMOFLIPID 20 % EMULSION **MO**	4	BvsD
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION **MO**	4	
sodium chloride 0.9 % PARENTERAL SOLUTION **MO**	4	
sodium chloride 0.9 % PIGGYBACK **MO**	4	
sodium polystyrene sulfonate POWDER **MO**	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION **MO**	3	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION **MO**	4	BvsD
trientine 250 mg CAPSULE **DL**	5	QL(240 per 30 days)
trientine 500 mg CAPSULE **DL**	5	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET **MO**	4	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION **MO**	4	BvsD
VELPHORO 500 MG CHEWABLE TABLET **DL**	4	
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET **MO**	3	QL(30 per 30 days)
virt-c dha 35-1-200 mg CAPSULE **MO**	4	
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE **MO**	4	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK **MO**	4	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE **MO**	4	
westab plus 27 mg iron- 1 mg TABLET **MO**	4	
GASTROINTESTINAL AGENTS		
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE **MO**	4	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET **MO**	2	
cimetidine hcl 300 mg/5 ml SOLUTION **MO**	3	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION **MO**	3	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION **MO**	3	
constulose 10 gram/15 ml SOLUTION **MO**	2	
dicyclomine 10 mg CAPSULE **MO**	2	
dicyclomine 10 mg/5 ml SOLUTION **MO**	4	
dicyclomine 20 mg TABLET **MO**	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET **MO**	4	
enulose 10 gram/15 ml SOLUTION **MO**	2	
famotidine 20 mg, 40 mg TABLET **MO**	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION **MO**	4	
GATTEX 30-VIAL 5 MG KIT **DL,LA**	5	PA
GATTEX ONE-VIAL 5 MG KIT **DL,LA**	5	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION **MO**	2	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	2	
gavilyte-n 420 gram RECON SOLUTION **MO**	2	
generlac 10 gram/15 ml SOLUTION **MO**	2	
glycopyrrolate 1 mg, 2 mg TABLET **MO**	3	
lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION **MO**	2	
lactulose 10 gram/15 ml SOLUTION **MO**	2	
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE **MO**	2	
misoprostol 100 mcg TABLET **MO**	3	
misoprostol 200 mcg TABLET **MO**	3	
MOVANTIK 12.5 MG, 25 MG TABLET **MO**	3	QL(30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION **DL**	5	PA,QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE **MO**	2	
nizatidine 150 mg/10 ml SOLUTION **MO**	4	
omeprazole 10 mg CAPSULE, DR/EC **MO**	2	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC **MO**	2	QL(60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	2	QL(60 per 30 days)
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	2	
peg-electrolyte soln 420 gram RECON SOLUTION **MO**	2	
PYLERA 140-125-125 MG CAPSULE **MO**	4	QL(120 per 30 days)
sucralfate 1 gram TABLET **MO**	2	

