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

2024

Prescription Drug Guide

CarePlus Formulary
List of Covered Drugs

This formulary was updated on 12/02/2024. For more recent information or other questions, please contact CarePlus Member Services, at **1-800-794-5907** or for TTY users, **711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day, or visit **CarePlusHealthPlans.com**.

Formulary 24504 Version 17

CareComplete Platinum (HMO C-SNP)
CareComplete Platinum (HMO-POS C-SNP)

CarePlus HEALTH PLANS

Welcome to CarePlus!

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 CarePlus. When it refers to "plan" or "our plan," it means CarePlus. This document includes a list of the drugs (formulary) for our plan which is current as of December 2024. For an updated formulary, please contact us. 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 CarePlus Medicare formulary?

A formulary is the entire list of covered drugs or medicines selected by CarePlus. The terms formulary and Drug List may be used interchangeably throughout communications regarding changes to your pharmacy benefits. CarePlus 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. CarePlus will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a CarePlus 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 CarePlus 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 CarePlus formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 2024. We will update the printed formularies each month and they will be available on **www.careplushealthplans.com/prescriptiondrugguides**.

You may request a printed Prescription Drug guide to be mailed to you. Please fill out and submit the form at **www.careplushealthplans.com/PrintRequest** or call Member Services at the phone numbers listed below.

To get updated information about the drugs covered by CarePlus, please visit **www.careplushealthplans.com/prescriptiondrugguides** or call Member Services at **1-800-794-5907**; **TTY: 711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. (EST). From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. (EST). You may always leave a voicemail after-hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

How do I use the formulary?

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

Medical condition

The formulary starts on page 10. We 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 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

Alphabetical listing

If you are not sure about your drug's group, you should look for your drug in the Index that begins on page 108. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you 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.
CarePlus 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?

CarePlus 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 Member Services 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):** CarePlus 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 CarePlus before you fill your prescriptions. If you do not get approval, CarePlus may not cover the drug.

- **Quantity Limits (QL):** For some drugs, CarePlus limits the amount of the drug that is covered. CarePlus 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, CarePlus 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, CarePlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePlus 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 CarePlus 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 CarePlus at **1-800-310-9071**. 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 10.

You can also visit **www.careplushealthplans.com/prescriptiondrugguides** to get more information about the restrictions applied to specific covered drugs.

You can ask CarePlus to make an exception to these restrictions or limits. See the section "**How do I request an exception to the CarePlus 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 **www.careplushealthplans.com/prescriptiondrugguides** to see if your plan covers your drug. You can also call Member Services and ask if your drug is covered.

If CarePlus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that CarePlus covers. Show the list to your doctor and ask them to prescribe a similar drug that is covered by CarePlus.
- You can ask CarePlus 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 CarePlus formulary?

You can ask CarePlus 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, CarePlus 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, CarePlus 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. CarePlus 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

CarePlus 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 CarePlus's website, **www.careplushealthplans.com/prescriptiondrugguides** in the same area where the Prescription Drug Guides are displayed.

For More Information

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

If you have questions about CarePlus, please visit **careplushealthplans.com** or call Member Services at **1-800-794-5907**; **TTY: 711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. (EST). From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. (EST). You may always leave a voicemail after-hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

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

CarePlus Formulary

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

Your CarePlus plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D and are not subject to the Medicare appeals process. These drugs are listed separately on page 107.

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:

GC - Tier 1 or Tier 2 drugs that are covered in the gap
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.
CI - Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage (EOC).
AV - Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage (EOC).
PDS – Preferred Diabetic Supplies; BD and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.

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. CarePlus 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 **GC,MO**	2	QL(60 per 30 days)
celecoxib 400 mg, 50 mg CAPSULE **GC,MO**	2	QL(60 per 30 days)
diclofenac epolamine 1.3 % PATCH, 12 HR. **MO**	4	PA,QL(60 per 30 days)
diclofenac sodium 1 % GEL **MO**	3	QL(1000 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. **GC,MO**	2	
diclofenac sodium 25 mg TABLET, DR/EC **GC,MO**	2	
diclofenac sodium 50 mg TABLET, DR/EC **GC,MO**	1	
diclofenac sodium 75 mg TABLET, DR/EC **GC,MO**	1	
diclofenac-misoprostol 50-200 mg-mcg, 75-200 mg-mcg TABLET, IR, DR, BIPHASIC **MO**	4	
ec-naproxen 500 mg TABLET, DR/EC **GC,MO**	1	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET **DL**	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE **MO**	3	
etodolac 400 mg, 500 mg TABLET **MO**	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. **MO**	3	
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,GC**	2	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET **GC,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)

Need more information about the indicators displayed by the drug names? Please go to page 9. Need more information about the utilization management requirements? Please go to page 5.

AV - ACIP Covered Part D vaccines • B vs D - Part B vs Part D • CI - Covered Insulin Products • DL – Dispensing Limit • LA – Limited Access • MO – Mail Order • PA - Prior Authorization • PDS – BD/HTL-Droplet are the Preferred Diabetic Supplies • QL - Quantity Limit • GC - Gap Coverage • ST - Step Therapy

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION **DL**	3	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**	3	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg TABLET **DL**	4	QL(150 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET **DL**	3	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET **DL**	3	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION **DL**	4	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET **DL**	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET **GC,MO**	1	
ibuprofen 100 mg/5 ml SUSPENSION **GC,MO**	2	
ibuprofen 400 mg TABLET **GC,MO**	1	
ibuprofen 600 mg, 800 mg TABLET **GC,MO**	1	
indomethacin 25 mg, 50 mg CAPSULE **GC,MO**	2	
indomethacin 75 mg CAPSULE, ER **GC,MO**	2	
ketorolac 10 mg TABLET **GC,MO**	2	QL(20 per 30 days)
meloxicam 15 mg TABLET **GC,MO**	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET **GC,MO**	1	QL(60 per 30 days)
methadone 10 mg TABLET **DL**	3	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION **DL**	3	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE **DL**	3	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION **DL**	3	QL(360 per 30 days)
methadone 5 mg TABLET **DL**	3	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION **DL**	3	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE **DL**	3	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**	3	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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION **DL**	3	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET **GC,MO**	1	
naproxen 250 mg, 375 mg TABLET **GC,MO**	1	
naproxen 375 mg, 500 mg TABLET, DR/EC **GC,MO**	1	
naproxen 500 mg TABLET **GC,MO**	1	
naproxen sodium 275 mg, 550 mg TABLET **MO**	3	
naproxen sodium 375 mg TABLET, ER 24 HR., MULTIPHASE **MO**	4	ST,QL(120 per 30 days)
naproxen sodium 500 mg TABLET, ER 24 HR., MULTIPHASE **MO**	4	ST,QL(90 per 30 days)
naproxen sodium 750 mg TABLET, ER 24 HR., MULTIPHASE **MO**	4	ST,QL(60 per 30 days)
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**	3	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	
sulindac 150 mg, 200 mg TABLET **GC,MO**	1	
tramadol 100 mg TABLET **DL**	4	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. **DL**	3	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE **DL**	3	ST,QL(30 per 30 days)
tramadol 50 mg TABLET **DL,GC**	2	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET **DL,GC**	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		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION **GC,MO**	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION **GC,MO**	1	
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 **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine hcl 2 % SOLUTION GC,MO	2	
lidocaine viscous 2 % SOLUTION GC,MO	2	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION GC,MO	1	
lidocaine-prilocaine 2.5-2.5 % CREAM MO	4	
polocaine 1 % (10 mg/ml), 2 % SOLUTION GC,MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION GC,MO	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION MO	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC MO	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM GC,MO	2	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM GC,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 GC,MO	2	
nalmefene 1 mg/ml SOLUTION GC,MO	1	
naloxone 0.4 mg/ml SOLUTION GC,MO	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE GC,MO	1	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL MO	3	QL(2 per 30 days)
naltrexone 50 mg TABLET GC,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 GC,MO	2	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET GC,MO	2	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET GC,MO	2	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET GC,MO	2	QL(60 per 30 days)
ANTIBACTERIALS		
acetic acid 2 % SOLUTION GC,MO	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 125 mg, 250 mg CHEWABLE TABLET **GC,MO**	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION **GC,MO**	1	
amoxicillin 250 mg CAPSULE **GC,MO**	1	
amoxicillin 500 mg CAPSULE **GC,MO**	1	
amoxicillin 500 mg TABLET **GC,MO**	1	
amoxicillin 875 mg TABLET **GC,MO**	1	
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 **GC,MO**	2	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET **GC,MO**	2	
amoxicillin-pot clavulanate 875-125 mg TABLET **GC,MO**	2	
ampicillin 500 mg CAPSULE **GC,MO**	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION **MO**	3	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION **MO**	3	
AUGMENTIN 500-125 MG TABLET **MO**	4	PA
azithromycin 1 gram PACKET **MO**	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
azithromycin 250 mg TABLET **GC,MO**	2	
azithromycin 500 mg RECON SOLUTION **GC,MO**	2	
azithromycin 500 mg, 600 mg TABLET **GC,MO**	2	
aztreonam 1 gram, 2 gram RECON SOLUTION **MO**	4	
bacitracin 50,000 unit RECON SOLUTION **GC,MO**	1	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE **MO**	4	
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 **GC,MO**	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION **GC,MO**	2	
cefadroxil 500 mg CAPSULE **GC,MO**	2	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION **GC,MO**	2	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK **MO**	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK **MO**	3	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **GC,MO**	2	
cefdinir 300 mg CAPSULE **GC,MO**	2	
cefepime 1 gram, 2 gram RECON SOLUTION **MO**	3	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	3	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK **MO**	3	
cefixime 400 mg CAPSULE **MO**	4	
cefotaxime 1 gram RECON SOLUTION **GC,MO**	2	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	3	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	3	
cefpodoxime 100 mg, 200 mg TABLET **MO**	3	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
cefprozil 250 mg, 500 mg TABLET **GC,MO**	2	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION **MO**	4	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION **GC,MO**	2	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	3	
cefuroxime axetil 250 mg, 500 mg TABLET **GC,MO**	2	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION **GC,MO**	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **GC,MO**	2	
cephalexin 250 mg CAPSULE **GC,MO**	1	
cephalexin 500 mg CAPSULE **GC,MO**	1	
chloramphenicol sod succinate 1 gram RECON SOLUTION **GC,MO**	2	
ciprofloxacin hcl 100 mg TABLET **MO**	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET **GC,MO**	1	
ciprofloxacin hcl 500 mg TABLET **GC,MO**	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **GC,MO**	2	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
clarithromycin 250 mg, 500 mg TABLET **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	3	
clarithromycin 500 mg TABLET, ER 24 HR. **GC,MO**	2	
CLEOCIN 100 MG SUPPOSITORY **MO**	4	
clindamycin hcl 150 mg, 75 mg CAPSULE **GC,MO**	2	
clindamycin hcl 300 mg CAPSULE **GC,MO**	2	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	3	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	3	
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**	3	
clindamycin phosphate 2 % CREAM **MO**	3	
colistin (colistimethate na) 150 mg RECON SOLUTION **MO**	4	
daptomycin 350 mg RECON SOLUTION **MO**	4	
daptomycin 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)
dicloxacillin 250 mg, 500 mg CAPSULE **GC,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 **GC,MO**	2	
doxycycline hyclate 50 mg CAPSULE **MO**	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE **GC,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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC **MO**	4	
erythromycin 250 mg, 500 mg TABLET **MO**	4	
erythromycin lactobionate 500 mg RECON SOLUTION **MO**	4	
gentamicin 0.1 % CREAM **MO**	3	
gentamicin 0.1 % OINTMENT **MO**	3	
gentamicin 20 mg/2 ml, 40 mg/ml SOLUTION **GC,MO**	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK **GC,MO**	1	
gentamicin in nacl (iso-osm) 100 mg/50 ml PIGGYBACK **GC,MO**	2	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION **GC,MO**	1	
gentamicin sulfate (pf) 100 mg/10 ml, 60 mg/6 ml SOLUTION **GC,MO**	1	
HUMATIN 250 MG CAPSULE **DL**	5	
imipenem-cilastatin 250 mg RECON SOLUTION **MO**	3	
imipenem-cilastatin 500 mg RECON SOLUTION **MO**	4	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION **MO**	4	
levofloxacin 250 mg, 750 mg TABLET **GC,MO**	2	
levofloxacin 500 mg TABLET **GC,MO**	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK **MO**	3	
lincomycin 300 mg/ml SOLUTION **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**	3	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK **MO**	3	
methenamine hippurate 1 gram TABLET **MO**	3	
metronidazole 0.75 % (37.5mg/5 gram) GEL **MO**	3	
metronidazole 0.75 % CREAM **MO**	4	
metronidazole 0.75 % LOTION **MO**	4	
metronidazole 0.75 %, 1 % GEL **MO**	4	
metronidazole 1 % GEL WITH PUMP **MO**	4	
metronidazole 250 mg TABLET **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metronidazole 500 mg TABLET **GC,MO**	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK **GC,MO**	2	
minocycline 100 mg, 50 mg, 75 mg CAPSULE **GC,MO**	2	
mondoxyne nl 100 mg CAPSULE **GC,MO**	2	
moxifloxacin 400 mg TABLET **MO**	3	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK **MO**	4	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	4	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK **DL**	5	
neomycin 500 mg TABLET **MO**	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE **MO**	3	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE **MO**	3	
ofloxacin 300 mg, 400 mg TABLET **GC,MO**	2	
ORBACTIV 400 MG RECON SOLUTION **DL**	5	QL(3 per 28 days)
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION **MO**	4	
oxacillin in dextrose(iso-osm) 1 gram/50 ml, 2 gram/50 ml PIGGYBACK **MO**	4	
paromomycin 250 mg CAPSULE **MO**	4	
penicillin g pot in dextrose 1 million unit/50 ml PIGGYBACK **MO**	3	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK **MO**	4	
penicillin g potassium 20 million unit RECON SOLUTION **MO**	4	
penicillin g potassium 5 million unit RECON SOLUTION **MO**	3	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE **MO**	4	
penicillin g sodium 5 million unit RECON SOLUTION **MO**	4	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION **GC,MO**	2	
penicillin v potassium 250 mg, 500 mg TABLET **GC,MO**	1	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION **MO**	4	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION **MO**	3	
polymyxin b sulfate 500,000 unit RECON SOLUTION **MO**	3	
PRIMSOL 50 MG/5 ML SOLUTION **MO**	4	
streptomycin 1 gram RECON SOLUTION **DL**	5	
sulfacetamide sodium 10 % OINTMENT **GC,MO**	2	
sulfacetamide sodium (acne) 10 % SUSPENSION **MO**	4	QL(118 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sulfadiazine 500 mg TABLET **MO**	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION **MO**	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET **GC,MO**	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION **MO**	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET **GC,MO**	1	
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 in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION **MO**	3	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION **GC,MO**	1	
trimethoprim 100 mg TABLET **GC,MO**	2	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 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, 750 mg/150 ml PIGGYBACK **MO**	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK **MO**	4	
vancomycin in dextrose 5 % 500 mg/100 ml PIGGYBACK **DL**	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.5 gram/300 ml, 500 mg/100 ml PIGGYBACK **DL**	4	
vancomycin-diluent combo no.1 1.25 gram/250 ml, 1.75 gram/350 ml, 2 gram/400 ml, 750 mg/150 ml PIGGYBACK **MO**	4	
ZERBAXA 1.5 GRAM RECON SOLUTION **DL**	5	
ANTICONVULSANTS		
APTIOM 200 MG, 400 MG TABLET **DL**	5	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET **DL**	5	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)
BRIVIACT 50 MG/5 ML SOLUTION **DL**	5	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET **GC,MO**	2	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. **MO**	4	QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	4	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION **MO**	4	
carbamazepine 200 mg TABLET **GC,MO**	2	
carbamazepine 400 mg TABLET, ER 12 HR. **MO**	4	QL(225 per 30 days)
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 **GC,MO**	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. **MO**	3	
EPIDIOLEX 100 MG/ML SOLUTION **DL**	5	PA
epitol 200 mg TABLET **GC,MO**	2	
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)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION **MO**	3	
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 **GC,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 **GC,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	

