

2020

Prescription Drug Guide

Humana Formulary

List of covered drugs

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

Humana Basic Rx Plan (PDP)

This formulary was updated on 09/30/2019. For more recent information or other questions, please contact Humana at 1-800-281-6918 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.

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

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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, 2020. 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Changes that can affect you this year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below 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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an

exception, and you can also find information in the section below entitled "How do I request an exception to the Humana Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

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, 2020. We'll update the printed formularies each month and they'll be available on [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

To get updated information about the drugs that Humana covers, please visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). The Drug List Search tool lets you search for your drug by name or drug type.

For help and information, call Humana Customer Care at **1-800-281-6918 (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 11. 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 11. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

Alphabetical listing

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 87. 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 11.

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 75 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. 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 **1-800-281-6918 (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.

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 87.

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, regardless of tier placement.

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	3	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	3	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	3	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	3	QL (180 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM DL	3	QL (60 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	3	QL (360 per 30 days)
butalb-caff-acetaminoph-codein DL	4	QL (360 per 30 days)
butalbital-acetaminophn 50-325 MO	4	QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 MO	4	QL (180 per 30 days)
butalb-aspirin-caffe 50-325-40 MO	3	QL (180 per 30 days)
butalbital-asa-caffeine cap MO	4	QL (180 per 30 days)
butorphanol 10 mg/ml spray DL	4	QL (5 per 28 days)
CAPITAL WITH CODEINE SUSP DL	4	QL (2700 per 30 days)
celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule MO	3	QL (60 per 30 days)
diclofenac sod ec 25 mg tab MO	3	
diclofenac sod ec 50 mg tab MO	2	
diclofenac sod ec 75 mg tab MO	1	
diclofenac sod er 100 mg tab MO	2	
diclofenac sodium 1% gel MO	3	
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 DL	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 DL	3	QL (360 per 30 days)
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	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 DL	5	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul DL	4	B vs D,QL (720 per 30 days)
flurbiprofen 100 mg, 50 mg tablet MO	2	
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg; hydrocodone-acetamin 7.5-300 DL	3	QL (390 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 DL	3	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15 DL	4	QL (2700 per 30 days)
hydrocodone-acetamin 7.5-325/15 DL	4	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg DL	4	QL (150 per 30 days)
hydrocodone-ibuprofen 7.5-200 DL	3	QL (150 per 30 days)
hydromorphone 2 mg, 4 mg tablet DL	3	QL (360 per 30 days)
hydromorphone 8 mg tablet DL	3	QL (240 per 30 days)
ibu 400 mg, 600 mg, 800 mg tablet MO	1	
ibuprofen 100 mg/5 ml susp MO	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet MO	1	
indomethacin 25 mg capsule MO	1	
indomethacin 50 mg, 75 mg capsule; indomethacin er 50 mg, 75 mg capsule MO	4	
ketoprofen 25 mg, 50 mg, 75 mg capsule MO	3	
ketorolac 10 mg tablet MO	4	QL (20 per 30 days)
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
meperidine 100 mg tablet DL	3	QL (360 per 30 days)
meperidine 50 mg tablet DL	3	QL (480 per 30 days)
meperidine 50 mg/5 ml solution DL	3	QL (720 per 30 days)
methadone 10 mg/5 ml solution DL	4	QL (1800 per 30 days)
methadone 10 mg/ml oral conc DL	4	QL (360 per 30 days)
methadone 5 mg/5 ml solution DL	4	QL (3600 per 30 days)
methadone hcl 10 mg tablet DL	4	QL (240 per 30 days)
methadone hcl 5 mg tablet DL	4	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate DL	4	QL (360 per 30 days)
morphine sulf 10 mg/5 ml soln DL	3	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln DL	3	QL (1350 per 30 days)
morphine sulf er 100 mg tablet DL	3	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg tablet DL	3	QL (120 per 30 days)
morphine sulf er 200 mg tablet DL	3	QL (90 per 30 days)
morphine sulfate 10 mg/ml vial DL	4	B vs D, QL (360 per 30 days)
morphine sulfate ir 15 mg, 30 mg tab DL	3	QL (180 per 30 days)
morphine sulf 100 mg/5 ml conc DL	3	QL (540 per 30 days)
nabumetone 500 mg, 750 mg tablet MO	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naproxen 250 mg, 375 mg, 500 mg tablet; naproxen dr 250 mg, 375 mg, 500 mg tablet MO	2	
naproxen 375 mg, 500 mg tablet MO	1	
oxycodon 10 mg/0.5 ml oral syr DL	4	QL (270 per 30 days)
oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet DL	3	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc DL	4	QL (270 per 30 days)
oxycodone hcl 5 mg capsule DL	4	QL (360 per 30 days)
oxycodone hcl 5 mg/5 ml soln DL	4	QL (5400 per 30 days)
oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325; oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325 DL	3	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325 DL	4	QL (360 per 30 days)
pentazocine-naloxone tablet DL	4	QL (360 per 30 days)
piroxicam 10 mg, 20 mg capsule MO	3	
sulindac 150 mg, 200 mg tablet MO	2	
tramadol er 100 mg, 200 mg, 300 mg tablet; tramadol hcl er 100 mg, 200 mg, 300 mg tablet DL	3	QL (30 per 30 days)
tramadol hcl 50 mg tablet DL	2	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325 DL	2	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	3	QL (60 per 30 days)
Anesthetics		
lidocaine 5% patch MO	4	PA,QL (90 per 30 days)
lidocaine hcl 2% jelly MO	3	
lidocaine hcl 2% jelly uro-jet MO	2	
lidocaine viscous 2 % mucosal solution MO	2	
lidocaine-prilocaine cream MO	4	
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calc dr 333 mg tab MO	4	
buprenorphine 2 mg, 8 mg tablet sl MO	2	QL (90 per 30 days)
bupreno-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film; buprenorp-nalox 2-0.5 mg, 4-1 mg, 8-2 mg sl film MO	2	QL (90 per 30 days)
buprenor-nalox 12-3 mg sl film MO	2	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet MO	3	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	4	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naloxone 0.4 mg/ml vial</i> MO	1	
<i>naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe</i> MO	1	
<i>naltrexone 50 mg tablet</i> MO	2	
NARCAN 4 MG/ACTUATION NASAL SPRAY MO	3	QL (2 per 30 days)
NICOTROL NS 10 MG/ML NASAL SPRAY MO	4	
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	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 MO	3	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	3	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	3	QL (60 per 30 days)
Antibacterials		
<i>acetic acid 2% ear solution</i> MO	2	
<i>amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial</i> MO	4	
<i>amoxicillin 125 mg, 250 mg tab chew</i> MO	2	
<i>amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp</i> MO	1	
<i>amoxicillin 250 mg, 500 mg capsule</i> MO	1	
<i>amoxicillin 500 mg, 875 mg tablet</i> MO	2	
<i>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</i> MO	3	
<i>amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet</i> MO	2	
<i>ampicillin 250 mg, 500 mg capsule</i> MO	2	
<i>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</i> MO	4	
<i>ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial</i> MO	4	
<i>azithromycin 1 gm pwd packet</i> MO	3	
<i>azithromycin 100 mg/5 ml, 200 mg/5 ml susp</i> MO	3	
<i>azithromycin 250 mg, 500 mg tablet</i> MO	2	
<i>azithromycin 600 mg tablet</i> MO	2	QL (16 per 60 days)
<i>azithromycin i.v. 500 mg vial</i> MO	4	
<i>aztreonam 1 gm vial</i> MO	4	
<i>aztreonam 2 gm vial</i> DL	5	
<i>bacitracin 50,000 unit vial</i> MO	3	
<i>bacitracin 500 unit/gm ophth</i> MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION ^{DL}	5	PA
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE ^{MO}	4	
cefaclor 250 mg, 500 mg capsule ^{MO}	3	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp ^{MO}	3	
cefadroxil 500 mg capsule ^{MO}	3	
cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial ^{MO}	4	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	3	
cefdinir 300 mg capsule ^{MO}	2	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial ^{MO}	4	
cefixime 400 mg capsule ^{MO}	4	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial ^{MO}	4	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial ^{MO}	4	
cefpodoxime 100 mg, 200 mg tablet ^{MO}	4	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	3	
cefprozil 250 mg, 500 mg tablet ^{MO}	3	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial ^{MO}	4	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm vial ^{MO}	4	
cefuroxime axetil 250 mg, 500 mg tab ^{MO}	3	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial ^{MO}	4	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	2	
cephalexin 250 mg, 500 mg capsule ^{MO}	2	
ciprofloxacin 0.2% otic soln ^{MO}	4	
ciprofloxacin 0.3% eye drop ^{MO}	2	
ciprofloxacin hcl 100 mg tab ^{MO}	4	
ciprofloxacin hcl 250 mg, 500 mg tab ^{MO}	1	
ciprofloxacin hcl 750 mg tab ^{MO}	2	
ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml ^{MO}	4	
ciprofloxacin 200 mg/20 ml, 400 mg/40 ml vial ^{MO}	4	
clarithromycin 125 mg/5 ml, 250 mg/5 ml sus ^{MO}	4	
clarithromycin 250 mg, 500 mg tablet ^{MO}	3	
clarithromycin er 500 mg tab ^{MO}	3	
clindamycin hcl 150 mg, 300 mg, 75 mg capsule ^{MO}	2	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns ^{MO}	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml MO	4	
clindamycin 75 mg/5 ml soln MO	4	
clindamycin pediatric 75 mg/5 ml oral solution MO	4	
clindamycin 2% vaginal cream MO	4	
clindamycin ph 1% gel MO	4	
clindamycin ph 1% solution; clindamycin ph 900 mg/6 ml vl MO	4	
clindamycin phos 1% pledget MO	2	
clindamycin phosp 1% lotion MO	4	
colistimethate 150 mg vial MO	4	
daptomycin 350 mg, 500 mg vial DL	5	
demeclocycline 150 mg tablet MO	4	QL (240 per 30 days)
demeclocycline 300 mg tablet MO	4	QL (120 per 30 days)
dicloxacillin 250 mg, 500 mg capsule MO	2	
DIFICID 200 MG TABLET DL	5	QL (20 per 10 days)
doripenem 250 mg, 500 mg vial MO	4	
doxy-100 100 mg intravenous solution MO	4	
doxycycline hyclate 100 mg tab MO	3	
doxycycline hyclate 100 mg vl MO	4	
doxycycline hyclate 100 mg, 50 mg cap MO	3	
doxycycline hyclate 20 mg tab MO	2	
doxycycline 25 mg/5 ml susp MO	4	
doxycycline mono 100 mg, 50 mg cap MO	2	
doxycycline mono 100 mg, 50 mg, 75 mg tablet MO	3	
ertapenem 1 gram vial DL	4	
ery pads 2 % topical swab MO	3	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	4	
erythromycin 0.5% eye ointment MO	1	
erythromycin dr 250 mg cap MO	4	
erythromycin 2% pledgets MO	3	
erythromycin 2% solution MO	2	
gentak 0.3 % (3 mg/gram) eye ointment MO	2	
gentamicin 0.1% cream MO	3	
gentamicin 0.1% ointment MO	3	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial MO	4	
gentamicin 3 mg/ml eye drop MO	1	
imipenem-cilastatin 250 mg, 500 mg vl MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levofloxacin 25 mg/ml solution MO	4	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	2	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w MO	4	
linezolid 100 mg/5 ml susp DL	5	QL (1800 per 30 days)
linezolid 600 mg tablet MO	4	QL (60 per 30 days)
linezolid 600 mg/300 ml-d5w MO	4	
linezolid 600mg/300ml-0.9%nacl MO	4	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	4	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	4	
methenamine hipp 1 gm tablet MO	4	
metronidazole 0.75% cream MO	4	
metronidazole 0.75% lotion MO	4	
metronidazole 250 mg, 500 mg tablet MO	2	
metronidazole top 1% gel pump; metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl MO	4	
metronidazole 500 mg/100 ml MO	4	
minocycline 100 mg, 50 mg, 75 mg capsule MO	2	
moxifloxacin 0.5% eye drops MO	3	
moxifloxacin hcl 400 mg tablet MO	3	
mupirocin 2% ointment MO	2	
nafcillin 1 gm add-van vial; nafcillin 1 gm vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial; nafcillin 2 gm vial MO	4	
neomycin 500 mg tablet MO	3	
nitrofurantoin 25 mg/5 ml susp MO	4	QL (2400 per 30 days)
nitrofurantoin mcr 100 mg, 50 mg cap MO	4	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg MO	4	QL (90 per 365 days)
ofloxacin 0.3% ear drops MO	3	
ofloxacin 0.3% eye drops MO	2	
ofloxacin 300 mg tablet MO	4	QL (60 per 30 days)
ofloxacin 400 mg tablet MO	4	
ORBACTIV 400 MG INTRAVENOUS SOLUTION DL	5	QL (3 per 28 days)
paromomycin 250 mg capsule MO	4	
penicillin gk 20 million unit MO	4	