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sucralfate 100 mg/ml SUSPENSION **MO**	4	
ursodiol 250 mg TABLET **MO**	3	
ursodiol 300 mg CAPSULE **MO**	4	
ursodiol 500 mg TABLET **MO**	4	
XIFAXAN 200 MG TABLET **DL**	5	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET **DL**	5	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER **DL**	5	
CERDELGA 84 MG CAPSULE **DL**	5	PA
CEREZYME 400 UNIT RECON SOLUTION **DL**	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC **MO**	3	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC **MO**	3	
CYSTAGON 150 MG, 50 MG CAPSULE **MO**	4	
ELELYSO 200 UNIT RECON SOLUTION **DL**	5	PA
javygtor 100 mg TABLET, SOLUBLE **DL**	5	PA
javygtor 100 mg, 500 mg POWDER IN PACKET **DL**	5	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE **DL**	5	
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION **DL**	5	PA
PROLASTIN-C 1,000 MG RECON SOLUTION **DL**	5	PA
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION **DL**	5	
sapropterin 100 mg TABLET, SOLUBLE **DL**	5	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET **DL**	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER **DL**	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION **DL**	5	PA
SUCRAID 8,500 UNIT/ML SOLUTION **DL**	5	
VYNDAQEL 20 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT CAPSULE, DR/EC **MO**	4	
ZENPEP 25,000-79,000- 105,000 UNIT CAPSULE, DR/EC **MO**	4	
ZOKINVY 50 MG, 75 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. **MO**	2	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET **MO**	3	
dutasteride 0.5 mg CAPSULE **MO**	3	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	4	QL(30 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
finasteride 5 mg TABLET **MO**	2	QL(30 per 30 days)
GEMTESA 75 MG TABLET **MO**	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON **MO**	3	QL(300 per 30 days)
oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
oxybutynin chloride 15 mg TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET **MO**	2	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET **MO**	2	
oxybutynin chloride 5 mg/5 ml SYRUP **MO**	2	
tamsulosin 0.4 mg CAPSULE **MO**	2	
tiopronin 100 mg TABLET **DL**	5	
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. **MO**	4	QL(30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET **MO**	2	
dexamethasone 0.5 mg/5 ml ELIXIR **MO**	3	
dexamethasone 0.5 mg/5 ml SOLUTION **MO**	2	
dexamethasone intensol 1 mg/ml DROPS **MO**	3	
fludrocortisone 0.1 mg TABLET **MO**	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET **MO**	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK **MO**	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION **MO**	4	
prednisolone 15 mg/5 ml SOLUTION **MO**	2	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION **MO**	2	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION **MO**	4	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION **MO**	3	
prednisone 1 mg, 2.5 mg, 50 mg TABLET **MO**	2	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET **MO**	2	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK **MO**	2	
prednisone 5 mg/5 ml SOLUTION **MO**	3	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisone intensol 5 mg/ml CONCENTRATE **MO**	4	BvsD
triamcinolone acetonide 0.025 %, 0.1 % LOTION **MO**	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT **MO**	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM **MO**	2	
triamcinolone acetonide 0.1 % CREAM **MO**	2	
triderm 0.1 %, 0.5 % CREAM **MO**	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) SOLUTION **MO**	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION **MO**	4	PA
desmopressin 0.1 mg TABLET **MO**	3	
desmopressin 0.2 mg TABLET **MO**	4	
EGRIFTA SV 2 MG RECON SOLUTION **DL**	5	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION **DL**	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE **DL**	5	PA
OMNITROPE 5.8 MG RECON SOLUTION **DL**	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
afirmelle 0.1-20 mg-mcg TABLET **MO**	4	
altavera (28) 0.15-0.03 mg TABLET **MO**	4	
alyacen 1/35 (28) 1-35 mg-mcg TABLET **MO**	4	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	4	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET **MO**	4	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
apri 0.15-0.03 mg TABLET **MO**	4	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET **MO**	4	
aubra 0.1-20 mg-mcg TABLET **MO**	4	
aubra eq 0.1-20 mg-mcg TABLET **MO**	4	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	4	
aurovela 1/20 (21) 1-20 mg-mcg TABLET **MO**	4	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
aviane 0.1-20 mg-mcg TABLET **MO**	4	
ayuna 0.15-0.03 mg TABLET **MO**	4	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
camila 0.35 mg TABLET **MO**	4	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
caziant (28) 0.1/.125/.15-25 mg-mcg TABLET **MO**	4	
charlotte 24 fe 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET **MO**	4	
chateal (28) 0.15-0.03 mg TABLET **MO**	4	
chateal eq (28) 0.15-0.03 mg TABLET **MO**	4	
cryselle (28) 0.3-30 mg-mcg TABLET **MO**	4	
cyclafem 1/35 (28) 1-35 mg-mcg TABLET **MO**	4	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	4	
cyred 0.15-0.03 mg TABLET **MO**	4	
cyred eq 0.15-0.03 mg TABLET **MO**	4	
danazol 100 mg, 200 mg, 50 mg CAPSULE **MO**	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET **MO**	4	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET **MO**	4	
deblitane 0.35 mg TABLET **MO**	4	
DEPO-ESTRADIOL 5 MG/ML OIL **MO**	4	QL(5 per 30 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	4	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET **MO**	4	
dotti 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 PATCH, SEMIWEEKLY **MO**	4	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET **MO**	4	
DUAVEE 0.45-20 MG TABLET **MO**	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET **MO**	4	
ELLA 30 MG TABLET **MO**	3	QL(1 per 30 days)
emoquette 0.15-0.03 mg TABLET **MO**	4	
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	4	
enskyce 0.15-0.03 mg TABLET **MO**	4	
errin 0.35 mg TABLET **MO**	4	
estradiol 0.01 % (0.1 mg/gram) CREAM **MO**	3	
estradiol 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 PATCH, WEEKLY **MO**	4	QL(4 per 28 days)
estradiol 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 PATCH, SEMIWEEKLY **MO**	4	QL(8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol 0.5 mg, 1 mg, 2 mg TABLET **MO**	2	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL **MO**	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET **MO**	3	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING **MO**	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET **MO**	4	
falmina (28) 0.1-20 mg-mcg TABLET **MO**	4	
femynor 0.25-35 mg-mcg TABLET **MO**	4	
hailey 1.5-30 mg-mcg TABLET **MO**	4	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
heather 0.35 mg TABLET **MO**	4	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
incassia 0.35 mg TABLET **MO**	4	
isibloom 0.15-0.03 mg TABLET **MO**	4	
jasmiel (28) 3-0.02 mg TABLET **MO**	4	
jencycla 0.35 mg TABLET **MO**	4	
juleber 0.15-0.03 mg TABLET **MO**	4	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	4	
junel 1/20 (21) 1-20 mg-mcg TABLET **MO**	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
kalliga 0.15-0.03 mg TABLET **MO**	4	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	4	
kelnor 1-50 (28) 1-50 mg-mcg TABLET **MO**	4	
kelnor 1/35 (28) 1-35 mg-mcg TABLET **MO**	4	
kurvelo (28) 0.15-0.03 mg TABLET **MO**	4	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	4	
larin 1/20 (21) 1-20 mg-mcg TABLET **MO**	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
larissia 0.1-20 mg-mcg TABLET **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leena 28 0.5/1/0.5-35 mg-mcg TABLET **MO**	4	
lessina 0.1-20 mg-mcg TABLET **MO**	4	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	4	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	4	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET **MO**	4	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET **MO**	4	
lillow (28) 0.15-0.03 mg TABLET **MO**	4	
lo-zumandimine (28) 3-0.02 mg TABLET **MO**	4	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET **MO**	4	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET **MO**	4	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET **MO**	4	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET **MO**	4	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET **MO**	4	
low-ogestrel (28) 0.3-30 mg-mcg TABLET **MO**	4	
lutera (28) 0.1-20 mg-mcg TABLET **MO**	4	
lyleq 0.35 mg TABLET **MO**	4	
lyllana 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 PATCH, SEMIWEEKLY **MO**	4	QL(8 per 28 days)
lyza 0.35 mg TABLET **MO**	4	
marlissa (28) 0.15-0.03 mg TABLET **MO**	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET **MO**	2	
medroxyprogesterone 150 mg/ml SUSPENSION **MO**	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE **MO**	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET **MO**	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION **MO**	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO**	4	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	4	
microgestin 1/20 (21) 1-20 mg-mcg TABLET **MO**	4	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
mili 0.25-35 mg-mcg TABLET **MO**	4	
mimvey 1-0.5 mg TABLET **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET MO	4	
mono-linyah 0.25-35 mg-mcg TABLET MO	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	4	
nikki (28) 3-0.02 mg TABLET MO	4	
nora-be 0.35 mg TABLET MO	4	
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET MO	4	
norethindrone (contraceptive) 0.35 mg TABLET MO	4	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET MO	4	
norethindrone acetate 5 mg TABLET MO	3	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET MO	4	
norethindrone-e.estradiol-iron 1 mg-20 mcg(24) /75 mg (4) CHEWABLE TABLET MO	4	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET MO	4	
norlyda 0.35 mg TABLET MO	4	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET MO	4	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET MO	4	
nortrel 1/35 (28) 1-35 mg-mcg TABLET MO	4	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
nylia 1/35 (28) 1-35 mg-mcg TABLET MO	4	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET MO	4	
nymyo 0.25-35 mg-mcg TABLET MO	4	
ocella 3-0.03 mg TABLET MO	4	
orsythia 0.1-20 mg-mcg TABLET MO	4	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET MO	4	
OSPHENA 60 MG TABLET MO	3	PA
oxandrolone 10 mg TABLET MO	4	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET MO	3	PA,QL(120 per 30 days)
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET MO	4	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET MO	4	
portia 28 0.15-0.03 mg TABLET MO	4	
previfem 0.25-35 mg-mcg TABLET MO	4	
progesterone 50 mg/ml OIL MO	4	
progesterone micronized 100 mg, 200 mg CAPSULE MO	3	
raloxifene 60 mg TABLET MO	3	QL(30 per 30 days)

