

2019

# Prescription Drug Guide

## **Humana Formulary**

List of covered drugs

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

Humana Gold Plus (HMO)  
Humana Community (HMO)

This formulary was updated on 09/27/2018. For more recent information or other questions, please contact Humana at 1-800-457-4708 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that the automated phone system may answer your call during weekends and holidays from Apr. 1 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit [Humana.com](http://Humana.com).

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

**Humana**<sup>®</sup>



# Welcome to Humana!

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us," or "our," it means Humana. When it refers to "plan" or "our plan," it means Humana. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. 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 Humana Medicare formulary?

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

## Can the formulary change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose your plan, except for cases in which you can save additional money or we can ensure your safety. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the 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 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'll notify members who are affected by the following changes to the formulary:

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

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

We'll notify you by mail at least 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 January 1, 2019. We'll update the printed formularies each month and they'll be available on **Humana.com/medicaredruglist**.

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

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

### **How do I use the formulary?**

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

#### **Medical condition**

The formulary starts on page 10. We've put the drugs into groups depending on the type of medical conditions that they're used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular 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're not sure about your drug's group, you should look for your drug in the Index that begins on page 103. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.

Humana covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

## How much will I pay for covered drugs?

Humana pays part of the costs for your covered drugs and you pay part of the costs, too.

The amount of money you pay depends on:

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

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

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

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

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

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

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

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

## Does healthcare reform impact my coverage?

Since 2011, Medicare has made changes to help with the cost of drugs while members are in the Prescription Drug Plan coverage gap, which is often called the "donut hole." The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 70 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy ("Extra Help") or are covered by a qualified, commercial prescription plan through an employer won't get this discount.

## What if my drug isn't on the formulary?

If your drug isn't included in this list of covered drugs, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) to see if your plan covers your drug. You can also call Customer Care and ask if your drug is covered.

If Humana doesn't cover your drug, you have two options:

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

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

## How do I request an exception to the formulary?

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

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

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

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

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

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

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

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

- We'll temporarily cover 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've been a member of the plan for less than 90 days, unless a formulary exception has been approved.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on the formulary, we'll cover a 30-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 30 days of a drug) during the first 90 days you're a member of our plan. We'll cover a

31-day emergency supply of your drug unless you have a prescription for fewer days (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's not on the formulary *or*
- You have limited ability to get your drugs *and*
- You're past the first 90 days of membership in the plan

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

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy
- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana will cover as much as a 30-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana will review requests for continuation of therapy on a case-by-case basis understanding when you're on a stabilized drug regimen that, if changed, is known to have risks.

### **Transition extension**

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

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

### **Humana-Medicare.com - Find a Plan**

Need help choosing the plan that's right for you. Go to **Humana-Medicare.com**, enter your ZIP code, and click "Go" to use the online comparison tools. You can learn about your coverage choices, compare benefits, and estimate your yearly costs with various plans. You can also estimate your monthly drug costs and get more information about your drugs.

### **Humana Pharmacy® makes it easy to manage your prescriptions with mail delivery solutions**

You may be able to fill your medicines through Humana Pharmacy – Humana's mail-delivery pharmacy. You can have your maintenance medicines, specialty medicines, or supplies mailed to a place that's most convenient for you. You should get your new prescription by mail in 7 – 10 days after Humana Pharmacy has received your prescription and all the necessary information. Refills should arrive within 5 – 7 days. To get started or learn more, visit [hprxweb.com](http://hprxweb.com). You can also call Humana Pharmacy at 1-855-899-3134 (TTY: 711) Monday – Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m., Eastern time.

Other pharmacies are available in our network.

## For More Information

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

If you have questions about Humana, please visit our website at **[Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist)**. The Drug List Search tool lets you search for your drug by name or drug type.

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

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



## Humana Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

Your Humana plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 102.

### How to read your formulary

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

**DL** - Dispensing Limit; Drugs that may be limited to a 30 day supply

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Analgesics</b>		
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 <b>DL</b>	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet <b>DL</b>	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet <b>DL</b>	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet <b>DL</b>	3	QL (180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM <b>DL</b>	3	QL (60 per 30 days)
butalb-acetaminoph-caff-codein <b>DL</b>	4	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein <b>DL</b>	4	PA,QL (360 per 30 days)
butorphanol 1 mg/ml vial <b>DL</b>	4	QL (960 per 30 days)
butorphanol 10 mg/ml spray <b>DL</b>	4	QL (5 per 28 days)
butorphanol 2 mg/ml vial <b>DL</b>	4	QL (480 per 30 days)
CAPITAL WITH CODEINE SUSP <b>DL</b>	4	QL (2700 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diclofenac sod ec 25 mg tab <b>MO</b>	3	
diclofenac sod ec 50 mg, 75 mg tab <b>MO</b>	2	
diclofenac sod er 100 mg tab <b>MO</b>	2	
diclofenac sodium 1% gel <b>MO</b>	3	
diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb <b>MO</b>	4	
EMBEDA 100 MG-4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 20 MG-0.8 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 30 MG-1.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 50 MG-2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 60 MG-2.4 MG CAPSULE, EXTEND RELEASE, ORAL ONLY; EMBEDA 80 MG-3.2 MG CAPSULE, EXTEND RELEASE, ORAL ONLY <b>DL</b>	3	QL (60 per 30 days)
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet <b>DL</b>	3	QL (360 per 30 days)
etodolac 200 mg, 300 mg capsule <b>MO</b>	3	
etodolac 400 mg, 500 mg tablet <b>MO</b>	3	
etodolac er 400 mg, 500 mg, 600 mg tablet <b>MO</b>	4	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch <b>DL</b>	4	QL (20 per 30 days)
fentanyl cit ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate ofc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg <b>DL</b>	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul <b>DL</b>	4	QL (720 per 30 days)
fentanyl 100 mcg/2 ml syringe <b>DL</b>	4	QL (720 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH <b>MO</b>	4	PA,QL (60 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
flurbiprofen 100 mg, 50 mg tablet <b>MO</b>	2	
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 <b>DL</b>	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 <b>DL</b>	3	QL (2700 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg <b>DL</b>	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 <b>DL</b>	3	QL (150 per 30 days)
hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpuct <b>DL</b>	4	QL (720 per 30 days)
hydromorphone 2 mg, 4 mg tablet <b>DL</b>	3	QL (360 per 30 days)
hydromorphone 2 mg/ml isecure <b>DL</b>	4	QL (360 per 30 days)
hydromorphone 2 mg/ml vial <b>DL</b>	4	QL (360 per 30 days)
hydromorphone 4 mg/ml carpuct <b>DL</b>	4	QL (180 per 30 days)
hydromorphone 8 mg tablet <b>DL</b>	3	QL (240 per 30 days)
hydromorphone hcl 1 mg/ml amp <b>DL</b>	4	QL (720 per 30 days)
hydromorphone hcl 4 mg/ml amp <b>DL</b>	4	QL (180 per 30 days)
hydromorphone 1 mg/ml vial <b>DL</b>	4	QL (720 per 30 days)
hydromorphone 2 mg/ml vial <b>DL</b>	4	QL (360 per 30 days)
hydromorphone 4 mg/ml vial <b>DL</b>	4	QL (180 per 30 days)
hydromorphone hcl 10 mg/ml vl <b>DL</b>	4	QL (144 per 30 days)
ibu 400 mg, 600 mg, 800 mg tablet <b>MO</b>	1	
ibuprofen 100 mg/5 ml susp <b>MO</b>	2	
ibuprofen 400 mg, 600 mg, 800 mg tablet <b>MO</b>	1	
indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule <b>MO</b>	4	PA
ketoprofen 25 mg, 50 mg, 75 mg capsule <b>MO</b>	3	
meloxicam 15 mg tablet <b>MO</b>	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet <b>MO</b>	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp <b>MO</b>	4	QL (300 per 30 days)
methadone 10 mg/5 ml solution <b>DL</b>	3	QL (1800 per 30 days)
methadone 10 mg/ml oral conc <b>DL</b>	3	QL (360 per 30 days)
methadone 5 mg/5 ml solution <b>DL</b>	3	QL (3600 per 30 days)
methadone hcl 10 mg tablet <b>DL</b>	3	QL (240 per 30 days)
methadone hcl 10 mg/ml vial <b>DL</b>	3	QL (360 per 30 days)
methadone hcl 5 mg tablet <b>DL</b>	3	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate <b>DL</b>	3	QL (360 per 30 days)
morphine sulf 10 mg/5 ml soln <b>DL</b>	3	QL (2700 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
morphine sulf 20 mg/5 ml soln <b>DL</b>	3	QL (1350 per 30 days)
morphine sulf er 100 mg tablet <b>DL</b>	3	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet <b>DL</b>	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet <b>DL</b>	3	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial <b>DL</b>	4	QL (360 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab <b>DL</b>	3	QL (180 per 30 days)
morphine sulf 100 mg/5 ml soln <b>DL</b>	3	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet <b>MO</b>	2	
naproxen 250 mg, 375 mg, 500 mg tablet <b>MO</b>	1	
naproxen dr 375 mg, 500 mg tablet <b>MO</b>	2	
naproxen sod cr 375 mg tablet <b>MO</b>	4	ST,QL (120 per 30 days)
naproxen sod cr 500 mg tablet <b>MO</b>	4	ST,QL (90 per 30 days)
naproxen sodium 275 mg, 550 mg tab <b>MO</b>	4	
NUCYNTA 100 MG, 50 MG, 75 MG TABLET <b>DL</b>	4	ST,QL (180 per 30 days)
oxaprozin 600 mg caplet <b>MO</b>	4	
oxycodon 10 mg/0.5 ml oral syr <b>DL</b>	4	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet <b>DL</b>	3	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml soln <b>DL</b>	4	QL (270 per 30 days)
oxycodone hcl 5 mg capsule <b>DL</b>	4	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln <b>DL</b>	4	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 <b>DL</b>	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 <b>DL</b>	4	QL (360 per 30 days)
oxymorphone hcl 10 mg, 5 mg tablet <b>DL</b>	4	QL (360 per 30 days)
pentazocine-naloxone tablet <b>DL</b>	4	QL (360 per 30 days)
piroxicam 10 mg, 20 mg capsule <b>MO</b>	3	
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet <b>DL</b>	5	QL (390 per 30 days)
sulindac 150 mg, 200 mg tablet <b>MO</b>	2	
tramadol hcl 50 mg tablet <b>DL</b>	2	QL (240 per 30 days)
tramadol hcl er 100 mg, 200 mg, 300 mg tablet <b>DL</b>	3	QL (30 per 30 days)
tramadol-acetaminophn 37.5-325 <b>DL</b>	3	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE <b>DL</b>	3	QL (60 per 30 days)
<b>Anesthetics</b>		
bupivacaine 0.25% vial; bupivacaine 0.5% vial <b>MO</b>	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial <b>MO</b>	1	
lidocaine 5% patch <b>MO</b>	4	PA,QL (90 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine 5% in d7.5w ampul <sup>MO</sup>	1	
lidocaine hcl 2% jelly <sup>MO</sup>	2	
lidocaine viscous 2 % mucosal solution <sup>MO</sup>	2	
lidocaine 0.5%-epi 1:200,000 <sup>MO</sup>	2	
lidocaine-prilocaine cream <sup>MO</sup>	4	
mepivacaine hcl 3% cartridge <sup>MO</sup>	1	
polocaine 1 % (10 mg/ml), 2 % injection solution <sup>MO</sup>	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution <sup>MO</sup>	1	
ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vial <sup>MO</sup>	4	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
acamprosate calc dr 333 mg tab <sup>MO</sup>	4	
buprenorphine 2 mg, 8 mg tablet sl <sup>MO</sup>	3	QL (90 per 30 days)
bupropion hcl sr 150 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET <sup>MO</sup>	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET <sup>MO</sup>	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK <sup>MO</sup>	4	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet <sup>MO</sup>	4	
naloxone 0.4 mg/ml vial <sup>MO</sup>	2	
naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe <sup>MO</sup>	3	
naltrexone 50 mg tablet <sup>MO</sup>	2	
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY <sup>MO</sup>	3	QL (2 per 30 days)
NICOTROL NS 10 MG/ML NASAL SPRAY <sup>MO</sup>	4	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE <sup>DL</sup>	5	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET <sup>MO</sup>	3	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET <sup>MO</sup>	3	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET <sup>MO</sup>	3	QL (60 per 30 days)
<b>Antibacterials</b>		
acetic acid 2% ear solution <sup>MO</sup>	2	
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial <sup>MO</sup>	4	
amoxicillin 125 mg, 250 mg tab chew <sup>MO</sup>	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amoxicillin 250 mg, 500 mg capsule <b>MO</b>	1	
amoxicillin 500 mg, 875 mg tablet <b>MO</b>	1	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp <b>MO</b>	2	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet <b>MO</b>	2	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp <b>MO</b>	2	
ampicillin 250 mg, 500 mg capsule <b>MO</b>	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial <b>MO</b>	4	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial <b>MO</b>	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET <b>MO</b>	4	PA
azithromycin 1 gm pwd packet <b>MO</b>	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp <b>MO</b>	3	
azithromycin 250 mg, 500 mg tablet <b>MO</b>	2	
azithromycin 600 mg tablet <b>MO</b>	2	QL (16 per 60 days)
azithromycin i.v. 500 mg vial <b>MO</b>	2	
aztreonam 1 gm vial <b>MO</b>	4	
aztreonam 2 gm vial <b>DL</b>	5	
baciim 50,000 unit intramuscular solution <b>MO</b>	4	
bacitracin 50,000 unit vial <b>MO</b>	2	
bacitracin 500 unit/gm ophth <b>MO</b>	4	
BESIVANCE 0.6 % EYE DROPS,SUSPENSION <b>MO</b>	3	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION <b>DL</b>	5	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
cefaclor 250 mg, 500 mg capsule <b>MO</b>	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp <b>MO</b>	3	
cefadroxil 500 mg capsule <b>MO</b>	2	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial <b>MO</b>	3	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose <b>MO</b>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefdinir 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	3	
cefdinir 300 mg capsule <sup>MO</sup>	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial <sup>MO</sup>	4	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml <sup>MO</sup>	4	
cefepime 1 gm injection; cefepime 2 gm injection <sup>MO</sup>	4	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial <sup>MO</sup>	2	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial <sup>MO</sup>	4	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag <sup>MO</sup>	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial <sup>MO</sup>	4	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag <sup>MO</sup>	4	
cefpodoxime 100 mg, 200 mg tablet <sup>MO</sup>	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	4	
cefprozil 250 mg, 500 mg tablet <sup>MO</sup>	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial <sup>MO</sup>	4	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback <sup>MO</sup>	4	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial <sup>MO</sup>	3	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag <sup>MO</sup>	3	
cefuroxime axetil 250 mg, 500 mg tab <sup>MO</sup>	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial <sup>MO</sup>	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp <sup>MO</sup>	2	
cephalexin 250 mg, 500 mg capsule <sup>MO</sup>	2	
chloramphen na succ 1 gm vl <sup>MO</sup>	3	
CILOXAN 0.3 % EYE OINTMENT <sup>MO</sup>	4	
ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet <sup>MO</sup>	3	
ciprofloxacin 0.2% otic soln <sup>MO</sup>	4	
ciprofloxacin 0.3% eye drop <sup>MO</sup>	1	
ciprofloxacin hcl 100 mg tab <sup>MO</sup>	4	
ciprofloxacin hcl 250 mg, 500 mg, 750 mg tab <sup>MO</sup>	1	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml <sup>MO</sup>	2	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vl <sup>MO</sup>	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus <sup>MO</sup>	4	
clarithromycin 250 mg, 500 mg tablet <sup>MO</sup>	3	
clarithromycin er 500 mg tab <sup>MO</sup>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLEOCIN 100 MG VAGINAL SUPPOSITORY <b>MO</b>	4	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY <b>DL</b>	5	PA
clindamycin hcl 150 mg, 300 mg, 75 mg capsule <b>MO</b>	2	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns <b>MO</b>	4	B vs D
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml <b>MO</b>	4	
clindamycin 75 mg/5 ml soln <b>MO</b>	4	
clindamycin pediatric 75 mg/5 ml oral solution <b>MO</b>	4	
clindamycin 1 %, 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan; clindamycin ph 1% solution; clindamycin ph 900 mg/6 ml vl <b>MO</b>	3	
clindamycin 2% vaginal cream <b>MO</b>	4	
clindamycin ph 1% gel <b>MO</b>	4	
clindamycin phos 1% pledget <b>MO</b>	3	
clindamycin phosp 1% lotion <b>MO</b>	4	
clindamycin phosphate 1% gel <b>DL</b>	5	PA
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE <b>MO</b>	4	
colistimethate 150 mg vial <b>MO</b>	4	
daptomycin 350 mg, 500 mg vial <b>DL</b>	5	
demeclocycline 150 mg, 300 mg tablet <b>MO</b>	4	
dicloxacillin 250 mg, 500 mg capsule <b>MO</b>	2	
DIFICID 200 MG TABLET <b>DL</b>	5	QL (20 per 10 days)
doripenem 250 mg, 500 mg vial <b>MO</b>	4	
doxy-100 100 mg intravenous solution <b>MO</b>	4	
doxycycline hyc 100 mg vial <b>MO</b>	4	
doxycycline hyclate 100 mg, 20 mg tab <b>MO</b>	3	
doxycycline hyclate 100 mg, 50 mg cap <b>MO</b>	3	
doxycycline 25 mg/5 ml susp <b>MO</b>	4	
doxycycline mono 100 mg, 50 mg cap <b>MO</b>	2	QL (60 per 30 days)
doxycycline mono 100 mg, 50 mg, 75 mg tablet <b>MO</b>	3	
ertapenem 1 gram vial <b>DL</b>	5	
ery pads 2 % topical swab <b>MO</b>	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	
erythromycin 0.5% eye ointment <b>MO</b>	2	
erythromycin dr 250 mg cap <b>MO</b>	4	
erythromycin 2% pledgets <b>MO</b>	3	
erythromycin 2% solution <b>MO</b>	2	
gatifloxacin 0.5% eye drops <b>MO</b>	4	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment <b>MO</b>	2	