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lamotrigine 100 mg, 200 mg TABLET **GC,MO**	1	
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 **GC,MO**	1	
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 **GC,MO**	2	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE **GC,MO**	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET **GC,MO**	2	
levetiracetam 100 mg/ml SOLUTION **GC,MO**	2	
levetiracetam 500 mg TABLET **GC,MO**	2	
levetiracetam 500 mg TABLET, ER 24 HR. **GC,MO**	2	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION **GC,MO**	2	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION **MO**	4	
levetiracetam 750 mg TABLET, ER 24 HR. **GC,MO**	2	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK **GC,MO**	2	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM **DL**	5	QL(10 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)
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 **GC,MO**	2	
phenytoin 50 mg CHEWABLE TABLET **GC,MO**	2	
phenytoin sodium 50 mg/ml SOLUTION **MO**	4	
phenytoin sodium 50 mg/ml SYRINGE **MO**	4	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
primidone 125 mg, 250 mg TABLET GC,MO	2	
primidone 50 mg TABLET GC,MO	2	
roweepra 1,000 mg, 500 mg, 750 mg TABLET GC,MO	1	
roweepra xr 500 mg TABLET, ER 24 HR. GC,MO	2	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. GC,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 MO	4	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 GC,MO	2	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK GC,MO	2	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK GC,MO	2	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK GC,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	
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION MO	3	
valproic acid 250 mg CAPSULE GC,MO	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION GC,MO	1	
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)
VIGAFYDE 100 MG/ML SOLUTION DL	5	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET DL	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET DL	5	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET DL	5	QL(60 per 30 days)
XCOPRI 25 MG TABLET DL	5	QL(30 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**	5	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**	5	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION **MO**	4	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE **GC,MO**	2	
ZTALMY 50 MG/ML SUSPENSION **DL**	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg TABLET **GC,MO**	1	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING **GC,MO**	1	QL(30 per 30 days)
donepezil 23 mg TABLET **MO**	3	QL(30 per 30 days)
donepezil 5 mg TABLET **GC,MO**	1	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET **MO**	3	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. **MO**	3	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION **MO**	3	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET **GC,MO**	2	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. **MO**	3	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION **MO**	3	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK **GC,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 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. **MO**	4	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE **GC,MO**	2	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE **GC,MO**	2	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET **GC,MO**	2	
amitriptyline 25 mg TABLET **GC,MO**	2	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET **MO**	3	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC **MO**	4	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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
citalopram 10 mg, 40 mg TABLET **GC,MO**	1	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION **GC,MO**	2	
citalopram 20 mg TABLET **GC,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**	3	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. **MO**	3	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 **GC,MO**	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC **GC,MO**	2	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC **GC,MO**	2	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 **GC,MO**	1	QL(45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET **GC,MO**	1	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 **GC,MO**	1	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE **GC,MO**	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION **GC,MO**	2	
fluoxetine 40 mg CAPSULE **GC,MO**	1	QL(60 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC **MO**	3	QL(4 per 28 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET **GC,MO**	2	QL(90 per 30 days)
imipramine hcl 10 mg TABLET **MO**	3	
imipramine hcl 25 mg, 50 mg TABLET **MO**	3	
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**	3	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mirtazapine 45 mg TABLET **GC,MO**	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET **MO**	3	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE **MO**	4	
nortriptyline 10 mg/5 ml SOLUTION **MO**	4	
paroxetine hcl 10 mg TABLET **GC,MO**	1	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION **MO**	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. **MO**	4	QL(60 per 30 days)
paroxetine hcl 20 mg TABLET **GC,MO**	1	QL(30 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. **MO**	4	QL(90 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET **GC,MO**	1	QL(60 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET **MO**	3	
phenelzine 15 mg TABLET **GC,MO**	2	
protriptyline 10 mg, 5 mg TABLET **MO**	4	
sertraline 100 mg TABLET **GC,MO**	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE **MO**	4	
sertraline 25 mg, 50 mg TABLET **GC,MO**	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET **MO**	4	
trazodone 100 mg, 150 mg, 50 mg TABLET **GC,MO**	1	
trazodone 300 mg TABLET **GC,MO**	2	
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 **GC,MO**	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. **GC,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
aprepitant 125 mg, 40 mg CAPSULE **MO**	4	BvsD,QL(2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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) SOLUTION **MO**	4	
granisetron (pf) 100 mcg/ml SOLUTION **GC,MO**	2	
granisetron hcl 1 mg TABLET **GC,MO**	2	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION **GC,MO**	2	
meclizine 12.5 mg TABLET **GC,MO**	2	
meclizine 25 mg TABLET **GC,MO**	2	
metoclopramide hcl 10 mg, 5 mg TABLET **GC,MO**	1	
ondansetron 4 mg TABLET, DISINTEGRATING **GC,MO**	2	BvsD
ondansetron 8 mg TABLET, DISINTEGRATING **GC,MO**	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION **MO**	4	
ondansetron hcl 4 mg TABLET **GC,MO**	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION **MO**	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET **GC,MO**	1	BvsD
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 **GC,MO**	1	BvsD
promethazine 12.5 mg, 50 mg TABLET **MO**	4	
promethazine 25 mg TABLET **MO**	4	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY **DL**	5	QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY **MO**	3	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE **MO**	4	BvsD
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION **MO**	3	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION **DL**	5	BvsD
amphotericin b 50 mg RECON SOLUTION **GC,MO**	2	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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ciclodan 8 % SOLUTION **GC,MO**	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM **GC,MO**	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL **MO**	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION **MO**	3	QL(60 per 30 days)
ciclopirox 8 % SOLUTION **GC,MO**	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM **GC,MO**	2	
clotrimazole 1 % SOLUTION **GC,MO**	2	
clotrimazole 10 mg TROCHE **GC,MO**	2	
clotrimazole-betamethasone 1-0.05 % CREAM **MO**	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION **MO**	3	QL(90 per 28 days)
econazole 1 % CREAM **MO**	4	PA,QL(85 per 30 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET **GC,MO**	2	
fluconazole 150 mg TABLET **GC,MO**	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK **GC,MO**	2	
flucytosine 250 mg, 500 mg CAPSULE **DL**	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION **MO**	3	
griseofulvin microsize 500 mg TABLET **MO**	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET **MO**	4	
itraconazole 100 mg CAPSULE **MO**	4	QL(120 per 30 days)
ketoconazole 2 % CREAM **GC,MO**	2	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO **GC,MO**	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET **MO**	4	PA
klayesta 100,000 unit/gram POWDER **MO**	4	PA
micafungin 100 mg, 50 mg RECON SOLUTION **DL**	5	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK **DL**	5	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK **DL**	5	
miconazole-3 200 mg SUPPOSITORY **MO**	3	
NOXAFIL 300 MG SUSPENSION, DR FOR RECON **DL**	5	PA,QL(32 per 30 days)
nyamyc 100,000 unit/gram POWDER **MO**	4	PA
nystatin 100,000 unit/gram CREAM **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nystatin 100,000 unit/gram OINTMENT GC,MO	2	
nystatin 100,000 unit/gram POWDER MO	4	PA
nystatin 100,000 unit/ml SUSPENSION GC,MO	2	
nystatin 500,000 unit TABLET GC,MO	2	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM MO	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT MO	4	
nystop 100,000 unit/gram POWDER MO	4	PA
posaconazole 100 mg TABLET, DR/EC DL	5	PA
posaconazole 300 mg/16.7 ml SOLUTION DL	5	PA
terbinafine hcl 250 mg TABLET GC,MO	1	
terconazole 0.4 %, 0.8 % CREAM GC,MO	2	
terconazole 80 mg SUPPOSITORY MO	3	
voriconazole 200 mg RECON SOLUTION MO	4	PA
voriconazole 200 mg, 50 mg TABLET MO	3	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 GC,MO	1	
colchicine 0.6 mg TABLET MO	3	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET MO	3	ST,QL(30 per 30 days)
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 28 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR MO	4	PA,QL(2 per 28 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL DL	5	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION DL	5	PA
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 GC,MO	2	QL(9 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
QULIPTA 10 MG, 30 MG, 60 MG TABLET MO	4	PA,QL(30 per 30 days)
rizatriptan 10 mg TABLET GC,MO	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING MO	3	QL(12 per 30 days)
rizatriptan 5 mg TABLET GC,MO	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL MO	4	QL(12 per 30 days)
sumatriptan succinate 100 mg TABLET GC,MO	1	QL(9 per 30 days)
sumatriptan succinate 25 mg, 50 mg TABLET GC,MO	1	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 GC,MO	2	QL(120 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE MO	3	
topiramate 25 mg TABLET GC,MO	2	QL(90 per 30 days)
topiramate 50 mg TABLET GC,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 GC,MO	2	
isoniazid 100 mg, 300 mg TABLET GC,MO	1	
isoniazid 100 mg/ml SOLUTION GC,MO	1	
isoniazid 50 mg/5 ml SOLUTION MO	3	
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, 20 MG TABLET DL	5	PA
TRECATOR 250 MG TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTINEOPLASTICS		
abiraterone 250 mg TABLET **DL**	5	PA,QL(120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION **DL**	5	PA
ADRIAMYCIN 50 MG RECON SOLUTION **MO**	3	BvsD
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)
ALIQOPA 60 MG RECON SOLUTION **DL**	5	PA,QL(3 per 28 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)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK **DL**	5	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET **GC,MO**	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION **DL**	5	PA
ARRANON 250 MG/50 ML SOLUTION **DL**	5	
arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION **DL**	5	PA
ASPARLAS 750 UNIT/ML SOLUTION **DL**	5	PA
AUGTYRO 160 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE **DL**	5	PA,QL(240 per 30 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET **DL**	5	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION **DL**	5	PA
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)
BAVENCIO 20 MG/ML SOLUTION **DL**	5	PA
BELEODAQ 500 MG RECON SOLUTION **DL**	5	PA
BELRAPZO 25 MG/ML SOLUTION **DL**	5	PA
bendamustine 100 mg, 25 mg RECON SOLUTION **DL**	5	PA
bendamustine 25 mg/ml SOLUTION **DL**	5	PA
BENDEKA 25 MG/ML SOLUTION **DL**	5	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION **DL**	5	PA
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)
BICNU 100 MG RECON SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bleomycin 15 unit, 30 unit RECON SOLUTION **MO**	3	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION **DL**	5	PA
bortezomib 3.5 mg RECON SOLUTION **DL**	5	PA
BOSULIF 100 MG CAPSULE **DL**	5	PA,QL(180 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)
BOSULIF 50 MG CAPSULE **DL**	5	PA,QL(360 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)
busulfan 60 mg/10 ml SOLUTION **MO**	4	
BUSULFEX 60 MG/10 ML SOLUTION **MO**	4	
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)
carboplatin 10 mg/ml SOLUTION **GC,MO**	2	
carmustine 100 mg RECON SOLUTION **MO**	4	
cisplatin 1 mg/ml SOLUTION **MO**	4	
cladribine 10 mg/10 ml SOLUTION **DL**	5	BvsD
clofarabine 1 mg/ml SOLUTION **DL**	5	
CLOLAR 1 MG/ML SOLUTION **DL**	5	
COLUMVI 1 MG/ML SOLUTION **DL**	5	PA
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)
COSMEGEN 0.5 MG RECON SOLUTION **DL**	5	
COTELLIC 20 MG TABLET **DL**	5	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION **MO**	4	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION **MO**	4	BvsD
cyclophosphamide 200 mg/ml SOLUTION **MO**	4	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE **MO**	4	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cyclophosphamide 25 mg, 50 mg TABLET **MO**	3	BvsD
CYRAMZA 10 MG/ML SOLUTION **DL**	5	PA
cytarabine 20 mg/ml SOLUTION **GC,MO**	1	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION **GC,MO**	1	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION **MO**	4	
dactinomycin 0.5 mg RECON SOLUTION **DL**	5	
DANYELZA 4 MG/ML SOLUTION **DL**	5	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION **DL**	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION **DL**	5	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET **DL**	5	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET **DL**	5	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET **DL**	5	PA,QL(90 per 30 days)
daunorubicin 5 mg/ml SOLUTION **GC,MO**	1	
DAURISMO 100 MG TABLET **DL**	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET **DL**	5	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION **DL**	5	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION **MO**	4	
DOCEFREZ 20 MG RECON SOLUTION **MO**	4	
DOCEFREZ 80 MG RECON SOLUTION **DL**	5	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION **MO**	4	
doxorubicin 10 mg, 50 mg RECON SOLUTION **MO**	3	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION **GC,MO**	2	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION **DL**	5	PA
ELREXFIO 40 MG/ML SOLUTION **DL**	5	PA
ELZONRIS 1,000 MCG/ML SOLUTION **DL**	5	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE **MO**	4	
EMPLICITI 300 MG, 400 MG RECON SOLUTION **DL**	5	PA
ENHERTU 100 MG RECON SOLUTION **DL**	5	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION **MO**	4	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION **DL**	5	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION **DL**	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION **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 **MO**	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET **MO**	4	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION **MO**	4	
etoposide 20 mg/ml SOLUTION **GC,MO**	2	
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
EVOMELA 50 MG RECON SOLUTION **DL**	5	
exemestane 25 mg TABLET **MO**	4	QL(60 per 30 days)
EXKIVITY 40 MG CAPSULE **DL**	5	PA,QL(120 per 30 days)
floxuridine 0.5 gram RECON SOLUTION **GC,MO**	1	BvsD
fludarabine 50 mg RECON SOLUTION **MO**	4	
fludarabine 50 mg/2 ml SOLUTION **DL**	5	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION **GC,MO**	2	BvsD
flutamide 125 mg CAPSULE **MO**	4	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION **DL**	5	PA
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)
fulvestrant 250 mg/5 ml SYRINGE **MO**	4	PA,QL(30 per 30 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION **DL**	5	PA
GAVRETO 100 MG CAPSULE **DL,LA**	5	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION **DL**	5	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET **DL**	5	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION **MO**	4	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION **MO**	4	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET **DL,LA**	5	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLEOSTINE 10 MG, 40 MG CAPSULE	5	PA
GLEOSTINE 100 MG CAPSULE **DL**	5	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION **DL**	5	
hydroxyurea 500 mg CAPSULE **GC,MO**	1	
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)
idarubicin 1 mg/ml SOLUTION **DL**	5	
IDHIFA 100 MG, 50 MG TABLET **DL**	5	PA,QL(30 per 30 days)
ifosfamide 1 gram, 3 gram RECON SOLUTION **MO**	3	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION **MO**	3	
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
IMDELLTRA 1 MG, 10 MG RECON SOLUTION **DL**	5	PA
IMFINZI 50 MG/ML SOLUTION **DL**	5	PA
IMJUDO 20 MG/ML SOLUTION **DL**	5	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION **DL**	5	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION **DL**	5	PA,QL(8 per 28 days)
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)
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION **MO**	4	
ISTODAX 10 MG/2 ML RECON SOLUTION **DL**	5	PA
ITOVEBI 3 MG TABLET **DL**	5	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET **DL**	5	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET **DL**	5	PA,QL(240 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
IXEMPRA 15 MG, 45 MG RECON SOLUTION DL	5	PA
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)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION DL	5	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION DL	5	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION DL	5	PA
KEYTRUDA 25 MG/ML SOLUTION DL	5	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION DL	5	PA
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)
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)
KYPROLIS 10 MG RECON SOLUTION DL	5	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION DL	5	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION DL	5	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET DL	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET DL	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET DL	5	PA,QL(60 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 GC,MO	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET GC,MO	2	
leucovorin calcium 10 mg/ml SOLUTION GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION **MO**	3	
LEUKERAN 2 MG TABLET **DL**	5	
levoleucovorin calcium 10 mg/ml SOLUTION **MO**	4	PA
levoleucovorin calcium 50 mg RECON SOLUTION **MO**	4	PA
LEVULAN 20 % SOLUTION **MO**	4	
LIBTAYO 50 MG/ML SOLUTION **DL**	5	PA,QL(7 per 21 days)
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)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION **DL**	5	PA
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 240 MG TABLET **DL**	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET **DL**	5	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION **DL**	5	PA
LYNPARZA 100 MG, 150 MG TABLET **DL**	5	PA,QL(120 per 30 days)
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET **DL**	5	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION **DL**	5	PA
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
melphalan hcl 50 mg RECON SOLUTION **GC,MO**	1	
mercaptopurine 50 mg TABLET **MO**	3	
MESNEX 400 MG TABLET **MO**	3	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION **DL**	5	
mitoxantrone 2 mg/ml CONCENTRATE **MO**	3	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION **DL**	5	
MVASI 25 MG/ML SOLUTION **DL**	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION DL	5	PA
nelarabine 250 mg/50 ml SOLUTION 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)
NIPENT 10 MG RECON SOLUTION DL	5	
NUBEQA 300 MG TABLET DL	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET DL	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET DL	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION DL	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET DL	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET DL	5	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET DL	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET DL	5	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION DL	5	PA
ONIVYDE 4.3 MG/ML DISPERSION DL	5	PA
ONUREG 200 MG, 300 MG TABLET DL	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION DL	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION DL	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION DL	5	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION DL	5	PA,QL(40 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)
oxaliplatin 100 mg, 50 mg RECON SOLUTION MO	4	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION MO	4	
paclitaxel 6 mg/ml CONCENTRATE MO	3	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION DL	5	PA
PADCEV 20 MG RECON SOLUTION DL	5	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION DL	5	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL DL	5	PA
paraplatin 10 mg/ml SOLUTION GC,MO	2	
pazopanib 200 mg TABLET DL	5	PA,QL(120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET DL	5	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION DL	5	PA
pemetrexed 25 mg/ml SOLUTION DL	5	PA,QL(120 per 21 days)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION DL	5	PA
pemetrexed disodium 25 mg/ml SOLUTION DL	5	PA
PEMRYDI RTU 10 MG/ML SOLUTION DL	5	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION DL	5	PA
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)
POLIVY 140 MG RECON SOLUTION DL	5	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION DL	5	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION DL	5	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION DL	5	PA
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION DL	5	PA
PROLEUKIN 22 MILLION UNIT RECON SOLUTION DL	5	
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 120 MG, 160 MG, 80 MG TABLET DL	5	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE DL	5	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET DL	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE DL	5	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG TABLET DL	5	PA
REZLIDHIA 150 MG CAPSULE DL	5	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION DL	5	PA
romidepsin 10 mg/2 ml RECON SOLUTION DL	5	PA
ROMIDEPSIN 5 MG/ML SOLUTION DL	5	PA
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RUXIENCE 10 MG/ML SOLUTION DL	5	PA
RYBREVANT 50 MG/ML SOLUTION DL	5	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION DL	5	PA
RYTELO 188 MG, 47 MG RECON SOLUTION DL	5	PA
SARCLISA 20 MG/ML SOLUTION DL	5	PA
SCEMBLIX 100 MG TABLET DL	5	PA,QL(120 per 30 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	3	
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)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION DL	5	PA
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 GC,MO	1	
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)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION DL	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION DL	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION DL	5	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION **DL**	5	PA,QL(8 per 28 days)
TEPMETKO 225 MG TABLET **DL**	5	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION **DL**	5	PA,QL(20 per 21 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)
thiotepa 100 mg RECON SOLUTION **DL**	5	
thiotepa 15 mg RECON SOLUTION **GC,MO**	1	
TIBSOVO 250 MG TABLET **DL**	5	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION **DL**	5	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION **MO**	4	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION **MO**	3	
toremifene 60 mg TABLET **DL**	5	QL(30 per 30 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET **DL**	5	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION **DL**	5	PA
tretinoin (antineoplastic) 10 mg CAPSULE **DL**	5	
TRISENOX 2 MG/ML SOLUTION **DL**	5	PA
TRODELVY 180 MG RECON SOLUTION **DL**	5	PA
TRUQAP 160 MG, 200 MG TABLET **DL**	5	PA,QL(64 per 28 days)
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)
UNITUXIN 3.5 MG/ML SOLUTION **DL**	5	PA
VALCHLOR 0.016 % GEL **DL**	5	PA,QL(60 per 28 days)
valrubicin 40 mg/ml SOLUTION **DL**	5	PA,QL(80 per 28 days)
VALSTAR 40 MG/ML SOLUTION **DL**	5	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET **DL**	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION **DL**	5	PA
VENCLEXTA 10 MG TABLET **MO**	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET **DL**	5	PA,QL(180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
vinblastine 1 mg/ml SOLUTION MO	3	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION MO	3	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION MO	3	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION MO	4	
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)
VORANIGO 10 MG TABLET DL	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET DL	5	PA,QL(30 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL(120 per 30 days)
VYLOY 100 MG RECON SOLUTION DL	5	PA
VYXEOS 44-100 MG RECON SOLUTION DL	5	PA
WELIREG 40 MG TABLET DL	5	PA,QL(90 per 30 days)
XALKORI 150 MG PELLET DL	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET DL	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET DL	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL(90 per 30 days)
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)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION DL	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