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reclipsen (28) 0.15-0.03 mg TABLET **MO**	4	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
sharobel 0.35 mg TABLET **MO**	4	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	4	
SLYND 4 MG (28) TABLET **MO**	4	
sprintec (28) 0.25-35 mg-mcg TABLET **MO**	4	
sronyx 0.1-20 mg-mcg TABLET **MO**	4	
syeda 3-0.03 mg TABLET **MO**	4	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET **MO**	4	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET **MO**	4	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP **MO**	4	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL **MO**	3	
testosterone enanthate 200 mg/ml OIL **MO**	3	QL(24 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	4	
tri femynor 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET **MO**	4	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET **MO**	4	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET **MO**	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET **MO**	4	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET **MO**	4	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET **MO**	4	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET **MO**	4	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET **MO**	4	
tulana 0.35 mg TABLET **MO**	4	
turqoz (28) 0.3-30 mg-mcg TABLET **MO**	4	
TYBLUME 0.1 MG- 20 MCG CHEWABLE TABLET **MO**	4	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET **MO**	4	
vestura (28) 3-0.02 mg TABLET **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vienva 0.1-20 mg-mcg TABLET **MO**	4	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	4	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET **MO**	4	
vylibra 0.25-35 mg-mcg TABLET **MO**	4	
wera (28) 0.5-35 mg-mcg TABLET **MO**	4	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET **MO**	4	
zarah 3-0.03 mg TABLET **MO**	4	
zovia 1-35 (28) 1-35 mg-mcg TABLET **MO**	4	
zovia 1/35e (28) 1-35 mg-mcg TABLET **MO**	4	
zumandimine (28) 3-0.03 mg TABLET **MO**	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
EUTHYROX 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	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	3	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET **MO**	1	
levothyroxine 175 mcg, 200 mcg TABLET **MO**	1	
levothyroxine 300 mcg TABLET **MO**	2	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	3	
liothyronine 10 mcg/ml SOLUTION **MO**	3	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET **MO**	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **MO**	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN 500 MG TABLET **DL**	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline 0.5 mg TABLET **MO**	4	QL(16 per 28 days)
FIRMAGON 120 MG RECON SOLUTION **DL**	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION **DL**	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION **MO**	4	PA
lanreotide 120 mg/0.5 ml SYRINGE **DL**	5	PA,QL(0.5 per 28 days)
leuprolide 1 mg/0.2 ml KIT **MO**	4	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION **MO**	4	PA,QL(1 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LUPRON DEPOT 3.75 MG SYRINGE KIT **MO**	4	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT **DL**	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT **MO**	4	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT **MO**	4	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT **DL**	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT **DL**	5	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT	5	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION **MO**	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE **MO**	4	PA
octreotide acetate 50 mcg/ml SOLUTION **MO**	3	PA
ORGOVYX 120 MG TABLET **DL**	5	PA,QL(32 per 30 days)
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON **DL**	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION **DL**	5	PA,QL(60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE **DL**	5	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE **DL**	5	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE **DL**	5	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION **DL**	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION **DL**	5	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL **DL**	5	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET **MO**	2	
propylthiouracil 50 mg TABLET **MO**	3	
IMMUNOLOGICAL AGENTS		
ABRYSVO 120 MCG/0.5 ML RECON SOLUTION **DL**	3	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	3	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION **DL**	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION **DL**	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE **DL**	3	
ARCALYST 220 MG RECON SOLUTION **DL**	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **DL**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azathioprine 50 mg TABLET **MO**	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **DL**	4	
BENLYSTA 200 MG/ML AUTO-INJECTOR **DL**	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE **DL**	5	PA,QL(8 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **DL**	3	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION **DL**	3	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE **DL**	3	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION **DL**	5	BvsD
CELLCEPT 250 MG CAPSULE **DL**	5	BvsD
CELLCEPT 500 MG TABLET **DL**	5	BvsD
COSENTYX 150 MG/ML SYRINGE **DL**	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE **DL**	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE **DL**	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR **DL**	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR **DL**	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR **DL**	5	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE **MO**	4	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE **MO**	4	BvsD
cyclosporine modified 100 mg/ml SOLUTION **MO**	4	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT **DL**	5	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE KIT **DL**	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION **DL**	3	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION **MO**	3	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR **DL**	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR **DL**	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE **DL**	5	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE **DL**	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE **DL**	5	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION **DL**	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE **DL**	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION **DL**	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE **DL**	5	PA,QL(8 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR **DL**	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION **DL**	3	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE **DL**	3	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE **DL**	3	BvsD
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. **MO**	4	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. **DL**	5	PA
everolimus (immunosuppressive) 0.25 mg TABLET **MO**	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET **DL**	5	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET **DL**	5	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION **DL**	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION **DL**	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION **DL**	3	
GARDASIL 9 (PF) 0.5 ML SYRINGE **DL**	3	
gengraf 100 mg, 25 mg CAPSULE **MO**	4	BvsD
gengraf 100 mg/ml SOLUTION **MO**	4	BvsD
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION **DL**	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE **DL**	3	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE **DL**	3	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION **DL**	3	
HUMIRA 40 MG/0.8 ML SYRINGE KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT **DL**	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR **DL**	5	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR **DL**	5	PA,QL(3.2 per 28 days)