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 0.1% cream <b>MO</b>	3	
gentamicin 0.1% ointment <b>MO</b>	3	
gentamicin 0.3% eye drop <b>MO</b>	2	
gentamicin 0.3% eye ointment <b>MO</b>	2	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial <b>MO</b>	2	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml <b>MO</b>	2	
gentamicin ped 20 mg/2 ml vial <b>MO</b>	2	
gentamicin 10 mg/ml vial <b>MO</b>	2	
imipenem-cilastatin 250 mg, 500 mg vl <b>MO</b>	4	
INVANZ 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM SOLUTION FOR INJECTION <b>DL</b>	5	
levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial <b>MO</b>	4	
levofloxacin 250 mg, 500 mg, 750 mg tablet <b>MO</b>	2	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w <b>MO</b>	4	
lincomycin hcl 600 mg/2 ml vl <b>MO</b>	4	
linezolid 100 mg/5 ml susp <b>DL</b>	5	QL (1800 per 30 days)
linezolid 600 mg tablet <b>MO</b>	4	
linezolid 600 mg/300 ml-d5w <b>DL</b>	5	
linezolid 600mg/300ml-0.9%nacl <b>DL</b>	5	
mafenide acetate 50 gm powd pk <b>MO</b>	4	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial <b>MO</b>	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 <b>MO</b>	4	
methenamine hipp 1 gm tablet <b>MO</b>	4	
metronidazole 0.75% cream <b>MO</b>	4	
metronidazole 0.75% lotion <b>MO</b>	4	
metronidazole 250 mg, 500 mg tablet <b>MO</b>	2	
metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl <b>MO</b>	4	
metronidazole 500 mg/100 ml <b>MO</b>	4	
minocycline 100 mg, 50 mg, 75 mg capsule <b>MO</b>	1	
MONUROL 3 GRAM ORAL PACKET <b>MO</b>	4	
moxifloxacin 0.5% eye drops <b>MO</b>	3	
moxifloxacin hcl 400 mg tablet <b>MO</b>	4	
mupirocin 2% ointment <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nafcillin 1 gm add-van vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial <b>DL</b>	5	
nafcillin 1 gm vial <b>MO</b>	4	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj <b>DL</b>	5	
neomycin 500 mg tablet <b>MO</b>	3	
neomy-polymyxin b 40 mg/ml amp <b>MO</b>	3	
nitrofurantoin 25 mg/5 ml susp <b>MO</b>	4	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 50 mg cap <b>MO</b>	4	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg <b>MO</b>	4	QL (90 per 365 days)
ofloxacin 0.3% ear drops <b>MO</b>	4	
ofloxacin 0.3% eye drops <b>MO</b>	2	
ofloxacin 300 mg, 400 mg tablet <b>MO</b>	4	
ORACEA 40 MG CAPSULE, IMMEDIATE - DELAY RELEASE <b>MO</b>	4	PA, QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION <b>DL</b>	5	QL (3 per 28 days)
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial <b>MO</b>	4	
oxacillin 10 gm vial <b>DL</b>	5	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj <b>MO</b>	4	
paromomycin 250 mg capsule <b>MO</b>	4	
pen g k 1 million unit/50 ml <b>DL</b>	5	
pen g k 2 million unit/50 ml, 3 million unit/50 ml <b>MO</b>	4	
penicillin g k 5 million unit <b>DL</b>	5	
penicillin gk 20 million unit <b>MO</b>	4	
pen g 1.2 million unit/2 ml <b>MO</b>	4	
penicillin g 600,000 unit/1 ml <b>DL</b>	5	
penicillin g na 5 million unit <b>DL</b>	5	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln <b>MO</b>	2	
penicillin vk 250 mg, 500 mg tablet <b>MO</b>	2	
pfizerpen-g 20 million unit, 5 million unit solution for injection <b>DL</b>	5	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial <b>MO</b>	4	
polymyxin b sulfatate vial <b>MO</b>	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION <b>MO</b>	4	
silver sulfadiazine 1% cream <b>MO</b>	2	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION <b>DL</b>	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET <b>DL</b>	5	QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SSD 1 % TOPICAL CREAM <b>MO</b>	2	
streptomycin sulf 1 gm vial <b>DL</b>	5	
sulfacetamide 10% eye drops <b>MO</b>	2	
sulfacetamide 10% eye ointment <b>MO</b>	3	
sulfacetamide sod 10% top susp <b>MO</b>	4	
sulfadiazine 500 mg tablet <b>MO</b>	4	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet <b>MO</b>	1	
sulfamethoxazole-tmp inj vial <b>MO</b>	4	
sulfamethoxazole-tmp susp <b>MO</b>	4	
SUPRAX 400 MG CAPSULE <b>MO</b>	4	
SYNERCID 500 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
tigecycline 50 mg vial <b>DL</b>	5	
tinidazole 250 mg, 500 mg tablet <b>MO</b>	3	
tobramycin 0.3% eye drop <b>MO</b>	2	
tobramycin 10 mg/ml, 40 mg/ml vial <b>MO</b>	2	
TOBREX 0.3 % EYE OINTMENT <b>MO</b>	4	
trimethoprim 100 mg tablet <b>MO</b>	2	
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial <b>MO</b>	4	
vancomycin hcl 125 mg capsule <b>DL</b>	4	QL (120 per 30 days)
vancomycin hcl 250 mg capsule <b>DL</b>	5	QL (240 per 30 days)
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl <b>MO</b>	4	
vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag <b>MO</b>	4	
VIGAMOX 0.5 % EYE DROPS <b>MO</b>	4	PA
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION <b>DL</b>	5	
<b>Anticonvulsants</b>		
APTIOM 200 MG, 400 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET <b>DL</b>	5	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET <b>DL</b>	5	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION <b>DL</b>	5	PA,QL (600 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION <b>MO</b>	4	PA
BUTISOL 30 MG TABLET <b>MO</b>	4	PA
carbamazepine 100 mg tab chew <b>MO</b>	3	
carbamazepine 100 mg/5 ml susp <b>MO</b>	4	
carbamazepine 200 mg tablet <b>MO</b>	3	
carbamazepine er 100 mg, 200 mg, 300 mg cap <b>MO</b>	4	
carbamazepine er 100 mg, 400 mg tablet <b>MO</b>	4	
carbamazepine er 200 mg tablet <b>MO</b>	4	QL (120 per 30 days)
CELONTIN 300 MG CAPSULE <b>MO</b>	4	
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT <b>DL</b>	4	
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg rectal gel sys; diazepam 20 mg rectal gel syst <b>DL</b>	4	
DILANTIN 30 MG CAPSULE <b>MO</b>	4	
DILANTIN EXTENDED 100 MG CAPSULE <b>MO</b>	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET <b>MO</b>	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
divalproex dr 125 mg cap sprnk <b>MO</b>	3	
divalproex sod dr 125 mg, 250 mg, 500 mg tab <b>MO</b>	2	
divalproex sod er 250 mg, 500 mg tab <b>MO</b>	4	
epitol 200 mg tablet <b>MO</b>	3	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	
ethosuximide 250 mg capsule <b>MO</b>	4	
ethosuximide 250 mg/5 ml soln <b>MO</b>	4	
felbamate 400 mg, 600 mg tablet <b>MO</b>	4	
felbamate 600 mg/5 ml susp <b>DL</b>	5	
fosphephenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphephenytoin 100 mg pe/2 ml, 500 mg pe/10 ml v1 <b>MO</b>	3	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule <b>MO</b>	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln <b>MO</b>	4	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet <b>MO</b>	2	QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine tab start kt-green; lamotrigine tab start kt-orang <b>MO</b>	2	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet <b>MO</b>	4	
lamotrigine odt 100 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange) <b>MO</b>	4	
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet <b>MO</b>	2	
levetiracetam 100 mg/ml soln <b>MO</b>	2	
levetiracetam 500 mg/5 ml soln; levetiracetam 500 mg/5 ml, 500 mg/5 ml (5 ml) vial <b>MO</b>	4	
levetiracetam er 500 mg, 750 mg tablet <b>MO</b>	3	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 <b>MO</b>	2	
ONFI 10 MG, 20 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (480 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg tablet <b>MO</b>	3	
oxcarbazepine 300 mg/5 ml susp <b>MO</b>	4	
PEGANONE 250 MG TABLET <b>MO</b>	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet <b>MO</b>	3	PA,QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet <b>MO</b>	3	PA,QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix <b>MO</b>	4	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet <b>MO</b>	3	PA,QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE <b>MO</b>	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp <b>MO</b>	2	
phenytoin 50 mg tablet chew <b>MO</b>	2	
phenytoin 50 mg/ml syringe <b>MO</b>	4	
phenytoin 50 mg/ml vial <b>MO</b>	4	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap <b>MO</b>	2	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET <b>DL</b>	5	PA
primidone 250 mg, 50 mg tablet <b>MO</b>	2	
roweepra 1,000 mg, 500 mg, 750 mg tablet <b>MO</b>	2	
roweepra xr 500 mg, 750 mg tablet,extended release <b>MO</b>	3	
SABRIL 500 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION <b>MO</b>	4	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet <b>MO</b>	2	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack <b>MO</b>	2	

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subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack <sup>MO</sup>	2	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack <sup>MO</sup>	2	
TEGRETOL XR 100 MG, 400 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	QL (120 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet <sup>MO</sup>	4	
topiramate 100 mg, 200 mg, 50 mg tablet <sup>MO</sup>	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap <sup>MO</sup>	2	
topiramate 25 mg tablet <sup>MO</sup>	2	QL (90 per 30 days)
valproate sod 500 mg/5 ml vl <sup>MO</sup>	2	
valproic acid 250 mg capsule <sup>MO</sup>	2	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol <sup>MO</sup>	2	
vigabatrin 500 mg powder packt <sup>DL</sup>	5	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet <sup>DL</sup>	5	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION <sup>MO</sup>	4	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET <sup>MO</sup>	4	
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	
zonisamide 100 mg, 25 mg, 50 mg capsule <sup>MO</sup>	2	
<b>Antidementia Agents</b>		
donepezil hcl 10 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
galantamine 4 mg/ml oral soln <sup>MO</sup>	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule <sup>MO</sup>	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
memantine 5-10 mg titration pk <sup>MO</sup>	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet <sup>MO</sup>	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution <sup>MO</sup>	4	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule <sup>MO</sup>	3	PA,QL (30 per 30 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE <sup>MO</sup>	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK <sup>MO</sup>	3	QL (28 per 28 days)
rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch <sup>MO</sup>	4	QL (30 per 30 days)
rivastigmine 1.5 mg, 3 mg capsule <sup>MO</sup>	4	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg capsule <sup>MO</sup>	4	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>Antidepressants</b>		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab <sup>MO</sup>	3	PA
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet <sup>MO</sup>	4	PA
bupropion hcl 100 mg, 75 mg tablet <sup>MO</sup>	3	QL (180 per 30 days)
bupropion hcl xl 150 mg tablet <sup>MO</sup>	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml soln <sup>MO</sup>	3	
citalopram hbr 20 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule <sup>MO</sup>	4	PA
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	4	PA
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb <sup>MO</sup>	3	QL (30 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap <sup>MO</sup>	2	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH <sup>DL</sup>	5	QL (30 per 30 days)
escitalopram 10 mg tablet <sup>MO</sup>	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml <sup>MO</sup>	4	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE <sup>MO</sup>	4	PA, QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE, EXTENDED RELEASE, 24 HR, DOSE PACK <sup>MO</sup>	4	PA, QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution <sup>MO</sup>	2	
fluoxetine dr 90 mg capsule <sup>MO</sup>	4	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg capsule <sup>MO</sup>	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule <sup>MO</sup>	1	QL (120 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab <sup>MO</sup>	2	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg tablet <sup>MO</sup>	3	PA
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap <sup>MO</sup>	4	PA
maprotiline 25 mg, 50 mg, 75 mg tablet <sup>MO</sup>	4	
MARPLAN 10 MG TABLET <sup>MO</sup>	4	
mirtazapine 15 mg, 30 mg, 45 mg odt <sup>MO</sup>	4	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 45 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet <sup>MO</sup>	2	
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet <sup>MO</sup>	4	
nortriptyline 10 mg/5 ml soln <sup>MO</sup>	4	PA
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap <sup>MO</sup>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg <sup>MO</sup>	4	QL (30 per 30 days)
paroxetine er 12.5 mg, 37.5 mg tablet <sup>MO</sup>	4	PA,QL (60 per 30 days)
paroxetine er 25 mg tablet <sup>MO</sup>	4	PA,QL (90 per 30 days)
paroxetine hcl 10 mg, 20 mg tablet <sup>MO</sup>	3	PA,QL (30 per 30 days)
paroxetine hcl 30 mg, 40 mg tablet <sup>MO</sup>	3	PA,QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION <sup>MO</sup>	4	PA
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab <sup>MO</sup>	4	PA
phenelzine sulfate 15 mg tab <sup>MO</sup>	3	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	4	PA,QL (30 per 30 days)
protriptyline hcl 10 mg, 5 mg tablet <sup>MO</sup>	4	PA
sertraline 20 mg/ml oral conc <sup>MO</sup>	3	
sertraline hcl 100 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet <sup>MO</sup>	1	QL (90 per 30 days)
tranylcypromine sulf 10 mg tab <sup>MO</sup>	4	
trazodone 100 mg, 150 mg, 50 mg tablet <sup>MO</sup>	1	
trazodone 300 mg tablet <sup>MO</sup>	3	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp <sup>MO</sup>	4	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET <sup>MO</sup>	4	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet <sup>MO</sup>	2	
venlafaxine hcl er 150 mg cap <sup>MO</sup>	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap <sup>MO</sup>	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap <sup>MO</sup>	2	QL (90 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET <sup>MO</sup>	4	PA,QL (30 per 30 days)
<b>Antiemetics</b>		
aprepitant 125 mg, 40 mg capsule <sup>MO</sup>	4	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack <sup>MO</sup>	4	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule <sup>MO</sup>	4	B vs D,QL (4 per 28 days)
compro 25 mg rectal suppository <sup>MO</sup>	4	
dronabinol 10 mg, 2.5 mg, 5 mg capsule <sup>MO</sup>	4	B vs D,QL (120 per 30 days)
droperidol 2.5 mg/ml vial <sup>MO</sup>	3	
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	
granisetron hcl 1 mg tablet <sup>MO</sup>	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial <sup>MO</sup>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
granisetron hcl 4 mg/4 ml vial <sup>MO</sup>	4	QL (4 per 28 days)
meclizine 12.5 mg, 25 mg tablet <sup>MO</sup>	4	PA
metoclopramide 10 mg, 5 mg tablet <sup>MO</sup>	1	
metoclopramide 10 mg/2 ml syr <sup>MO</sup>	2	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln <sup>MO</sup>	2	
ondansetron odt 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D, QL (90 per 30 days)
ondansetron 4 mg/5 ml solution <sup>MO</sup>	4	B vs D, QL (450 per 30 days)
ondansetron 40 mg/20 ml vial <sup>MO</sup>	2	
ondansetron hcl 24 mg tablet <sup>MO</sup>	2	B vs D, QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D, QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr <sup>MO</sup>	2	
ondansetron hcl 4 mg/2 ml vial <sup>MO</sup>	2	
prochlorperazine 25 mg supp <sup>MO</sup>	4	
prochlorperazine 10 mg/2 ml vl <sup>MO</sup>	4	
prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet <sup>MO</sup>	1	B vs D
promethazine 12.5 mg, 25 mg, 50 mg tablet <sup>MO</sup>	4	PA
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH <sup>MO</sup>	4	QL (4 per 30 days)
trimethobenzamide 300 mg cap <sup>MO</sup>	4	B vs D
<b>Antifungals</b>		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION <sup>DL</sup>	5	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION <sup>DL</sup>	5	B vs D
amphotericin b 50 mg vial <sup>MO</sup>	4	B vs D
caspofungin acetate 50 mg, 70 mg vial <sup>DL</sup>	5	
ciclodan 0.77 % topical cream <sup>MO</sup>	2	
ciclodan 8 % topical solution <sup>MO</sup>	2	
ciclopirox 0.77% cream <sup>MO</sup>	2	
ciclopirox 0.77% gel <sup>MO</sup>	4	
ciclopirox 0.77% topical susp <sup>MO</sup>	3	
ciclopirox 8% solution <sup>MO</sup>	3	
clotrimazole 1% cream <sup>MO</sup>	2	
clotrimazole 1% solution <sup>MO</sup>	3	
clotrimazole 10 mg troche <sup>MO</sup>	2	
clotrimazole-betamethasone crm <sup>MO</sup>	3	
clotrimazole-betamethasone lot <sup>MO</sup>	4	
CRESEMBA 186 MG CAPSULE <sup>DL</sup>	5	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION <sup>DL</sup>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
econazole nitrate 1% cream <b>MO</b>	4	
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
fluconazole 10 mg/ml, 40 mg/ml susp <b>MO</b>	3	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet <b>MO</b>	2	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	2	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml <b>MO</b>	2	
flucytosine 250 mg, 500 mg capsule <b>DL</b>	5	
griseofulvin 125 mg/5 ml susp <b>MO</b>	4	
griseofulvin ultra 125 mg, 250 mg tab <b>MO</b>	4	
gynazole-1 2 % vaginal cream <b>MO</b>	4	
itraconazole 100 mg capsule <b>MO</b>	4	QL (120 per 30 days)
ketoconazole 2% cream <b>MO</b>	2	
ketoconazole 2% shampoo <b>MO</b>	2	
miconazole-3 200 mg vaginal suppository <b>MO</b>	3	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
naftifine hcl 1% cream; naftifine hcl 2% cream <b>MO</b>	4	ST
NATACYN 5 % EYE DROPS,SUSPENSION <b>MO</b>	4	
NOXAFIL 100 MG TABLET,DELAYED RELEASE <b>DL</b>	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION <b>DL</b>	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
nyamyc 100,000 unit/gram topical powder <b>MO</b>	2	
nyata 100,000 unit/gm powder <b>MO</b>	2	
nystatin 100,000 unit/gm cream <b>MO</b>	2	
nystatin 100,000 unit/gm oint <b>MO</b>	2	
nystatin 100,000 unit/gm powd <b>MO</b>	2	
nystatin 100,000 unit/ml susp <b>MO</b>	2	
nystatin 500,000 unit oral tab <b>MO</b>	3	
nystatin-triamcinolone cream <b>MO</b>	4	
nystatin-triamcinolone ointm <b>MO</b>	4	
nystop 100,000 unit/gram topical powder <b>MO</b>	2	
terbinafine hcl 250 mg tablet <b>MO</b>	2	QL (90 per 365 days)
terconazole 0.4% cream; terconazole 0.8% cream <b>MO</b>	2	
terconazole 80 mg suppository <b>MO</b>	4	
voriconazole 200 mg vial <b>DL</b>	5	PA
voriconazole 200 mg, 50 mg tablet <b>DL</b>	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp <b>DL</b>	5	PA,QL (400 per 30 days)