YONDELIS 1 MG RECON SOLUTION DL	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION DL	5	PA
ZANOSAR 1 GRAM RECON SOLUTION MO	4	
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)
ZEPZELCA 4 MG RECON SOLUTION DL	5	PA
ZIRABEV 25 MG/ML SOLUTION DL	5	PA
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)
ZYNLONTA 10 MG RECON SOLUTION DL	5	PA
ZYNYZ 500 MG/20 ML SOLUTION DL	5	PA,QL(20 per 28 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 GC,MO	2	
COARTEM 20-120 MG TABLET MO	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET GC,MO	2	
hydroxychloroquine 200 mg TABLET GC,MO	2	
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 GC,MO	2	
NEBUPENT 300 MG RECON SOLUTION MO	4	BvsD
nitazoxanide 500 mg TABLET DL	5	
PENTAM 300 MG RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	
pentamidine 300 mg RECON SOLUTION MO	4	BvsD
praziquantel 600 mg TABLET MO	4	
primaquine 26.3 mg (15 mg base) TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	3	
amantadine hcl 50 mg/5 ml SOLUTION **GC,MO**	2	
benztropine 0.5 mg, 1 mg, 2 mg TABLET **GC,MO**	2	
benztropine 1 mg/ml SOLUTION **MO**	4	
bromocriptine 2.5 mg TABLET **MO**	3	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING **MO**	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET **GC,MO**	2	
carbidopa-levodopa 25-100 mg TABLET **GC,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)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET **GC,MO**	2	
rasagiline 0.5 mg, 1 mg TABLET **MO**	3	PA,QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET **GC,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 **GC,MO**	2	
selegiline hcl 5 mg TABLET **GC,MO**	2	
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	5	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	5	QL(3.2 per 56 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON DL	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE DL	5	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	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE DL	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE DL	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE DL	5	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	
chlorpromazine 25 mg/ml SOLUTION 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	
droperidol 2.5 mg/ml SOLUTION MO	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	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	3	
fluphenazine hcl 2.5 mg/ml SOLUTION MO	4	
fluphenazine hcl 5 mg/ml CONCENTRATE MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET **GC,MO**	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION **MO**	3	
haloperidol lactate 2 mg/ml CONCENTRATE **GC,MO**	2	
haloperidol lactate 5 mg/ml SOLUTION **GC,MO**	2	
haloperidol lactate 5 mg/ml SYRINGE **GC,MO**	2	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE **DL**	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE **DL**	5	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE **MO**	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE **GC,MO**	2	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET **GC,MO**	2	QL(30 per 30 days)
lurasidone 80 mg TABLET **GC,MO**	2	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**	3	
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**	3	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING **MO**	3	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**	3	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE **DL**	5	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET **MO**	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
quetiapine 100 mg TABLET **GC,MO**	2	QL(90 per 30 days)
quetiapine 150 mg TABLET **GC,MO**	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. **MO**	3	QL(90 per 30 days)
quetiapine 200 mg TABLET **GC,MO**	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET **GC,MO**	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET **GC,MO**	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. **MO**	3	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. **MO**	3	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**	5	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET **GC,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 **GC,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 **GC,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 **GC,MO**	2	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE **GC,MO**	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET **GC,MO**	2	
VERSACLOZ 50 MG/ML SUSPENSION **DL**	5	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**	5	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE **MO**	3	
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**	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION **DL**	5	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET **GC,MO**	1	
baclofen 20 mg TABLET **GC,MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
baclofen 5 mg TABLET **GC,MO**	1	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE **MO**	3	
tizanidine 2 mg, 4 mg TABLET **GC,MO**	1	
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 **GC,MO**	1	
acyclovir 400 mg TABLET **GC,MO**	1	
acyclovir 5 % OINTMENT **MO**	4	PA,QL(30 per 30 days)
acyclovir 800 mg TABLET **GC,MO**	1	
acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION **GC,MO**	2	BvsD
acyclovir sodium 50 mg/ml SOLUTION **GC,MO**	2	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)
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 **MO**	4	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)
cidofovir 75 mg/ml SOLUTION **DL**	5	
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 600 mg TABLET **DL**	5	QL(60 per 30 days)
darunavir 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**	3	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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **DL**	3	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)
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 **GC,MO**	2	QL(90 per 30 days)
fosamprenavir 700 mg TABLET **DL**	5	QL(120 per 30 days)
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamivudine 10 mg/ml SOLUTION **GC,MO**	2	QL(900 per 30 days)
lamivudine 100 mg TABLET **MO**	3	QL(90 per 30 days)
lamivudine 150 mg TABLET **GC,MO**	2	QL(60 per 30 days)
lamivudine 300 mg TABLET **GC,MO**	2	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 **GC,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 CAPSULE **MO**	4	QL(360 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)
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 75 MG TABLET **MO**	4	QL(480 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ribavirin 200 mg TABLET **MO**	3	QL(168 per 28 days)
rimantadine 100 mg TABLET **MO**	3	
ritonavir 100 mg TABLET **GC,MO**	2	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 **MO**	4	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET **GC,MO**	2	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)
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)
VEMLIDY 25 MG TABLET **DL**	5	QL(30 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
zidovudine 10 mg/ml SYRUP MO	3	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE MO	4	QL(180 per 30 days)
zidovudine 300 mg TABLET GC,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,GC	2	QL(120 per 30 days)
alprazolam 2 mg TABLET DL,GC	2	QL(150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE DL	4	
buspirone 10 mg, 15 mg, 5 mg TABLET GC,MO	1	
buspirone 30 mg, 7.5 mg TABLET GC,MO	1	
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)
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,GC	2	QL(90 per 30 days)
lorazepam 2 mg TABLET DL,GC	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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE **GC,MO**	1	
lithium carbonate 300 mg TABLET **GC,MO**	1	
lithium carbonate 300 mg, 450 mg TABLET ER **GC,MO**	2	
lithium citrate 8 meq/5 ml SOLUTION **MO**	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET **GC,MO**	2	
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 **MO**	4	
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 **CI,MO**	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE **CI,MO**	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
glimepiride 1 mg TABLET **GC,MO**	1	
glimepiride 2 mg, 4 mg TABLET **GC,MO**	1	
glipizide 10 mg TABLET, ER 24 HR. **GC,MO**	1	
glipizide 10 mg, 5 mg TABLET **GC,MO**	1	
glipizide 2.5 mg TABLET **GC,MO**	1	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. **GC,MO**	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET **GC,MO**	1	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION **MO**	3	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET **GC,MO**	2	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET **GC,MO**	2	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET **GC,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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT **CI,MO**	3	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION **CI,GC,MO**	2	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN **CI,MO**	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN **CI,MO**	3	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION **CI,GC,MO**	2	
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR **CI,MO**	3	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	3	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,GC,MO**	2	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	3	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,GC,MO**	2	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
HUMULIN R U-500 (CONC) INSULIN 500 UNIT/ML SOLUTION **CI,DL**	5	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN **CI,DL**	5	
INSULIN LISPRO 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **CI,MO**	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN **CI,MO**	3	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	
LYUMJEV TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR **CI,MO**	3	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION **CI,MO**	3	
metformin 1,000 mg, 500 mg TABLET **GC,MO**	1	
metformin 500 mg TABLET, ER 24 HR. **GC,MO**	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. **GC,MO**	1	QL(60 per 30 days)
metformin 850 mg TABLET **GC,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	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,GC,MO**	2	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION **CI,GC,MO**	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION **CI,GC,MO**	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN **CI,MO**	3	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION **CI,GC,MO**	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN **CI,MO**	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE **CI,MO**	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION **CI,GC,MO**	2	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pioglitazone 15 mg, 30 mg TABLET GC,MO	1	QL(30 per 30 days)
pioglitazone 45 mg TABLET GC,MO	1	QL(30 per 30 days)
pioglitazone-metformin 15-500 mg, 15-850 mg TABLET MO	3	QL(90 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	3	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN CI,MO	3	QL(15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR DL	5	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR DL	5	QL(10.5 per 28 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 CI,MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN CI,MO	3	
TRADJENTA 5 MG TABLET MO	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN CI,MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION CI,GC,MO	2	
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)
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 CI,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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BLOOD PRODUCTS AND MODIFIERS		
aminocaproic acid 1,000 mg TABLET **DL**	5	
aminocaproic acid 250 mg/ml (25 %) SOLUTION **MO**	4	
aminocaproic acid 500 mg TABLET **MO**	4	
anagrelide 0.5 mg, 1 mg CAPSULE **MO**	3	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. **MO**	4	ST,QL(60 per 30 days)
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 **GC,MO**	2	
clopidogrel 300 mg TABLET **MO**	4	
clopidogrel 75 mg TABLET **GC,MO**	1	QL(30 per 30 days)
dabigatran etexilate 110 mg, 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**	3	
enoxaparin 300 mg/3 ml SOLUTION **MO**	3	
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 **GC,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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
prasugrel 10 mg, 5 mg TABLET MO	4	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 DL	5	PA,QL(28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION DL	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)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE 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 GC,MO	1	
warfarin 5 mg TABLET GC,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 GC,MO	1	
acetazolamide 125 mg, 250 mg TABLET MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetazolamide 500 mg CAPSULE, ER **MO**	3	
acetazolamide sodium 500 mg RECON SOLUTION **GC,MO**	1	
adenosine 3 mg/ml SOLUTION **GC,MO**	1	
adenosine 3 mg/ml SYRINGE **GC,MO**	1	
aliskiren 150 mg, 300 mg TABLET **MO**	4	QL(30 per 30 days)
amiloride 5 mg TABLET **MO**	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET **GC,MO**	1	
amiodarone 100 mg TABLET **MO**	4	
amiodarone 150 mg/3 ml SYRINGE **GC,MO**	2	
amiodarone 200 mg TABLET **GC,MO**	2	
amiodarone 400 mg TABLET **MO**	4	QL(60 per 30 days)
amiodarone 50 mg/ml SOLUTION **GC,MO**	2	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET **GC,MO**	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET **MO**	4	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE **GC,MO**	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE **GC,MO**	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET **GC,MO**	2	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET **GC,MO**	2	QL(30 per 30 days)
atenolol 100 mg TABLET **GC,MO**	1	
atenolol 25 mg, 50 mg TABLET **GC,MO**	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET **GC,MO**	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET **GC,MO**	1	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET **GC,MO**	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET **GC,MO**	2	
bisoprolol fumarate 10 mg, 5 mg TABLET **GC,MO**	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET **GC,MO**	1	
bumetanide 0.25 mg/ml SOLUTION **GC,MO**	2	
bumetanide 0.5 mg, 2 mg TABLET **GC,MO**	2	
bumetanide 1 mg TABLET **GC,MO**	2	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE **DL**	5	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
candesartan 16 mg, 4 mg, 8 mg TABLET **GC,MO**	2	QL(60 per 30 days)
candesartan 32 mg TABLET **GC,MO**	2	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET **GC,MO**	1	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. **GC,MO**	2	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET **GC,MO**	1	
carvedilol phosphate 10 mg, 20 mg, 40 mg, 80 mg CAPSULE ER MULTIPHASE 24 HR. **MO**	4	QL(30 per 30 days)
chlorothiazide sodium 500 mg RECON SOLUTION **GC,MO**	1	
chlorthalidone 25 mg TABLET **GC,MO**	1	
chlorthalidone 50 mg TABLET **GC,MO**	1	
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	
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 **GC,MO**	1	
clonidine hcl 0.2 mg, 0.3 mg TABLET **GC,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)
CORLOPAM 10 MG/ML SOLUTION **MO**	4	
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **GC,MO**	2	QL(30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET **GC,MO**	2	QL(30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET **GC,MO**	2	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET **GC,MO**	2	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem hcl 120 mg CAPSULE, ER 12 HR. **GC,MO**	2	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET **GC,MO**	2	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. **GC,MO**	2	QL(30 per 30 days)
diltiazem hcl 5 mg/ml SOLUTION **GC,MO**	2	
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. **GC,MO**	2	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 **GC,MO**	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET **GC,MO**	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET **GC,MO**	1	
enalaprilat 1.25 mg/ml SOLUTION **GC,MO**	1	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET **MO**	3	QL(60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET **MO**	3	QL(240 per 30 days)
ethacrynate sodium 50 mg RECON SOLUTION **MO**	4	
ezetimibe 10 mg TABLET **GC,MO**	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET **GC,MO**	2	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. **GC,MO**	2	QL(30 per 30 days)
fenofibrate 160 mg TABLET **GC,MO**	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET **GC,MO**	2	QL(60 per 30 days)
fenofibrate micronized 130 mg, 43 mg CAPSULE **MO**	4	ST,QL(30 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)
fenofibric acid 105 mg, 35 mg TABLET **MO**	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET **MO**	3	
fluvastatin 20 mg, 40 mg CAPSULE **MO**	4	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. **MO**	4	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET **GC,MO**	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET **GC,MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
furosemide 10 mg/ml SYRINGE **GC,MO**	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION **GC,MO**	2	
furosemide 20 mg, 40 mg TABLET **GC,MO**	1	
furosemide 80 mg TABLET **GC,MO**	1	
gemfibrozil 600 mg TABLET **GC,MO**	1	QL(60 per 30 days)
guanfacine 1 mg TABLET **GC,MO**	1	
guanfacine 2 mg TABLET **GC,MO**	1	
hydralazine 10 mg, 100 mg TABLET **GC,MO**	2	
hydralazine 20 mg/ml SOLUTION **MO**	4	
hydralazine 25 mg, 50 mg TABLET **GC,MO**	2	
hydrochlorothiazide 12.5 mg CAPSULE **GC,MO**	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET **GC,MO**	1	
hydrochlorothiazide 50 mg TABLET **GC,MO**	1	
ibutilide fumarate 0.1 mg/ml SOLUTION **GC,MO**	1	
indapamide 1.25 mg, 2.5 mg TABLET **GC,MO**	1	
irbesartan 150 mg, 75 mg TABLET **GC,MO**	1	QL(30 per 30 days)
irbesartan 300 mg TABLET **GC,MO**	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET **GC,MO**	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET **GC,MO**	1	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET **GC,MO**	2	
isosorbide mononitrate 10 mg, 20 mg TABLET **GC,MO**	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. **GC,MO**	2	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. **GC,MO**	1	
isosorbide-hydralazine 20-37.5 mg TABLET **MO**	4	QL(180 per 30 days)
isradipine 2.5 mg, 5 mg CAPSULE **MO**	3	
ISUPREL 0.2 MG/ML SOLUTION **MO**	4	
ivabradine 5 mg, 7.5 mg TABLET **MO**	4	PA,QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET **MO**	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET **GC,MO**	2	
labetalol 5 mg/ml SOLUTION **MO**	4	
lidocaine (pf) 20 mg/ml (2 %) SOLUTION **GC,MO**	2	
lidocaine in 5 % dextrose (pf) 4 mg/ml (0.4 %), 8 mg/ml (0.8 %) PARENTERAL SOLUTION **GC,MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LIPOFEN 150 MG CAPSULE MO	4	QL(30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	4	QL(60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
lisinopril 30 mg TABLET GC,MO	1	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET GC,MO	1	
losartan 100 mg, 25 mg, 50 mg TABLET GC,MO	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET GC,MO	1	QL(60 per 30 days)
lovastatin 10 mg TABLET GC,MO	1	
lovastatin 20 mg, 40 mg TABLET GC,MO	1	
mannitol 10 % 10 % PARENTERAL SOLUTION GC,MO	1	
mannitol 20 % 20 % PARENTERAL SOLUTION GC,MO	1	
mannitol 25 % 25 % SOLUTION GC,MO	2	
mannitol 5 % 5 % PARENTERAL SOLUTION GC,MO	1	
methazolamide 25 mg, 50 mg TABLET MO	4	
methyldopa 250 mg, 500 mg TABLET GC,MO	1	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET MO	3	
metolazone 10 mg, 2.5 mg, 5 mg TABLET GC,MO	2	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. GC,MO	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. GC,MO	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET GC,MO	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET GC,MO	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET GC,MO	1	
metoprolol tartrate 5 mg/5 ml SOLUTION MO	3	
metyrosine 250 mg CAPSULE DL	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET MO	3	
minoxidil 10 mg, 2.5 mg TABLET GC,MO	2	
moexipril 15 mg, 7.5 mg TABLET GC,MO	1	
MULTAQ 400 MG TABLET MO	3	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET MO	3	
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) SOLUTION **MO**	4	
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. **MO**	4	
niacin 500 mg TABLET **MO**	3	
niacor 500 mg TABLET **MO**	3	
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	
nimodipine 60 mg/20 ml SOLUTION **DL**	5	QL(2838 per 28 days)
nisoldipine 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg TABLET, ER 24 HR. **MO**	4	QL(30 per 30 days)
nisoldipine 25.5 mg, 30 mg TABLET, ER 24 HR. **MO**	4	QL(60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. **GC,MO**	2	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET **MO**	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET **MO**	3	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION **GC,MO**	1	
nitroglycerin in 5 % dextrose 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml) SOLUTION **GC,MO**	2	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET **MO**	3	
norepinephrine bitartrate 1 mg/ml SOLUTION **GC,MO**	1	
olmesartan 20 mg TABLET **GC,MO**	1	QL(30 per 30 days)
olmesartan 40 mg TABLET **GC,MO**	1	QL(30 per 30 days)
olmesartan 5 mg TABLET **GC,MO**	1	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 **GC,MO**	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE **MO**	4	QL(120 per 30 days)
OSMITROL 10 % 10 % PARENTERAL SOLUTION **MO**	4	
OSMITROL 15 % 15 % PARENTERAL SOLUTION **MO**	4	
OSMITROL 20 % 20 % PARENTERAL SOLUTION **MO**	4	
OSMITROL 5 % 5 % PARENTERAL SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PACERONE 100 MG TABLET MO	4	
pacerone 200 mg TABLET GC,MO	2	
PACERONE 400 MG TABLET MO	4	QL(60 per 30 days)
pentoxifylline 400 mg TABLET ER GC,MO	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET GC,MO	2	
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET GC,MO	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE GC,MO	2	
prevalite 4 gram POWDER MO	3	
prevalite 4 gram POWDER IN PACKET MO	3	
procainamide 100 mg/ml, 500 mg/ml SOLUTION GC,MO	1	
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 1 mg/ml SOLUTION GC,MO	2	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET GC,MO	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. GC,MO	2	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET MO	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET GC,MO	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET GC,MO	1	
quinidine sulfate 200 mg, 300 mg TABLET GC,MO	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE GC,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 GC,MO	1	
simvastatin 10 mg, 20 mg, 40 mg TABLET GC,MO	1	
simvastatin 5 mg, 80 mg TABLET GC,MO	1	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET GC,MO	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET GC,MO	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET GC,MO	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET GC,MO	2	
spironolactone 100 mg TABLET GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
spironolactone 25 mg, 50 mg TABLET GC,MO	1	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
telmisartan 20 mg, 40 mg TABLET GC,MO	1	QL(30 per 30 days)
telmisartan 80 mg TABLET GC,MO	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET MO	4	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET MO	3	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET MO	3	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE GC,MO	1	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. GC,MO	2	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. GC,MO	2	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET MO	4	
torsemide 10 mg, 100 mg, 5 mg TABLET GC,MO	2	
torsemide 20 mg TABLET GC,MO	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET GC,MO	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC MO	3	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE GC,MO	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET GC,MO	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET GC,MO	1	
valsartan 160 mg TABLET GC,MO	1	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET GC,MO	1	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 GC,MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. GC,MO	2	
verapamil 120 mg, 180 mg, 240 mg TABLET ER GC,MO	1	
verapamil 120 mg, 40 mg, 80 mg TABLET GC,MO	1	QL(120 per 30 days)
verapamil 2.5 mg/ml SOLUTION GC,MO	1	
verapamil 2.5 mg/ml SYRINGE GC,MO	1	
verapamil 360 mg CAPSULE ER PELLETS 24 HR. GC,MO	2	QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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**	3	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE **MO**	3	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 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. **DL**	5	PA,QL(30 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) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK **DL**	5	PA,QL(28 per 28 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**	3	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)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 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 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. **MO**	3	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. **MO**	3	QL(60 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 **MO**	4	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC **MO**	4	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE **MO**	4	PA,QL(30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FIRDAPSE 10 MG TABLET DL	5	PA,QL(240 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. GC,MO	2	QL(30 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE DL	5	PA,QL(30 per 30 days)