penicillin gk 5 million unit DL	5	
penicillin g 600,000 unit/1 ml DL	5	
penicillin g na 5 million unit DL	5	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
penicillin vk 250 mg tablet MO	1	
penicillin vk 500 mg tablet MO	2	
piperacil-tazobact 3.375 gm vl; piperacil-tazobact 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 4.5 gm vial MO	4	
polymyxin b sulfate vial MO	4	
PRIMSOL 50 MG/5 ML ORAL SOLUTION MO	4	
silver sulfadiazine 1% cream MO	2	
SIVEXTRO 200 MG INTRAVENOUS SOLUTION DL	5	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET DL	5	QL (6 per 28 days)
SSD 1 % TOPICAL CREAM MO	2	
sulfacetamide 10% eye drops MO	2	
sulfacetamide 10% eye ointment MO	3	
sulfacetamide sod 10% top susp MO	4	
sulfadiazine 500 mg tablet MO	4	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp inj vial MO	4	
sulfamethoxazole-tmp susp MO	4	
SUPRAX 400 MG CAPSULE MO	4	
SYNERCID 500 MG INTRAVENOUS SOLUTION DL	5	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION DL	5	
tigecycline 50 mg vial DL	5	
tinidazole 250 mg, 500 mg tablet MO	3	
tobramycin 0.3% eye drop MO	1	
tobramycin 10 mg/ml, 40 mg/ml vial MO	4	
trimethoprim 100 mg tablet MO	2	
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 500 mg vial; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 500 mg vial; vancomycin hcl 10 gm vial MO	4	
vancomycin hcl 125 mg capsule MO	4	QL (120 per 30 days)
vancomycin hcl 250 mg capsule DL	5	QL (240 per 30 days)
Anticonvulsants		
APTIOM 200 MG, 400 MG TABLET DL	4	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG TABLET DL	4	PA,QL (60 per 30 days)
BANZEL 200 MG TABLET DL	5	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	5	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET DL	5	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BRIVIACT 10 MG/ML ORAL SOLUTION DL	5	PA,QL (600 per 30 days)
BUTISOL SODIUM 30 MG TABLET MO	4	
carbamazepine 100 mg tab chew MO	3	
carbamazepine 100 mg/5 ml susp MO	4	
carbamazepine 200 mg tablet MO	3	
carbamazepine er 100 mg, 200 mg tablet MO	4	QL (120 per 30 days)
carbamazepine er 100 mg, 200 mg, 300 mg cap MO	4	
carbamazepine er 400 mg tablet MO	4	QL (225 per 30 days)
CELONTIN 300 MG CAPSULE MO	4	
clobazam 10 mg, 20 mg tablet DL	4	PA,QL (60 per 30 days)
clobazam 2.5 mg/ml suspension DL	4	PA,QL (480 per 30 days)
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT DL	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 DL	4	
dilantin 30 mg capsule MO	4	
dilantin extended 100 mg capsule MO	4	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	4	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	4	
divalproex dr 125 mg cap sprnk MO	3	
divalproex sod dr 125 mg, 250 mg, 500 mg tab MO	2	
divalproex sod er 250 mg, 500 mg tab MO	4	
EPIDIOLEX 100 MG/ML ORAL SOLUTION DL	5	PA
epitol 200 mg tablet MO	3	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	4	
ethosuximide 250 mg capsule MO	4	
ethosuximide 250 mg/5 ml soln MO	4	
felbamate 400 mg, 600 mg tablet MO	4	
felbamate 600 mg/5 ml susp DL	5	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION DL	5	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg capsule MO	2	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) soln; gabapentin 300 mg/6 ml soln MO	4	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg tablet MO	2	QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg tablet MO	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet MO	2	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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) MO	4	
lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	2	
levetiracetam 1,000 mg, 750 mg tablet MO	2	
levetiracetam 100 mg/ml soln MO	2	
levetiracetam 250 mg, 500 mg tablet MO	2	QL (30 per 30 days)
levetiracetam 500 mg/5 ml soln MO	4	QL (900 per 30 days)
levetiracetam er 500 mg tablet MO	3	QL (180 per 30 days)
levetiracetam er 750 mg tablet MO	3	QL (120 per 30 days)
oxcarbazepine 150 mg, 300 mg tablet MO	3	QL (60 per 30 days)
oxcarbazepine 300 mg/5 ml susp MO	4	
oxcarbazepine 600 mg tablet MO	3	
PEGANONE 250 MG TABLET MO	4	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet MO	3	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg tablet MO	3	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix MO	4	QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE MO	4	
phenytoin 100 mg/4 ml, 125 mg/5 ml susp MO	2	
phenytoin 50 mg tablet chew MO	2	
phenytoin sod ext 100 mg, 200 mg, 300 mg cap MO	2	
primidone 250 mg, 50 mg tablet MO	2	
roweepra 1,000 mg, 750 mg tablet MO	2	
roweepra 500 mg tablet MO	2	QL (30 per 30 days)
roweepra xr 500 mg tablet,extended release MO	3	QL (180 per 30 days)
roweepra xr 750 mg tablet,extended release MO	3	QL (120 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	4	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet MO	2	
subvenite starter (blue) kit 25 mg (35) tablets in a dose pack MO	2	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack MO	2	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack MO	2	
SYMPAZAN 10 MG, 20 MG, 5 MG ORAL FILM DL	5	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet ^{MO}	4	
topiramate 100 mg, 200 mg, 50 mg tablet ^{MO}	2	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap ^{MO}	2	
topiramate 25 mg tablet ^{MO}	2	QL (90 per 30 days)
valproic acid 250 mg capsule ^{MO}	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 ^{MO}	2	
vigabatrin 500 mg powder packt ^{DL}	5	PA,QL (180 per 30 days)
vigabatrin 500 mg tablet ^{DL}	5	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet ^{DL}	5	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION ^{MO}	4	QL (1395 per 30 days)
VIMPAT 100 MG, 50 MG TABLET ^{MO}	4	QL (30 per 30 days)
VIMPAT 150 MG, 200 MG TABLET ^{MO}	4	QL (60 per 30 days)
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION ^{MO}	4	
zonisamide 100 mg, 25 mg, 50 mg capsule ^{MO}	2	
Antidementia Agents		
donepezil hcl 10 mg tablet ^{MO}	2	QL (60 per 30 days)
donepezil hcl 10 mg, 5 mg tablet; donepezil hcl odt 10 mg, 5 mg tablet ^{MO}	2	QL (30 per 30 days)
galantamine 4 mg/ml oral soln ^{MO}	4	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg capsule ^{MO}	4	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg tablet ^{MO}	4	QL (60 per 30 days)
memantine 5-10 mg titration pk ^{MO}	2	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg tablet ^{MO}	2	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml solution ^{MO}	4	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule ^{MO}	4	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 ^{MO}	3	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK ^{MO}	3	QL (28 per 28 days)
Antidepressants		
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab ^{MO}	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet ^{MO}	3	
bupropion hcl 100 mg, 75 mg tablet ^{MO}	3	QL (180 per 30 days)
bupropion hcl sr 100 mg tablet ^{MO}	3	QL (120 per 30 days)
bupropion hcl sr 150 mg tablet ^{MO}	3	QL (90 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
paroxetine hcl 30 mg tablet ^{MO}	1	QL (60 per 30 days)
paroxetine hcl 40 mg tablet ^{MO}	2	QL (60 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION ^{MO}	4	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab ^{MO}	4	
phenelzine sulfate 15 mg tab ^{MO}	3	
protriptyline hcl 10 mg, 5 mg tablet ^{MO}	4	
sertraline 20 mg/ml oral conc ^{MO}	3	
sertraline hcl 100 mg tablet ^{MO}	2	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg tablet ^{MO}	2	QL (90 per 30 days)
tranylcypromine sulf 10 mg tab ^{MO}	4	
trazodone 100 mg, 150 mg, 50 mg tablet ^{MO}	1	
trazodone 300 mg tablet ^{MO}	3	
trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp ^{MO}	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	4	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet ^{MO}	2	
venlafaxine hcl er 150 mg cap ^{MO}	2	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg cap ^{MO}	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap ^{MO}	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 ^{MO}	4	PA,QL (30 per 30 days)
Antiemetics		
aprepitant 125 mg, 40 mg capsule ^{MO}	4	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack ^{MO}	4	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule ^{MO}	4	B vs D,QL (4 per 28 days)
compro 25 mg rectal suppository ^{MO}	4	
dronabinol 10 mg, 2.5 mg, 5 mg capsule ^{MO}	4	B vs D,QL (120 per 30 days)
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial ^{MO}	3	
granisetron hcl 1 mg tablet ^{MO}	3	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial ^{MO}	3	
meclizine 12.5 mg, 25 mg tablet ^{MO}	3	
metoclopramide 10 mg tablet ^{MO}	1	
metoclopramide 10 mg/2 ml vial ^{MO}	4	
metoclopramide 5 mg tablet ^{MO}	2	
metoclopramide 5 mg/5 ml soln ^{MO}	2	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ondansetron odt 4 mg, 8 mg tablet MO	2	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	4	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	3	
ondansetron hcl 24 mg tablet MO	3	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	2	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	3	
ondansetron hcl 4 mg/2 ml vial MO	3	
prochlorperazine 25 mg supp MO	4	
prochlorperazine 10 mg/2 ml vl MO	4	
prochlorperazine 10 mg tab MO	1	B vs D
prochlorperazine 5 mg tablet MO	2	B vs D
promethazine 12.5 mg, 25 mg, 50 mg tablet MO	2	
promethazine 6.25 mg/5 ml syr MO	2	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH MO	4	QL (4 per 30 days)
scopolamine 1 mg/3 day patch MO	4	QL (10 per 30 days)
trimethobenzamide 300 mg cap MO	4	B vs D
Antifungals		
AMBISOME 50 MG INTRAVENOUS SUSPENSION DL	5	B vs D
amphotericin b 50 mg vial MO	4	B vs D
caspofungin acetate 50 mg, 70 mg vial DL	5	
ciclodan 0.77 % topical cream MO	2	
ciclodan 8 % topical solution MO	2	
ciclopirox 0.77% cream MO	2	
ciclopirox 0.77% gel MO	4	
ciclopirox 0.77% topical susp MO	3	
ciclopirox 8% solution MO	4	
clotrimazole 1% cream MO	2	
clotrimazole 1% solution MO	3	
clotrimazole 10 mg troche MO	2	
clotrimazole-betamethasone crm MO	3	
clotrimazole-betamethasone lot MO	4	QL (90 per 28 days)
CRESEMBA 186 MG CAPSULE DL	5	PA,QL (180 per 30 days)
CRESEMBA 372 MG INTRAVENOUS SOLUTION DL	5	PA
ERAXIS(WATER DILUENT) 100 MG INTRAVENOUS SOLUTION DL	5	
ERAXIS(WATER DILUENT) 50 MG INTRAVENOUS SOLUTION MO	4	
fluconazole 10 mg/ml, 40 mg/ml susp MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet ^{MO}	2	
fluconazole-dext 200 mg/100 ml, 400 mg/200 ml ^{MO}	4	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml ^{MO}	4	
flucytosine 250 mg, 500 mg capsule ^{DL}	5	
griseofulvin 125 mg/5 ml susp ^{MO}	4	
griseofulvin ultra 125 mg, 250 mg tab ^{MO}	4	
itraconazole 100 mg capsule ^{MO}	4	QL (120 per 30 days)
ketoconazole 2% cream ^{MO}	3	
ketoconazole 2% shampoo ^{MO}	2	
ketoconazole 200 mg tablet ^{MO}	3	
miconazole-3 200 mg vaginal suppository ^{MO}	3	
NATACYN 5 % EYE DROPS,SUSPENSION ^{MO}	4	
NOXAFIL 100 MG TABLET,DELAYED RELEASE ^{DL}	5	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION ^{DL}	5	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION ^{DL}	5	PA
nyamyc 100,000 unit/gram topical powder ^{MO}	3	
nystatin 100,000 unit/gm cream ^{MO}	2	
nystatin 100,000 unit/gm oint ^{MO}	2	
nystatin 100,000 unit/gm powd ^{MO}	3	
nystatin 100,000 unit/ml susp ^{MO}	2	
nystatin 500,000 unit oral tab ^{MO}	3	
nystatin-triamcinolone cream ^{MO}	4	
nystatin-triamcinolone ointm ^{MO}	4	
nystop 100,000 unit/gram topical powder ^{MO}	3	
posaconazole 200 mg/5 ml susp ^{DL}	5	PA,QL (840 per 28 days)
posaconazole dr 100 mg tablet ^{DL}	5	PA,QL (93 per 30 days)
terbinafine hcl 250 mg tablet ^{MO}	2	QL (90 per 365 days)
terconazole 0.4% cream; terconazole 0.8% cream ^{MO}	2	
terconazole 80 mg suppository ^{MO}	4	
voriconazole 200 mg vial ^{DL}	5	PA
voriconazole 200 mg, 50 mg tablet ^{DL}	5	PA,QL (120 per 30 days)
voriconazole 40 mg/ml susp ^{DL}	5	PA,QL (400 per 30 days)
Antigout Agents		
allopurinol 100 mg, 300 mg tablet ^{MO}	2	
COLCRYS 0.6 MG TABLET ^{MO}	3	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
probenecid 500 mg tablet MO	3	
probenecid-colchicine tablet MO	3	
Antimigraine Agents		
dihydroergotamine 4 mg/ml spry DL	5	QL (8 per 30 days)
ergotamine-caffeine 1-100mg tb MO	4	
naratriptan hcl 1 mg, 2.5 mg tablet MO	3	QL (9 per 30 days)
rizatriptan 10 mg, 5 mg odt MO	3	QL (12 per 30 days)
rizatriptan 10 mg, 5 mg tablet MO	2	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill MO	4	QL (6 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml syrng MO	4	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	4	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg tablet MO	2	QL (9 per 30 days)
ANTIMYASTHENIC AGENTS		
guanidine hcl 125 mg tablet MO	3	
pyridostigmine br 30 mg, 60 mg tablet MO	3	
Antimycobacterials		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	4	
cycloserine 250 mg capsule DL	5	
dapsone 100 mg, 25 mg tablet MO	3	
ethambutol hcl 100 mg, 400 mg tablet MO	3	
isoniazid 100 mg, 300 mg tablet MO	2	
isoniazid 50 mg/5 ml solution MO	4	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	4	
PRIFTIN 150 MG TABLET MO	4	
pyrazinamide 500 mg tablet MO	4	
rifabutin 150 mg capsule MO	4	
rifampin 150 mg, 300 mg capsule MO	3	
RIFATER 50 MG-120 MG-300 MG TABLET MO	4	
SIRTURO 100 MG TABLET DL	5	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET MO	4	
Antineoplastics		
abiraterone acetate 250 mg tab DL	5	PA,QL (120 per 30 days)
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	5	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	5	PA