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<b>Antigout Agents</b>		
<i>allopurinol 100 mg, 300 mg tablet</i> <sup>MO</sup>	1	
<i>allopurinol sodium 500 mg vial</i> <sup>MO</sup>	4	
COLCRYS 0.6 MG TABLET <sup>MO</sup>	3	QL (120 per 30 days)
<i>probenecid 500 mg tablet</i> <sup>MO</sup>	3	
<i>probenecid-colchicine tabs</i> <sup>MO</sup>	3	
ULORIC 40 MG, 80 MG TABLET <sup>MO</sup>	3	ST,QL (30 per 30 days)
<b>Antimigraine Agents</b>		
<i>almotriptan malate 12.5 mg, 6.25 mg tab</i> <sup>MO</sup>	4	ST,QL (9 per 30 days)
<i>dihydroergotamine 1 mg/ml amp</i> <sup>DL</sup>	5	
<i>dihydroergotamine 4 mg/ml spry</i> <sup>DL</sup>	5	PA,QL (8 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET <sup>DL</sup>	5	
<i>ergotamine-caffeine 1-100mg tb</i> <sup>MO</sup>	4	PA
<i>frovatriptan succ 2.5 mg tab</i> <sup>MO</sup>	4	ST,QL (12 per 30 days)
<i>migergot 2 mg-100 mg rectal suppository</i> <sup>DL</sup>	5	PA,QL (20 per 28 days)
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> <sup>MO</sup>	3	QL (9 per 30 days)
RELPAK 20 MG, 40 MG TABLET <sup>MO</sup>	4	ST,QL (9 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt</i> <sup>MO</sup>	3	QL (12 per 30 days)
<i>rizatriptan 10 mg, 5 mg tablet</i> <sup>MO</sup>	2	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill</i> <sup>MO</sup>	4	QL (6 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject</i> <sup>MO</sup>	4	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml syrng</i> <sup>MO</sup>	4	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml vial</i> <sup>MO</sup>	4	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> <sup>MO</sup>	2	QL (9 per 30 days)
<b>Antimyasthenic Agents</b>		
<i>guanidine hcl 125 mg tablet</i> <sup>MO</sup>	3	
<i>pyridostigmine br 60 mg tablet</i> <sup>MO</sup>	3	
REGONOL 5 MG/ML INJECTION SOLUTION <sup>MO</sup>	4	
<b>Antimycobacterials</b>		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION <sup>MO</sup>	4	
<i>cycloserine 250 mg capsule</i> <sup>DL</sup>	5	
<i>dapsone 100 mg, 25 mg tablet</i> <sup>MO</sup>	3	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> <sup>MO</sup>	4	
<i>isoniazid 100 mg, 300 mg tablet</i> <sup>MO</sup>	1	
<i>isoniazid 100 mg/ml vial</i> <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>isoniazid 50 mg/5 ml solution</i> <b>MO</b>	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET <b>MO</b>	4	
PRIFTIN 150 MG TABLET <b>MO</b>	4	
<i>pyrazinamide 500 mg tablet</i> <b>MO</b>	4	
<i>rifabutin 150 mg capsule</i> <b>MO</b>	4	
<i>rifampin 150 mg, 300 mg capsule</i> <b>MO</b>	3	
<i>rifampin iv 600 mg vial</i> <b>DL</b>	5	
RIFATER 50 MG-120 MG-300 MG TABLET <b>MO</b>	4	
SIRTURO 100 MG TABLET <b>DL</b>	5	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET <b>MO</b>	4	
<b>Antineoplastics</b>		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION <b>DL</b>	5	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> <b>MO</b>	4	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	5	PA
ALECENSA 150 MG CAPSULE <b>DL</b>	5	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (3 per 28 days)
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23) TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK <b>DL</b>	5	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
<i>amifostine 500 mg vial</i> <b>DL</b>	5	B vs D
<i>anastrozole 1 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION <b>DL</b>	5	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
<i>bexarotene 75 mg capsule</i> <b>DL</b>	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> <b>MO</b>	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>bortezomib 3.5 mg vial</i> <b>DL</b>	5	PA
BOSULIF 100 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE <b>DL</b>	5	PA,QL (180 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> <b>MO</b>	4	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
CAPRELSA 100 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> <b>MO</b>	3	B vs D
<i>cisplatin 100 mg/100 ml vial</i> <b>MO</b>	4	B vs D
<i>cladribine 10 mg/10 ml vial</i> <b>DL</b>	5	B vs D
<i>clofarabine 20 mg/20 ml vial</i> <b>DL</b>	5	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION <b>DL</b>	5	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES <b>DL</b>	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES <b>DL</b>	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES <b>DL</b>	5	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION <b>DL</b>	5	B vs D
COTELLIC 20 MG TABLET <b>DL</b>	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial</i> <b>MO</b>	4	B vs D
<i>cyclophosphamide 25 mg, 50 mg capsule</i> <b>MO</b>	4	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> <b>MO</b>	1	B vs D
<i>cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial</i> <b>MO</b>	1	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> <b>MO</b>	4	B vs D
<i>dactinomycin 0.5 mg vial</i> <b>DL</b>	5	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (400 per 30 days)
<i>daunorubicin 20 mg/4 ml vial</i> <b>MO</b>	1	B vs D
<i>decitabine 50 mg vial</i> <b>DL</b>	5	PA
DEPOCYT 50 MG/5 ML VIAL <b>DL</b>	5	B vs D
<i>dexrazoxane 250 mg, 500 mg vial</i> <b>MO</b>	4	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION <b>DL</b>	5	B vs D

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docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial <b>MO</b>	4	B vs D
doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial <b>MO</b>	4	B vs D
doxorubicin liposome 20mg/10ml <b>DL</b>	5	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE <b>MO</b>	4	
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
EMCYT 140 MG CAPSULE <b>DL</b>	5	
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
epirubicin 200 mg/100 ml, 50 mg, 50 mg/25 ml vial; epirubicin hcl 200 mg/100 ml, 50 mg, 50 mg/25 ml vial <b>MO</b>	4	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
ERIVEDGE 150 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION <b>DL</b>	5	PA,QL (60 per 28 days)
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
etoposide 100 mg/5 ml vial <b>MO</b>	3	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
exemestane 25 mg tablet <b>MO</b>	4	QL (60 per 30 days)
FARESTON 60 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE <b>DL</b>	5	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE <b>DL</b>	5	PA,QL (30 per 30 days)
floxuridine 500 mg vial <b>MO</b>	1	B vs D
fludarabine 50 mg, 50 mg/2 ml vial <b>MO</b>	4	B vs D
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vl; fluorouracil 2,500 mg/50 ml vl; fluorouracil 5,000 mg/100 ml <b>MO</b>	4	B vs D
flutamide 125 mg capsule <b>MO</b>	4	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml) vial <b>MO</b>	4	B vs D
GILOTRIF 20 MG, 30 MG, 40 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE <b>MO</b>	4	PA
GLEOSTINE 100 MG CAPSULE <b>DL</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
HEXALEN 50 MG CAPSULE <b>DL</b>	5	
<i>hydroxyurea 500 mg capsule</i> <b>MO</b>	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE <b>DL</b>	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>idarubicin hcl 20 mg/20 ml vial</i> <b>DL</b>	5	B vs D
IDHIFA 100 MG, 50 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial</i> <b>MO</b>	3	B vs D
<i>imatinib mesylate 100 mg tab</i> <b>DL</b>	5	PA,QL (180 per 30 days)
<i>imatinib mesylate 400 mg tab</i> <b>DL</b>	5	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET <b>DL</b>	5	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	5	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION FOR INJECTION <b>DL</b>	5	PA,QL (8 per 28 days)
INLYTA 1 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial; irinotecan hcl 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml vial</i> <b>MO</b>	4	B vs D
ISTODAX 10 MG/2 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
IXEMPRA 15 MG, 45 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
JEVTANA 10 MG/ML (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
KADCYLA 100 MG, 160 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
KEYTRUDA 25 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET <b>DL</b>	5	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET <b>DL</b>	5	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET <b>DL</b>	5	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET <b>DL</b>	5	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET <b>DL</b>	5	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET <b>DL</b>	5	PA,QL (91 per 28 days)
KYPROLIS 10 MG, 30 MG, 60 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA

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LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE <b>DL</b>	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; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE <b>DL</b>	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 <b>DL</b>	5	PA,QL (60 per 30 days)
letrozole 2.5 mg tablet <b>MO</b>	2	QL (30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab <b>MO</b>	2	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial <b>MO</b>	2	B vs D
LEUKERAN 2 MG TABLET <b>DL</b>	5	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vial <b>DL</b>	5	PA
levoleucovorin 50 mg vial <b>MO</b>	4	PA
LEVULAN 20 % TOPICAL SOLUTION <b>MO</b>	4	
lipodox 2 mg/ml intravenous suspension <b>DL</b>	5	PA
lipodox 50 2 mg/ml intravenous suspension <b>DL</b>	5	PA
LONSURF 15 MG-6.14 MG TABLET <b>DL</b>	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET <b>DL</b>	5	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE <b>DL</b>	5	PA,QL (448 per 28 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT <b>DL</b>	5	PA
MATULANE 50 MG CAPSULE <b>DL</b>	5	
MEKINIST 0.5 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
melphalan 2 mg tablet <b>MO</b>	4	B vs D
melphalan 50 mg vial w-diluent <b>MO</b>	1	B vs D
mercaptopurine 50 mg tablet <b>MO</b>	3	
mesna 1 gram/10 ml vial <b>MO</b>	4	B vs D
MESNEX 400 MG TABLET <b>DL</b>	5	
mitomycin 20 mg, 40 mg, 5 mg vial <b>MO</b>	4	B vs D
mitoxantrone 25 mg/12.5 ml vial <b>MO</b>	3	B vs D
MUSTARGEN 10 MG SOLUTION FOR INJECTION <b>MO</b>	4	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION <b>DL</b>	5	PA

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NERLYNX 40 MG TABLET <b>DL</b>	5	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
<i>nilutamide 150 mg tablet</i> <b>DL</b>	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	5	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION <b>DL</b>	5	B vs D
ODOMZO 200 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION <b>DL</b>	5	PA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (16 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial;</i> <i>oxaliplatin 50 mg/10 ml vial</i> <b>MO</b>	4	B vs D
<i>paclitaxel 100 mg/16.7 ml vial</i> <b>MO</b>	3	B vs D
PANRETIN 0.1 % TOPICAL GEL <b>DL</b>	5	
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE <b>DL</b>	5	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	
PURIXAN 20 MG/ML ORAL SUSPENSION <b>DL</b>	5	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS <b>DL</b>	5	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (13.4 per 28 days)
<i>romidepsin 10 mg kit</i> <b>DL</b>	5	PA
RUBRACA 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE <b>DL</b>	5	PA,QL (224 per 28 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION <b>DL</b>	5	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET <b>DL</b>	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (28 per 28 days)

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TABLOID 40 MG TABLET <b>DL</b>	5	
TAFINLAR 50 MG CAPSULE <b>DL</b>	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> <b>MO</b>	2	
TARCEVA 100 MG, 150 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
TARGRETIN 1 % TOPICAL GEL <b>DL</b>	5	PA
TARGRETIN 75 MG CAPSULE <b>DL</b>	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> <b>DL</b>	5	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml ampule</i> <b>MO</b>	4	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
THERACYS 81 MG VIAL <b>MO</b>	4	B vs D
<i>thiotepa 15 mg vial</i> <b>MO</b>	1	B vs D
TIBSOVO 250 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> <b>DL</b>	5	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (8 per 28 days)
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION <b>DL</b>	5	PA
<i>tretinoin 10 mg capsule</i> <b>DL</b>	5	
TRISENOX 10 MG/10 ML AMPULE <b>MO</b>	4	PA
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
TYKERB 250 MG TABLET <b>DL</b>	5	PA,QL (150 per 30 days)
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (40 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL <b>DL</b>	5	PA,QL (60 per 28 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION <b>DL</b>	5	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION <b>DL</b>	5	PA
VENCLEXTA 10 MG TABLET <b>MO</b>	4	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
VENCLEXTA 50 MG TABLET <b>MO</b>	4	PA,QL (14 per 28 days)

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK <b>DL</b>	5	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<i>vinblastine 1 mg/ml vial</i> <b>MO</b>	3	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> <b>MO</b>	3	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> <b>MO</b>	3	B vs D
<i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> <b>MO</b>	4	B vs D
VOTRIENT 200 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
XALKORI 200 MG, 250 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
ZEJULA 100 MG CAPSULE <b>DL</b>	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET <b>DL</b>	5	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE <b>DL</b>	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE <b>DL</b>	5	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<b>Antiparasitics</b>		
ALBENZA 200 MG TABLET <b>DL</b>	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION <b>DL</b>	5	QL (150 per 30 days)
ALINIA 500 MG TABLET <b>DL</b>	5	QL (40 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> <b>DL</b>	5	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> <b>MO</b>	4	
BILTRICIDE 600 MG TABLET <b>DL</b>	5	
<i>chloroquine ph 250 mg, 500 mg tablet</i> <b>MO</b>	4	
COARTEM 20 MG-120 MG TABLET <b>MO</b>	4	QL (24 per 30 days)
DARAPRIM 25 MG TABLET <b>DL</b>	5	
<i>hydroxychloroquine 200 mg tab</i> <b>MO</b>	1	
<i>ivermectin 3 mg tablet</i> <b>MO</b>	3	
<i>lindane 1% shampoo</i> <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
malathion 0.5% lotion <b>MO</b>	4	
mefloquine hcl 250 mg tablet <b>MO</b>	2	
NEBUPENT 300 MG SOLUTION FOR INHALATION <b>MO</b>	4	B vs D
PENTAM 300 MG SOLUTION FOR INJECTION <b>MO</b>	4	
permethrin 5% cream <b>MO</b>	3	
praziquantel 600 mg tablet <b>DL</b>	5	
primaquine 26.3 mg tablet <b>MO</b>	3	
quinine sulfate 324 mg capsule <b>MO</b>	4	PA,QL (42 per 7 days)
<b>Antiparkinson Agents</b>		
amantadine 100 mg capsule <b>MO</b>	4	
amantadine 100 mg tablet <b>MO</b>	4	
amantadine 50 mg/5 ml solution <b>MO</b>	3	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	QL (84 per 28 days)
benztropine 2 mg/2 ml ampule <b>MO</b>	4	
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	3	PA
bromocriptine 2.5 mg tablet <b>MO</b>	4	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt <b>MO</b>	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab <b>MO</b>	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab <b>MO</b>	2	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 200 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta <b>MO</b>	4	
entacapone 200 mg tablet <b>MO</b>	4	QL (300 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH <b>MO</b>	4	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet <b>MO</b>	2	
rasagiline mesylate 0.5 mg, 1 mg tab <b>MO</b>	4	
ropinirole hcl 0.25 mg, 3 mg tablet <b>MO</b>	2	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet <b>MO</b>	2	QL (90 per 30 days)
ropinirole hcl 4 mg, 5 mg tablet <b>MO</b>	2	
selegiline hcl 5 mg capsule <b>MO</b>	3	
selegiline hcl 5 mg tablet <b>MO</b>	4	
STALEVO 100 25 MG-100 MG-200 MG TABLET <b>DL</b>	5	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET <b>DL</b>	5	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET <b>DL</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STALEVO 200 50 MG-200 MG-200 MG TABLET <b>DL</b>	5	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET <b>DL</b>	5	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET <b>DL</b>	5	PA
tolcapone 100 mg tablet <b>DL</b>	5	PA
trihexyphenidyl 2 mg, 5 mg tablet <b>MO</b>	3	PA
trihexyphenidyl 2 mg/5 ml elx <b>MO</b>	3	PA
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE <b>DL</b>	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE <b>DL</b>	5	QL (1 per 28 days)
aripiprazole 1 mg/ml solution <b>MO</b>	4	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet <b>MO</b>	4	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	5	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE <b>DL</b>	5	QL (2.4 per 42 days)
chlorpromazine 10 mg, 25 mg tablet <b>MO</b>	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet <b>MO</b>	4	
chlorpromazine 25 mg/ml amp <b>MO</b>	4	
clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet <b>MO</b>	4	PA
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK <b>MO</b>	4	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
fluphenazine dec 125 mg/5 ml <b>MO</b>	4	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	4	
fluphenazine 2.5 mg/5 ml elix <b>MO</b>	4	
fluphenazine 2.5 mg/ml vial <b>MO</b>	4	
fluphenazine 5 mg/ml conc <b>MO</b>	4	
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION <b>MO</b>	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet <b>MO</b>	2	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
haloperidol lac 2 mg/ml conc <sup>MO</sup>	2	
haloperidol lac 5 mg/ml syring <sup>MO</sup>	2	
haloperidol lac 5 mg/ml vial <sup>MO</sup>	2	
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML INTRAMUSCULAR SYRINGE <sup>DL</sup>	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE <sup>DL</sup>	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE <sup>MO</sup>	4	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML INTRAMUSCULAR SYRINGE	5	QL (0.87 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML INTRAMUSCULAR SYRINGE	5	QL (1.31 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML INTRAMUSCULAR SYRINGE	5	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML INTRAMUSCULAR SYRINGE	5	QL (2.62 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG TABLET <sup>DL</sup>	5	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET <sup>DL</sup>	5	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule <sup>MO</sup>	2	
molindone hcl 10 mg tablet <sup>MO</sup>	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet <sup>MO</sup>	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet <sup>MO</sup>	4	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET <sup>DL</sup>	5	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET <sup>DL</sup>	5	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE <sup>DL</sup>	5	PA,QL (30 per 30 days)
olanzapine 10 mg vial <sup>MO</sup>	3	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
olanzapine odt 10 mg, 5 mg tablet <sup>MO</sup>	4	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg tablet <sup>MO</sup>	4	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet <sup>MO</sup>	4	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet <sup>MO</sup>	4	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet <sup>MO</sup>	4	
pimozide 1 mg, 2 mg tablet <sup>MO</sup>	4	
quetiapine er 150 mg tablet <sup>MO</sup>	4	PA,QL (90 per 30 days)
quetiapine er 200 mg tablet <sup>MO</sup>	4	PA,QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet <sup>MO</sup>	4	PA,QL (60 per 30 days)
quetiapine er 50 mg tablet <sup>MO</sup>	4	PA,QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab <sup>MO</sup>	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab <sup>MO</sup>	2	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET <sup>DL</sup>	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	5	QL (2 per 28 days)
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt</i> <b>MO</b>	4	QL (60 per 30 days)
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>risperidone 0.5 mg odt</i> <b>MO</b>	4	QL (120 per 30 days)
<i>risperidone 0.5 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>risperidone 1 mg/ml solution</i> <b>MO</b>	2	
SAPHRIS 10 MG, 5 MG SUBLINGUAL TABLET	5	PA,QL (60 per 30 days)
SAPHRIS 2.5 MG SUBLINGUAL TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> <b>MO</b>	3	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule</i> <b>MO</b>	4	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet</i> <b>MO</b>	3	
VERSACLOZ 50 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK <b>MO</b>	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule</i> <b>MO</b>	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	5	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	5	QL (1 per 28 days)
<b>Antispasticity Agents</b>		
<i>baclofen 10 mg, 20 mg tablet</i> <b>MO</b>	2	
<i>baclofen 5 mg tablet</i> <b>MO</b>	2	QL (90 per 30 days)
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	4	
<i>revonto 20 mg intravenous solution</i> <b>MO</b>	3	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> <b>MO</b>	1	
<b>ANTIVIRALS</b>		
<i>abacavir 20 mg/ml solution</i> <b>MO</b>	4	QL (960 per 30 days)
<i>abacavir 300 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<i>abacavir-lamivudine 600-300 mg</i> <b>MO</b>	4	QL (30 per 30 days)
<i>abacavir-lamivudine-zidov tab</i> <b>DL</b>	5	QL (60 per 30 days)
<i>acyclovir 200 mg capsule</i> <b>MO</b>	2	
<i>acyclovir 400 mg, 800 mg tablet</i> <b>MO</b>	2	
<i>acyclovir 5% ointment</i> <b>MO</b>	4	PA
<i>acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial</i> <b>MO</b>	4	B vs D
<i>adefovir dipivoxil 10 mg tab</i> <b>DL</b>	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
APTIVUS 100 MG/ML ORAL SOLUTION <b>DL</b>	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE <b>DL</b>	5	QL (120 per 30 days)
<i>atazanavir sulfate 150 mg, 200 mg cap</i> <b>DL</b>	5	QL (60 per 30 days)
<i>atazanavir sulfate 300 mg cap</i> <b>DL</b>	5	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION <b>DL</b>	5	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>cidofovir 375 mg/5 ml vial</i> <b>MO</b>	4	
CIMDUO 300 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
CRIXIVAN 200 MG CAPSULE <b>MO</b>	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE <b>MO</b>	4	QL (270 per 30 days)
DESCOVY 200 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>didanosine dr 125 mg capsule</i> <b>MO</b>	4	QL (90 per 30 days)
<i>didanosine dr 200 mg capsule</i> <b>MO</b>	4	QL (60 per 30 days)
<i>didanosine dr 250 mg, 400 mg capsule</i> <b>MO</b>	4	QL (30 per 30 days)
EDURANT 25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>efavirenz 200 mg capsule</i> <b>DL</b>	5	QL (120 per 30 days)
<i>efavirenz 50 mg capsule</i> <b>MO</b>	4	QL (480 per 30 days)
<i>efavirenz 600 mg tablet</i> <b>DL</b>	5	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE <b>MO</b>	4	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET <b>DL</b>	5	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION <b>MO</b>	4	
EVOTAZ 300 MG-150 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> <b>MO</b>	3	QL (90 per 30 days)
<i>fosamprenavir 700 mg tablet</i> <b>DL</b>	5	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus bttl</i> <b>MO</b>	4	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> <b>DL</b>	5	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
HARVONI 90 MG-400 MG TABLET <b>DL</b>	5	PA,QL (28 per 28 days)
INTELENCE 100 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET <b>MO</b>	4	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION <b>DL</b>	5	PA
INVIRASE 200 MG CAPSULE <b>DL</b>	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET <b>DL</b>	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET <b>MO</b>	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET <b>MO</b>	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET <b>MO</b>	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET <b>DL</b>	5	QL (150 per 30 days)
<i>lamivudine 10 mg/ml oral soln</i> <b>MO</b>	3	
<i>lamivudine 150 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> <b>MO</b>	4	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> <b>MO</b>	4	QL (60 per 30 days)
LEXIVA 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir 80-20mg/ml</i> <b>MO</b>	4	
MAVYRET 100 MG-40 MG TABLET <b>DL</b>	5	PA,QL (84 per 28 days)
<i>nevirapine 200 mg tablet</i> <b>MO</b>	2	QL (60 per 30 days)
<i>nevirapine 50 mg/5 ml susp</i> <b>MO</b>	4	QL (1200 per 30 days)
<i>nevirapine er 100 mg tablet</i> <b>MO</b>	4	QL (120 per 30 days)
<i>nevirapine er 400 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
NORVIR 100 MG CAPSULE <b>MO</b>	4	QL (360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET <b>DL</b>	5	QL (360 per 30 days)
NORVIR 100 MG TABLET <b>MO</b>	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>oseltamivir 6 mg/ml suspension</i> <b>MO</b>	4	QL (1440 per 365 days)
<i>oseltamivir phos 30 mg capsule</i> <b>MO</b>	3	QL (224 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg capsule</i> <b>MO</b>	3	QL (112 per 365 days)
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	PA,QL (2 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION <b>DL</b>	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET <b>MO</b>	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET <b>DL</b>	5	QL (480 per 30 days)
PREZISTA 800 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION <b>MO</b>	4	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET <b>MO</b>	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET <b>MO</b>	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
REYATAZ 50 MG ORAL POWDER PACKET <b>MO</b>	4	
RIBASPHERE RIBAPAK 200 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 200 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	5	QL (112 per 28 days)
RIBASPHERE RIBAPAK 400 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	5	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	5	QL (112 per 30 days)
RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK <b>DL</b>	5	QL (56 per 28 days)
<i>ribavirin 200 mg capsule</i> <b>MO</b>	3	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> <b>MO</b>	3	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> <b>DL</b>	5	B vs D
<i>rimantadine hcl 100 mg tablet</i> <b>MO</b>	4	
<i>ritonavir 100 mg tablet</i> <b>MO</b>	4	QL (360 per 30 days)
SELZENTRY 150 MG TABLET <b>DL</b>	5	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION <b>DL</b>	5	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET <b>MO</b>	4	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
<i>stavudine 15 mg, 20 mg capsule</i> <b>MO</b>	3	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> <b>MO</b>	3	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SUSTIVA 200 MG CAPSULE <b>DL</b>	5	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE <b>DL</b>	5	QL (480 per 30 days)
SUSTIVA 600 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (4 per 28 days)