INGREZZA INITIATION PK(TARDIV) 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK DL	5	PA,QL(28 per 28 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR DL	5	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER MO	3	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET MO	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER MO	3	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	3	
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)
SKYCLARYS 50 MG CAPSULE DL	5	PA,QL(90 per 30 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 MO	4	PA,QL(120 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC DL	5	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
cevimeline 30 mg CAPSULE MO	4	
chlorhexidine gluconate 0.12 % MOUTHWASH GC,MO	1	
kourzeq 0.1 % PASTE MO	3	
oralone 0.1 % PASTE MO	3	
paroex oral rinse 0.12 % MOUTHWASH GC,MO	1	
periogard 0.12 % MOUTHWASH GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pilocarpine hcl 5 mg, 7.5 mg TABLET **MO**	3	
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**	3	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP **MO**	3	QL(45 per 30 days)
ammonium lactate 12 % CREAM **GC,MO**	2	
ammonium lactate 12 % LOTION **GC,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)
azelaic acid 15 % GEL **MO**	4	ST,QL(50 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**	3	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM **GC,MO**	2	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION **GC,MO**	2	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT **GC,MO**	2	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM **GC,MO**	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL **MO**	3	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION **MO**	3	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT **MO**	3	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 % GEL **MO**	3	QL(60 per 30 days)
clindamycin phosphate 1 % LOTION **MO**	3	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION **MO**	3	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **GC,MO**	2	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM **MO**	4	QL(120 per 30 days)
diclofenac sodium 3 % GEL **MO**	3	PA
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**	3	QL(120 per 30 days)
fluocinolone 0.01 % OIL **MO**	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION **MO**	4	QL(180 per 30 days)
fluocinolone 0.01 %, 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**	3	QL(120 per 30 days)
fluocinonide 0.05 % GEL **MO**	3	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT **MO**	3	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION **MO**	3	QL(120 per 30 days)
fluocinonide-e 0.05 % CREAM **MO**	4	QL(120 per 30 days)
fluocinonide-emollient 0.05 % CREAM **MO**	4	QL(120 per 30 days)
fluorouracil 2 % SOLUTION **GC,MO**	2	QL(30 per 30 days)
fluorouracil 5 % CREAM **MO**	4	
fluorouracil 5 % SOLUTION **GC,MO**	2	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT **GC,MO**	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM **GC,MO**	2	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR **GC,MO**	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM **GC,MO**	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT **GC,MO**	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET **GC,MO**	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR **MO**	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION **GC,MO**	2	QL(236 per 30 days)
HYFTOR 0.2 % GEL **DL**	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
LOCOID LIPOCREAM 0.1 % CREAM MO	4	QL(240 per 30 days)
malathion 0.5 % LOTION MO	4	
methoxsalen 10 mg CAPSULE, LIQ FILLED, RAPID REL MO	4	
mometasone 0.1 % CREAM GC,MO	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT GC,MO	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION GC,MO	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT GC,MO	1	
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)
OTEZLA 20 MG TABLET DL	5	PA,QL(60 per 30 days)
OTEZLA 30 MG TABLET DL	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51) TABLET, DOSE PACK DL	5	PA,QL(55 per 28 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)
SANTYL 250 UNIT/GRAM OINTMENT MO	4	QL(180 per 30 days)
selenium sulfide 2.5 % LOTION GC,MO	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM GC,MO	2	
SSD 1 % CREAM GC,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 %, 0.05 % GEL MO	3	PA,QL(45 per 30 days)
tretinoin 0.025 % GEL MO	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM MO	3	PA,QL(45 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
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 GC,MO	2	
calcium acetate(phosphat bind) 667 mg TABLET GC,MO	2	
calcium chloride 100 mg/ml (10 %) SOLUTION GC,MO	1	
calcium chloride 100 mg/ml (10 %) SYRINGE GC,MO	1	
calcium gluconate 100 mg/ml (10%) SOLUTION GC,MO	1	
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
CLINISOL SF 15 % 15 % 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 GC,MO	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION GC,MO	2	
deferasirox 180 mg, 360 mg TABLET MO	4	PA
deferasirox 90 mg TABLET MO	3	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION GC,MO	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION GC,MO	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION GC,MO	1	
dextrose 25 % in water (d25w) SYRINGE GC,MO	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION GC,MO	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION GC,MO	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION GC,MO	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK GC,MO	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION GC,MO	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION GC,MO	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION GC,MO	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION GC,MO	1	
dextrose 50 % in water (d50w) SYRINGE GC,MO	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION GC,MO	2	
electrolyte-148 PARENTERAL SOLUTION MO	4	
electrolyte-48 in d5w PARENTERAL SOLUTION GC,MO	1	
electrolyte-a PARENTERAL SOLUTION MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLYCOPHOS 1 MMOL/ML SOLUTION **GC,MO**	1	
INTRALIPID 20 %, 30 % EMULSION **MO**	4	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION **MO**	4	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION **MO**	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION **MO**	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO**	4	
ISOLYTE-S PARENTERAL SOLUTION **MO**	4	
K-TAB 10 MEQ, 20 MEQ TABLET ER **MO**	4	
KABIVEN 3.31-10.8-3.9 % EMULSION **MO**	4	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION **MO**	3	
KLOR-CON 10 10 MEQ TABLET ER **GC,MO**	2	
KLOR-CON 8 8 MEQ TABLET ER **GC,MO**	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS **GC,MO**	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS **GC,MO**	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS **GC,MO**	2	
lactated ringers PARENTERAL SOLUTION **GC,MO**	1	
levocarnitine 330 mg TABLET **GC,MO**	2	
levocarnitine (with sugar) 100 mg/ml SOLUTION **MO**	3	
m-natal plus 27 mg iron- 1 mg TABLET **MO**	4	
magnesium sulfate 500 mg/ml (50 %) SOLUTION **GC,MO**	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE **GC,MO**	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK **GC,MO**	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK **GC,MO**	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION **GC,MO**	1	
neo-vital rx 27 mg iron- 1 mg TABLET **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	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION **MO**	4	
NORMOSOL-R PARENTERAL SOLUTION **MO**	4	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION MO	4	
NUTRILIPID 20 % EMULSION MO	4	BvsD
penicillamine 250 mg TABLET DL	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION MO	4	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION MO	4	
PLASMA-LYTE A PARENTERAL SOLUTION MO	4	
PLENAMINE 15 % PARENTERAL SOLUTION MO	4	BvsD
potassium acetate 2 meq/ml SOLUTION GC,MO	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride 10 meq CAPSULE, ER GC,MO	2	
potassium chloride 10 meq, 20 meq TABLET ER GC,MO	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS GC,MO	2	
potassium chloride 15 meq, 8 meq TABLET ER GC,MO	2	
potassium chloride 2 meq/ml SOLUTION GC,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 GC,MO	2	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK GC,MO	2	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION MO	3	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION GC,MO	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER MO	3	
pr natal 400 29-1-400 mg COMBO PACK MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
PROSOL 20 % PARENTERAL SOLUTION **MO**	4	BvsD
ringer's PARENTERAL SOLUTION **GC,MO**	1	
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 bicarbonate 8.4 % (1 meq/ml) SYRINGE **MO**	4	
sodium chloride 2.5 meq/ml SOLUTION **GC,MO**	2	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION **GC,MO**	2	
sodium chloride 0.9 % PARENTERAL SOLUTION **GC,MO**	2	
sodium chloride 0.9 % PIGGYBACK **GC,MO**	2	
sodium chloride 0.9 % SOLUTION **GC,MO**	2	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION **GC,MO**	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION **GC,MO**	1	
sodium phosphate 3 mmol/ml SOLUTION **GC,MO**	1	
sodium polystyrene sulfonate POWDER **MO**	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION **MO**	3	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION **MO**	4	
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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET MO	3	QL(30 per 30 days)
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		
alosetron 0.5 mg, 1 mg TABLET MO	4	PA,QL(60 per 30 days)
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE MO	4	QL(120 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET GC,MO	2	
cimetidine hcl 300 mg/5 ml SOLUTION GC,MO	2	
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 GC,MO	2	
dicyclomine 10 mg CAPSULE GC,MO	2	
dicyclomine 10 mg/5 ml SOLUTION MO	3	
dicyclomine 20 mg TABLET GC,MO	2	
diphenoxylate-atropine 2.5-0.025 mg TABLET MO	4	
enulose 10 gram/15 ml SOLUTION GC,MO	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC MO	3	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION GC,MO	2	
famotidine 20 mg, 40 mg TABLET GC,MO	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION MO	4	
famotidine (pf) 20 mg/2 ml SOLUTION GC,MO	2	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK GC,MO	1	
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 GC,MO	2	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION GC,MO	2	
generlac 10 gram/15 ml SOLUTION GC,MO	2	
glycopyrrolate 0.2 mg/ml SOLUTION MO	4	
glycopyrrolate 1 mg, 2 mg TABLET MO	3	
lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lactulose 10 gram/15 ml SOLUTION GC,MO	2	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC GC,MO	2	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE GC,MO	2	
lubiprostone 24 mcg, 8 mcg CAPSULE MO	3	QL(60 per 30 days)
methscopolamine 2.5 mg, 5 mg TABLET MO	4	
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 GC,MO	1	
omeprazole 10 mg CAPSULE, DR/EC GC,MO	1	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC GC,MO	1	QL(60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC GC,MO	1	QL(60 per 30 days)
pantoprazole 40 mg RECON SOLUTION GC,MO	2	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK MO	4	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK MO	4	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION GC,MO	2	
peg-electrolyte soln 420 gram RECON SOLUTION GC,MO	2	
rabeprazole 20 mg TABLET, DR/EC MO	3	QL(60 per 30 days)
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION MO	3	
sucralfate 1 gram TABLET GC,MO	2	
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 MO	4	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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION DL	5	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION DL	5	PA,QL(6 per 28 days)
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	
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)
ZEMAIRA 1,000 MG, 4,000 MG, 5,000 MG RECON SOLUTION DL	5	PA
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, 60,000-189,600- 252,600 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)
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. GC,MO	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET MO	3	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. MO	4	QL(30 per 30 days)
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	3	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE MO	4	QL(90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. **MO**	3	QL(30 per 30 days)
finasteride 5 mg TABLET **GC,MO**	1	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. **GC,MO**	2	QL(60 per 30 days)
oxybutynin chloride 15 mg TABLET, ER 24 HR. **GC,MO**	2	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET **GC,MO**	2	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET **GC,MO**	2	
oxybutynin chloride 5 mg/5 ml SYRUP **GC,MO**	2	
silodosin 4 mg, 8 mg CAPSULE **MO**	3	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET **GC,MO**	2	QL(30 per 30 days)
tamsulosin 0.4 mg CAPSULE **GC,MO**	2	
tolterodine 1 mg, 2 mg TABLET **MO**	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. **MO**	4	QL(30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
betamethasone acet,sod phos 6 mg/ml SUSPENSION **MO**	3	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET **GC,MO**	2	
dexamethasone 0.5 mg/5 ml ELIXIR **GC,MO**	2	
dexamethasone 0.5 mg/5 ml SOLUTION **GC,MO**	2	
dexamethasone intensol 1 mg/ml DROPS **GC,MO**	2	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION **GC,MO**	2	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE **GC,MO**	2	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION **GC,MO**	2	
dexamethasone sodium phosphate 4 mg/ml SYRINGE **GC,MO**	2	
fludrocortisone 0.1 mg TABLET **GC,MO**	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET **GC,MO**	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK **GC,MO**	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION **GC,MO**	2	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION **MO**	4	
prednisolone 15 mg/5 ml SOLUTION **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION **GC,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) SOLUTION **MO**	3	
prednisone 1 mg, 2.5 mg, 50 mg TABLET **GC,MO**	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET **GC,MO**	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK **GC,MO**	2	
prednisone 5 mg/5 ml SOLUTION **MO**	4	BvsD
prednisone intensol 5 mg/ml CONCENTRATE **MO**	3	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION **MO**	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION **MO**	4	
triamcinolone acetonide 0.025 %, 0.1 % LOTION **MO**	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT **GC,MO**	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM **GC,MO**	2	
triamcinolone acetonide 0.1 % CREAM **GC,MO**	2	
triderm 0.1 %, 0.5 % CREAM **GC,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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET **MO**	4	
apri 0.15-0.03 mg TABLET **MO**	4	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET **MO**	4	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
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	
balziva (28) 0.4-35 mg-mcg TABLET **MO**	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET **MO**	4	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET **MO**	4	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET **MO**	4	
briellyn 0.4-35 mg-mcg 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	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY **MO**	4	QL(8 per 28 days)
cryselle (28) 0.3-30 mg-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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
deblitane 0.35 mg TABLET **MO**	4	
DEPO-ESTRADIOL 5 MG/ML OIL **GC,MO**	2	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE **MO**	4	QL(0.65 per 90 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	
dolishale 90-20 mcg (28) 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**	3	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)
eluryng 0.12-0.015 mg/24 hr RING **MO**	4	QL(1 per 28 days)
emzahh 0.35 mg TABLET **MO**	4	
ENDOMETRIN 100 MG INSERT **MO**	4	
enilloring 0.12-0.015 mg/24 hr RING **MO**	4	QL(1 per 28 days)
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 **GC,MO**	2	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**	3	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET **GC,MO**	1	
estradiol 10 mcg TABLET **MO**	3	
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	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING **MO**	4	QL(1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
falmina (28) 0.1-20 mg-mcg TABLET **MO**	4	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING **MO**	4	
femynor 0.25-35 mg-mcg TABLET **MO**	4	
gallifrey 5 mg TABLET **MO**	3	
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	
haloette 0.12-0.015 mg/24 hr RING **MO**	4	QL(1 per 28 days)
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	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
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 1/35 (28) 1-35 mg-mcg TABLET **MO**	4	
kelnor 1/50 (28) 1-50 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), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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, 90-20 mcg (28) 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	
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**	3	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 **GC,MO**	2	
medroxyprogesterone 150 mg/ml SUSPENSION **GC,MO**	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE **GC,MO**	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET **GC,MO**	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION **MO**	3	
megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION **MO**	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET **MO**	3	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET **MO**	4	
microgestin 1/20 (21) 1-20 mg-mcg TABLET **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	
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	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG 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	
nora-be 0.35 mg TABLET **MO**	4	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY **MO**	4	QL(3 per 28 days)
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	
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	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET **MO**	4	
OSPHENA 60 MG TABLET **MO**	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
philith 0.4-35 mg-mcg TABLET **MO**	4	
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	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET **MO**	4	
PREMARIN 0.625 MG/GRAM CREAM **MO**	3	
progesterone 50 mg/ml OIL **MO**	3	
progesterone micronized 100 mg, 200 mg CAPSULE **MO**	3	
QUARTETTE 0.15 MG-20 MCG/ 0.15 MG-25 MCG TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
raloxifene 60 mg TABLET **GC,MO**	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET **MO**	4	
rivelsa 0.15 mg-20 mcg/ 0.15 mg-25 mcg TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
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	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH **MO**	4	QL(91 per 90 days)
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**	3	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET **MO**	3	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP **MO**	3	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL **MO**	3	
testosterone enanthate 200 mg/ml OIL **GC,MO**	2	QL(25 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	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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-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	
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	
vyfemla (28) 0.4-35 mg-mcg 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	
xulane 150-35 mcg/24 hr PATCH, WEEKLY **MO**	4	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY **MO**	4	QL(3 per 28 days)
zarah 3-0.03 mg TABLET **MO**	4	
zovia 1-35 (28) 1-35 mg-mcg TABLET **MO**	4	
zumandimine (28) 3-0.03 mg TABLET **MO**	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET **MO**	3	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **GC,MO**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **GC,MO**	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET **GC,MO**	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET **GC,MO**	1	
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)		
ISTURISA 1 MG TABLET **DL**	5	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET **DL**	5	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET **DL**	5	PA,QL(360 per 30 days)
LYSODREN 500 MG TABLET **DL**	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline 0.5 mg TABLET **MO**	4	
ELIGARD 7.5 MG (1 MONTH) SYRINGE **MO**	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE **MO**	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE **MO**	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE **MO**	4	PA
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
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)
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)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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
octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON DL	5	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	
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION MO	4	PA
ZOLADEX 10.8 MG IMPLANT MO	4	PA,QL(1 per 84 days)
ZOLADEX 3.6 MG IMPLANT MO	4	PA,QL(1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET GC,MO	2	
propylthiouracil 50 mg TABLET GC,MO	2	
IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION AV,DL,GC	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION DL,GC	1	
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 AV,DL,GC	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE **AV,DL,GC**	1	
ARCALYST 220 MG RECON SOLUTION **DL**	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL,GC**	1	
azathioprine 50 mg TABLET **GC,MO**	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION **AV,DL,GC**	1	
BENLYSTA 120 MG RECON SOLUTION **DL**	5	PA,QL(20 per 28 days)
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)
BENLYSTA 400 MG RECON SOLUTION **DL**	5	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE **DL**	5	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION **AV,DL,GC**	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE **AV,DL,GC**	1	
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION **MO**	4	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/0.4 ML, 40 MG/0.8 ML SYRINGE KIT **DL**	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.4 ML, 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/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT **DL**	5	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.4 ML, 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,GC**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION **DL,GC**	1	
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)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR **DL**	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION **AV,DL,GC**	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE **AV,DL,GC**	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	BvsD
ENVARSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. **MO**	4	PA
ENVARSUS XR 4 MG TABLET, ER 24 HR. **DL**	4	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 **AV,DL,GC**	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE **AV,DL,GC**	1	
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 SYRINGE **AV,DL,GC**	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE **DL,GC**	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION **DL,GC**	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT **DL**	5	PA,QL(6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
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 **AV,DL,GC**	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE **DL,GC**	1	
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION **AV,DL,GC**	1	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION **AV,DL,GC**	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	
JYLAMVO 2 MG/ML SOLUTION **DL**	4	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION **AV,DL,GC**	1	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR **DL**	5	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE **DL**	5	PA,QL(2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE **DL,GC**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
leflunomide 10 mg, 20 mg TABLET **MO**	3	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION **AV,DL,GC**	1	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION **AV,DL,GC**	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION **AV,DL,GC**	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT **AV,DL,GC**	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION **AV,DL,GC**	1	
methotrexate sodium 2.5 mg TABLET **GC,MO**	2	BvsD
methotrexate sodium 25 mg/ml SOLUTION **GC,MO**	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION **GC,MO**	2	
methotrexate sodium (pf) 25 mg/ml SOLUTION **GC,MO**	1	
MONJUVI 200 MG RECON SOLUTION **DL**	5	PA
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION **MO**	4	BvsD
mycophenolate mofetil 250 mg CAPSULE **GC,MO**	2	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
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE **DL,GC**	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION **DL,GC**	1	
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)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT **AV,DL,GC**	1	
PENTACEL (PF) 15LF-48MCG-62DU -10 MCG/0.5ML KIT **DL,GC**	1	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION **AV,DL,GC**	1	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION **AV,DL,GC**	1	
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,GC**	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION **DL,GC**	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE **DL,GC**	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION **AV,DL,GC**	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION **AV,DL,GC**	1	BvsD