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HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE DL	5	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE DL	5	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE DL	5	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE DL	5	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML- 40 MG/0.4 ML SYRINGE DL	5	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR DL	5	PA,QL(4.8 per 28 days)
icatibant 30 mg/3 ml SYRINGE DL	5	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION DL	3	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE DL	3	
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML) RECON SOLUTION MO	4	PA
INTRON A 50 MILLION UNIT (1 ML) RECON SOLUTION MO	3	PA
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION DL	3	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE DL	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE DL	3	
leflunomide 10 mg, 20 mg TABLET MO	4	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION DL	3	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION DL	3	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION MO	3	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT DL	3	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION DL	3	
methotrexate sodium 2.5 mg TABLET MO	3	BvsD
methotrexate sodium 25 mg/ml SOLUTION MO	2	
methotrexate sodium (pf) 25 mg/ml SOLUTION MO	2	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION MO	4	BvsD
mycophenolate mofetil 250 mg CAPSULE MO	3	BvsD
mycophenolate mofetil 500 mg TABLET MO	3	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION MO	4	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC MO	4	BvsD
MYFORTIC 180 MG TABLET, DR/EC MO	4	BvsD
MYFORTIC 360 MG TABLET, DR/EC DL	5	BvsD
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE DL	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION DL	3	
PEGASYS 180 MCG/0.5 ML SYRINGE DL	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION DL	5	PA,QL(4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML KIT **DL**	3	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION **DL**	3	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION **DL**	3	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET **MO**	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION **DL**	3	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION **DL**	3	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE **DL**	3	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION **DL**	3	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION **DL**	3	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE **DL**	3	BvsD
REZUROCK 200 MG TABLET **DL**	5	PA,QL(30 per 30 days)
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. **DL**	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. **DL**	5	PA,QL(168 per 365 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION **DL**	3	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION **DL**	3	
ROTATEQ VACCINE 2 ML SOLUTION **DL**	3	
sajazir 30 mg/3 ml SYRINGE **DL**	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION **MO**	4	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **DL**	3	
sirolimus 0.5 mg, 1 mg, 2 mg TABLET **MO**	4	BvsD
sirolimus 1 mg/ml SOLUTION **MO**	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(6 per 365 days)
SKYRIZI 150MG/1.66ML(75 MG/0.83 ML X2) SYRINGE KIT	5	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR **DL**	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR **DL**	5	PA,QL(16.8 per 365 days)
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA,QL(9.96 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION **DL**	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE **DL**	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE **DL**	5	PA,QL(3 per 84 days)
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE **MO**	4	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION **DL**	3	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION **DL**	3	