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SYMFI 600 MG-300 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
<i>tenofovir disop fum 300 mg tb</i> <b>DL</b>	5	QL (30 per 30 days)
TIVICAY 10 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i> <b>MO</b>	3	
TRIUMEQ 600 MG-50 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION <b>DL</b>	5	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
TYBOST 150 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> <b>MO</b>	3	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet</i> <b>DL</b>	5	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> <b>DL</b>	5	QL (1056 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION <b>MO</b>	4	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE <b>MO</b>	4	QL (90 per 30 days)
VIRACEPT 250 MG TABLET <b>DL</b>	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET <b>DL</b>	5	QL (120 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION <b>DL</b>	5	QL (1200 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER <b>DL</b>	5	QL (240 per 30 days)
VITEKTA 150 MG, 85 MG TABLET <b>DL</b>	5	QL (30 per 30 days)
ZERIT 1 MG/ML ORAL SOLUTION <b>MO</b>	4	QL (2400 per 30 days)
<i>zidovudine 100 mg capsule</i> <b>MO</b>	4	QL (180 per 30 days)
<i>zidovudine 300 mg tablet</i> <b>MO</b>	2	QL (60 per 30 days)
<i>zidovudine 50 mg/5 ml syrup</i> <b>MO</b>	3	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL <b>MO</b>	4	QL (5 per 30 days)
<b>Anxiolytics</b>		
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg tablet</i> <b>DL</b>	2	QL (120 per 30 days)
<i>alprazolam 2 mg tablet</i> <b>DL</b>	2	QL (150 per 30 days)
<i>buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet</i> <b>MO</b>	2	
<i>clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tab; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg dis tablet; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt</i> <b>DL</b>	4	
<i>clonazepam 0.5 mg, 1 mg, 2 mg tablet</i> <b>DL</b>	3	

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clorazepate 15 mg, 3.75 mg, 7.5 mg tablet <b>DL</b>	4	
diazepam 10 mg tablet <b>DL</b>	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet <b>DL</b>	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution <b>DL</b>	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc <b>DL</b>	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate <b>DL</b>	4	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule <b>MO</b>	4	PA
doxepin 10 mg/ml oral conc <b>MO</b>	4	PA
hydroxyzine 10 mg/5 ml soln <b>MO</b>	3	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
lorazepam 0.5 mg, 1 mg tablet <b>DL</b>	2	QL (90 per 30 days)
lorazepam 2 mg tablet <b>DL</b>	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent <b>DL</b>	3	QL (150 per 30 days)
lorazepam intensol 2 mg/ml oral concentrate <b>DL</b>	3	QL (150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg capsule <b>DL</b>	4	
<b>Bipolar Agents</b>		
lithium carbonate 150 mg, 300 mg, 600 mg cap <b>MO</b>	1	
lithium carbonate 300 mg tab <b>MO</b>	1	
lithium carbonate er 300 mg, 450 mg tb <b>MO</b>	2	
lithium 8 meq/5 ml solution <b>MO</b>	3	
<b>Blood Glucose Regulators</b>		
acarbose 100 mg, 25 mg, 50 mg tablet <b>MO</b>	3	
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION <b>MO</b>	4	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR <b>MO</b>	4	QL (3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	ST,QL (2.4 per 30 days)
FARXIGA 10 MG, 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
glimepiride 1 mg, 2 mg, 4 mg tablet <b>MO</b>	1	
glipizide 10 mg, 5 mg tablet <b>MO</b>	1	
glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg <b>MO</b>	1	

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GLUCAGEN HYPOKIT 1 MG INJECTION <b>MO</b>	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN <b>DL</b>	5	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS <b>DL</b>	5	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET <b>MO</b>	4	QL (60 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET, EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> <b>MO</b>	1	
<i>metformin hcl er 500 mg tablet</i> <b>MO</b>	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> <b>MO</b>	1	QL (60 per 30 days)
<i>nateglinide 120 mg, 60 mg tablet</i> <b>MO</b>	3	
NESINA 12.5 MG, 25 MG, 6.25 MG TABLET <b>MO</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP <b>MO</b>	3	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION <b>MO</b>	3	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS <b>MO</b>	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN <b>MO</b>	3	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG <b>MO</b>	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION <b>MO</b>	3	
ONGLYZA 2.5 MG, 5 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET <b>MO</b>	4	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (1.5 per 28 days)
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
PROGLYCEM 50 MG/ML ORAL SUSPENSION <b>MO</b>	4	
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	3	
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	ST,QL (15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	QL (10.5 per 28 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE <b>MO</b>	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN <b>MO</b>	3	

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TRADJENTA 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN <b>MO</b>	3	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	3	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE <b>MO</b>	4	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN <b>MO</b>	3	ST,QL (15 per 30 days)
<b>Blood Products/Modifiers/Volume Expanders</b>		
AMICAR 1,000 MG, 500 MG TABLET <b>DL</b>	5	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION <b>DL</b>	5	
<i>aminocaproic acid 5 g/20 ml vial</i> <b>MO</b>	4	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> <b>MO</b>	4	
<i>aspirin-dipyridam er 25-200 mg</i> <b>MO</b>	4	ST
<i>azacitidine 100 mg vial</i> <b>DL</b>	5	PA
BRILINTA 60 MG, 90 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> <b>MO</b>	2	
<i>clopidogrel 300 mg tablet</i> <b>MO</b>	2	
<i>clopidogrel 75 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET <b>MO</b>	4	
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> <b>MO</b>	4	PA
EFFIENT 10 MG, 5 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ELIQUIS 5 MG, 5 MG (74 TABS) TABLET; ELIQUIS 5 MG, 5 MG (74 TABS) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> <b>MO</b>	4	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> <b>MO</b>	4	QL (22.4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> <b>MO</b>	4	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> <b>MO</b>	4	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> <b>MO</b>	4	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (28 per 30 days)
<i>fondaparinux 10 mg/0.8 ml syr</i> <b>DL</b>	5	QL (24 per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr</i> <b>MO</b>	4	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i> <b>DL</b>	5	QL (12 per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr</i> <b>DL</b>	5	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	QL (9 per 30 days)
<i>heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml vial</i> <b>MO</b>	3	
<i>heparin sod 20,000 unit/ml vl</i> <b>MO</b>	4	
<i>heparin sod 5,000 unit/ml syr</i> <b>MO</b>	3	
<i>heparin sod 5,000 unit/ml syrg</i> <b>MO</b>	3	
<i>heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml</i> <b>MO</b>	3	
<i>heparin sod 5,000 unit/0.5 ml</i> <b>MO</b>	3	
<i>jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> <b>MO</b>	1	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE; NEULASTA 6 MG/0.6 ML, 6 MG/0.6ML WITH WEARABLE SUBCUTANEOUS INJECTOR <b>DL</b>	5	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
<i>prasugrel 10 mg, 5 mg tablet</i> <b>MO</b>	3	QL (30 per 30 days)