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	BvsD
REZUROCK 200 MG TABLET **DL**	5	PA,QL(30 per 30 days)
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML SYRINGE **MO**	4	
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)
RINVOQ LQ 1 MG/ML SOLUTION **DL**	5	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION **DL,GC**	1	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION **DL,GC**	1	
ROTATEQ VACCINE 2 ML SOLUTION **DL,GC**	1	
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 **AV,DL,GC**	1	
SIMULECT 10 MG, 20 MG RECON SOLUTION **DL**	5	BvsD
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 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)
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)
SYLVANT 100 MG, 400 MG RECON SOLUTION **DL**	5	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE **MO**	3	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION **AV,DL,GC**	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION **AV,DL,GC**	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE **AV,DL,GC**	1	
TETANUS,DIPHTHERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION **DL,GC**	1	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	
TRUMENBA 120 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE **AV,DL,GC**	1	
TYPHIM VI 25 MCG/0.5 ML SOLUTION **AV,DL,GC**	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE **AV,DL,GC**	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION **DL,GC**	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE **DL,GC**	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION **AV,DL,GC**	1	
VAQTA (PF) 50 UNIT/ML SYRINGE **AV,DL,GC**	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION **AV,DL,GC**	1	
VARIZIG 125 UNIT/1.2 ML SOLUTION **DL**	5	PA,QL(12 per 30 days)
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION **AV,GC,MO**	1	
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML SOLUTION **DL**	5	BvsD
XATMEP 2.5 MG/ML SOLUTION **MO**	4	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR **DL,LA**	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE **DL,LA**	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR **DL,LA**	5	PA,QL(4 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 **AV,DL,GC**	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE **MO**	3	
budesonide 3 mg CAPSULE, DR/EC **MO**	4	
budesonide 9 mg TABLET, DR/ER **DL**	5	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 **GC,MO**	1	
sulfasalazine 500 mg TABLET, DR/EC **GC,MO**	2	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg, 5 mg TABLET **GC,MO**	1	QL(30 per 30 days)
alendronate 35 mg TABLET **GC,MO**	1	QL(4 per 28 days)
alendronate 70 mg TABLET **GC,MO**	1	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 **GC,MO**	2	
calcitriol 1 mcg/ml SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cinacalcet 30 mg, 60 mg TABLET **MO**	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET **MO**	4	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE **MO**	4	
doxercalciferol 4 mcg/2 ml SOLUTION **MO**	4	
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR **DL**	5	PA,QL(2.4 per 28 days)
ibandronate 150 mg TABLET **GC,MO**	2	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION **MO**	4	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE **MO**	4	PA,QL(3 per 90 days)
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 **GC,MO**	1	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION **GC,MO**	1	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg CAPSULE **MO**	4	QL(30 per 30 days)
paricalcitol 2 mcg/ml SOLUTION **MO**	3	QL(24 per 30 days)
paricalcitol 4 mcg CAPSULE **MO**	4	QL(12 per 30 days)
paricalcitol 5 mcg/ml SOLUTION **MO**	3	QL(48 per 28 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)
risedronate 150 mg TABLET **MO**	3	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET **MO**	3	QL(30 per 30 days)
risedronate 35 mg TABLET **MO**	3	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC **MO**	4	QL(4 per 28 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 4 mg/100 ml PIGGYBACK **MO**	4	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK **GC,MO**	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
acetic acid 0.25 % SOLUTION **GC,MO**	2	
acetylcysteine 200 mg/ml (20 %) SOLUTION **MO**	4	
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALCOHOL PADS PADS, MEDICATED GC,MO	1	
ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
ALCOHOL WIPES PADS, MEDICATED GC,MO	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN GC,MO	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN GC,MO	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN GC,MO	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE GC,MO	1	
BD ALCOHOL SWABS PADS, MEDICATED GC,MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE PDS,GC,MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE PDS,GC,MO	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 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" SYRINGE PDS,GC,MO	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE PDS,GC,MO	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE PDS,GC,MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE PDS,GC,MO	1	
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 PDS,GC,MO	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE PDS,GC,MO	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,GC,MO	1	
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 PDS,GC,MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE PDS,GC,MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE PDS,GC,MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE PDS,GC,MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE PDS,GC,MO	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE PDS,GC,MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE PDS,GC,MO	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE PDS,GC,MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **PDS,GC,MO**	1	
BORDERED GAUZE 2 X 2 " BANDAGE **GC,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**	3	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET **GC,MO**	2	QL(180 per 30 days)
caffeine citrate 60 mg/3 ml (20 mg/ml) SOLUTION **GC,MO**	1	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED **GC,MO**	1	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK **DL**	5	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED **GC,MO**	1	
CURITY GAUZE 2 X 2 " BANDAGE **GC,MO**	1	
DERMACEA 2 X 2 " BANDAGE **GC,MO**	1	
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 **PDS,GC,MO**	1	
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 **PDS,GC,MO**	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE **PDS,GC,MO**	1	
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 **PDS,GC,MO**	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED **GC,MO**	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE **PDS,GC,MO**	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE **MO**	3	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED **GC,MO**	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED **GC,MO**	1	
flumazenil 0.1 mg/ml SOLUTION **MO**	4	
GAUZE BANDAGE 2 X 2 " BANDAGE **GC,MO**	1	