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TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE DL	3	
TETANUS,DIPHTHERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION DL	3	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE DL	3	
TRUMENBA 120 MCG/0.5 ML SYRINGE DL	3	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE DL	3	
TYPHIM VI 25 MCG/0.5 ML SOLUTION DL	3	
TYPHIM VI 25 MCG/0.5 ML SYRINGE DL	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION DL	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE DL	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION DL	3	
XATMEP 2.5 MG/ML SOLUTION MO	4	PA
XOLAIR 150 MG RECON SOLUTION DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML SYRINGE DL,LA	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE DL,LA	5	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION DL	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE MO	4	
budesonide 3 mg CAPSULE, DR/EC MO	4	
budesonide 9 mg TABLET, DR/ER MO	4	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA MO	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR. MO	4	QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA MO	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET MO	2	
sulfasalazine 500 mg TABLET, DR/EC MO	2	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg, 5 mg TABLET MO	2	QL(30 per 30 days)
alendronate 35 mg TABLET MO	2	QL(4 per 28 days)
alendronate 70 mg TABLET MO	2	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL MO	3	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE MO	2	
calcitriol 1 mcg/ml SOLUTION MO	4	
cinacalcet 30 mg, 60 mg TABLET MO	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET MO	4	QL(120 per 30 days)
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR DL	5	PA,QL(2.4 per 28 days)
ibandronate 150 mg TABLET MO	3	QL(1 per 28 days)

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NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE **DL,LA**	5	PA,QL(2 per 28 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION **MO**	3	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION **MO**	3	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg CAPSULE **MO**	4	QL(30 per 30 days)
paricalcitol 4 mcg CAPSULE **MO**	4	QL(12 per 30 days)
PROLIA 60 MG/ML SYRINGE **MO**	4	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. **DL**	5	QL(60 per 30 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR **DL**	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION **DL**	5	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK **MO**	4	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION **MO**	4	
zoledronic acid 4 mg/5 ml SOLUTION **MO**	4	QL(15 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK **MO**	3	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
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**	2	
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**	2	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE **MO**	2	
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 30 GAUGE X 5/16", 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 SYRINGE **MO**	2	
ALCOHOL PADS PADS, MEDICATED **MO**	1	
ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
ALCOHOL SWABS PADS, MEDICATED **MO**	1	
ALCOHOL WIPES PADS, MEDICATED **MO**	1	
AQINJECT PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE **MO**	2	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE **MO**	2	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" NEEDLE **MO**	2	
ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUTOJECT 2 INJECTION DEVICE INSULIN PEN MO	2	
AUTOPEN 1 TO 21 UNITS INSULIN PEN MO	2	
AUTOPEN 2 TO 42 UNITS INSULIN PEN MO	2	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE MO	1	
BD ALCOHOL SWABS PADS, MEDICATED MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE MO	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE MO	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN SYRINGE SLIP TIP 1 ML SYRINGE MO	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE MO	2	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	2	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE MO	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE MO	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE MO	2	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE MO	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE MO	2	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE MO	2	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE MO	2	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE MO	2	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE MO	2	
BORDERED GAUZE 2 X 2 " BANDAGE MO	1	
butalbital-acetaminop-caf-cod 50-325-40-30 mg CAPSULE DL	4	QL(360 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg CAPSULE MO	4	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET MO	4	QL(180 per 30 days)
butalbital-aspirin-caffeine 50-325-40 mg CAPSULE MO	4	QL(180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
butalbital-aspirin-caffeine 50-325-40 mg TABLET **MO**	3	QL(180 per 30 days)
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" NEEDLE **MO**	2	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **MO**	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE **MO**	2	
CARETOUCH 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 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
COMFORT EZ 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 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 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 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	2	
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" NEEDLE **MO**	2	
COMFORT EZ PRO SAFETY PEN NDL 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE **MO**	2	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 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 5/32" NEEDLE **MO**	2	
CURITY ALCOHOL SWABS PADS, MEDICATED **MO**	1	
CURITY GAUZE 2 X 2 " BANDAGE **MO**	1	
DERMACEA 2 X 2 " BANDAGE **MO**	1	
DOJOLVI 8.3 KCAL/ML LIQUID **DL**	5	PA
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE **MO**	2	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **MO**	2	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 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 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **MO**	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" SYRINGE **MO**	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE **MO**	2	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO**	3	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED **MO**	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 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 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" SYRINGE **MO**	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE **MO**	2	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE **MO**	2	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" NEEDLE **MO**	2	
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**	2	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **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 **MO**	2	
EASY TOUCH INSULIN SAFETY SYR 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" SYRINGE **MO**	2	
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 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 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" SYRINGE **MO**	2	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE **MO**	2	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" NEEDLE **MO**	2	