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



DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	4	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION <b>DL</b>	5	PA,QL (14 per 30 days)
tranexamic acid 1,000 mg/10 ml <b>MO</b>	4	PA
tranexamic acid 650 mg tablet <b>MO</b>	3	QL (30 per 5 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet <b>MO</b>	1	
XARELTO 10 MG, 20 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK <b>MO</b>	3	QL (51 per 30 days)
XARELTO 15 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE <b>DL</b>	5	PA,QL (11.2 per 30 days)
<b>Cardiovascular Agents</b>		
acebutolol 200 mg, 400 mg capsule <b>MO</b>	2	
acetazolamide 125 mg, 250 mg tablet <b>MO</b>	4	
acetazolamide er 500 mg cap <b>MO</b>	3	
acetazolamide sod 500 mg vial <b>MO</b>	2	
adenosine 12 mg/4 ml syringe <b>MO</b>	1	
adenosine 12 mg/4 ml vial <b>MO</b>	1	
afeditab cr 30 mg, 60 mg tablet,extended release <b>MO</b>	3	QL (60 per 30 days)
amiloride hcl 5 mg tablet <b>MO</b>	3	
amiloride hcl-hctz 5-50 mg tab <b>MO</b>	2	
amiodarone 150 mg/3 ml syringe <b>MO</b>	2	
amiodarone 900 mg/18 ml vial <b>MO</b>	2	
amiodarone hcl 100 mg, 400 mg tablet <b>MO</b>	4	
amiodarone hcl 200 mg tablet <b>MO</b>	2	
amlodipine besylate 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	1	
amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg <b>MO</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 <sup>MO</sup>	1	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg <sup>MO</sup>	1	QL (30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg <sup>MO</sup>	4	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg <sup>MO</sup>	2	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 <sup>MO</sup>	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet <sup>MO</sup>	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab <sup>MO</sup>	2	
BIDIL 20 MG-37.5 MG TABLET <sup>MO</sup>	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab <sup>MO</sup>	2	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg tb <sup>MO</sup>	1	
bumetanide 0.25 mg/ml vial <sup>MO</sup>	2	
bumetanide 0.5 mg, 1 mg, 2 mg tablet <sup>MO</sup>	2	
BYSTOLIC 10 MG TABLET <sup>MO</sup>	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET <sup>MO</sup>	3	QL (60 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb <sup>MO</sup>	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb <sup>MO</sup>	3	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg tb <sup>MO</sup>	3	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet <sup>MO</sup>	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet <sup>MO</sup>	3	
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release <sup>MO</sup>	2	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release <sup>MO</sup>	2	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet <sup>MO</sup>	1	
carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule <sup>MO</sup>	4	QL (30 per 30 days)
chlorothiazide 250 mg, 500 mg tablet <sup>MO</sup>	2	
chlorothiazide sod 500 mg vial <sup>MO</sup>	2	
chlorthalidone 25 mg, 50 mg tablet <sup>MO</sup>	2	
cholestyramine packet; cholestyramine powder <sup>MO</sup>	3	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet <sup>MO</sup>	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch <sup>MO</sup>	4	QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet <b>MO</b>	1	
colestipol hcl granules <b>MO</b>	4	
colestipol hcl granules packet <b>MO</b>	4	
colestipol micronized 1 gm tab <b>MO</b>	3	
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE <b>MO</b>	4	PA,QL (30 per 30 days)
CORLANOR 5 MG, 7.5 MG TABLET <b>MO</b>	4	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	
DEMSER 250 MG CAPSULE <b>DL</b>	5	
digitek 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digitek 250 mcg tablet <b>MO</b>	4	PA,QL (30 per 30 days)
digox 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digox 250 mcg tablet <b>MO</b>	4	PA,QL (30 per 30 days)
digoxin 125 mcg tablet <b>MO</b>	2	QL (30 per 30 days)
digoxin 250 mcg tablet <b>MO</b>	4	PA,QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release <b>MO</b>	2	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet <b>MO</b>	2	
diltiazem 12hr er 120 mg, 60 mg, 90 mg cap <b>MO</b>	2	
diltiazem 24hr er 120 mg, 180 mg, 240 mg cap <b>MO</b>	2	QL (60 per 30 days)
diltiazem 24hr er 300 mg, 360 mg, 420 mg cap <b>MO</b>	2	QL (30 per 30 days)
diltiazem 25 mg/5 ml vial <b>MO</b>	2	
diltiazem er 120 mg, 180 mg, 240 mg capsule <b>MO</b>	2	QL (60 per 30 days)
diltiazem hcl 100 mg vial <b>MO</b>	4	
DIURIL 250 MG/5 ML ORAL SUSPENSION <b>MO</b>	4	
dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial <b>MO</b>	2	
dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml <b>MO</b>	2	
dofetilide 125 mcg capsule <b>MO</b>	4	QL (240 per 30 days)
dofetilide 250 mcg capsule <b>MO</b>	4	QL (120 per 30 days)
dofetilide 500 mcg capsule <b>MO</b>	4	QL (60 per 30 days)
dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial <b>MO</b>	1	
dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml <b>MO</b>	1	
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab <b>MO</b>	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet <sup>MO</sup>	1	
enalaprilat 1.25 mg/ml vial <sup>MO</sup>	2	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET <sup>MO</sup>	3	PA,QL (60 per 30 days)
eplerenone 25 mg, 50 mg tablet <sup>MO</sup>	4	
esmolol hcl 100 mg/10 ml vial <sup>MO</sup>	1	
ethacrynate sodium 50 mg vial <sup>MO</sup>	4	
ezetimibe 10 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg <sup>MO</sup>	4	ST,QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 160 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
fenofibrate 54 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule <sup>MO</sup>	4	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 67 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
fenofibrate 145 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
fenofibrate 48 mg tablet <sup>MO</sup>	3	QL (60 per 30 days)
fenofibric acid 105 mg, 35 mg tablet <sup>MO</sup>	3	QL (30 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab <sup>MO</sup>	3	
fosinopril sodium 10 mg, 20 mg, 40 mg tab <sup>MO</sup>	1	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab <sup>MO</sup>	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/5 ml soln <sup>MO</sup>	1	
furosemide 100 mg/10 ml syring <sup>MO</sup>	2	
furosemide 20 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	
furosemide 40 mg/4 ml vial <sup>MO</sup>	2	
gemfibrozil 600 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet <sup>MO</sup>	2	
hydralazine 20 mg/ml vial <sup>MO</sup>	4	
hydrochlorothiazide 12.5 mg cp <sup>MO</sup>	1	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb <sup>MO</sup>	1	
ibutilide fum 1 mg/10 ml vial <sup>MO</sup>	1	
indapamide 1.25 mg, 2.5 mg tablet <sup>MO</sup>	1	
irbesartan 150 mg, 300 mg, 75 mg tablet <sup>MO</sup>	1	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb <sup>MO</sup>	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISORDIL 40 MG TABLET <b>MO</b>	4	
ISORDIL TITRADOSE 5 MG TABLET <b>MO</b>	4	PA
isosorbide dinitr er 40 mg tab <b>MO</b>	4	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab <b>MO</b>	3	
isosorbide mononit 10 mg, 20 mg tab <b>MO</b>	1	
isosorbide mononit er 120 mg <b>MO</b>	2	
isosorbide mononit er 30 mg, 60 mg tb <b>MO</b>	1	
isradipine 2.5 mg, 5 mg capsule <b>MO</b>	4	
ISUPREL 0.2 MG/ML INJECTION SOLUTION <b>MO</b>	4	
labetalol hcl 100 mg, 200 mg, 300 mg tablet <b>MO</b>	2	
labetalol hcl 100 mg/20 ml vl <b>MO</b>	4	
lidocaine hcl 2% vial <b>MO</b>	2	
lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln <b>MO</b>	1	
LIPOFEN 150 MG CAPSULE <b>MO</b>	4	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE <b>MO</b>	4	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet <b>MO</b>	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab <b>MO</b>	1	
losartan potassium 100 mg, 25 mg, 50 mg tab <b>MO</b>	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab <b>MO</b>	1	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg tablet <b>MO</b>	1	QL (60 per 30 days)
mannitol 10% iv solution <b>MO</b>	2	
mannitol 20% iv solution <b>MO</b>	2	
mannitol 25% vial <b>MO</b>	2	
mannitol 5% iv solution <b>MO</b>	2	
methazolamide 25 mg, 50 mg tablet <b>MO</b>	4	
methyl dopa 250 mg, 500 mg tablet <b>MO</b>	3	PA
metolazone 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	2	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab <b>MO</b>	1	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab <b>MO</b>	3	
metoprolol 1 mg/ml carpuject <b>MO</b>	1	
metoprolol tart 5 mg/5 ml vial <b>MO</b>	3	
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb <b>MO</b>	1	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet <b>MO</b>	3	
minoxidil 10 mg, 2.5 mg tablet <b>MO</b>	2	
moexipril hcl 15 mg, 7.5 mg tablet <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet <b>MO</b>	2	
MULTAQ 400 MG TABLET <b>MO</b>	3	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet <b>MO</b>	3	
nadolol-bendroflu 40-5 mg, 80-5 mg tab <b>MO</b>	4	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION <b>MO</b>	4	
niacin er 1,000 mg, 500 mg, 750 mg tablet <b>MO</b>	4	
niacor 500 mg tablet <b>MO</b>	2	
nifedical xl 30 mg, 60 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nifedipine er 30 mg, 60 mg, 90 mg tablet <b>MO</b>	3	QL (60 per 30 days)
nimodipine 30 mg capsule <b>MO</b>	4	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet <b>MO</b>	4	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet <b>MO</b>	4	QL (60 per 30 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch <b>MO</b>	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl <b>MO</b>	3	
nitroglycerin 0.4 mg/hr patch <b>MO</b>	2	QL (60 per 30 days)
nitroglycerin 5 mg/ml vial <b>MO</b>	2	
nitroglycerin lingual 0.4 mg <b>MO</b>	4	
ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w <b>MO</b>	2	
NITROLINGUAL 400 MCG/SPRAY <b>MO</b>	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET <b>MO</b>	3	
norepinephrine 1 mg/ml vial <b>MO</b>	1	
NORTHERA 100 MG, 200 MG CAPSULE <b>DL</b>	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE <b>DL</b>	5	PA,QL (180 per 30 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab <b>MO</b>	2	QL (30 per 30 days)
olmsrtn-amldpn-hctz 20-5-12.5; olmsrtn-amldpn-hctz 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg; olmsrtn-amldpn-hctz 40-10-12.5; olmsrtn-amldpn-hctz 40-10-25mg; olmsrtn-amldpn-hctz 40-5-12.5 <b>MO</b>	4	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab <b>MO</b>	3	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap <b>MO</b>	4	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 20 % INTRAVENOUS SOLUTION <b>MO</b>	4	
OSMITROL 5 % INTRAVENOUS SOLUTION <b>MO</b>	4	
PACERONE 100 MG, 400 MG TABLET <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pacerone 200 mg tablet</i> <sup>MO</sup>	2	
<i>pentoxifylline er 400 mg tab</i> <sup>MO</sup>	2	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> <sup>MO</sup>	2	
<i>pindolol 10 mg, 5 mg tablet</i> <sup>MO</sup>	3	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>DL</sup>	5	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE <sup>DL</sup>	5	PA,QL (2 per 28 days)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg tab</i> <sup>MO</sup>	1	QL (30 per 30 days)
<i>pravastatin sodium 40 mg tab</i> <sup>MO</sup>	1	QL (60 per 30 days)
<i>prazosin 1 mg, 2 mg, 5 mg capsule</i> <sup>MO</sup>	2	
<i>prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet</i> <sup>MO</sup>	3	
<i>procainamide 100 mg/ml, 500 mg/ml vial</i> <sup>MO</sup>	1	
<i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> <sup>MO</sup>	3	
<i>propafenone hcl er 225 mg, 325 mg, 425 mg cap</i> <sup>MO</sup>	4	
<i>propranolol 1 mg/ml vial</i> <sup>MO</sup>	2	
<i>propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet</i> <sup>MO</sup>	2	
<i>propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln</i> <sup>MO</sup>	3	
<i>propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule</i> <sup>MO</sup>	4	
<i>propranolol-hctz 40-25 mg, 80-25 mg tab</i> <sup>MO</sup>	3	
<i>quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet</i> <sup>MO</sup>	1	
<i>quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> <sup>MO</sup>	2	
<i>quinidine gluc 80 mg/ml vial</i> <sup>MO</sup>	2	
<i>quinidine sulfate 200 mg, 300 mg tab</i> <sup>MO</sup>	2	
<i>ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule</i> <sup>MO</sup>	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE <sup>MO</sup>	3	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR <sup>DL</sup>	5	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR <sup>DL</sup>	5	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE <sup>DL</sup>	5	PA,QL (3 per 28 days)
RESECTISOL 5 % URETHRAL SOLUTION <sup>MO</sup>	4	
<i>rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab</i> <sup>MO</sup>	1	QL (30 per 30 days)
<i>simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet</i> <sup>MO</sup>	1	QL (30 per 30 days)
<i>sorine 120 mg, 160 mg, 240 mg, 80 mg tablet</i> <sup>MO</sup>	2	
<i>sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet</i> <sup>MO</sup>	2	
<i>sotalol af 120 mg, 160 mg, 80 mg tablet</i> <sup>MO</sup>	2	
<i>spironolactone-hctz 25-25 tab</i> <sup>MO</sup>	2	
<i>spironolactone 100 mg, 25 mg, 50 mg tablet</i> <sup>MO</sup>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
taztia xt 120 mg, 180 mg, 240 mg capsule, extended release <sup>MO</sup>	2	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule, extended release <sup>MO</sup>	2	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
telmisartan 20 mg, 40 mg tablet <sup>MO</sup>	2	QL (30 per 30 days)
telmisartan 80 mg tablet <sup>MO</sup>	2	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10 <sup>MO</sup>	4	QL (30 per 30 days)
telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb <sup>MO</sup>	4	ST,QL (30 per 30 days)
telmisartan-hctz 80-12.5 mg tb <sup>MO</sup>	4	ST,QL (60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule <sup>MO</sup>	1	
timolol maleate 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	4	
torseamide 10 mg, 100 mg, 20 mg, 5 mg tablet <sup>MO</sup>	2	
trandolapril 1 mg, 2 mg, 4 mg tablet <sup>MO</sup>	1	
trandolapril-verapamil er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg <sup>MO</sup>	3	
triamterene-hctz 37.5-25 mg cp <sup>MO</sup>	1	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb <sup>MO</sup>	1	
triamterene-hctz 50-25 mg cap <sup>MO</sup>	2	
triklo 1 gram capsule <sup>MO</sup>	4	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab <sup>MO</sup>	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE <sup>MO</sup>	4	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE <sup>MO</sup>	4	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule <sup>MO</sup>	3	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet <sup>MO</sup>	1	
verapamil 2.5 mg/ml ampul <sup>MO</sup>	2	
verapamil 2.5 mg/ml syringe <sup>MO</sup>	2	
verapamil er 120 mg, 180 mg, 240 mg tablet <sup>MO</sup>	2	
verapamil er pm 100 mg, 300 mg capsule <sup>MO</sup>	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule <sup>MO</sup>	2	QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET <sup>MO</sup>	4	ST,QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET <sup>MO</sup>	4	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VYTORIN 10 MG-40 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET <b>MO</b>	4	ST,QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET <b>MO</b>	3	
WELCHOL 625 MG TABLET <b>MO</b>	3	
<b>Central Nervous System Agents</b>		
AMPYRA 10 MG TABLET,EXTENDED RELEASE <b>DL</b>	5	PA,QL (60 per 30 days)
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule <b>MO</b>	3	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule <b>MO</b>	3	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
AUSTEDO 6 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (12 per 28 days)
dexamethylphenidate 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	3	QL (60 per 30 days)
dextroamphetamine 10 mg tab <b>MO</b>	4	QL (180 per 30 days)
dextroamphetamine 5 mg tab <b>MO</b>	4	QL (150 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg tab <b>MO</b>	3	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab <b>MO</b>	3	QL (60 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe <b>DL</b>	5	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe <b>DL</b>	5	PA,QL (12 per 28 days)
glatopa 20 mg/ml subcutaneous syringe <b>DL</b>	5	PA,QL (30 per 30 days)
glatopa 40 mg/ml subcutaneous syringe <b>DL</b>	5	PA,QL (12 per 28 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE <b>MO</b>	3	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION <b>MO</b>	3	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE <b>MO</b>	3	QL (60 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet <b>MO</b>	3	QL (90 per 30 days)
methylphenidate 10 mg/5 ml sol <b>MO</b>	4	QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln <b>MO</b>	4	QL (1800 per 30 days)
methylphenidate er 10 mg tab <b>MO</b>	4	QL (180 per 30 days)
methylphenidate er 20 mg tab <b>MO</b>	4	QL (90 per 30 days)
NUDEXTA 20 MG-10 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
riluzole 50 mg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK <b>MO</b>	3	QL (60 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE <b>MO</b>	4	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE <b>DL</b>	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE <b>DL</b>	5	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet <b>DL</b>	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet <b>DL</b>	5	PA,QL (120 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
<b>Dental &amp; Oral Agents</b>		
cevimeline hcl 30 mg capsule <b>MO</b>	4	
chlorhexidine 0.12% rinse <b>MO</b>	1	
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION <b>DL</b>	5	
oralone 0.1 % dental paste <b>MO</b>	3	
paroex oral rinse 0.12 % mouthwash <b>MO</b>	1	
periogard 0.12 % mouthwash <b>MO</b>	1	
pilocarpine hcl 5 mg, 7.5 mg tablet <b>MO</b>	4	
triamcinolone 0.1% paste <b>MO</b>	3	
<b>Dermatological Agents</b>		
8-MOP 10 MG CAPSULE <b>MO</b>	4	
acitretin 10 mg, 17.5 mg, 25 mg capsule <b>DL</b>	5	
adapalene 0.1% gel <b>MO</b>	4	
ammonium lactate 12% cream <b>MO</b>	2	
ammonium lactate 12% lotion <b>MO</b>	2	
amnesteem 10 mg, 20 mg capsule <b>MO</b>	4	QL (60 per 30 days)
amnesteem 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
calcipotriene 0.005% cream <b>MO</b>	4	QL (120 per 30 days)
calcipotriene 0.005% solution <b>MO</b>	4	QL (60 per 30 days)
CARAC 0.5 % TOPICAL CREAM <b>DL</b>	5	PA
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM <b>MO</b>	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS <b>DL</b>	5	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS <b>DL</b>	5	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS <b>DL</b>	5	PA,QL (32 per 365 days)
diclofenac sodium 3% gel <b>MO</b>	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELIDEL 1 % TOPICAL CREAM <b>MO</b>	4	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM <b>DL</b>	4	QL (120 per 30 days)
FINACEA 15 % TOPICAL GEL <b>MO</b>	4	ST
fluorouracil 0.5% cream <b>DL</b>	5	
fluorouracil 2% topical soln; fluorouracil 5% topical soln <b>MO</b>	4	
fluorouracil 5% cream <b>MO</b>	4	
imiquimod 3.75% cream pump <b>MO</b>	4	QL (15 per 30 days)
imiquimod 5% cream packet <b>MO</b>	3	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule <b>MO</b>	4	QL (60 per 30 days)
isotretinoin 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
methoxsalen 10 mg softgel <b>DL</b>	5	
myorisan 10 mg, 20 mg, 30 mg capsule <b>MO</b>	4	QL (60 per 30 days)
myorisan 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
PICATO 0.015 % TOPICAL GEL <b>MO</b>	4	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL <b>MO</b>	4	QL (2 per 30 days)
podofilox 0.5% topical soln <b>MO</b>	4	
RECTIV 0.4 % (W/W) OINTMENT <b>MO</b>	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL <b>DL</b>	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT <b>MO</b>	4	
selenium sulfide 2.5% lotion <b>MO</b>	2	
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION <b>MO</b>	3	QL (420 per 30 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment <b>MO</b>	4	
tazarotene 0.1% cream <b>MO</b>	4	PA
TAZORAC 0.05 % TOPICAL CREAM <b>MO</b>	4	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL <b>MO</b>	4	PA
TOLAK 4 % TOPICAL CREAM <b>MO</b>	4	
tretinoin 0.01% gel; tretinoin 0.05% gel <b>MO</b>	4	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream <b>MO</b>	4	PA
tretinoin 0.025% gel <b>MO</b>	3	PA
UVADEX 20 MCG/ML INJECTION SOLUTION <b>MO</b>	4	B vs D
zenatane 10 mg, 20 mg, 30 mg capsule <b>MO</b>	4	QL (60 per 30 days)
zenatane 40 mg capsule <b>MO</b>	4	QL (120 per 30 days)
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP <b>MO</b>	4	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET <b>MO</b>	4	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
AURYXIA 210 MG IRON TABLET <b>MO</b>	4	PA,QL (360 per 30 days)
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	4	
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> <b>MO</b>	4	
<i>calcium acetate 667 mg gelcap</i> <b>MO</b>	3	
<i>calcium acetate 667 mg tablet</i> <b>MO</b>	3	
<i>calcium chloride 10% syringe</i> <b>MO</b>	1	
<i>calcium chloride 10% vial</i> <b>MO</b>	1	
<i>calcium gluconate 10% vial</i> <b>MO</b>	1	
CARBAGLU 200 MG DISPERSIBLE TABLET <b>DL</b>	5	PA
CHEMET 100 MG CAPSULE <b>DL</b>	5	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>complete natal dha 29 mg-1 mg-250 mg oral pack</i> <b>MO</b>	4	
<i>completenate 29 mg iron-1 mg chewable tablet</i> <b>MO</b>	4	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE <b>MO</b>	4	
CONCEPT OB 85 MG-1 MG CAPSULE <b>MO</b>	4	
CUPRIMINE 250 MG CAPSULE <b>DL</b>	5	
<i>dextrose 10%-0.45% nacl iv sol</i> <b>MO</b>	2	
<i>dextrose 2.5%-0.45% nacl iv</i> <b>MO</b>	2	
<i>dextrose 5%-0.9% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-0.45% nacl iv soln</i> <b>MO</b>	2	
<i>deferoxamine 2 gram, 500 mg vial</i> <b>MO</b>	4	
DEPEN TITRATABS 250 MG TABLET <b>DL</b>	5	
<i>dextrose 10%-0.2% nacl iv soln</i> <b>MO</b>	2	
<i>dextrose 10%-water iv solution</i> <b>MO</b>	2	
<i>dextrose 20%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 25%-water syringe</i> <b>MO</b>	2	
<i>dextrose 30%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 40%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-water iv soln</i> <b>MO</b>	2	
<i>dextrose 5%-lr iv solution</i> <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dextrose 5%-0.2% nacl iv soln</i> <sup>MO</sup>	2	
<i>dextrose 5%-0.3% nacl iv soln</i> <sup>MO</sup>	2	
<i>dextrose 50%-water syringe</i> <sup>MO</sup>	2	
<i>dextrose 50%-water vial</i> <sup>MO</sup>	2	
<i>dextrose 70%-water iv soln</i> <sup>MO</sup>	2	
<i>dextrose 5%-electrolyte 48</i> <sup>MO</sup>	2	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET <sup>DL</sup>	5	PA
<i>folivane-ob 85 mg-1 mg capsule</i> <sup>MO</sup>	4	
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION <sup>MO</sup>	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	4	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION <sup>MO</sup>	4	
ISOLYTE-S INTRAVENOUS SOLUTION <sup>MO</sup>	4	
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	4	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION <sup>MO</sup>	4	B vs D
<i>kionex powder</i> <sup>MO</sup>	3	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> <sup>MO</sup>	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
<i>klor-con m10 meq tablet,extended release</i> <sup>MO</sup>	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE <sup>MO</sup>	2	
<i>klor-con m20 meq tablet,extended release</i> <sup>MO</sup>	2	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp</i> <sup>MO</sup>	2	
<i>lactated ringers injection</i> <sup>MO</sup>	2	
<i>levocarnitine 200 mg/ml vial</i> <sup>MO</sup>	3	
<i>levocarnitine 330 mg tablet</i> <sup>MO</sup>	3	
<i>levocarnitine 1 g/10 ml soln</i> <sup>MO</sup>	4	
<i>magnesium sulfata 50% syringe</i> <sup>MO</sup>	2	
<i>magnesium sulfata 50% vial</i> <sup>MO</sup>	2	
<i>magnesium sulf 1 g/100 ml-d5w</i> <sup>MO</sup>	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag <b>MO</b>	2	
magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml <b>MO</b>	2	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION <b>MO</b>	4	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION <b>MO</b>	4	
NUTRILIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET <b>MO</b>	4	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION <b>MO</b>	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION <b>MO</b>	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION <b>MO</b>	4	
PLASMA-LYTE 56-DEXTROSE 5% <b>MO</b>	4	
plenamine 15 % intravenous solution <b>MO</b>	4	B vs D
prn ob+dha 27 mg-1 mg-50 mg-250 mg oral pack <b>MO</b>	4	
potassium acet 100 meq/50 ml <b>MO</b>	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl <b>MO</b>	2	
potassium cl 10% (20 meq/15ml); potassium cl 20% (40 meq/15ml) <b>MO</b>	4	
potassium cl 20 meq/10 ml conc <b>MO</b>	2	
potassium cl er 10 meq, 20 meq tablet <b>MO</b>	2	
potassium cl er 10 meq, 20 meq, 8 meq tablet <b>MO</b>	2	
potassium cl er 10 meq, 8 meq capsule <b>MO</b>	2	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln <b>MO</b>	2	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution <b>MO</b>	2	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer <b>MO</b>	2	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol <b>MO</b>	2	
potassium cl 20 meq-0.45% nacl <b>MO</b>	2	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl <b>MO</b>	2	
kcl 20 meq in d5w-0.3% nacl <b>MO</b>	2	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9% <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb;</i> <i>potassium citrate er 10 meq tb; potassium citrate er 5 meq tab</i> <b>MO</b>	3	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> <b>MO</b>	4	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> <b>MO</b>	4	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> <b>MO</b>	4	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> <b>MO</b>	4	
PREMASOL 10 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION <b>MO</b>	1	B vs D
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET <b>MO</b>	4	
PRENATABS FA 29 MG-1 MG TABLET <b>MO</b>	4	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> <b>MO</b>	4	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	4	
PRENATE ELITE 26 MG IRON-1 MG TABLET <b>MO</b>	4	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE <b>MO</b>	4	
<i>preplus 27 mg iron-1 mg tablet</i> <b>MO</b>	4	
PREQUE 10 TABLET <b>MO</b>	4	
PROCALAMINE 3% INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
<i>relnate dha prenatal softgel</i> <b>MO</b>	4	
RENAGEL 400 MG, 800 MG TABLET <b>MO</b>	4	ST
REVELA 0.8 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET <b>MO</b>	3	QL (180 per 30 days)
REVELA 800 MG TABLET <b>MO</b>	3	QL (540 per 30 days)
<i>ringer's iv solution</i> <b>MO</b>	1	
SAMSCA 15 MG, 30 MG TABLET <b>DL</b>	5	QL (60 per 30 days)
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> <b>MO</b>	4	
<i>se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet</i> <b>MO</b>	4	
<i>sevelamer 0.8 gm powder packet</i> <b>MO</b>	3	QL (540 per 30 days)
<i>sevelamer 2.4 gm powder packet</i> <b>MO</b>	3	QL (180 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> <b>MO</b>	3	QL (540 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION <b>MO</b>	4	B vs D
<i>sodium acetate 40 meq/20 ml vl</i> <b>MO</b>	1	
<i>sodium bicarb 8.4% abboject</i> <b>MO</b>	4	
<i>sodium chloride 0.9% irrig.</i> <b>MO</b>	2	
<i>sodium chloride 100 meq/40 ml</i> <b>MO</b>	2	
<i>saline 0.45% soln-excel con</i> <b>MO</b>	2	
<i>sodium chloride 0.45% soln</i> <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sodium chloride 0.9% solution <sup>MO</sup>	2	
sodium chloride 0.9% vial <sup>MO</sup>	2	
sodium chloride 3% iv soln <sup>MO</sup>	2	
sodium chloride 5% iv soln <sup>MO</sup>	2	
sodium lactate 5 meq/ml vial <sup>MO</sup>	1	
sodium phosphate 3mm/ml vial <sup>MO</sup>	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp <sup>MO</sup>	3	
sodium polystyrene sulf powder <sup>MO</sup>	3	
sps 15 gm/60 ml suspension <sup>MO</sup>	3	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema <sup>MO</sup>	3	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION <sup>MO</sup>	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA <sup>MO</sup>	3	
taron-c dha 35 mg-1 mg-200 mg capsule <sup>MO</sup>	4	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule <sup>MO</sup>	4	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION <sup>MO</sup>	4	
TRAVASOL 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
trientine hcl 250 mg capsule <sup>DL</sup>	5	
trinatal rx 1 60 mg iron-1 mg tablet <sup>MO</sup>	4	
triveen-duo dha 29 mg-1 mg-400 mg oral pack <sup>MO</sup>	4	
TROPHAMINE 10 % INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION <sup>MO</sup>	4	B vs D
ultimatecare one capsule <sup>MO</sup>	4	
ultimatecare one nf capsule <sup>MO</sup>	4	
virt-c dha 35 mg-1 mg-200 mg capsule <sup>MO</sup>	4	
virt-nate dha 28 mg iron-1 mg-200 mg capsule <sup>MO</sup>	4	
zatean-ch capsule <sup>MO</sup>	4	
<b>Gastrointestinal Agents</b>		
lansoprazol-amoxicil-clarithro <sup>MO</sup>	4	ST
CARAFATE 100 MG/ML ORAL SUSPENSION <sup>MO</sup>	4	
CHENODAL 250 MG TABLET <sup>DL</sup>	5	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet <sup>MO</sup>	2	
cimetidine 300 mg/5 ml soln <sup>MO</sup>	2	
constulose 10 gram/15 ml oral solution <sup>MO</sup>	2	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE <sup>MO</sup>	4	QL (30 per 30 days)
dicyclomine 10 mg capsule <sup>MO</sup>	2	
dicyclomine 10 mg/5 ml soln <sup>MO</sup>	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dicyclomine 20 mg tablet <b>MO</b>	2	
diphenoxylat-atrop 2.5-0.025/5 <b>MO</b>	4	
diphenoxylate-atrop 2.5-0.025 <b>MO</b>	4	
enulose 10 gram/15 ml oral solution <b>MO</b>	2	
esomeprazole mag dr 20 mg, 40 mg cap <b>MO</b>	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet <b>MO</b>	2	
famotidine 40 mg/4 ml vial <b>MO</b>	2	
famotidine 40 mg/5 ml susp <b>MO</b>	4	
famotidine 20 mg/2 ml vial <b>MO</b>	2	
famotidine 20 mg piggyback <b>MO</b>	2	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT <b>DL</b>	5	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution <b>MO</b>	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution <b>MO</b>	2	
gavilyte-n 420 gram oral solution <b>MO</b>	2	
generlac 10 gram/15 ml oral solution <b>MO</b>	2	
glycopyrrolate 1 mg, 2 mg tablet <b>MO</b>	3	
glycopyrrolate 4 mg/20 ml vial <b>MO</b>	4	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution <b>MO</b>	2	
lansoprazole dr 15 mg capsule <b>MO</b>	3	QL (60 per 30 days)
lansoprazole dr 30 mg capsule <b>MO</b>	3	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE <b>MO</b>	3	QL (30 per 30 days)
loperamide 2 mg capsule <b>MO</b>	2	
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb <b>MO</b>	4	
misoprostol 100 mcg, 200 mcg tablet <b>MO</b>	3	
MOVANTIK 12.5 MG, 25 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (30 per 30 days)
nizatidine 15 mg/ml solution <b>MO</b>	4	
nizatidine 150 mg, 300 mg capsule <b>MO</b>	2	
omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule <b>MO</b>	4	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule <b>MO</b>	1	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap <b>MO</b>	4	ST,QL (30 per 30 days)
omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt <b>MO</b>	4	ST,QL (30 per 30 days)
pantoprazole sod dr 20 mg, 40 mg tab <b>MO</b>	1	QL (60 per 30 days)
pantoprazole sodium 40 mg vial <b>MO</b>	4	
peg 3350 electrolyte soln; peg-3350 and electrolytes soln <b>MO</b>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
peg 3350-electrolyte solution <b>MO</b>	2	
polyethylene glycol 3350 powd <b>MO</b>	2	
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION, DELAYED RELEASE <b>MO</b>	4	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE <b>MO</b>	4	QL (144 per 30 days)
rabeprazole sod dr 20 mg tab <b>MO</b>	4	QL (30 per 30 days)
ranitidine 15 mg/ml syrup <b>MO</b>	2	
ranitidine 150 mg, 300 mg capsule <b>MO</b>	3	
ranitidine 150 mg, 300 mg tablet <b>MO</b>	2	
ranitidine hcl 150 mg/6 ml vl; ranitidine hcl 50 mg/2 ml vial <b>MO</b>	2	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET <b>MO</b>	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (12 per 30 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA, QL (28 per 28 days)
sucralfate 1 gm tablet <b>MO</b>	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION <b>MO</b>	3	
trilyte with flavor packets 420 gram oral solution <b>MO</b>	2	
ursodiol 250 mg tablet <b>MO</b>	3	
ursodiol 500 mg tablet <b>MO</b>	4	
XIFAXAN 200 MG TABLET <b>DL</b>	5	PA, QL (9 per 30 days)
XIFAXAN 550 MG TABLET <b>DL</b>	5	PA, QL (84 per 28 days)
<b>Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
CERDELGA 84 MG CAPSULE <b>DL</b>	5	PA, QL (60 per 30 days)
CEREZYME 400 UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE <b>DL</b>	5	PA, QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE, DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE, DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE, DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE, DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE, DELAYED RELEASE <b>MO</b>	3	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER <b>DL</b>	5	
CYSTAGON 150 MG, 50 MG CAPSULE <b>MO</b>	4	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	PA, QL (70 per 30 days)
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION <b>DL</b>	5	PA
KUVAN 100 MG SOLUBLE TABLET <b>DL</b>	5	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET <b>DL</b>	5	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA
NITYR 10 MG, 2 MG, 5 MG TABLET <b>DL</b>	5	
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE <b>DL</b>	5	
ORFADIN 4 MG/ML ORAL SUSPENSION <b>DL</b>	5	
<i>sodium phenylbutyrate powder</i> <b>DL</b>	5	
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION <b>DL</b>	5	
ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE; ZENPEP DR 10,000 UNIT CAPSULE; ZENPEP DR 15,000 UNIT CAPSULE; ZENPEP DR 20,000 UNIT CAPSULE; ZENPEP DR 25,000 UNIT CAPSULE; ZENPEP DR 3,000 UNIT CAPSULE; ZENPEP DR 40,000 UNIT CAPSULE; ZENPEP DR 5,000 UNIT CAPSULE <b>MO</b>	4	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er 10 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg tablet</i> <b>MO</b>	3	
<i>bethanechol 50 mg tablet</i> <b>MO</b>	4	
<i>darifenacin er 15 mg, 7.5 mg tablet</i> <b>MO</b>	4	ST,QL (30 per 30 days)
<i>dutasteride 0.5 mg capsule</i> <b>MO</b>	3	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> <b>MO</b>	4	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE <b>MO</b>	4	QL (90 per 30 days)
<i>finasteride 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> <b>MO</b>	3	
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i> <b>MO</b>	2	
<i>oxybutynin 5 mg/5 ml syrup</i> <b>MO</b>	2	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> <b>MO</b>	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RAPAFLO 4 MG, 8 MG CAPSULE <b>MO</b>	4	PA,QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule <b>MO</b>	2	QL (60 per 30 days)
THIOLA 100 MG TABLET <b>DL</b>	5	
tolterodine tart er 2 mg, 4 mg cap <b>MO</b>	4	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg tab <b>MO</b>	4	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE <b>MO</b>	3	QL (30 per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
a-hydrocort 100 mg solution for injection <b>MO</b>	1	
ACTHAR H.P. 80 UNIT/ML INJECTION GEL <b>DL</b>	5	PA,QL (30 per 30 days)
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION <b>MO</b>	4	
betamethasone ac-sp 6 mg/ml vl <b>MO</b>	2	
betamethasone dp 0.05% crm <b>MO</b>	3	
betamethasone dp 0.05% lot <b>MO</b>	3	
betamethasone dp 0.05% oint <b>MO</b>	3	
betamethasone va 0.1% cream <b>MO</b>	2	
betamethasone va 0.1% lotion <b>MO</b>	2	
betamethasone valer 0.1% ointm <b>MO</b>	2	
betamethasone dp aug 0.05% crm <b>MO</b>	2	
betamethasone dp aug 0.05% gel <b>MO</b>	4	
betamethasone dp aug 0.05% lot <b>MO</b>	4	
betamethasone dp aug 0.05% oin <b>MO</b>	4	
clobetasol 0.05% cream <b>MO</b>	4	
clobetasol 0.05% gel <b>MO</b>	4	
clobetasol 0.05% ointment <b>MO</b>	4	
clobetasol 0.05% solution <b>MO</b>	4	
clobetasol 0.05% topical lotn <b>MO</b>	4	
clobetasol emollient 0.05% crm <b>MO</b>	4	
cormax 0.05 % scalp solution <b>MO</b>	4	
cortisone 25 mg tablet <b>MO</b>	4	
decadron 0.5 mg/5 ml oral elixir <b>MO</b>	2	
desonide 0.05% cream <b>MO</b>	4	
desonide 0.05% ointment <b>MO</b>	4	
desoximetasone 0.25% cream <b>MO</b>	4	
desoximetasone 0.25% ointment <b>MO</b>	4	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet <b>MO</b>	2	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 0.5 mg/5 ml elx <sup>MO</sup>	2	
dexamethasone 0.5 mg/5 ml liq <sup>MO</sup>	2	
dexamethasone intensol 1 mg/ml drops (concentrate) <sup>MO</sup>	3	
dexamethasone 10 mg/ml vial <sup>MO</sup>	2	
dexamethasone 10 mg/ml, 4 mg/ml vial <sup>MO</sup>	2	
dexamethasone 4 mg/ml syringe <sup>MO</sup>	2	
diflorasone 0.05% cream <sup>MO</sup>	4	
diflorasone 0.05% ointment <sup>MO</sup>	4	
fludrocortisone 0.1 mg tablet <sup>MO</sup>	2	
fluocinolone 0.01% body oil <sup>MO</sup>	4	
fluocinolone 0.01% cream; fluocinolone 0.025% cream <sup>MO</sup>	4	
fluocinolone 0.01% solution <sup>MO</sup>	4	
fluocinolone 0.025% ointment <sup>MO</sup>	4	
fluocinolone 0.01% scalp oil <sup>MO</sup>	4	
fluocinonide 0.05% cream <sup>MO</sup>	3	
fluocinonide 0.05% gel <sup>MO</sup>	4	
fluocinonide 0.05% ointment <sup>MO</sup>	3	
fluocinonide 0.05% solution <sup>MO</sup>	4	
fluocinonide-e 0.05 % topical cream <sup>MO</sup>	4	
fluocinonide-e 0.05% cream <sup>MO</sup>	4	
fluticasone prop 0.005% oint <sup>MO</sup>	2	
fluticasone prop 0.05% cream <sup>MO</sup>	2	
hydrocortisone 1% cream; hydrocortisone 2.5% cream <sup>MO</sup>	2	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment <sup>MO</sup>	2	
hydrocortisone 10 mg, 20 mg, 5 mg tablet <sup>MO</sup>	2	
hydrocortisone 2.5% cream <sup>MO</sup>	4	
hydrocortisone 2.5% lotion <sup>MO</sup>	2	
hydrocortisone val 0.2% cream <sup>MO</sup>	4	
hydrocortisone val 0.2% ointmt <sup>MO</sup>	4	
hydrocortisone 1% absorbase <sup>MO</sup>	2	
LOCOID LIPOCREAM 0.1 % TOPICAL <sup>MO</sup>	4	
MEDROL 2 MG TABLET <sup>MO</sup>	4	B vs D
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet <sup>MO</sup>	2	B vs D
methylprednisolone 4 mg dosepk <sup>MO</sup>	2	
methylprednisolone 40 mg/ml, 80 mg/ml vl <sup>MO</sup>	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg vl <sup>MO</sup>	4	
mometasone furoate 0.1% cream <sup>MO</sup>	2	
mometasone furoate 0.1% oint <sup>MO</sup>	2	
mometasone furoate 0.1% soln <sup>MO</sup>	2	
prednisolone 15 mg/5 ml syrup <sup>MO</sup>	2	
prednisolone 15 mg/5 ml soln <sup>MO</sup>	2	
prednisolone 20 mg/5 ml soln <sup>MO</sup>	4	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml <sup>MO</sup>	3	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet <sup>MO</sup>	1	B vs D
prednisone 10 mg, 5 mg tab dose pack <sup>MO</sup>	2	
prednisone 5 mg/5 ml solution <sup>MO</sup>	3	B vs D
prednisone intensol 5 mg/ml oral concentrate <sup>MO</sup>	4	B vs D
procto-med hc 2.5 % topical cream perineal applicator <sup>MO</sup>	4	
procto-pak 1 % topical cream perineal applicator <sup>MO</sup>	2	
proctosol hc 2.5 % topical cream perineal applicator <sup>MO</sup>	4	
proctozone-hc 2.5 % topical cream perineal applicator <sup>MO</sup>	4	
SOLU-MEDROL 2 GRAM INTRAVENOUS SOLUTION <sup>MO</sup>	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION <sup>MO</sup>	4	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream <sup>MO</sup>	2	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion <sup>MO</sup>	3	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment <sup>MO</sup>	2	
triderm 0.1 %, 0.5 % topical cream <sup>MO</sup>	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION <sup>MO</sup>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
chorionic gonad 10,000 unit vl <sup>DL</sup>	5	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr <sup>MO</sup>	4	QL (25 per 30 days)
desmopressin ac 4 mcg/ml vial <sup>MO</sup>	4	
desmopressin acetate 0.1 mg tb <sup>MO</sup>	4	QL (180 per 30 days)
desmopressin acetate 0.2 mg tb <sup>MO</sup>	4	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION <sup>DL</sup>	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL <sup>DL</sup>	5	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION <sup>DL</sup>	5	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY <b>DL</b>	5	
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>altavera</i> (28) 0.15 mg-0.03 mg tablet <b>MO</b>	4	
<i>alyacen</i> 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
<i>alyacen</i> 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
<i>amabelz</i> 0.5 mg-0.1 mg tablet; <i>amabelz</i> 1 mg-0.5 mg tablet <b>MO</b>	4	PA
<i>amethia</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>amethia lo</i> 0.10 mg-20 mcg (84)/10 mcg(7) tablets, 3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>amethyst</i> 90 mcg-20 mcg tablet <b>MO</b>	4	
ANADROL-50 50 MG TABLET <b>DL</b>	5	
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET <b>MO</b>	3	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP <b>MO</b>	3	PA,QL (150 per 30 days)
<i>androxy</i> 10 mg tablet <b>MO</b>	4	
<i>apri</i> 0.15 mg-0.03 mg tablet <b>MO</b>	4	
<i>aranelle</i> (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	4	
<i>ashlyna</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>aubra</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>aubra eq</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>aviane</i> 0.1 mg-20 mcg tablet <b>MO</b>	4	
<i>azurette</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
<i>balziva</i> (28) 0.4 mg-35 mcg tablet <b>MO</b>	4	
<i>bekyree</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
<i>blisovi fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
<i>blisovi fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
<i>briellyn</i> 0.4 mg-35 mcg tablet <b>MO</b>	4	
<i>camila</i> 0.35 mg tablet <b>MO</b>	4	
<i>camrese</i> 0.15 mg-30 mcg (84)/10 mcg(7) tablets, 3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>camrese lo</i> 0.10 mg-20 mcg (84)/10 mcg(7) tablets, 3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
<i>caziant</i> (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet <b>MO</b>	4	
<i>chateal</i> 0.15 mg-0.03 mg tablet <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>chateal eq 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>cryselle (28) 0.3 mg-30 mcg tablet</i> <b>MO</b>	4	
<i>cyclafem 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> <b>MO</b>	4	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET <b>MO</b>	4	
<i>cyred 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>danazol 100 mg, 200 mg, 50 mg capsule</i> <b>MO</b>	4	
<i>dasetta 1/35 (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> <b>MO</b>	4	QL (91 per 90 days)
<i>deblitane 0.35 mg tablet</i> <b>MO</b>	4	
<i>delyla (28) 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL <b>MO</b>	3	QL (5 per 30 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	QL (0.65 per 90 days)
<i>desogestr-eth estrad eth estra</i> <b>MO</b>	4	
<i>desogestrel-ethinyl estrad tab</i> <b>MO</b>	4	
<i>drospirenone-ee 3-0.02 mg, 3-0.03 mg tab</i> <b>MO</b>	4	
DUAVEE 0.45 MG-20 MG TABLET <b>MO</b>	4	PA,QL (30 per 30 days)
<i>elinest 0.3 mg-30 mcg tablet</i> <b>MO</b>	4	
ELLA 30 MG TABLET <b>MO</b>	3	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
ENDOMETRIN 100 MG VAGINAL INSERT <b>DL</b>	5	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MO</b>	4	
<i>enskyce 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>errin 0.35 mg tablet</i> <b>MO</b>	4	
<i>estradiol 0.01% cream</i> <b>MO</b>	3	
<i>estradiol 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	4	PA
<i>estradiol 10 mcg vaginal insrt</i> <b>MO</b>	4	
<i>estradiol valerate 20 mg/ml, 40 mg/ml vl</i> <b>MO</b>	4	
<i>estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb</i> <b>MO</b>	3	PA
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING <b>MO</b>	4	QL (1 per 90 days)
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET <b>MO</b>	4	
<i>ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg</i> <b>MO</b>	4	
<i>falmina (28) 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
<i>fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack</i> <b>MO</b>	4	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet <b>MO</b>	4	
gianvi (28) 3 mg-0.02 mg tablet <b>MO</b>	4	
gildagia 0.4 mg-0.035 mg tab <b>MO</b>	4	
gildess 1.5 mg-30 mcg tablet <b>MO</b>	4	
gildess 1 mg-20 mcg tablet <b>MO</b>	4	
gildess fe 1.5-30 tablet <b>MO</b>	4	
heather 0.35 mg tablet <b>MO</b>	4	
incassia 0.35 mg tablet <b>MO</b>	4	
introvale 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet <b>MO</b>	4	
jencycla 0.35 mg tablet <b>MO</b>	4	
jolessa 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)
jolivette 0.35 mg tablet <b>MO</b>	4	
juleber 0.15 mg-0.03 mg tablet <b>MO</b>	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
junel 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
kelnor 1-50 1 mg-50 mcg tablet <b>MO</b>	4	
kelnor 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
kimidess 28 day tablet <b>MO</b>	4	
kurvelo 0.15 mg-0.03 mg tablet <b>MO</b>	4	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01; levonorg 0.15mg-ee 20-25-30mcg <b>MO</b>	4	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
larin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet <b>MO</b>	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
larissia 0.1 mg-20 mcg tablet <b>MO</b>	4	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet <b>MO</b>	4	
lessina 0.1 mg-20 mcg tablet <b>MO</b>	4	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
levonor-eth estrad triphasic <b>MO</b>	4	