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GAUZE PAD 2 X 2 " BANDAGE **GC,MO**	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED **GC,MO**	1	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE **PDS,GC,MO**	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE **PDS,GC,MO**	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE **PDS,GC,MO**	1	
IV PREP WIPES PADS, MEDICATED **GC,MO**	1	
KORLYM 300 MG TABLET **DL**	5	PA,QL(120 per 30 days)
lactated ringers SOLUTION **GC,MO**	1	
LAGEVRIO (EUA) 200 MG CAPSULE **MO**	3	QL(40 per 5 days)
LITHOSTAT 250 MG TABLET **MO**	4	
mifepristone 300 mg TABLET **DL**	5	PA,QL(120 per 30 days)
nitroglycerin 0.4 % (w/w) OINTMENT **MO**	4	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN **GC,MO**	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE **MO**	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE **MO**	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE **MO**	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE **MO**	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE **MO**	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE **MO**	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE **MO**	3	
OMNIPOD GO PODS CARTRIDGE **MO**	3	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE **MO**	3	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE **MO**	3	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE **MO**	3	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE **MO**	3	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE **MO**	3	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE **MO**	3	
PAXLOVID 150-100 MG TABLET, DOSE PACK **$0,MO**	3	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK **$0,MO**	3	QL(60 per 10 days)
PEN NEEDLE, DIABETIC 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 **PDS,GC,MO**	1	
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION **GC,MO**	1	