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EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE **MO**	2	
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 **MO**	2	
EASY TOUCH UNI-SLIP 1 ML SYRINGE **MO**	2	
EMBRACE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 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**	2	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	2	
FREESTYLE PRECISION 0.5 ML 30 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 SYRINGE **MO**	2	
GAUZE BANDAGE 2 X 2 " BANDAGE **MO**	1	
GAUZE PAD 2 X 2 " BANDAGE **MO**	1	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 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 SYRINGE **MO**	2	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
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**	2	
INCONTROL ALCOHOL PADS PADS, MEDICATED **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" NEEDLE **MO**	2	
INSULIN SYR/NDL U100 HALF MARK 0.3 ML 31 GAUGE X 1/4" SYRINGE **MO**	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **MO**	2	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	2	
INSULIN SYRINGE NEEDLELESS 1 ML SYRINGE **MO**	2	

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INSULIN SYRINGE-NEEDLE U-100 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 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 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" SYRINGE **MO**	2	
INSUPEN 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 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	2	
IV PREP WIPES PADS, MEDICATED **MO**	1	
KORLYM 300 MG TABLET **DL**	5	PA,QL(120 per 30 days)
LAGEVRIO (EUA) 200 MG CAPSULE **MO**	4	QL(40 per 5 days)
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" NEEDLE **MO**	2	
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 30 GAUGE X 5/16", 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 29, 1/2 ML 30 GAUGE SYRINGE **MO**	2	
LITHOSTAT 250 MG TABLET **DL**	5	
MAGELLAN INSULIN SAFETY SYRNG 0.3 ML 29 GAUGE 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" SYRINGE **MO**	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" SYRINGE **MO**	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	2	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" NEEDLE **MO**	2	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" SYRINGE **MO**	2	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" NEEDLE **MO**	2	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	2	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE **MO**	2	

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MONOJECT INSULIN SAFETY SYRING 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" SYRINGE **MO**	2	
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 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML, 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" SYRINGE **MO**	2	
MONOJECT SYRINGE 1/2 ML 28 GAUGE SYRINGE **MO**	2	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE **MO**	2	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE **MO**	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE **MO**	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE **MO**	2	
NOVOPEN ECHO INSULIN PEN **MO**	2	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE **MO**	2	
PAXLOVID 150-100 MG TABLET, DOSE PACK **MO**	3	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **MO**	3	QL(60 per 10 days)
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" NEEDLE **MO**	2	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 29 GAUGE X 15/32", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 13/64", 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 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 5/32" NEEDLE **MO**	2	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE **MO**	2	
PENTIPS 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 5/32" NEEDLE **MO**	2	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE **MO**	2	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 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 SYRINGE **MO**	2	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	

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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" SYRINGE **MO**	2	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
RECTIV 0.4 % (W/W) OINTMENT **MO**	4	QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION **DL**	5	BvsD
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" SYRINGE **MO**	2	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" NEEDLE **MO**	2	
SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **MO**	2	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" NEEDLE **MO**	2	
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE **MO**	2	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
SURE COMFORT INS. SYR. U-100 0.5 ML 29 GAUGE X 1/2" SYRINGE **MO**	2	
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 30 GAUGE X 1/2", 0.5 ML 30 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 31 GAUGE X 1/4" SYRINGE **MO**	2	
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" NEEDLE **MO**	2	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE **MO**	2	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE **MO**	2	
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 30 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 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	2	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED **MO**	1	
TECHLITE INSULIN SYRINGE 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 SYRINGE **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TECHLITE INSULN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" SYRINGE **MO**	2	
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" NEEDLE **MO**	2	
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" SYRINGE **MO**	2	
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" SYRINGE **MO**	2	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE **MO**	2	
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 30 GAUGE X 5/16", 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 SYRINGE **MO**	2	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED **MO**	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 SYRINGE **MO**	2	
TRUE COMFORT PEN NEEDLE 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", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE **MO**	2	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED **MO**	1	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 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 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" SYRINGE **MO**	2	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
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 30 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 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE **MO**	2	
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" NEEDLE **MO**	2	
UBRELVY 100 MG, 50 MG TABLET **DL**	4	PA,QL(16 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE **MO**	2	
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" SYRINGE **MO**	2	
ULTICARE INSULN SYR(HALF UNIT) 0.3 ML 31 GAUGE X 1/4" SYRINGE **MO**	2	
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 1/4", 32 GAUGE X 5/32" NEEDLE **MO**	2	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE **MO**	2	
ULTIGUARD SAFEPACK-INSULIN SYR 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" SYRINGE **MO**	2	
ULTIGUARD SAFEPACK-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 1/4", 32 GAUGE X 5/32" NEEDLE **MO**	2	
ULTILET ALCOHOL SWAB PADS, MEDICATED **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 30 GAUGE X 5/16", 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 29 SYRINGE **MO**	2	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" NEEDLE **MO**	2	
ULTRA CMFT INS SYR (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" SYRINGE **MO**	2	
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 30 GAUGE X 5/16", 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 29, 1/2 ML 30 GAUGE SYRINGE **MO**	2	
ULTRA FLO INSUL SYR(HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" SYRINGE **MO**	2	
ULTRA FLO 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" SYRINGE **MO**	2	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	2	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **MO**	2	