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALECENSA 150 MG CAPSULE DL	5	PA,QL (240 per 30 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 DL	5	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET DL	5	PA,QL (180 per 30 days)
<i>anastrozole 1 mg tablet</i> MO	2	QL (30 per 30 days)
BALVERSA 3 MG TABLET DL	5	PA,QL (90 per 30 days)
BALVERSA 4 MG TABLET DL	5	PA,QL (60 per 30 days)
BALVERSA 5 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>bexarotene 75 mg capsule</i> DL	5	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> MO	3	QL (30 per 30 days)
BOSULIF 100 MG TABLET DL	5	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	5	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE DL	5	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	5	PA,QL (180 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	5	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	5	PA,QL (60 per 30 days)
CAPRELSA 100 MG TABLET DL	5	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET DL	5	PA,QL (30 per 30 days)
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL	5	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL	5	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES DL	5	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE DL	5	PA,QL (56 per 28 days)
COTELLIC 20 MG TABLET DL	5	PA,QL (63 per 28 days)
<i>cyclophosphamide 25 mg, 50 mg capsule</i> MO	3	B vs D
DAURISMO 100 MG TABLET DL	5	PA,QL (30 per 30 days)
DAURISMO 25 MG TABLET DL	5	PA,QL (60 per 30 days)
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
EMCYT 140 MG CAPSULE DL	5	
ERIVEDGE 150 MG CAPSULE DL	5	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET DL	5	PA,QL (120 per 30 days)
<i>erlotinib hcl 100 mg, 150 mg tablet</i> DL	5	PA,QL (30 per 30 days)
<i>erlotinib hcl 25 mg tablet</i> DL	5	PA,QL (90 per 30 days)
<i>exemestane 25 mg tablet</i> MO	4	QL (60 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE DL	5	PA,QL (6 per 21 days)
<i>flutamide 125 mg capsule</i> MO	4	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL	5	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE MO	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLEOSTINE 100 MG CAPSULE DL	5	PA
HEXALEN 50 MG CAPSULE DL	5	
<i>hydroxyurea 500 mg capsule</i> MO	2	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE DL	5	PA,QL (21 per 28 days)
ICLUSIG 15 MG TABLET DL	5	PA,QL (60 per 30 days)
ICLUSIG 45 MG TABLET DL	5	PA,QL (30 per 30 days)
IDHIFA 100 MG, 50 MG TABLET DL	5	PA,QL (30 per 30 days)
<i>imatinib mesylate 100 mg tab</i> DL	5	PA,QL (90 per 30 days)
<i>imatinib mesylate 400 mg tab</i> DL	5	PA,QL (60 per 30 days)
IMBRUVICA 140 MG CAPSULE DL	5	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG TABLET DL	5	PA,QL (28 per 28 days)
IMBRUVICA 70 MG CAPSULE DL	5	PA,QL (28 per 28 days)
INLYTA 1 MG TABLET DL	5	PA,QL (180 per 30 days)
INLYTA 5 MG TABLET DL	5	PA,QL (60 per 30 days)
IRESSA 250 MG TABLET DL	5	PA,QL (30 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET DL	5	PA,QL (60 per 30 days)
KISQALI 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET DL	5	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET DL	5	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET DL	5	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET DL	5	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	5	PA,QL (91 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	5	PA,QL (30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE; 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 DL	5	PA,QL (90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE DL	5	PA,QL (60 per 30 days)
<i>letrozole 2.5 mg tablet</i> MO	2	QL (30 per 30 days)
<i>leucovorin cal 500 mg/50 ml vl</i> MO	4	
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab</i> MO	3	
LEUKERAN 2 MG TABLET DL	5	
LONSURF 15 MG-6.14 MG TABLET DL	5	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET DL	5	PA,QL (80 per 30 days)
LORBRENA 100 MG TABLET DL	5	PA,QL (30 per 30 days)
LORBRENA 25 MG TABLET DL	5	PA,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LYNPARZA 100 MG, 150 MG TABLET DL	5	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE DL	5	PA,QL (448 per 28 days)
MATULANE 50 MG CAPSULE DL	5	
MEKINIST 0.5 MG TABLET DL	5	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET DL	5	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET DL	5	PA,QL (180 per 30 days)
<i>melfhalan 2 mg tablet</i> MO	4	B vs D
<i>mercaptopurine 50 mg tablet</i> MO	3	
MESNEX 400 MG TABLET DL	5	
NERLYNX 40 MG TABLET DL	5	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET DL	5	PA,QL (120 per 30 days)
<i>nilutamide 150 mg tablet</i> DL	5	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL (3 per 28 days)
NUBEQA 300 MG TABLET DL	5	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE DL	5	PA,QL (30 per 30 days)
PANRETIN 0.1 % TOPICAL GEL DL	5	
PIQRAY 200 MG/DAY (200 MG X 1) TABLET DL	5	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET DL	5	PA,QL (56 per 28 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	5	PA,QL (21 per 28 days)
PURIXAN 20 MG/ML ORAL SUSPENSION DL	5	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	5	PA,QL (28 per 28 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	5	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE DL	5	PA,QL (224 per 28 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION DL	5	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	5	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	5	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	5	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	5	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	5	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET DL	5	
TAFINLAR 50 MG CAPSULE DL	5	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	5	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET DL	5	PA,QL (30 per 30 days)
TALZENNA 0.25 MG CAPSULE DL	5	PA,QL (90 per 30 days)
TALZENNA 1 MG CAPSULE DL	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>tamoxifen 10 mg, 20 mg tablet</i> MO	2	
TARGRETIN 1 % TOPICAL GEL DL	5	PA
TARGRETIN 75 MG CAPSULE DL	5	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL (120 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	5	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE DL	5	PA,QL (60 per 30 days)
TIBSOVO 250 MG TABLET DL	5	PA,QL (60 per 30 days)
<i>toremifene citrate 60 mg tab</i> DL	5	QL (30 per 30 days)
<i>tretinoin 10 mg capsule</i> DL	5	
TURALIO 200 MG CAPSULE DL	5	PA,QL (120 per 30 days)
TYKERB 250 MG TABLET DL	5	PA,QL (150 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL DL	5	PA,QL (60 per 28 days)
VENCLEXTA 10 MG TABLET MO	3	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET DL	5	PA,QL (180 per 30 days)
VENCLEXTA 50 MG TABLET MO	3	PA,QL (14 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK DL	5	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	5	PA,QL (60 per 30 days)
VITRAKVI 100 MG CAPSULE DL	5	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML ORAL SOLUTION DL	5	PA,QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE DL	5	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET DL	5	PA,QL (30 per 30 days)
VOTRIENT 200 MG TABLET DL	5	PA,QL (120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE DL	5	PA,QL (60 per 30 days)
XOSPATA 40 MG TABLET DL	5	PA,QL (90 per 30 days)
XPOVIO 100 MG/WEEK (20 MG X 5) TABLET DL	5	PA,QL (20 per 28 days)
XPOVIO 160 MG/WEEK (20 MG X 8) TABLET DL	5	PA,QL (32 per 28 days)
XPOVIO 60 MG/WEEK (20 MG X 3) TABLET DL	5	PA,QL (12 per 28 days)
XPOVIO 80 MG/WEEK (20 MG X 4) TABLET DL	5	PA,QL (16 per 28 days)
XTANDI 40 MG CAPSULE DL	5	PA,QL (120 per 30 days)
ZEJULA 100 MG CAPSULE DL	5	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	5	PA,QL (240 per 30 days)
ZOLINZA 100 MG CAPSULE DL	5	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	5	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	5	PA,QL (150 per 30 days)
ZYKADIA 150 MG TABLET DL	5	PA,QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antiparasitics		
albendazole 200 mg tablet DL	5	
ALINIA 100 MG/5 ML ORAL SUSPENSION DL	5	QL (150 per 30 days)
ALINIA 500 MG TABLET DL	5	QL (40 per 30 days)
atovaquone 750 mg/5 ml susp DL	5	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25 MO	4	
chloroquine ph 250 mg, 500 mg tablet MO	4	
COARTEM 20 MG-120 MG TABLET MO	4	QL (24 per 30 days)
DARAPRIM 25 MG TABLET DL	5	QL (90 per 30 days)
hydroxychloroquine 200 mg tab MO	3	
ivermectin 3 mg tablet MO	3	
KRINTAFEL 150 MG TABLET MO	3	QL (4 per 180 days)
lindane 1% shampoo MO	4	
malathion 0.5% lotion MO	4	
mefloquine hcl 250 mg tablet MO	2	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	4	B vs D
PENTAM 300 MG SOLUTION FOR INJECTION MO	4	
pentamidine 300 mg vial MO	4	
permethrin 5% cream MO	3	
primaquine 26.3 mg tablet MO	3	
quinine sulfate 324 mg capsule MO	4	PA,QL (42 per 7 days)
Antiparkinson Agents		
amantadine 100 mg capsule MO	4	
amantadine 50 mg/5 ml solution MO	3	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	5	QL (84 per 28 days)
benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet MO	2	
bromocriptine 2.5 mg tablet MO	4	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt MO	4	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab MO	3	
carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab MO	2	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta MO	4	QL (240 per 30 days)
carbidopa-levodopa 200 mg-enta MO	4	
entacapone 200 mg tablet MO	3	QL (300 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	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 MO	2	
rasagiline mesylate 0.5 mg, 1 mg tab MO	4	QL (30 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet MO	2	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet MO	2	QL (90 per 30 days)
ropinirole hcl 4 mg tablet MO	2	
ropinirole hcl 5 mg tablet MO	2	QL (144 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	4	ST,QL (300 per 30 days)
selegiline hcl 5 mg capsule MO	3	
selegiline hcl 5 mg tablet MO	4	
trihexyphenidyl 2 mg tablet MO	1	
trihexyphenidyl 2 mg/5 ml elx MO	2	
trihexyphenidyl 5 mg tablet MO	2	
Antipsychotics		
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	5	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
aripiprazole 1 mg/ml solution DL	5	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet MO	3	QL (30 per 30 days)
aripiprazole odt 10 mg, 15 mg tablet MO	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 DL	5	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	5	QL (2.4 per 42 days)
chlorpromazine 10 mg, 25 mg tablet MO	4	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg tablet MO	4	
clozapine 100 mg tablet MO	3	QL (270 per 30 days)
clozapine 200 mg tablet MO	3	QL (135 per 30 days)
clozapine 25 mg tablet MO	3	QL (1080 per 30 days)
clozapine 50 mg tablet MO	3	
clozapine odt 100 mg tablet MO	4	PA,QL (270 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine odt 12.5 mg tablet MO	4	PA
clozapine odt 150 mg tablet MO	4	PA,QL (180 per 30 days)
clozapine odt 200 mg tablet MO	4	PA,QL (135 per 30 days)
clozapine odt 25 mg tablet MO	4	PA,QL (1080 per 30 days)
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	4	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	5	PA,QL (60 per 30 days)
fluphenazine dec 125 mg/5 ml MO	4	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet MO	4	
fluphenazine 2.5 mg/5 ml elix MO	4	
fluphenazine 2.5 mg/ml vial MO	4	
fluphenazine 5 mg/ml conc MO	4	
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet MO	2	
haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp MO	4	
haloperidol lac 2 mg/ml conc MO	2	
haloperidol lac 5 mg/ml syring MO	4	
haloperidol lac 5 mg/ml vial MO	4	
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML INTRAMUSCULAR SYRINGE DL	5	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE DL	5	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MO	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 DL	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET DL	4	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg capsule MO	2	
molindone hcl 10 mg tablet MO	4	PA,QL (240 per 30 days)
molindone hcl 25 mg tablet MO	4	PA,QL (270 per 30 days)
molindone hcl 5 mg tablet MO	4	PA,QL (360 per 30 days)
NUPLAZID 10 MG TABLET DL	5	PA,QL (30 per 30 days)
NUPLAZID 17 MG TABLET DL	5	PA,QL (60 per 30 days)
NUPLAZID 34 MG CAPSULE DL	5	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
olanzapine 10 mg vial MO	3	
olanzapine 10 mg, 2.5 mg, 5 mg, 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 15 mg, 20 mg tablet MO	3	QL (60 per 30 days)
olanzapine odt 10 mg, 5 mg tablet MO	4	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg tablet MO	4	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg tablet MO	4	PA,QL (30 per 30 days)
paliperidone er 6 mg tablet MO	4	PA,QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg tablet MO	4	
PERSERIS 120 MG, 90 MG ABDOMINAL SUBCUTANEOUS EXTEND RELEASE SUSP SYRINGE KIT DL	5	QL (1 per 28 days)
pimozide 1 mg, 2 mg tablet MO	4	
quetiapine er 150 mg tablet MO	3	QL (90 per 30 days)
quetiapine er 200 mg tablet MO	3	QL (30 per 30 days)
quetiapine er 300 mg, 400 mg tablet MO	3	QL (60 per 30 days)
quetiapine er 50 mg tablet MO	3	QL (120 per 30 days)
quetiapine fumarate 100 mg, 300 mg, 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg, 25 mg, 50 mg tab MO	2	QL (120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET DL	5	PA,QL (30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE DL	5	QL (2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt MO	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO	2	QL (60 per 30 days)
risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	2	QL (120 per 30 days)
risperidone 1 mg/ml solution MO	2	
SAPHRIS 10 MG, 2.5 MG, 5 MG SUBLINGUAL TABLET DL	4	PA,QL (60 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	3	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule MO	4	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	3	
VERSACLOZ 50 MG/ML ORAL SUSPENSION DL	5	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	4	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	PA,QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	4	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION DL	5	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION DL	5	QL (1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antispasticity Agents		
baclofen 10 mg, 20 mg tablet MO	2	
baclofen 5 mg tablet MO	2	QL (90 per 30 days)
dantrolene sodium 100 mg, 25 mg, 50 mg cap MO	4	
tizanidine hcl 2 mg, 4 mg tablet MO	2	
Antivirals		
abacavir 20 mg/ml solution MO	4	QL (960 per 30 days)
abacavir 300 mg tablet MO	4	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg MO	4	QL (30 per 30 days)
abacavir-lamivudine-zidov tab DL	5	QL (60 per 30 days)
acyclovir 200 mg capsule MO	1	
acyclovir 400 mg, 800 mg tablet MO	2	
acyclovir 5% ointment MO	4	PA
adefovir dipivoxil 10 mg tab DL	5	
APTIVUS 100 MG/ML ORAL SOLUTION DL	5	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE DL	5	QL (120 per 30 days)
atazanavir sulfate 150 mg, 200 mg cap DL	5	QL (60 per 30 days)
atazanavir sulfate 300 mg cap DL	5	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION MO	4	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
CIMDUO 300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET DL	5	QL (30 per 30 days)
CRIXIVAN 200 MG CAPSULE MO	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	4	QL (270 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
DESCOVY 200 MG-25 MG TABLET DL	5	QL (30 per 30 days)
didanosine dr 125 mg capsule MO	4	QL (90 per 30 days)
didanosine dr 200 mg capsule MO	4	QL (60 per 30 days)
didanosine dr 250 mg, 400 mg capsule MO	4	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET DL	5	QL (30 per 30 days)
EDURANT 25 MG TABLET DL	5	QL (30 per 30 days)
efavirenz 200 mg capsule DL	4	QL (120 per 30 days)
efavirenz 50 mg capsule MO	4	QL (480 per 30 days)
efavirenz 600 mg tablet MO	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MO	4	QL (680 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMTRIVA 200 MG CAPSULE MO	4	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> MO	4	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	5	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	4	
EVOTAZ 300 MG-150 MG TABLET DL	5	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> MO	3	QL (90 per 30 days)
<i>fosamprenavir 700 mg tablet</i> DL	5	QL (120 per 30 days)
FUZEON 90 MG SUBCUTANEOUS SOLUTION DL	5	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> DL	5	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	5	QL (30 per 30 days)
HARVONI 90 MG-400 MG TABLET DL	5	PA,QL (28 per 28 days)