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PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION GC,MO	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
protamine 10 mg/ml SOLUTION GC,MO	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION DL	5	BvsD
ringer's SOLUTION GC,MO	1	
sodium benzoate-sod phenylacet 10-10 % SOLUTION DL	5	
sodium chloride 0.9 % SOLUTION GC,MO	2	
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION GC,MO	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED GC,MO	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED GC,MO	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED GC,MO	1	
UBRELVY 100 MG, 50 MG TABLET MO	3	PA,QL(16 per 30 days)
ULTILET ALCOHOL SWAB PADS, MEDICATED GC,MO	1	
V-GO 20 DEVICE MO	3	
V-GO 30 DEVICE MO	3	
V-GO 40 DEVICE MO	3	
water for irrigation, sterile SOLUTION GC,MO	2	
WEBCOL PADS, MEDICATED GC,MO	1	
XDEMVY 0.25 % DROPS MO	4	PA,QL(10 per 42 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT DL	5	PA
OPHTHALMIC AGENTS		
ak-poly-bac 500-10,000 unit/gram OINTMENT GC,MO	2	
ALCAINE 0.5 % DROPS GC,MO	2	
ALPHAGAN P 0.1 % DROPS MO	3	
apraclonidine 0.5 % DROPS MO	3	
atropine 1 % DROPS GC,MO	2	
ATROPINE SULFATE (PF) 1 % DROPPERETTE GC,MO	2	
azelastine 0.05 % DROPS GC,MO	2	
bacitracin 500 unit/gram OINTMENT MO	3	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT GC,MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETADINE OPHTHALMIC PREP 5 % SOLUTION MO	4	
betaxolol 0.5 % DROPS GC,MO	2	
brimonidine 0.15 % DROPS MO	3	
brimonidine 0.2 % DROPS GC,MO	1	
carteolol 1 % DROPS GC,MO	1	
CILOXAN 0.3 % OINTMENT MO	4	
ciprofloxacin hcl 0.3 % DROPS GC,MO	1	
COMBIGAN 0.2-0.5 % DROPS MO	3	QL(5 per 25 days)
cromolyn 4 % DROPS GC,MO	1	
cyclopentolate 0.5 %, 1 %, 2 % DROPS MO	4	
CYSTARAN 0.44 % DROPS DL	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS GC,MO	2	
diclofenac sodium 0.1 % DROPS GC,MO	2	
dorzolamide 2 % DROPS GC,MO	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS GC,MO	1	
erythromycin 5 mg/gram (0.5 %) OINTMENT GC,MO	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION MO	3	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION MO	3	
flurbiprofen sodium 0.03 % DROPS GC,MO	2	
gatifloxacin 0.5 % DROPS MO	3	QL(2.5 per 25 days)
gentak 0.3 % (3 mg/gram) OINTMENT GC,MO	2	
gentamicin 0.3 % DROPS GC,MO	2	
ILEVRO 0.3 % DROPS, SUSPENSION MO	3	QL(3 per 30 days)
ketorolac 0.4 % DROPS GC,MO	2	QL(10 per 30 days)
ketorolac 0.5 % DROPS GC,MO	2	QL(10 per 30 days)
latanoprost 0.005 % DROPS GC,MO	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS GC,MO	1	
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	
NATACYN 5 % DROPS, SUSPENSION MO	4	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT GC,MO	2	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 **GC,MO**	2	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT **GC,MO**	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION **GC,MO**	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS **GC,MO**	2	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION **MO**	3	
ofloxacin 0.3 % DROPS **GC,MO**	2	
olopatadine 0.1 % DROPS **MO**	3	
olopatadine 0.2 % DROPS **GC,MO**	2	
PHOSPHOLINE IODIDE 0.125 % DROPS **MO**	4	
pilocarpine hcl 1 %, 2 %, 4 % DROPS **MO**	3	
polycin 500-10,000 unit/gram OINTMENT **GC,MO**	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS **GC,MO**	1	
prednisolone acetate 1 % DROPS, SUSPENSION **MO**	3	
prednisolone sodium phosphate 1 % DROPS **GC,MO**	2	
proparacaine 0.5 % DROPS **GC,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 **GC,MO**	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS **GC,MO**	2	
timolol maleate 0.25 % DROPS **GC,MO**	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION **MO**	4	
timolol maleate 0.5 % DROPS **GC,MO**	1	
timolol maleate 0.5 % DROPS, ONCE DAILY **MO**	3	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE **MO**	3	
tobramycin 0.3 % DROPS **GC,MO**	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION **GC,MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
travoprost 0.004 % DROPS **MO**	3	QL(2.5 per 25 days)
trifluridine 1 % DROPS **MO**	3	
VYZULTA 0.024 % DROPS **MO**	4	QL(2.5 per 25 days)
ZERVIATE 0.24 % DROPPERETTE **MO**	4	QL(60 per 30 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS **GC,MO**	2	
hydrocortisone-acetic acid 1-2 % DROPS **MO**	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION **GC,MO**	2	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION **GC,MO**	2	
ofloxacin 0.3 % DROPS **MO**	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION **MO**	3	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)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER **MO**	3	QL(12 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 **GC,MO**	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET **MO**	4	
albuterol sulfate 2 mg/5 ml SYRUP **GC,MO**	1	
albuterol sulfate 4 mg, 8 mg TABLET, ER 12 HR. **MO**	4	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER **MO**	3	QL(36 per 30 days)
alyq 20 mg TABLET **MO**	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET **DL**	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION **GC,MO**	2	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION **MO**	4	BvsD,QL(120 per 30 days)
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, 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 %) SPRAY, NON-AEROSOL **GC,MO**	2	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL **MO**	3	QL(30 per 25 days)
BEVESPI AEROSPHERE 9-4.8 MCG HFA AEROSOL INHALER **MO**	4	QL(10.7 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 GC,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 MO	3	BvsD
cyproheptadine 4 mg TABLET MO	4	
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)
epoprostenol (glycine) 0.5 mg, 1.5 mg RECON SOLUTION DL	5	PA
FASENRA PEN 30 MG/ML AUTO-INJECTOR DL	5	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL MO	3	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 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 propion-salmeterol 250-50 mcg/dose BLISTER WITH DEVICE MO	3	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION GC,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 GC,MO	2	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL GC,MO	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL GC,MO	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION GC,MO	2	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET DL	5	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET DL	5	PA,QL(60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER **MO**	4	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET **GC,MO**	1	QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL **MO**	4	QL(34 per 30 days)
montelukast 10 mg TABLET **GC,MO**	1	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 **GC,MO**	1	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)
OPSYNVI 10-20 MG, 10-40 MG TABLET **DL**	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)
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) 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(30.6 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)
tadalafil (pulm. hypertension) 20 mg TABLET **MO**	4	PA,QL(60 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	
theophylline in dextrose 5 % 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml PARENTERAL SOLUTION **MO**	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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)
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE **MO**	3	QL(60 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**	4	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET **GC,MO**	2	
methocarbamol 500 mg, 750 mg TABLET **GC,MO**	2	
vanadom 350 mg TABLET **MO**	4	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)
eszopiclone 1 mg, 2 mg, 3 mg TABLET **MO**	4	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**	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**	3	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE **MO**	3	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET **GC,MO**	2	QL(30 per 30 days)