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ULTRA-THIN II (SHORT) INS SYR 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 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 SYRINGE **MO**	2	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE **MO**	2	
ULTRA-THIN II INS PEN NEEDLES 29 GAUGE X 1/2" NEEDLE **MO**	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **MO**	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 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 SYRINGE **MO**	2	
ULTRACARE PEN NEEDLE 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", 33 GAUGE X 5/32" NEEDLE **MO**	2	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" NEEDLE **MO**	2	
UNIFINE PENTIPS 29 GAUGE, 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 5/32", 33 GAUGE X 5/32" NEEDLE **MO**	2	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE **MO**	2	
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", 33 GAUGE X 5/32" NEEDLE **MO**	2	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE **MO**	2	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" SYRINGE **MO**	2	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE **MO**	2	
VERIFINE INSULIN SYRINGE 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 31 GAUGE X 5/16 SYRINGE **MO**	2	
VERIFINE 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 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE **MO**	2	
WEBCOL PADS, MEDICATED **MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OPHTHALMIC AGENTS		
ak-poly-bac 500-10,000 unit/gram OINTMENT **MO**	2	
ALCAINE 0.5 % DROPS **MO**	2	
ALPHAGAN P 0.1 % DROPS **MO**	3	
apraclonidine 0.5 % DROPS **MO**	3	
atropine 1 % DROPS **MO**	3	
ATROPINE SULFATE (PF) 1 % DROPPERETTE **MO**	3	
azelastine 0.05 % DROPS **MO**	3	
bacitracin 500 unit/gram OINTMENT **MO**	4	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT **MO**	2	
betaxolol 0.5 % DROPS **MO**	3	
brimonidine 0.2 % DROPS **MO**	2	
carteolol 1 % DROPS **MO**	2	
ciprofloxacin hcl 0.3 % DROPS **MO**	2	
COMBIGAN 0.2-0.5 % DROPS **MO**	3	QL(5 per 25 days)
cromolyn 4 % DROPS **MO**	2	
CYSTARAN 0.44 % DROPS **DL**	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS **MO**	2	
diclofenac sodium 0.1 % DROPS **MO**	2	
difluprednate 0.05 % DROPS **MO**	3	
dorzolamide 2 % DROPS **MO**	2	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS **MO**	2	
DUREZOL 0.05 % DROPS **MO**	3	
erythromycin 5 mg/gram (0.5 %) OINTMENT **MO**	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION **MO**	3	QL(16.6 per 30 days)
flurbiprofen sodium 0.03 % DROPS **MO**	2	
gentak 0.3 % (3 mg/gram) OINTMENT **MO**	2	
gentamicin 0.3 % DROPS **MO**	2	
ILEVRO 0.3 % DROPS, SUSPENSION **MO**	3	QL(3 per 30 days)
ketorolac 0.4 % DROPS **MO**	2	QL(10 per 30 days)
ketorolac 0.5 % DROPS **MO**	2	QL(10 per 30 days)
latanoprost 0.005 % DROPS **MO**	2	QL(5 per 25 days)
levobunolol 0.5 % DROPS **MO**	2	
LOTEMAX SM 0.38 % DROPS, GEL **MO**	4	
LUMIGAN 0.01 % DROPS **MO**	3	QL(2.5 per 25 days)
moxifloxacin 0.5 % DROPS **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATACYN 5 % DROPS, SUSPENSION MO	4	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	3	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT MO	3	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT MO	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION MO	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS MO	3	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION MO	4	
ofloxacin 0.3 % DROPS MO	2	
olopatadine 0.2 % DROPS MO	3	
PHOSPHOLINE IODIDE 0.125 % DROPS MO	4	
pilocarpine hcl 1 %, 2 %, 4 % DROPS MO	3	
polycin 500-10,000 unit/gram OINTMENT MO	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS MO	2	
PRED-G 0.3-1 % DROPS, SUSPENSION MO	4	
prednisolone acetate 1 % DROPS, SUSPENSION MO	3	
prednisolone sodium phosphate 1 % DROPS MO	3	
proparacaine 0.5 % DROPS MO	2	
RESTASIS 0.05 % DROPPERETTE MO	3	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS MO	3	QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS MO	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS MO	3	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION MO	4	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS MO	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS MO	2	
timolol maleate 0.25 % DROPS MO	2	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION MO	4	
timolol maleate 0.5 % DROPS MO	2	
timolol maleate 0.5 % DROPS, ONCE DAILY MO	4	
timolol maleate (pf) 0.25 % DROPPERETTE MO	2	
timolol maleate (pf) 0.5 % DROPPERETTE MO	4	
tobramycin 0.3 % DROPS MO	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION MO	4	
trifluridine 1 % DROPS MO	4	