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levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 <b>MO</b>	4	
levonor-eth estrad 0.15-0.03 <b>MO</b>	4	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet <b>MO</b>	4	
lillow 0.15 mg-0.03 mg tablet <b>MO</b>	4	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET <b>MO</b>	4	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET <b>MO</b>	4	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET <b>MO</b>	4	
lomedica 24 fe 1 mg-20 mcg tab <b>MO</b>	4	
loryna (28) 3 mg-0.02 mg tablet <b>MO</b>	3	
low-ogestrel (28) 0.3 mg-30 mcg tablet <b>MO</b>	4	
lutura (28) 0.1 mg-20 mcg tablet <b>MO</b>	4	
lyza 0.35 mg tablet <b>MO</b>	4	
marlissa 0.15 mg-0.03 mg tablet <b>MO</b>	4	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab <b>MO</b>	2	
medroxyprogesterone 150 mg/ml <b>MO</b>	2	QL (1 per 90 days)
megestrol 20 mg, 40 mg tablet <b>MO</b>	3	PA
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml <b>MO</b>	4	PA
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET <b>MO</b>	4	PA
METHITEST 10 MG TABLET <b>DL</b>	5	
methyltestosterone 10 mg cap <b>DL</b>	5	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet <b>MO</b>	4	
microgestin 1/20 (21) 1 mg-20 mcg tablet <b>MO</b>	4	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet <b>MO</b>	4	
mili 0.25 mg-35 mcg tablet <b>MO</b>	4	
mimvey 1 mg-0.5 mg tablet <b>MO</b>	4	PA
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET <b>MO</b>	4	
mono-lyyah 0.25 mg-35 mcg tablet <b>MO</b>	4	
mononessa (28) 0.25 mg-35 mcg tablet <b>MO</b>	4	
myzilra 50-30 (6)/75-40(5)/125-30(10) tablet <b>MO</b>	4	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET <b>MO</b>	4	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
necon 1-35-28 tablet <b>MO</b>	4	
necon 10-11-28 tablet <b>MO</b>	4	