INTELENCE 100 MG TABLET DL	5	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	5	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	4	QL (120 per 30 days)
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION DL	5	PA
INVIRASE 200 MG CAPSULE DL	5	QL (300 per 30 days)
INVIRASE 500 MG TABLET DL	5	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	5	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	3	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	4	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	5	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	5	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET DL	5	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET MO	4	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	5	QL (150 per 30 days)
<i>lamivudine 10 mg/ml oral soln</i> MO	3	QL (900 per 30 days)
<i>lamivudine 150 mg tablet</i> MO	4	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> MO	4	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> MO	3	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> MO	4	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir 90-400mg</i> DL	5	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML ORAL SUSPENSION MO	4	QL (1575 per 28 days)
<i>lopinavir-ritonavir 80-20mg/ml</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nevirapine 200 mg tablet MO	2	QL (60 per 30 days)
nevirapine 50 mg/5 ml susp MO	4	QL (1200 per 30 days)
nevirapine er 100 mg tablet MO	4	QL (120 per 30 days)
nevirapine er 400 mg tablet MO	4	QL (30 per 30 days)
NORVIR 100 MG CAPSULE MO	4	QL (360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET MO	4	QL (360 per 30 days)
NORVIR 100 MG TABLET MO	4	QL (360 per 30 days)
NORVIR 80 MG/ML ORAL SOLUTION MO	4	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	5	QL (30 per 30 days)
oseltamivir 6 mg/ml suspension MO	4	QL (1440 per 365 days)
oseltamivir phos 30 mg capsule MO	3	QL (224 per 365 days)
oseltamivir phos 45 mg, 75 mg capsule MO	3	QL (112 per 365 days)
PIFELTRO 100 MG TABLET DL	5	QL (60 per 30 days)
PREZCOBIX 800 MG-150 MG TABLET DL	5	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION DL	5	QL (360 per 30 days)
PREZISTA 150 MG TABLET MO	4	QL (240 per 30 days)
PREZISTA 600 MG TABLET DL	5	QL (60 per 30 days)
PREZISTA 75 MG TABLET MO	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET DL	5	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	4	QL (60 per 180 days)
RESCRIPTOR 100 MG TABLET MO	4	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	4	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	4	
REYATAZ 50 MG ORAL POWDER PACKET MO	4	
ribavirin 200 mg capsule MO	3	QL (168 per 28 days)
ribavirin 200 mg tablet MO	3	QL (168 per 28 days)
ribavirin 6 gm inhalation vial DL	5	B vs D
rimantadine hcl 100 mg tablet MO	4	
ritonavir 100 mg tablet MO	3	QL (360 per 30 days)
SELZENTRY 150 MG TABLET DL	5	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION DL	5	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET MO	4	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	5	QL (120 per 30 days)
sofosbuvir-velpatasvir 400-100 DL	5	PA,QL (28 per 28 days)
stavudine 15 mg, 20 mg capsule MO	3	QL (120 per 30 days)
stavudine 30 mg, 40 mg capsule MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET DL	5	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT DL	5	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET DL	5	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET DL	5	QL (30 per 30 days)
<i>tenofovir disop fum 300 mg tb</i> MO	4	QL (30 per 30 days)
TIVICAY 10 MG TABLET MO	4	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	5	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i> MO	3	
TRIUMEQ 600 MG-50 MG-300 MG TABLET DL	5	QL (30 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION DL	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 DL	5	QL (30 per 30 days)
TYBOST 150 MG TABLET MO	4	QL (30 per 30 days)
<i>valacyclovir hcl 1 gram, 500 mg tablet</i> MO	3	QL (90 per 30 days)
<i>valganciclovir 450 mg tablet</i> DL	5	QL (120 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i> DL	5	QL (1056 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	4	QL (1200 per 30 days)
VIDEX 4 GM PEDIATRIC SOLN MO	4	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE MO	4	QL (90 per 30 days)
VIRACEPT 250 MG TABLET DL	5	QL (300 per 30 days)
VIRACEPT 625 MG TABLET DL	5	QL (120 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION DL	5	QL (1200 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET DL	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER DL	5	QL (240 per 30 days)
XOFLUZA 20 MG, 40 MG TABLET MO	4	QL (10 per 365 days)
ZERIT 1 MG/ML SOLUTION MO	4	QL (2400 per 30 days)
<i>zidovudine 100 mg capsule</i> MO	4	QL (180 per 30 days)
<i>zidovudine 300 mg tablet</i> MO	2	QL (60 per 30 days)
<i>zidovudine 50 mg/5 ml syrup</i> MO	4	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL MO	4	QL (5 per 30 days)
Anxiolytics		
<i>alprazolam 0.25 mg, 0.5 mg, 1 mg tablet</i> DL	3	QL (120 per 30 days)
<i>alprazolam 2 mg tablet</i> DL	3	QL (150 per 30 days)
<i>bupirone hcl 10 mg, 5 mg tablet</i> MO	1	
<i>bupirone hcl 15 mg, 30 mg, 7.5 mg tablet</i> MO	2	
<i>chlordiazepoxide 10 mg, 25 mg, 5 mg capsule</i> DL	4	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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 DL	4	
clonazepam 0.5 mg, 1 mg, 2 mg tablet DL	3	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet DL	4	
diazepam 10 mg tablet DL	3	QL (120 per 30 days)
diazepam 2 mg, 5 mg tablet DL	3	QL (90 per 30 days)
diazepam 5 mg/5 ml solution DL	4	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc DL	4	QL (240 per 30 days)
diazepam intensol 5 mg/ml oral concentrate DL	4	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule MO	4	
doxepin 10 mg/ml oral conc MO	4	
hydroxyzine 10 mg/5 ml soln MO	3	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet MO	3	
lorazepam 0.5 mg, 1 mg tablet DL	2	QL (90 per 30 days)
lorazepam 2 mg tablet DL	2	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent DL	3	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE DL	3	QL (150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg capsule DL	4	
Bipolar Agents		
lithium carbonate 150 mg, 600 mg cap MO	2	
lithium carbonate 300 mg cap MO	1	
lithium carbonate 300 mg tab MO	2	
lithium carbonate er 300 mg, 450 mg tb MO	2	
lithium 8 meq/5 ml solution MO	3	
Blood Glucose Regulators		
acarbose 100 mg, 25 mg, 50 mg tablet MO	3	
BYDUREON 2 MG VIAL MO	4	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	4	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR MO	4	QL (3.4 per 28 days)
FARXIGA 10 MG, 5 MG TABLET MO	4	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
glimepiride 1 mg, 2 mg, 4 mg tablet MO	1	
glipizide 10 mg, 5 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet MO	2	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg MO	2	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	3	
glyburide 1.25 mg, 2.5 mg, 5 mg tablet MO	2	
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet MO	2	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg MO	2	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	3	QL (30 per 30 days)
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	5	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	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 MO	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 MO	3	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	3	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	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 MO	3	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	3	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
metformin hcl 1,000 mg, 500 mg, 850 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	1	QL (60 per 30 days)
nateglinide 120 mg, 60 mg tablet MO	3	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS MO	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP MO	3	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MO	3	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG MO	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (3 per 28 days)
pioglitazone hcl 15 mg, 30 mg, 45 mg tablet MO	2	QL (30 per 30 days)
PROGLYCEM 50 MG/ML ORAL SUSPENSION MO	4	
repaglinide 0.5 mg, 1 mg, 2 mg tablet MO	3	
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 24 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 MO	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 MO	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 MO	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN MO	3	
TRADJENTA 5 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	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 MO	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 MO	4	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	3	QL (15 per 30 days)
Blood Products/Modifiers/Volume Expanders		
AMICAR 250 MG/ML (25 %) ORAL SOLUTION DL	5	
<i>aminocaproic acid 1,000 mg, 500 mg tab</i> DL	5	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> MO	3	
BRILINTA 60 MG, 90 MG TABLET MO	3	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> MO	2	
<i>clopidogrel 300 mg tablet</i> MO	2	
<i>clopidogrel 75 mg tablet</i> MO	2	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 MO	4	
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> MO	4	
ELIQUIS 2.5 MG TABLET MO	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 MO	3	QL (74 per 30 days)
<i>enoxaparin 100 mg/ml, 150 mg/ml syringe</i> MO	4	QL (28 per 28 days)
<i>enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr</i> MO	4	QL (22.4 per 28 days)
<i>enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr</i> MO	4	QL (16.8 per 28 days)
<i>enoxaparin 300 mg/3 ml vial</i> MO	4	QL (84 per 28 days)
<i>enoxaparin 40 mg/0.4 ml syr</i> MO	4	QL (11.2 per 28 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
heparin 10,000 unit/10 ml vial; heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 5,000 unit/ml vial MO	3	
heparin 5,000 unit/ml carpuct MO	3	
heparin sod 20,000 unit/ml vial MO	4	
heparin sod 5,000 unit/ml syrg MO	3	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml MO	3	
heparin sod 5,000 unit/0.5 ml MO	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION DL	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 DL	5	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	5	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	5	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	5	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML INJECTION SOLUTION DL	5	PA,QL (22.4 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	4	QL (60 per 30 days)
prasugrel 10 mg, 5 mg tablet MO	3	QL (30 per 30 days)
PROMACTA 12.5 MG ORAL POWDER PACKET DL	5	PA,QL (360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL	5	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET DL	5	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET DL	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 MO	4	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION DL	5	PA,QL (14 per 30 days)
tranexamic acid 650 mg tablet MO	3	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (1.2 per 28 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet MO	1	
XARELTO 10 MG, 20 MG TABLET MO	3	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK MO	3	QL (51 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET MO	3	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Cardiovascular Agents		
acebutolol 200 mg, 400 mg capsule ^{MO}	2	
acetazolamide 125 mg, 250 mg tablet ^{MO}	4	
acetazolamide er 500 mg cap ^{MO}	3	
afeditab cr 30 mg, 60 mg tablet, extended release ^{MO}	3	QL (60 per 30 days)
aliskiren 150 mg, 300 mg tablet ^{MO}	4	QL (30 per 30 days)
amiloride hcl 5 mg tablet ^{MO}	3	
amiloride hcl-hctz 5-50 mg tab ^{MO}	2	
amiodarone hcl 100 mg tablet ^{MO}	4	
amiodarone hcl 200 mg tablet ^{MO}	2	
amiodarone hcl 400 mg tablet ^{MO}	4	QL (60 per 30 days)
amlodipine besylate 10 mg tab ^{MO}	1	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg tab ^{MO}	1	QL (30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10 ^{MO}	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg ^{MO}	3	QL (30 per 30 days)
atenolol 100 mg, 25 mg, 50 mg tablet ^{MO}	1	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25 ^{MO}	2	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (30 per 30 days)
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab ^{MO}	2	
BIDIL 20 MG-37.5 MG TABLET ^{MO}	3	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg tab ^{MO}	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 ^{MO}	1	
bumetanide 0.5 mg, 1 mg, 2 mg tablet ^{MO}	2	
BYSTOLIC 10 MG TABLET ^{MO}	3	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET ^{MO}	3	QL (60 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb ^{MO}	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb ^{MO}	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 ^{MO}	3	QL (30 per 30 days)
captopril 100 mg tablet ^{MO}	3	QL (135 per 30 days)
captopril 12.5 mg, 25 mg, 50 mg tablet ^{MO}	3	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cartia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	3	QL (60 per 30 days)
cartia xt 300 mg capsule, extended release ^{MO}	3	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet ^{MO}	1	
chlorothiazide 250 mg, 500 mg tablet ^{MO}	2	
chlorthalidone 25 mg, 50 mg tablet ^{MO}	2	
cholestyramine packet; cholestyramine powder ^{MO}	3	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet ^{MO}	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch ^{MO}	4	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg tablet ^{MO}	1	
clonidine hcl 0.3 mg tablet ^{MO}	2	
colestipol hcl granules ^{MO}	4	QL (1000 per 30 days)
colestipol hcl granules packet ^{MO}	4	
colestipol micronized 1 gm tab ^{MO}	3	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	4	PA, QL (60 per 30 days)
DEMSE 250 MG CAPSULE ^{DL}	5	
digitek 125 mcg, 250 mcg tablet ^{MO}	2	QL (30 per 30 days)
digox 125 mcg, 250 mcg tablet ^{MO}	2	QL (30 per 30 days)
digoxin 0.05 mg/ml solution ^{MO}	4	
digoxin 125 mcg, 250 mcg tablet ^{MO}	2	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	3	QL (60 per 30 days)
diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet ^{MO}	2	
diltiazem 12hr er 120 mg cap ^{MO}	3	QL (90 per 30 days)
diltiazem 12hr er 60 mg, 90 mg cap ^{MO}	3	QL (180 per 30 days)
diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg cap ^{MO}	3	QL (60 per 30 days)
diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg cap ^{MO}	3	QL (30 per 30 days)
diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg cp ^{MO}	3	QL (60 per 30 days)
DIURIL 250 MG/5 ML ORAL SUSPENSION ^{MO}	4	
dofetilide 125 mcg, 250 mcg, 500 mcg capsule ^{MO}	4	
doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab ^{MO}	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 ^{MO}	2	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
ezetimibe 10 mg tablet ^{MO}	3	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg ^{MO}	3	QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet ^{MO}	3	QL (30 per 30 days)
fenofibrate 160 mg tablet ^{MO}	2	QL (30 per 30 days)
fenofibrate 54 mg tablet ^{MO}	2	QL (60 per 30 days)
fenofibrate 134 mg, 200 mg capsule ^{MO}	3	QL (30 per 30 days)
fenofibrate 67 mg capsule ^{MO}	3	QL (60 per 30 days)
fenofibrate 145 mg tablet ^{MO}	3	QL (30 per 30 days)
fenofibrate 48 mg tablet ^{MO}	3	QL (60 per 30 days)
flecainide acetate 100 mg, 150 mg, 50 mg tab ^{MO}	3	
fosinopril sodium 10 mg, 20 mg, 40 mg tab ^{MO}	2	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab ^{MO}	2	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/5 ml soln ^{MO}	2	
furosemide 100 mg/10 ml syring ^{MO}	4	
furosemide 20 mg, 40 mg, 80 mg tablet ^{MO}	1	
furosemide 40 mg/4 ml vial ^{MO}	4	
gemfibrozil 600 mg tablet ^{MO}	2	QL (60 per 30 days)
guanfacine 1 mg, 2 mg tablet ^{MO}	2	
hydralazine 10 mg, 25 mg tablet ^{MO}	1	
hydralazine 100 mg, 50 mg tablet ^{MO}	2	
hydrochlorothiazide 12.5 mg cp ^{MO}	1	
hydrochlorothiazide 12.5 mg tb ^{MO}	2	
hydrochlorothiazide 25 mg, 50 mg tab ^{MO}	1	
indapamide 1.25 mg, 2.5 mg tablet ^{MO}	1	
irbesartan 150 mg, 300 mg, 75 mg tablet ^{MO}	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb ^{MO}	2	QL (60 per 30 days)
irbesartan-hctz 300-12.5 mg tb ^{MO}	2	QL (30 per 30 days)
isosorbide mononit 10 mg, 20 mg tab ^{MO}	2	
isosorbide mononit er 120 mg ^{MO}	2	
isosorbide mononit er 30 mg, 60 mg tb ^{MO}	1	
isradipine 2.5 mg, 5 mg capsule ^{MO}	4	
labetalol hcl 100 mg, 200 mg, 300 mg tablet ^{MO}	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg tablet ^{MO}	1	
lisinopril 40 mg tablet ^{MO}	2	