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VYZULTA 0.024 % DROPS **MO**	4	QL(5 per 30 days)
ZERVIATE 0.24 % DROPPERETTE **MO**	4	QL(60 per 30 days)
OTIC AGENTS		
ciprofloxacin hcl 0.2 % DROPPERETTE **MO**	4	
fluocinolone acetonide oil 0.01 % DROPS **MO**	3	
hydrocortisone-acetic acid 1-2 % DROPS **MO**	4	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION **MO**	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION **MO**	3	
ofloxacin 0.3 % DROPS **MO**	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION **MO**	4	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET **DL,LA**	5	PA,QL(90 per 30 days)
albuterol sulfate 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 FOR NEBULIZATION **MO**	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET **MO**	4	
albuterol sulfate 2 mg/5 ml SYRUP **MO**	2	
ambrisentan 10 mg, 5 mg TABLET **DL**	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION **MO**	4	
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE **MO**	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER **MO**	4	QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML AUTO-INJECTOR **MO**	3	
AUVI-Q 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR **MO**	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) AEROSOL SPRAY **MO**	3	QL(30 per 25 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER **MO**	4	QL(10.7 per 30 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE **MO**	3	QL(60 per 30 days)
BREO ELLIPTA 50-25 MCG/DOSE BLISTER WITH DEVICE **MO**	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION **MO**	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION **DL**	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION **MO**	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST **MO**	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE **MO**	4	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION **DL**	5	BvsD

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cyproheptadine 4 mg TABLET **MO**	4	
DALIRESP 250 MCG TABLET **MO**	3	QL(28 per 365 days)
DALIRESP 500 MCG TABLET **MO**	3	QL(30 per 30 days)
desloratadine 5 mg TABLET **MO**	3	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION **MO**	4	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR **MO**	3	QL(4 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION BLISTER WITH DEVICE **MO**	3	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE **MO**	3	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(10.6 per 30 days)
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. **MO**	3	QL(1 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION **MO**	2	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 50 mg CAPSULE **MO**	3	
hydroxyzine pamoate 25 mg CAPSULE **MO**	3	
ipratropium bromide 0.02 % SOLUTION **MO**	2	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL **MO**	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL **MO**	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION **MO**	2	BvsD
levocetirizine 5 mg TABLET **MO**	2	QL(30 per 30 days)
montelukast 10 mg TABLET **MO**	2	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET **MO**	4	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET **MO**	2	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR **DL**	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE **DL**	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE **DL**	5	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE **DL,LA**	5	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET **DL,LA**	5	PA,QL(30 per 30 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET **DL**	5	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET **DL**	5	PA,QL(112 per 28 days)
pirfenidone 267 mg CAPSULE **DL**	5	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET **DL**	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET **DL**	5	PA,QL(90 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 10. Need more information about the utilization management requirements? Please go to page 5.

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PULMOZYME 1 MG/ML SOLUTION DL	5	BvsD
roflumilast 250 mcg TABLET MO	3	QL(28 per 365 days)
roflumilast 500 mcg TABLET MO	3	QL(30 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(180 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET MO	3	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE MO	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST MO	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST MO	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(10.2 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML SYRINGE MO	3	QL(4 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. MO	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. MO	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL DL	5	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL DL	5	PA,QL(56 per 28 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL(90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL(36 per 30 days)
zafirlukast 10 mg TABLET MO	4	QL(60 per 30 days)
zafirlukast 20 mg TABLET MO	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg TABLET MO	2	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET MO	2	
methocarbamol 500 mg, 750 mg TABLET MO	2	
orphenadrine citrate 100 mg TABLET ER MO	4	
vanadom 350 mg TABLET MO	2	QL(120 per 30 days)
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET MO	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HETLIOZ 20 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML SUSPENSION **DL**	5	PA,QL(158 per 30 days)
modafinil 100 mg, 200 mg TABLET **MO**	3	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml SOLUTION **DL,LA**	5	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE **DL**	5	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE **DL**	2	QL(30 per 30 days)
XYREM 500 MG/ML SOLUTION **DL,LA**	5	PA,QL(540 per 30 days)
zolpidem 10 mg, 5 mg TABLET **MO**	2	QL(30 per 30 days)

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
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  If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**,.
  call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD).**
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

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

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다 . 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Humana with any questions at 1-800-281-6918 or, for TTY users, 711, five days a week April 1 – September 30 or seven days a week October 1– March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting **Humana.com.**

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