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necon 7-7-7-28 tablet <b>MO</b>	4	
nikki (28) 3 mg-0.02 mg tablet <b>MO</b>	4	
nora-be 0.35 mg tablet <b>MO</b>	4	
noret-estr-fe 0.4-0.035(21)-75 <b>MO</b>	4	
norethindrone 0.35 mg tablet <b>MO</b>	4	
norethind-eth estrad 1-0.02 mg <b>MO</b>	4	
norethindrone 5 mg tablet <b>MO</b>	3	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	4	
noreth-estrad-fe 1-0.02(24)-75 <b>MO</b>	4	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg <b>MO</b>	4	
norlyda 0.35 mg tablet <b>MO</b>	4	
norlyroc 0.35 mg tablet <b>MO</b>	4	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (21) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 1/35 (28) 1 mg-35 mcg tablet <b>MO</b>	4	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet <b>MO</b>	4	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL <b>MO</b>	4	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet <b>MO</b>	4	
ogestrel (28) 0.5 mg-50 mcg tablet <b>MO</b>	4	
orsythia 0.1 mg-20 mcg tablet <b>MO</b>	4	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET <b>MO</b>	4	
OVCON-35 28 TABLET <b>MO</b>	4	
oxandrolone 10 mg tablet <b>DL</b>	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet <b>MO</b>	4	PA,QL (120 per 30 days)
philith 0.4 mg-35 mcg tablet <b>MO</b>	4	
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet <b>MO</b>	4	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet <b>MO</b>	4	
portia 0.15 mg-0.03 mg tablet <b>MO</b>	4	
PREMARIN 0.625 MG/GRAM VAGINAL CREAM <b>MO</b>	3	
previfem 0.25 mg-35 mcg tablet <b>MO</b>	4	
progesterone oil 50 mg/ml v1 <b>MO</b>	3	
progesterone in oil 50 mg/ml intramuscular <b>MO</b>	3	
progesterone 100 mg, 200 mg capsule <b>MO</b>	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
quasense 0.15 mg-30 mcg tablets,3 month dose pack <b>MO</b>	4	QL (91 per 90 days)

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<i>raloxifene hcl 60 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
<i>reclipsen (28) 0.15 mg-0.03 mg tablet</i> <b>MO</b>	4	
<b>RIVELSA</b> 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK <b>MO</b>	4	QL (91 per 90 days)
<i>setlakin 0.15 mg-30 mcg tablets,3 month dose pack</i> <b>MO</b>	4	QL (91 per 90 days)
<i>sharobel 0.35 mg tablet</i> <b>MO</b>	4	
<i>sprintec (28) 0.25 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>sronyx 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
<i>syeda 3 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> <b>MO</b>	4	
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml <b>MO</b>	3	QL (24 per 90 days)
testosterone enan 200 mg/ml <b>MO</b>	3	QL (24 per 90 days)
<i>tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	4	
<i>tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet</i> <b>MO</b>	4	
<i>tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<b>TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET</b> <b>MO</b>	4	
<i>tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> <b>MO</b>	4	
<i>trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet</i> <b>MO</b>	4	
<i>tulana 0.35 mg tablet</i> <b>MO</b>	4	
<b>VAGIFEM 10 MCG VAGINAL TABLET</b> <b>MO</b>	4	PA
<i>velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet</i> <b>MO</b>	4	
<i>vestura 3 mg-0.02 mg tablet</i> <b>MO</b>	4	
<i>vienva 0.1 mg-20 mcg tablet</i> <b>MO</b>	4	
<i>viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> <b>MO</b>	4	
<i>vyfemla (28) 0.4 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>vylibra 0.25 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>wera (28) 0.5 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet</i> <b>MO</b>	4	

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<i>xulane 150 mcg-35 mcg/24 hr transdermal patch</i> <b>MO</b>	4	QL (3 per 28 days)
YAZ (28) 3 MG-0.02 MG TABLET <b>MO</b>	4	
<i>yuvaferm 10 mcg vaginal tablet</i> <b>MO</b>	4	
<i>zarah 3 mg-0.03 mg tablet</i> <b>MO</b>	4	
<i>zenchent (28) 0.4 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>zenchent fe tablet chewable</i> <b>MO</b>	4	
<i>zovia 1/35e (28) 1 mg-35 mcg tablet</i> <b>MO</b>	4	
<i>zovia 1-50e tablet</i> <b>MO</b>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
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 <b>MO</b>	3	
<i>levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet</i> <b>MO</b>	1	
<i>levothyroxine 100 mcg, 200 mcg, 500 mcg vial</i> <b>MO</b>	4	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	3	
<i>liothyronine sod 10 mcg/ml vl</i> <b>MO</b>	3	
<i>liothyronine sod 25 mcg, 5 mcg, 50 mcg tab</i> <b>MO</b>	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 <b>MO</b>	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET <b>MO</b>	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET <b>MO</b>	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET <b>MO</b>	2	
THYROLAR-2 25 MCG-100 MCG TABLET <b>MO</b>	2	
THYROLAR-3 37.5 MCG-150 MCG TABLET <b>MO</b>	2	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET <b>MO</b>	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN 500 MG TABLET <b>MO</b>	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline 0.5 mg tablet</i> <b>MO</b>	4	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE <b>MO</b>	4	PA
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA

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FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION <b>MO</b>	4	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> <b>MO</b>	4	B vs D
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT <b>DL</b>	5	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT <b>MO</b>	4	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT	5	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT <b>DL</b>	5	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA,QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml v</i> <b>MO</b>	4	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> <b>MO</b>	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP,EXTENDED RELEASE <b>DL</b>	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION; SOMAVERT 10 MG, 15 MG, 20 MG VIAL <b>DL</b>	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY <b>DL</b>	5	
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION	5	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML INTRAMUSCULAR SYRINGE	5	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION <b>DL</b>	5	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE <b>DL</b>	5	PA
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT <b>MO</b>	4	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT <b>MO</b>	4	PA,QL (1 per 28 days)

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<b>Hormonal Agents, Suppressant (Thyroid)</b>		
methimazole 10 mg, 5 mg tablet <b>MO</b>	2	
propylthiouracil 50 mg tablet <b>MO</b>	3	
<b>Immunological Agents</b>		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE <b>MO</b>	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP <b>MO</b>	4	
ARCALYST 220 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA
ATGAM 50 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	PA
azathioprine 50 mg tablet <b>MO</b>	1	B vs D
BCG VACCINE (TICE STRAIN) VIAL <b>MO</b>	4	
BENLYSTA 120 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR <b>DL</b>	5	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (6 per 28 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION <b>DL</b>	5	B vs D
CELLCEPT 250 MG CAPSULE <b>MO</b>	4	B vs D
CELLCEPT 500 MG TABLET <b>DL</b>	5	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
cyclosporine 100 mg, 25 mg capsule <b>MO</b>	4	B vs D
cyclosporine 50 mg/ml ampul <b>MO</b>	4	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg <b>MO</b>	4	B vs D
cyclosporine modified 100mg/ml <b>MO</b>	4	B vs D
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP <b>MO</b>	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (8.16 per 28 days)

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ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	PA,QL (7.84 per 28 days)
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	PA,QL (7.84 per 28 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL <b>MO</b>	4	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (9 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %), 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 %) INJECTION SOLUTION <b>DL</b>	5	PA
GARDASIL VIAL <b>MO</b>	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> <b>MO</b>	4	B vs D
<i>gengraf 100 mg/ml oral solution</i> <b>MO</b>	4	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
HUMIRA 10 MG/0.1 ML, 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT; HUMIRA PEDIATRIC CROHN'S START 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, 80 MG/0.8 ML SUBCUT KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT; HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS KIT <b>DL</b>	5	PA,QL (6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D

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IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION <b>MO</b>	3	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP <b>MO</b>	4	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
INFLECTRA 100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION <b>MO</b>	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR <b>DL</b>	5	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE <b>DL</b>	5	PA,QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
<i>leflunomide 10 mg, 20 mg tablet</i> <b>MO</b>	2	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION <b>MO</b>	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
MENHIBRIX VACCINE VIAL <b>MO</b>	4	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	4	
MENOMUNE-A-C-Y-W-135 W-DILUENT <b>MO</b>	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
<i>methotrexate 2.5 mg tablet</i> <b>MO</b>	1	B vs D
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>methotrexate 1 gm vial</i> <b>MO</b>	2	
<i>methotrexate 50 mg/2 ml vial</i> <b>MO</b>	1	
<i>mycophenolate 200 mg/ml susp</i> <b>MO</b>	4	B vs D
<i>mycophenolate 250 mg capsule</i> <b>MO</b>	3	B vs D
<i>mycophenolate 500 mg tablet</i> <b>MO</b>	3	B vs D
<i>mycophenolate 500 mg vial</i> <b>MO</b>	4	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> <b>MO</b>	4	B vs D
MYFORTIC 180 MG, 360 MG TABLET,DELAYED RELEASE <b>MO</b>	4	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (20 per 30 days)
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	

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PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT <b>MO</b>	4	
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE <b>MO</b>	4	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION <b>MO</b>	4	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION <b>MO</b>	3	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET <b>MO</b>	4	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE <b>DL</b>	5	
RIDAURA 3 MG CAPSULE <b>DL</b>	5	
ROTARIX 10EXP6 CCID50/ML SUSPENSION <b>MO</b>	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION <b>MO</b>	4	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION <b>DL</b>	5	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION <b>MO</b>	4	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT <b>MO</b>	3	QL (2 per 365 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION <b>DL</b>	5	B vs D
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> <b>MO</b>	4	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION <b>DL</b>	5	PA
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	PA
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> <b>MO</b>	4	B vs D
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
<i>diphtheria-tetanus toxoids-ped</i> <b>MO</b>	4	
<i>tetanus diphtheria toxoids</i> <b>MO</b>	4	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION <b>MO</b>	3	PA
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET <b>MO</b>	4	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
TWINRIX VACCINE VIAL <b>MO</b>	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION <b>MO</b>	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE <b>MO</b>	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	3	
VARIZIG 125 UNIT VIAL <b>DL</b>	5	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION <b>DL</b>	5	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION <b>DL</b>	5	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION <b>DL</b>	5	PA
XOLAIR 150 MG SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (6 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	
ZORTRESS 0.25 MG, 0.75 MG TABLET <b>MO</b>	4	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET <b>MO</b>	4	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION <b>MO</b>	4	QL (1 per 365 days)
<b>Inflammatory Bowel Disease Agents</b>		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE <b>MO</b>	3	QL (120 per 30 days)
<i>balsalazide disodium 750 mg cp</i> <b>MO</b>	4	
<i>budesonide ec 3 mg capsule</i> <b>MO</b>	4	
<i>colocort 100 mg/60 ml enema</i> <b>MO</b>	4	
<i>hydrocortisone 100 mg/60 ml</i> <b>MO</b>	4	
<i>mesalamine 4 gm/60 ml enema</i> <b>MO</b>	4	QL (1800 per 30 days)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> <b>MO</b>	1	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> <b>MO</b>	1	QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET <b>MO</b>	4	QL (4 per 28 days)
<i>calcitonin-salmon 200 units sp</i> <b>MO</b>	3	QL (3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg capsule</i> <b>MO</b>	2	
<i>calcitriol 1 mcg/ml ampul</i> <b>MO</b>	2	
<i>calcitriol 1 mcg/ml solution</i> <b>MO</b>	4	
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule</i> <b>MO</b>	4	
<i>doxercalciferol 4 mcg/2 ml amp</i> <b>MO</b>	4	
<i>etidronate disodium 200 mg, 400 mg tab</i> <b>MO</b>	4	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR <b>MO</b>	4	PA,QL (2.4 per 28 days)
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION <b>MO</b>	3	

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<i>ibandronate 3 mg/3 ml syringe</i> <b>MO</b>	4	PA,QL (3 per 90 days)
<i>ibandronate 3 mg/3 ml vial</i> <b>MO</b>	4	PA,QL (3 per 90 days)
<i>ibandronate sodium 150 mg tab</i> <b>MO</b>	2	QL (1 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION <b>MO</b>	4	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE <b>DL</b>	5	PA,QL (2 per 28 days)
<i>pamidronate 30 mg/10 ml vial</i> <b>MO</b>	1	B vs D,QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial</i> <b>MO</b>	1	B vs D,QL (10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg capsule</i> <b>MO</b>	4	QL (30 per 30 days)
<i>paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml vial</i> <b>MO</b>	3	QL (48 per 28 days)
<i>paricalcitol 2 mcg/ml vial</i> <b>MO</b>	3	QL (24 per 30 days)
<i>paricalcitol 4 mcg capsule</i> <b>MO</b>	4	QL (12 per 30 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE <b>MO</b>	4	B vs D,QL (1 per 180 days)
<i>risedronate sod dr 35 mg tab; risedronate sodium 35 mg tab</i> <b>MO</b>	4	QL (4 per 28 days)
<i>risedronate sodium 150 mg tab</i> <b>MO</b>	4	QL (1 per 30 days)
<i>risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet</i> <b>MO</b>	4	QL (30 per 30 days)
SENSIPAR 30 MG, 60 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION <b>DL</b>	5	PA,QL (1.7 per 28 days)
<i>zoledronic acid 4 mg/100 ml</i> <b>MO</b>	4	PA,QL (300 per 21 days)
<i>zoledronic acid 4 mg vial</i> <b>MO</b>	4	PA
<i>zoledronic acid 4 mg/5 ml vial</i> <b>MO</b>	4	PA,QL (15 per 21 days)
<i>zoledronic acid 5 mg/100 ml</i> <b>MO</b>	2	PA,QL (100 per 365 days)
<b>Miscellaneous Therapeutic Agents</b>		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
<i>acetic acid 0.25% irrig soln</i> <b>MO</b>	2	
<i>acetylcysteine 6 gram/30 ml vl</i> <b>MO</b>	4	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	1	