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lisinopril-hctz 10-12.5 mg, 20-12.5 mg tab MO	2	
lisinopril-hctz 20-25 mg tab MO	1	
losartan potassium 100 mg, 25 mg, 50 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab MO	2	QL (60 per 30 days)
lovastatin 10 mg, 20 mg tablet MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet MO	2	QL (60 per 30 days)
methazolamide 25 mg, 50 mg tablet MO	4	
methyldopa 250 mg tablet MO	2	
methyldopa 500 mg tablet MO	3	
methyldopa-hctz 250-15 mg, 250-25 mg tab MO	3	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab MO	2	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab MO	3	
metoprolol tartrate 100 mg, 25 mg, 50 mg tab MO	1	
metoprolol tartrate 37.5 mg, 75 mg tab; metoprolol tartrate 37.5 mg, 75 mg tb MO	2	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	4	
minoxidil 10 mg, 2.5 mg tablet MO	2	
moexipril hcl 15 mg, 7.5 mg tablet MO	2	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet MO	2	
MULTAQ 400 MG TABLET MO	3	QL (60 per 30 days)
nadolol-bendroflu 40-5 mg, 80-5 mg tab MO	4	
niacor 500 mg tablet MO	4	
nifedipine er 30 mg, 60 mg, 90 mg tablet MO	3	QL (60 per 30 days)
nimodipine 30 mg capsule MO	4	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl MO	3	
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin lingual 0.4 mg MO	4	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	3	
NORTHERA 100 MG, 200 MG CAPSULE DL	5	PA,QL (90 per 30 days)
NORTHERA 300 MG CAPSULE DL	5	PA,QL (180 per 30 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg tab MO	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 MO	4	QL (30 per 30 days)