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CarePlus Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Erectile Dysfunction		
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
Vitamins/Minerals		
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
dodex 1,000 mcg/ml SOLUTION	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	

Your CarePlus plan has additional coverage of some drugs. These drugs are not normally covered under Medicare Part D. These drugs are not subject to the Medicare appeals process. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (in other words, the amount you pay does not help you qualify for catastrophic coverage).

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IMPORTANT!

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does 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. CarePlus complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance with:
  CarePlus Health Plans, Inc. Attention: Grievances and Appeals Department.
  PO Box 277810, Miramar, FL 33027.
  If you need help filing a grievance, call Member Services at **1-800-794-5907 (TTY: 711)**. October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their 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)**.

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. 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters 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

Form Approved
OMB# 0938-1421

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 1-800-794-5907 (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 1-800-794-5907 (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 1-800-794-5907 (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 1-800-794-5907 (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 1-800-794-5907 (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 1-800-794-5907 (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 1-800-794-5907 (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 1-800-794-5907 (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 제공하고있습니다 . 통역 서비스를 이용하려면 전화 1-800-794-5907 (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 1-800-794-5907 (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 (برقياً: 711) 1-800-794-5907. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي 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 1-800-794-5907 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-794-5907 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-794-5907 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-794-5907 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notes

Notes

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H1019-108, 109, 121, 122, 130, 141

This formulary was updated on 12/02/2024. For more recent information or other questions, please contact CarePlus Member Services, at **1-800-794-5907** or for TTY users, **711**. From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after-hours, Saturdays, Sundays, and holidays and we will return your call within one business day, or visit **CarePlusHealthPlans.com**.