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ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
ALCOHOL PADS <b>MO</b>	1	
ALCOHOL PREP PADS <b>MO</b>	1	
ALCOHOL PREP SWABS <b>MO</b>	1	
ALCOHOL 70% SWABS <b>MO</b>	1	
ALCOHOL WIPES <b>MO</b>	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" <b>MO</b>	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <b>MO</b>	1	
AUTOPEN 1 TO 16 UNITS <b>MO</b>	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS <b>MO</b>	1	
AUTOPEN 2 TO 32 UNITS <b>MO</b>	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS <b>MO</b>	1	
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION <b>MO</b>	4	
BAND-AID GAUZE PADS 2" X 2" BANDAGE <b>MO</b>	1	
BD ALCOHOL SWABS <b>MO</b>	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" <b>MO</b>	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G <b>MO</b>	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	1	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN SYRINGE SLIP TIP 1 ML <b>MO</b>	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSUL SYR 0.3 ML 31GX15/64"; BD INSUL SYR 0.5 ML 31GX15/64"; BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYR 1 ML 31GX15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"" <b>MO</b>	1	
BD INTEGRA SYR 1 ML 29GX1/2" <b>MO</b>	1	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE <b>MO</b>	1	
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" <b>MO</b>	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" <b>MO</b>	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" <b>MO</b>	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" <b>MO</b>	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" <b>MO</b>	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" <b>MO</b>	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" <b>MO</b>	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" <b>MO</b>	1	
BORDERED GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> <b>MO</b>	1	
<i>calcium disodium versenate 200 mg/ml injection solution</i> <b>MO</b>	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MO</b>	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS <b>MO</b>	1	

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CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" <b>MO</b>	1	
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" <b>MO</b>	1	
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
CURITY ALCOHOL SWABS <b>MO</b>	1	
CURITY GAUZE 2" X 2" BANDAGE <b>MO</b>	1	
DERMACEA 2" X 2" BANDAGE <b>MO</b>	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" <b>MO</b>	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" <b>MO</b>	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
EASY TOUCH ALCOHOL PREP PADS <b>MO</b>	1	

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EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" <b>MO</b>	1	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE <b>MO</b>	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE <b>MO</b>	1	
<i>enlon 10 mg/ml vial</i> <b>MO</b>	1	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
<i>flumazenil 0.1 mg/ml vial</i> <b>MO</b>	4	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
GAUZE PADS 2"X2" <b>MO</b>	1	
GAUZE PAD 2" X 2" BANDAGE <b>MO</b>	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
HUMAPEN LUXURA HD SUBCUTANEOUS <b>MO</b>	1	
INCONTROL ALCOHOL PADS <b>MO</b>	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) <b>MO</b>	1	

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INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
BD INSULIN U100-3/10 ML SYR; INSULIN SYRINGE MICROFINE 0.3 ML 28 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
BD LUER-LOK SYRINGE 1 ML <b>MO</b>	1	
BD INSULIN SYR 0.5 ML 29GX1/2" <b>MO</b>	1	
BD INSULIN SYR 1 ML 25GX5/8"; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRIN 0.5 ML 31GX5/16"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELI-ON INSULIN 0.3 ML SYR; RELI-ON INSULIN 0.5 ML SYR; RELI-ON INSULIN 1 ML SYR; RELION INS SYR 0.3 ML 29GX1/2"; RELION INS SYR 0.3 ML 30GX5/16; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 30GX5/16"; RELION INS SYR 1 ML 31GX15/64"; RELION SYR 0.5 ML 30GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 28GX1/2"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2" <b>MO</b>	1	
INSULIN SYRINGE U100 1 ML <b>MO</b>	1	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
IV PREP WIPES MEDICATED <b>MO</b>	1	
KORLYM 300 MG TABLET <b>DL</b>	5	PA,QL (120 per 30 days)
<i>lactated ringers irrigation</i> <b>MO</b>	2	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
LITHOSTAT 250 MG TABLET <b>MO</b>	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" <b>MO</b>	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" <b>MO</b>	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" <b>MO</b>	1	
<i>methergine 0.2 mg tablet</i> <b>MO</b>	4	
<i>methylergonovine 0.2 mg tablet</i> <b>MO</b>	4	
<i>methylergonovine 0.2 mg/ml amp</i> <b>MO</b>	3	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE <b>MO</b>	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" <b>MO</b>	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML <b>MO</b>	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE <b>MO</b>	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE <b>MO</b>	1	
NOVOFINE 30G X 1/3" NEEDLES <b>MO</b>	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE <b>MO</b>	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE <b>MO</b>	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE <b>MO</b>	1	
NOVOPEN ECHO SUBCUTANEOUS <b>MO</b>	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE <b>MO</b>	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G <b>MO</b>	1	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	

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PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION <b>DL</b>	5	PA
PRO COMFORT ALCOHOL PADS <b>MO</b>	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" <b>MO</b>	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" <b>MO</b>	1	
<i>protamine 250 mg/25 ml vial</i> <b>MO</b>	1	
RELION NEEDLES 31 GAUGE X 1/4" <b>MO</b>	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" <b>MO</b>	1	
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION <b>MO</b>	4	
<i>ringers irrigation solution</i> <b>MO</b>	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
<i>sod phenylacet-sod benzoate vl</i> <b>DL</b>	5	
<i>sorbitol-mannitol irrig</i> <b>MO</b>	1	
GAUZE PADS, STERILE 2"X2" <b>MO</b>	1	
SURE COMFORT ALCOHOL PREP PADS <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" <b>MO</b>	1	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4" <b>MO</b>	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" <b>MO</b>	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" <b>MO</b>	1	

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SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
SURE-PREP ALCOHOL PREP PADS <b>MO</b>	1	
TECHLITE INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" <b>MO</b>	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" <b>MO</b>	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MO</b>	1	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" <b>MO</b>	1	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	

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TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE <b>MO</b>	1	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE; ULTICARE 0.3 ML 29 X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 X5/16 ", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X 1/2 ", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"" SYRINGE; ULTICARE SYR 0.3 ML 29GX1/2"; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRINGE 1 ML 29GX1/2" <b>MO</b>	1	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" <b>MO</b>	1	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" <b>MO</b>	1	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" <b>MO</b>	1	
ULTILET ALCOHOL SWAB <b>MO</b>	1	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" <b>MO</b>	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" <b>MO</b>	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 <b>MO</b>	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" <b>MO</b>	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE <b>MO</b>	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" <b>MO</b>	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" <b>MO</b>	1	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE <b>MO</b>	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" <b>MO</b>	1	
VGO 20 DEVICE <b>MO</b>	3	
VGO 30 DEVICE <b>MO</b>	3	
VGO 40 DEVICE <b>MO</b>	3	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET <b>DL</b>	5	QL (20 per 365 days)
<i>sterile water for irrigation</i> <b>MO</b>	2	
WEBCOL TOPICAL PADS <b>MO</b>	1	
<b>Ophthalmic Agents</b>		
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> <b>MO</b>	2	
AKTEN (PF) 3.5 % EYE GEL <b>MO</b>	4	
ALPHAGAN P 0.1 % EYE DROPS <b>MO</b>	3	
<i>apraclonidine hcl 0.5% drops</i> <b>MO</b>	4	
<i>atropine 1% eye drops</i> <b>MO</b>	2	
<i>azelastine hcl 0.05% drops</i> <b>MO</b>	3	
<i>bacitracin-polymyxin eye oint</i> <b>MO</b>	2	
BEPREVE 1.5 % EYE DROPS <b>MO</b>	4	QL (5 per 25 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETADINE OPHTHALMIC PREP 5 % SOLUTION <b>MO</b>	4	
betaxolol hcl 0.5% eye drop <b>MO</b>	3	
brimonidine 0.2% eye drop <b>MO</b>	2	
brimonidine tartrate 0.15% drp <b>MO</b>	3	
carteolol hcl 1% eye drops <b>MO</b>	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS <b>MO</b>	3	QL (5 per 25 days)
cromolyn 4% eye drops <b>MO</b>	1	
CYSTARAN 0.44 % EYE DROPS <b>DL</b>	5	PA,QL (60 per 28 days)
dexamethasone 0.1% eye drop <b>MO</b>	2	
diclofenac 0.1% eye drops <b>MO</b>	2	
dorzolamide hcl 2% eye drops <b>MO</b>	1	QL (10 per 30 days)
dorzolamide-timolol eye drops <b>MO</b>	1	QL (10 per 30 days)
DUREZOL 0.05 % EYE DROPS <b>MO</b>	3	
fluorometholone 0.1% drops <b>MO</b>	3	
flurbiprofen 0.03% eye drop <b>MO</b>	2	
ILEVRO 0.3 % EYE DROPS,SUSPENSION <b>MO</b>	3	
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution <b>MO</b>	2	
latanoprost 0.005% eye drops <b>MO</b>	1	QL (5 per 25 days)
levobunolol 0.5% eye drops <b>MO</b>	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS <b>MO</b>	4	
LOTEMAX 0.5 % EYE OINTMENT <b>MO</b>	4	
LUMIGAN 0.01 % EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
metipranolol 0.3% eye drops <b>MO</b>	2	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION <b>MO</b>	4	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment <b>MO</b>	3	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment <b>MO</b>	3	
neo-bacit-poly-hc eye ointment <b>MO</b>	3	
neomyc-bacit-polymix eye oint <b>MO</b>	3	
neomyc-polym-dexamet eye ointm <b>MO</b>	2	
neomyc-polym-dexameth eye drop <b>MO</b>	2	
neomyc-polym-gramicid eye drop <b>MO</b>	3	
neomycin-poly-hc eye drops <b>MO</b>	4	
neosporin eye drops <b>MO</b>	2	
olopatadine hcl 0.1% eye drops <b>MO</b>	3	ST
olopatadine hcl 0.2% eye drop <b>MO</b>	2	
PATADAY 0.2 % EYE DROPS <b>MO</b>	4	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PAZEO 0.7 % EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS <b>MO</b>	4	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> <b>MO</b>	3	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> <b>MO</b>	2	
<i>polymyxin b-tmp eye drops</i> <b>MO</b>	1	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION <b>MO</b>	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT <b>MO</b>	4	
<i>prednisolone ac 1% eye drop</i> <b>MO</b>	3	
<i>prednisolone sod 1% eye drop</i> <b>MO</b>	3	
<i>proparacaine 0.5% eye drops</i> <b>MO</b>	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE <b>MO</b>	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS <b>MO</b>	3	QL (5.5 per 25 days)
<i>sulf-pred 10-0.23% eye drops</i> <b>MO</b>	2	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> <b>MO</b>	3	
<i>timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> <b>MO</b>	1	
<i>tobramycin-dexameth ophth susp</i> <b>MO</b>	4	
TRAVATAN Z 0.004 % EYE DROPS <b>MO</b>	3	QL (2.5 per 25 days)
<i>tropicamide 0.5% eye drop; tropicamide 1% eye drops</i> <b>MO</b>	2	
VEXOL 1% EYE DROPS <b>MO</b>	4	ST
<b>Otic Agents</b>		
<i>acetic acid-aluminum drops</i> <b>MO</b>	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION <b>MO</b>	4	
<i>hydrocortison-acetic acid soln</i> <b>MO</b>	4	
<i>neomycin-polymyxin-hc ear soln</i> <b>MO</b>	3	
<i>neomycin-polymyxin-hc ear susp</i> <b>MO</b>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine 10% vial; acetylcysteine 20% vial</i> <b>MO</b>	4	B vs D
ADCIRCA 20 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET <b>DL</b>	5	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (12 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln</i> <sup>MO</sup>	2	B vs D
<i>albuterol sulf 2 mg/5 ml syrup</i> <sup>MO</sup>	2	
<i>albuterol sulfate 2 mg, 4 mg tab</i> <sup>MO</sup>	4	
<i>albuterol sulfate er 4 mg, 8 mg tab</i> <sup>MO</sup>	4	
<i>aminophylline 250 mg/10 ml, 500 mg/20 ml vl</i> <sup>MO</sup>	2	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <sup>MO</sup>	3	QL (30 per 30 days)
<i>azelastine 0.1% (137 mcg) spry</i> <sup>MO</sup>	3	QL (30 per 25 days)
<i>azelastine 0.15% nasal spray</i> <sup>MO</sup>	4	QL (30 per 25 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER <sup>MO</sup>	4	QL (10.7 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION <sup>MO</sup>	3	QL (60 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION <sup>MO</sup>	4	PA
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp</i> <sup>MO</sup>	4	B vs D
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION <sup>DL</sup>	5	PA,QL (84 per 28 days)
<i>cetirizine hcl 1 mg/ml soln</i> <sup>MO</sup>	2	QL (300 per 30 days)
<i>clemastine fum 2.68 mg tab</i> <sup>MO</sup>	4	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION <sup>MO</sup>	4	QL (4 per 20 days)
<i>cromolyn 100 mg/5 ml oral conc</i> <sup>MO</sup>	4	
<i>cromolyn 20 mg/2 ml neb soln</i> <sup>MO</sup>	4	B vs D
<i>cyproheptadine 2 mg/5 ml syrup</i> <sup>MO</sup>	4	
<i>cyproheptadine 4 mg tablet</i> <sup>MO</sup>	4	
DALIRESP 250 MCG TABLET <sup>MO</sup>	3	QL (28 per 365 days)
DALIRESP 500 MCG TABLET <sup>MO</sup>	3	QL (30 per 30 days)
<i>desloratadine 5 mg tablet</i> <sup>MO</sup>	3	QL (30 per 30 days)
<i>diphenhydramine 50 mg/ml vial</i> <sup>MO</sup>	4	
EPINEPHRINE 0.15 MG AUTO-INJECT <sup>MO</sup>	3	QL (4 per 30 days)
<i>epinephrine 0.3 mg auto-inject</i> <sup>MO</sup>	3	QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg vl</i> <sup>DL</sup>	5	PA
ESBRIET 267 MG CAPSULE <sup>DL</sup>	5	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET <sup>DL</sup>	5	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET <sup>DL</sup>	5	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (10.6 per 30 days)
<i>flunisolide 0.025% spray</i> <b>MO</b>	3	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i> <b>MO</b>	2	QL (16 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14</i> <b>MO</b>	3	QL (1 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> <b>MO</b>	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION <b>MO</b>	3	QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> <b>MO</b>	2	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> <b>MO</b>	2	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> <b>MO</b>	2	B vs D
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> <b>MO</b>	2	B vs D
KALYDECO 150 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (56 per 28 days)
LETAIRIS 10 MG, 5 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
<i>levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol; levalbuterol conc 1.25 mg/0.5</i> <b>MO</b>	4	B vs D
<i>levalbuterol tar hfa 45mcg inh</i> <b>MO</b>	4	ST,QL (30 per 30 days)
<i>levocetirizine 5 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>metaproterenol 10 mg, 20 mg tablet</i> <b>MO</b>	4	
<i>metaproterenol 10 mg/5 ml syr</i> <b>MO</b>	4	
<i>mometasone furoate 50 mcg spry</i> <b>MO</b>	4	ST,QL (34 per 30 days)
<i>montelukast sod 10 mg tablet</i> <b>MO</b>	1	QL (30 per 30 days)
<i>montelukast sod 4 mg granules</i> <b>MO</b>	4	QL (30 per 30 days)
<i>montelukast sod 4 mg, 5 mg tab chew</i> <b>MO</b>	2	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY <b>MO</b>	4	ST,QL (34 per 30 days)
OFEV 100 MG, 150 MG CAPSULE <b>DL</b>	5	PA,QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spry</i> <b>MO</b>	4	ST,QL (30.5 per 30 days)
OPSUMIT 10 MG TABLET <b>DL</b>	5	PA,QL (30 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET <b>DL</b>	5	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET <b>DL</b>	5	PA,QL (112 per 28 days)
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION <b>MO</b>	4	PA
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION <b>DL</b>	5	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REVATIO 10 MG/ML ORAL SUSPENSION <b>DL</b>	5	PA,QL (180 per 30 days)
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
<i>sildenafil 20 mg tablet</i> <b>MO</b>	4	PA,QL (90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES <b>MO</b>	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION <b>MO</b>	3	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER <b>MO</b>	3	QL (10.2 per 30 days)
<i>tadalafil 20 mg tablet</i> <b>DL</b>	5	PA,QL (60 per 30 days)
<i>theophylline er 100 mg, 200 mg tablet</i> <b>MO</b>	3	
<i>theophylline er 300 mg, 450 mg tab</i> <b>MO</b>	4	
<i>theophylline er 400 mg tablet</i> <b>MO</b>	3	
<i>theophylline er 600 mg tablet</i> <b>MO</b>	4	
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> <b>MO</b>	2	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION <b>DL</b>	5	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET <b>DL</b>	5	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION <b>DL</b>	5	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION <b>MO</b>	3	QL (60 per 30 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED <b>MO</b>	4	QL (1 per 30 days)
VENTAVIS 10 MCG/ML, 20 MCG/ML SOLUTION FOR NEBULIZATION <b>DL</b>	5	PA
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER <b>MO</b>	3	QL (36 per 30 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> <b>MO</b>	4	QL (60 per 30 days)
<b>Skeletal Muscle Relaxants</b>		
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE <b>MO</b>	4	PA,QL (21 per 30 days)
<i>chlorzoxazone 250 mg, 500 mg tablet</i> <b>MO</b>	4	PA
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> <b>MO</b>	4	PA
<i>cyclobenzaprine 7.5 mg tablet</i> <b>MO</b>	4	PA,QL (90 per 30 days)
<b>Sleep Disorder Agents</b>		
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET <b>MO</b>	3	QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE <b>DL</b>	5	PA,QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg tablet</i> <b>MO</b>	4	PA,QL (60 per 30 days)
<i>temazepam 15 mg, 30 mg capsule</i> <b>DL</b>	4	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
XYREM 500 MG/ML ORAL SOLUTION <b>DL</b>	5	PA,QL (540 per 30 days)
<i>zolpidem tartrate 10 mg, 5 mg tablet</i> <b>MO</b>	2	PA,QL (30 per 30 days)

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## Humana Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<b>ERECTILE DYSFUNCTION</b>		
sildenafil 100 mg, 25 mg, 50 mg tablet <b>ED,MO</b>	1	QL (6 per 30 days)

Your Humana plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D. These drugs aren't subject to the Medicare appeals process.

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