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olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab ^{MO}	3	QL (30 per 30 days)
PACERONE 100 MG TABLET ^{MO}	4	
pacerone 200 mg tablet ^{MO}	4	
PACERONE 400 MG TABLET ^{MO}	4	QL (60 per 30 days)
pentoxifylline er 400 mg tab ^{MO}	2	
perindopril erbumine 2 mg, 4 mg, 8 mg tab ^{MO}	2	
pindolol 10 mg, 5 mg tablet ^{MO}	3	
pravastatin sodium 10 mg, 20 mg, 80 mg tab ^{MO}	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab ^{MO}	2	QL (60 per 30 days)
prazosin 1 mg, 2 mg, 5 mg capsule ^{MO}	2	
prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet ^{MO}	3	
propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet ^{MO}	3	
propafenone hcl er 225 mg, 325 mg cap ^{MO}	4	QL (60 per 30 days)
propafenone hcl er 425 mg cap ^{MO}	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet ^{MO}	2	
propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln ^{MO}	3	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule ^{MO}	4	
propranolol-hctz 40-25 mg, 80-25 mg tab ^{MO}	3	
quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	2	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab ^{MO}	2	
quinidine sulfate 200 mg, 300 mg tab ^{MO}	2	
ramipril 1.25 mg capsule ^{MO}	2	
ramipril 10 mg, 2.5 mg, 5 mg capsule ^{MO}	1	
ranolazine er 1,000 mg, 500 mg tablet ^{MO}	3	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR ^{MO}	3	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR ^{MO}	3	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE ^{MO}	3	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab ^{MO}	2	QL (30 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg, 5 mg tablet ^{MO}	1	QL (30 per 30 days)
simvastatin 80 mg tablet ^{MO}	2	QL (30 per 30 days)
sorine 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	2	
sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet ^{MO}	2	
sotalol af 120 mg, 160 mg, 80 mg tablet ^{MO}	2	
spironolactone-hctz 25-25 tab ^{MO}	2	
spironolactone 100 mg, 25 mg, 50 mg tablet ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
taztia xt 120 mg, 180 mg, 240 mg capsule, extended release ^{MO}	3	QL (60 per 30 days)
taztia xt 300 mg, 360 mg capsule, extended release ^{MO}	3	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule ^{MO}	2	
timolol maleate 10 mg, 20 mg, 5 mg tablet ^{MO}	4	
toremide 10 mg, 100 mg, 20 mg, 5 mg tablet ^{MO}	2	
trandolapril 1 mg, 2 mg, 4 mg tablet ^{MO}	2	
triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp ^{MO}	2	
triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb ^{MO}	1	
valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab ^{MO}	2	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	4	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	4	QL (120 per 30 days)
verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule; verapamil sr 120 mg, 180 mg, 240 mg, 360 mg capsule ^{MO}	3	QL (60 per 30 days)
verapamil 120 mg, 40 mg, 80 mg tablet ^{MO}	2	QL (120 per 30 days)
verapamil er 120 mg, 180 mg tablet ^{MO}	2	QL (30 per 30 days)
verapamil er 240 mg tablet ^{MO}	2	
verapamil er pm 100 mg, 300 mg capsule ^{MO}	2	QL (30 per 30 days)
verapamil er pm 200 mg capsule ^{MO}	2	QL (60 per 30 days)
VYNDAMAX 61 MG CAPSULE ^{DL}	5	PA, QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET ^{MO}	3	QL (30 per 30 days)
WELCHOL 625 MG TABLET ^{MO}	3	QL (180 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule ^{MO}	3	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule ^{MO}	3	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	5	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	5	PA, QL (60 per 30 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT ^{DL}	5	PA, QL (15 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	5	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE ^{DL}	5	PA, QL (12 per 28 days)
dalfampridine er 10 mg tablet ^{MO}	3	PA, QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab ^{MO}	4	QL (60 per 30 days)
dextroamphetamine 10 mg tab ^{MO}	4	QL (180 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
dextroamphetamine 5 mg tab MO	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 MO	3	QL (90 per 30 days)
dextroamp-amphetamin 30 mg tab MO	3	QL (60 per 30 days)
FIRDAPSE 10 MG TABLET DL	5	PA,QL (240 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE DL	5	PA,QL (30 per 30 days)
glatiramer 20 mg/ml syringe DL	5	PA,QL (30 per 30 days)
glatiramer 40 mg/ml syringe DL	5	PA,QL (12 per 28 days)
methylphenidate 10 mg, 20 mg, 5 mg tablet MO	4	QL (90 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE DL	5	PA,QL (60 per 30 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg capsule MO	3	QL (90 per 30 days)
pregabalin 20 mg/ml solution MO	3	QL (900 per 30 days)
pregabalin 225 mg, 300 mg capsule MO	3	QL (60 per 30 days)
riluzole 50 mg tablet MO	3	
RUZURGI 10 MG TABLET DL	5	PA,QL (300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	3	QL (60 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 DL	5	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE DL	5	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet DL	5	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet DL	5	PA,QL (120 per 30 days)
Dental & Oral Agents		
chlorhexidine 0.12% rinse MO	2	
oralone 0.1 % dental paste MO	3	
paroex oral rinse 0.12 % mouthwash MO	2	
periogard 0.12 % mouthwash MO	2	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	4	
triamcinolone 0.1% paste MO	3	
Dermatological Agents		
acitretin 10 mg capsule MO	4	QL (90 per 30 days)
acitretin 17.5 mg capsule MO	4	QL (60 per 30 days)
acitretin 25 mg capsule MO	4	
adapalene 0.1% gel MO	4	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ammonium lactate 12% cream MO	2	
ammonium lactate 12% lotion MO	2	
amnesteam 10 mg, 20 mg capsule MO	4	QL (60 per 30 days)
amnesteam 40 mg capsule MO	4	QL (120 per 30 days)
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
calcipotriene 0.005% solution MO	4	QL (60 per 30 days)
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (34 per 365 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML) SUBCUTANEOUS DL	5	PA,QL (34 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	5	PA,QL (34 per 365 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS DL	5	PA,QL (34 per 365 days)
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM MO	4	QL (120 per 30 days)
fluorouracil 2% topical soln; fluorouracil 5% topical soln MO	3	
fluorouracil 5% cream MO	4	
imiquimod 5% cream packet MO	3	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg capsule MO	4	QL (60 per 30 days)
isotretinoin 40 mg capsule MO	4	QL (120 per 30 days)
methoxsalen 10 mg capsule DL	5	
myorisan 10 mg, 20 mg, 30 mg capsule MO	4	QL (60 per 30 days)
myorisan 40 mg capsule MO	4	QL (120 per 30 days)
pimecrolimus 1% cream MO	4	
podofilox 0.5% topical soln MO	4	
RECTIV 0.4 % (W/W) OINTMENT MO	4	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	5	
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	3	
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 84 days)
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment MO	4	
tazarotene 0.1% cream MO	3	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	4	PA
TOLAK 4 % TOPICAL CREAM MO	3	
tretinoin 0.01% gel MO	3	PA
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream MO	4	PA
tretinoin 0.025% gel; tretinoin 0.05% gel MO	4	PA
UVADEX 20 MCG/ML INJECTION SOLUTION MO	4	
zenatane 10 mg, 20 mg, 30 mg capsule MO	4	QL (60 per 30 days)
zenatane 40 mg capsule MO	4	QL (120 per 30 days)

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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
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	4	B vs D
AURYXIA 210 MG IRON TABLET MO	4	PA,QL (360 per 30 days)
calcium acetate 667 mg gelcap MO	3	
calcium acetate 667 mg tablet MO	3	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	5	PA
CHEMET 100 MG CAPSULE DL	5	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 2.75%-5% SOLUTION MO	4	B vs D
CLINIMIX 4.25%-20% SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 2.75%-10% SOLUTION MO	4	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 4.25%-25% SOLUTION MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	4	B vs D
CLINOLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
dextrose 10%-0.45% nacl iv sol MO	2	
dextrose 2.5%-0.45% nacl iv MO	2	
dextrose 5%-0.9% nacl iv soln MO	2	
dextrose 5%-0.45% nacl iv soln MO	2	
DEPEN TITRATABS 250 MG TABLET DL	5	
dextrose 10%-0.2% nacl iv soln MO	2	
dextrose 10%-water iv solution MO	2	
dextrose 20%-water iv soln MO	2	
dextrose 25%-water syringe MO	2	
dextrose 30%-water iv soln MO	2	
dextrose 40%-water iv soln MO	2	
dextrose 5%-water iv soln MO	2	
dextrose 5%-lr iv solution MO	2	
dextrose 5%-0.225% nacl iv sol MO	2	
dextrose 5%-0.3% nacl iv soln MO	2	
dextrose 50%-water syringe MO	2	
dextrose 50%-water vial MO	2	
dextrose 70%-water iv soln MO	2	
dextrose 5%-electrolyte 48 MO	2	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL	5	PA
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	4	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	4	B vs D
JADENU 180 MG, 360 MG, 90 MG TABLET DL	5	PA
JADENU SPRINKLE 180 MG, 360 MG, 90 MG ORAL GRANULES IN PACKET DL	5	PA
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	4	B vs D
kionex powder MO	3	
KIONEX 15 GM/60 ML SUSPENSION MO	3	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
<i>klor-con m10 meq tablet,extended release</i> ^{MO}	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE ^{MO}	2	
<i>klor-con m20 meq tablet,extended release</i> ^{MO}	2	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp</i> ^{MO}	2	
<i>levocarnitine 330 mg tablet</i> ^{MO}	4	
<i>levocarnitine 1 g/10 ml soln</i> ^{MO}	4	
<i>m-natal plus 27 mg iron-1 mg tablet</i> ^{MO}	4	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION ^{MO}	4	B vs D
NUTRILIPID 20 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION ^{MO}	4	B vs D
<i>prv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack</i> ^{MO}	4	
<i>kcl 20 meq in d5w-0.45% nacl</i> ^{MO}	4	
<i>potassium cl 10% (20 meq/15ml)</i> ^{MO}	4	QL (1125 per 30 days)
<i>potassium cl 20% (40 meq/15ml)</i> ^{MO}	4	
<i>potassium cl er 10 meq, 20 meq tablet</i> ^{MO}	2	
<i>potassium cl er 10 meq, 20 meq, 8 meq tablet</i> ^{MO}	2	
<i>potassium cl er 10 meq, 8 meq capsule</i> ^{MO}	2	
<i>potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab</i> ^{MO}	3	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> ^{MO}	4	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release</i> ^{MO}	4	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> ^{MO}	4	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release</i> ^{MO}	4	
PREMASOL 10 % INTRAVENOUS SOLUTION ^{MO}	2	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION ^{MO}	2	B vs D
PRENATABS FA 29 MG-1 MG TABLET ^{MO}	4	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> ^{MO}	4	
<i>preplus 27 mg iron-1 mg tablet</i> ^{MO}	4	
PROCALAMINE 3% INTRAVENOUS SOLUTION ^{MO}	4	B vs D
REVELA 0.8 GRAM ORAL POWDER PACKET ^{MO}	3	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET ^{MO}	3	QL (180 per 30 days)
REVELA 800 MG TABLET ^{MO}	3	QL (540 per 30 days)
<i>sevelamer 0.8 gm powder packet</i> ^{MO}	3	QL (540 per 30 days)
<i>sevelamer 2.4 gm powder packet</i> ^{MO}	3	QL (180 per 30 days)
<i>sevelamer carbonate 800 mg tab</i> ^{MO}	3	QL (540 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	4	B vs D
saline 0.45% soln-excel con MO	4	
sodium chloride 0.45% soln MO	4	
sodium chloride 0.9% solution MO	4	
sodium lactate 50 meq/10 ml vl MO	4	
sod polystyren sulf 15 g/60 ml MO	3	
sodium polystyrene sulf powder MO	3	
sps 15 gm/60 ml suspension MO	3	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema MO	3	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION MO	3	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA MO	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	4	B vs D
trientine hcl 250 mg capsule DL	5	QL (240 per 30 days)
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	4	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	4	B vs D
Gastrointestinal Agents		
CHENODAL 250 MG TABLET DL	5	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet MO	2	
cimetidine 300 mg/5 ml soln MO	2	
constulose 10 gram/15 ml oral solution MO	2	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
dicyclomine 10 mg capsule MO	2	
dicyclomine 10 mg/5 ml soln MO	4	
dicyclomine 20 mg tablet MO	2	
diphenoxylat-atrop 2.5-0.025/5 MO	4	
diphenoxylate-atrop 2.5-0.025 MO	4	
enulose 10 gram/15 ml oral solution MO	2	
esomeprazole mag dr 20 mg, 40 mg cap MO	3	QL (30 per 30 days)
famotidine 20 mg, 40 mg tablet MO	2	
famotidine 40 mg/4 ml vial MO	4	
famotidine 40 mg/5 ml susp MO	4	
famotidine 20 mg/2 ml vial MO	4	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	5	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	5	PA
gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution MO	2	
gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>gavilyte-n 420 gram oral solution</i> MO	2	
<i>generlac 10 gram/15 ml oral solution</i> MO	2	
<i>glycopyrrolate 1 mg, 2 mg tablet</i> MO	3	
<i>lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution</i> MO	2	
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	3	QL (30 per 30 days)
<i>loperamide 2 mg capsule</i> MO	2	
<i>misoprostol 100 mcg, 200 mcg tablet</i> MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	3	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
<i>nizatidine 15 mg/ml solution</i> MO	4	
<i>omeprazole dr 10 mg, 20 mg, 40 mg capsule</i> MO	2	QL (60 per 30 days)
<i>pantoprazole sod dr 20 mg, 40 mg tab</i> MO	2	QL (60 per 30 days)
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> MO	2	
<i>peg 3350-electrolyte solution</i> MO	2	
<i>propantheline 15 mg tablet</i> MO	4	
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	4	QL (144 per 30 days)
<i>ranitidine 15 mg/ml syrup</i> MO	2	
<i>ranitidine 150 mg, 300 mg tablet</i> MO	2	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION MO	4	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	4	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	4	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	4	QL (12 per 30 days)
<i>sucrafate 1 gm tablet</i> MO	2	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
<i>trilyte with flavor packets 420 gram oral solution</i> MO	2	
<i>ursodiol 250 mg tablet</i> MO	3	
<i>ursodiol 500 mg tablet</i> MO	4	
XIFAXAN 200 MG TABLET DL	5	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	5	PA,QL (84 per 28 days)
Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN 250 UNIT/ML VIAL DL	5	
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION DL	5	PA
CERDELGA 84 MG CAPSULE DL	5	PA
CEREZYME 400 UNIT INTRAVENOUS SOLUTION DL	5	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	5	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	5	
CYSTAGON 150 MG, 50 MG CAPSULE MO	4	
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	5	PA
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL	5	PA
KUVAN 100 MG SOLUBLE TABLET DL	5	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	5	PA
NITYR 10 MG, 2 MG, 5 MG TABLET DL	5	
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	5	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	5	
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION DL	5	
<i>sodium phenylbutyrate powder</i> DL	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SUBCUTANEOUS SOLUTION DL	5	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION DL	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 MO	4	
Genitourinary Agents		
<i>alfuzosin hcl er 10 mg tablet</i> MO	2	QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg tablet</i> MO	3	
<i>bethanechol 50 mg tablet</i> MO	4	
<i>dutasteride 0.5 mg capsule</i> MO	3	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE DL	5	QL (90 per 30 days)
<i>finasteride 5 mg tablet</i> MO	2	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> MO	3	

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (30 per 30 days)
oxybutynin 5 mg tablet ^{MO}	2	
oxybutynin 5 mg/5 ml syrup ^{MO}	2	
oxybutynin cl er 10 mg, 15 mg, 5 mg tablet ^{MO}	3	QL (60 per 30 days)
tamsulosin hcl 0.4 mg capsule ^{MO}	2	QL (60 per 30 days)
THIOLA 100 MG TABLET ^{DL}	5	
tolterodine tart er 2 mg, 4 mg cap ^{MO}	4	QL (30 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR 80 UNIT/ML INJECTION GEL ^{DL}	5	PA,QL (30 per 30 days)
betamethasone dp 0.05% crm ^{MO}	3	
betamethasone dp 0.05% lot ^{MO}	3	
betamethasone dp 0.05% oint ^{MO}	4	
betamethasone va 0.1% cream ^{MO}	2	
betamethasone va 0.1% lotion ^{MO}	3	
betamethasone valer 0.1% ointm ^{MO}	2	
betamethasone dp aug 0.05% crm ^{MO}	2	
betamethasone dp aug 0.05% gel ^{MO}	4	
betamethasone dp aug 0.05% lot ^{MO}	4	
betamethasone dp aug 0.05% oin ^{MO}	4	
cortisone 25 mg tablet ^{MO}	4	
decadron 0.5 mg/5 ml oral elixir ^{MO}	3	
desoximetasone 0.25% cream ^{MO}	3	
desoximetasone 0.25% ointment ^{MO}	4	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet ^{MO}	2	
dexamethasone 0.5 mg/5 ml elx ^{MO}	3	
dexamethasone 0.5 mg/5 ml liq ^{MO}	2	
DEXAMETHASONE INTENSOL 1 MG/ML DROPS (CONCENTRATE) ^{MO}	3	
fludrocortisone 0.1 mg tablet ^{MO}	2	
fluocinolone 0.01% body oil ^{MO}	4	
fluocinolone 0.01% cream; fluocinolone 0.025% cream ^{MO}	4	
fluocinolone 0.01% solution ^{MO}	4	
fluocinolone 0.025% ointment ^{MO}	4	
fluocinolone 0.01% scalp oil ^{MO}	4	
fluticasone prop 0.005% oint ^{MO}	2	
fluticasone prop 0.05% cream ^{MO}	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydrocortisone 1% cream; hydrocortisone 2.5% cream ^{MO}	2	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment ^{MO}	2	
hydrocortisone 10 mg, 20 mg, 5 mg tablet ^{MO}	2	
hydrocortisone 2.5% cream ^{MO}	4	
hydrocortisone 2.5% lotion ^{MO}	2	
hydrocortisone 1% absorbase ^{MO}	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet ^{MO}	2	B vs D
methylprednisolone 4 mg dosepk ^{MO}	2	
methylprednisolone 40 mg/ml, 80 mg/ml vl ^{MO}	4	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 40 mg vl ^{MO}	4	
mometasone furoate 0.1% cream ^{MO}	2	
mometasone furoate 0.1% oint ^{MO}	2	
mometasone furoate 0.1% soln ^{MO}	2	
prednisolone 15 mg/5 ml syrup ^{MO}	2	
prednisolone 15 mg/5 ml soln ^{MO}	2	
prednisolone 20 mg/5 ml soln ^{MO}	4	
prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml ^{MO}	3	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet ^{MO}	2	B vs D
prednisone 10 mg, 5 mg tab dose pack ^{MO}	2	
prednisone 5 mg/5 ml solution ^{MO}	3	B vs D
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE ^{MO}	4	B vs D
procto-med hc 2.5 % topical cream perineal applicator ^{MO}	4	
procto-pak 1 % topical cream perineal applicator ^{MO}	2	
proctosol hc 2.5 % topical cream perineal applicator ^{MO}	4	
proctozone-hc 2.5 % topical cream perineal applicator ^{MO}	4	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream ^{MO}	2	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion ^{MO}	3	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment ^{MO}	2	
triderm 0.1 %, 0.5 % topical cream ^{MO}	2	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION ^{MO}	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonad 10,000 unit vl ^{DL}	5	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr ^{MO}	3	QL (25 per 30 days)
desmopressin acetate 0.1 mg tb ^{MO}	4	QL (180 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>desmopressin acetate 0.2 mg tb</i> MO	4	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL DL	5	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION DL	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	5	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	5	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY DL	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>afirmelle 0.1 mg-20 mcg tablet</i> MO	4	
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> MO	4	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> MO	4	
AMETHIA LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
ANADROL-50 50 MG TABLET DL	5	
<i>apri 0.15 mg-0.03 mg tablet</i> MO	4	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> MO	4	
<i>abra 0.1 mg-20 mcg tablet</i> MO	4	
<i>abra eq 0.1 mg-20 mcg tablet</i> MO	4	
<i>aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet</i> MO	4	
<i>aurovela 1/20 (21) 1 mg-20 mcg tablet</i> MO	4	
<i>aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	4	
<i>aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>aviane 0.1 mg-20 mcg tablet</i> MO	4	
<i>ayuna 0.15 mg-0.03 mg tablet</i> MO	4	
<i>azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	4	
<i>bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	4	
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	4	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	4	
<i>camila 0.35 mg tablet</i> MO	4	
CAMRESE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
CAMRESE LO 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	4	QL (91 per 90 days)
<i>caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet</i> MO	4	
<i>chateal (28) 0.15 mg-0.03 mg tablet</i> MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
chateal eq (28) 0.15 mg-0.03 mg tablet MO	4	
cryselles (28) 0.3 mg-30 mcg tablet MO	4	
cyclafem 1/35 (28) 1 mg-35 mcg tablet MO	4	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
cyred 0.15 mg-0.03 mg tablet MO	4	
cyred eq 0.15 mg-0.03 mg tablet MO	4	
danazol 100 mg, 200 mg, 50 mg capsule MO	4	
dasetta 1/35 (28) 1 mg-35 mcg tablet MO	4	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet MO	4	
deblitane 0.35 mg tablet MO	4	
delyla (28) 0.1 mg-20 mcg tablet MO	4	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	4	QL (5 per 30 days)
desogestr-eth estrad eth estra MO	4	
desogest-eth estra 0.15-0.03mg MO	4	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr transdermal patch MO	4	QL (8 per 28 days)
drospirenone-ee 3-0.02 mg, 3-0.03 mg tab MO	4	
DUAVEE 0.45 MG-20 MG TABLET MO	4	PA,QL (30 per 30 days)
elinest 0.3 mg-30 mcg tablet MO	4	
ELLA 30 MG TABLET MO	3	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet MO	4	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
enskyce 0.15 mg-0.03 mg tablet MO	4	
errin 0.35 mg tablet MO	4	
estradiol 0.01% cream MO	3	
estradiol 0.025 mg patch; estradiol 0.0375 mg patch; estradiol 0.05 mg patch; estradiol 0.075 mg patch; estradiol 0.1 mg patch MO	4	QL (8 per 28 days)
estradiol 0.0375 mg/day patch; estradiol 0.06 mg/day patch; estradiol 0.075 mg/day patch; estradiol tds 0.025 mg/day; estradiol tds 0.05 mg/day; estradiol tds 0.1 mg/day MO	4	QL (4 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg tablet MO	2	
estradiol valerate 20 mg/ml, 40 mg/ml vial MO	4	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb MO	3	
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING MO	4	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab MO	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
falmina (28) 0.1 mg-20 mcg tablet MO	4	
femynor 0.25 mg-35 mcg tablet MO	4	
GIANVI (28) 3 MG-0.02 MG TABLET MO	4	
hailey 1.5 mg-30 mcg tablet MO	4	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
heather 0.35 mg tablet MO	4	
incassia 0.35 mg tablet MO	4	
introvale 0.15 mg-30 mcg (91) tablets,3 month dose pack MO	4	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet MO	4	
jasmiel (28) 3 mg-0.02 mg tablet MO	4	
jencycla 0.35 mg tablet MO	4	
juleber 0.15 mg-0.03 mg tablet MO	4	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
junel 1/20 (21) 1 mg-20 mcg tablet MO	4	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
kalliga 0.15 mg-0.03 mg tablet MO	4	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
kelnor 1-50 1 mg-50 mcg tablet MO	4	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	4	
kimidess 28 day tablet MO	4	
kurvelo (28) 0.15 mg-0.03 mg tablet MO	4	
levono-e estrad 0.10-0.02-0.01 MO	4	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	4	
larin 1/20 (21) 1 mg-20 mcg tablet MO	4	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	4	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
larissia 0.1 mg-20 mcg tablet MO	4	
lessina 0.1 mg-20 mcg tablet MO	4	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
levonor-eth estrad triphasic MO	4	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	4	
levonor-eth estrad 0.15-0.03 MO	4	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>lillow</i> (28) 0.15 mg-0.03 mg tablet MO	4	
<i>lo-zumandimine</i> (28) 3 mg-0.02 mg tablet MO	4	
<i>lomedina 24 fe</i> 1 mg-20 mcg tab MO	4	
<i>loryna</i> (28) 3 mg-0.02 mg tablet MO	4	
<i>low-ogestrel</i> (28) 0.3 mg-30 mcg tablet MO	4	
<i>lutera</i> (28) 0.1 mg-20 mcg tablet MO	4	
<i>lyza</i> 0.35 mg tablet MO	4	
<i>marlissa</i> (28) 0.15 mg-0.03 mg tablet MO	4	
<i>medroxyprogesterone</i> 10 mg, 2.5 mg, 5 mg tab MO	2	
<i>medroxyprogesterone</i> 150 mg/ml MO	2	QL (1 per 90 days)
<i>megestrol</i> 20 mg tablet MO	2	
<i>megestrol</i> 40 mg tablet MO	4	
<i>megestrol acet</i> 40 mg/ml susp; <i>megestrol acet</i> 400 mg/10 ml MO	4	
MENEST 0.3 MG, 0.625 MG, 1.25 MG TABLET MO	4	
METHITEST 10 MG TABLET DL	5	
MICROGESTIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	4	
MICROGESTIN 1/20 (21) 1 MG-20 MCG TABLET MO	4	
MICROGESTIN FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	4	
MICROGESTIN FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	4	
<i>mili</i> 0.25 mg-35 mcg tablet MO	4	
<i>mimvey</i> 1 mg-0.5 mg tablet MO	4	
<i>myzilra-28</i> tablet MO	4	
<i>necon 0.5/35</i> (28) 0.5 mg-35 mcg tablet MO	4	
<i>nikki</i> (28) 3 mg-0.02 mg tablet MO	4	
<i>noret-estr-fe</i> 0.4-0.035(21)-75 MO	4	
<i>norethindrone</i> 0.35 mg tablet MO	4	
<i>norethind-eth estrad</i> 1-0.02 mg MO	4	
<i>norethindrone</i> 5 mg tablet MO	3	
<i>noreth-estrad-fe</i> 1-0.02(21)-75; <i>noreth-estrad-fe</i> 1-0.02(24)-75 MO	4	
<i>noreth-estrad-fe</i> 1-0.02(24)-75 MO	4	
<i>norg-ee</i> 0.18-0.215-0.25/0.025; <i>norg-ee</i> 0.18-0.215-0.25/0.035; <i>norg-ethin</i> <i>estra</i> 0.25-0.035 mg MO	4	
<i>norlyda</i> 0.35 mg tablet MO	4	
<i>norlyroc</i> 0.35 mg tablet MO	4	
<i>nortrel 0.5/35</i> (28) 0.5 mg-35 mcg tablet MO	4	
<i>nortrel 1/35</i> (21) 1 mg-35 mcg tablet MO	4	
<i>nortrel 1/35</i> (28) 1 mg-35 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	4	
ogestrel (28) 0.5 mg-50 mcg tablet MO	4	
orsythia 0.1 mg-20 mcg tablet MO	4	
oxandrolone 10 mg tablet DL	5	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	4	PA,QL (120 per 30 days)
pimtrex (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet MO	4	
portia 28 0.15 mg-0.03 mg tablet MO	4	
previfem 0.25 mg-35 mcg tablet MO	4	
progesterone 500 mg/10 ml vial MO	4	
progesterone 100 mg, 200 mg capsule MO	3	
quasense 0.15-0.03 mg tablet MO	4	QL (91 per 90 days)
raloxifene hcl 60 mg tablet MO	3	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet MO	4	
setlakin 0.15 mg-30 mcg (91) tablets,3 month dose pack MO	4	QL (91 per 90 days)
sharobel 0.35 mg tablet MO	4	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
SLYND 4 MG (28) TABLET MO	4	
sprintec (28) 0.25 mg-35 mcg tablet MO	4	
sronyx 0.1 mg-20 mcg tablet MO	4	
syeda 3 mg-0.03 mg tablet MO	4	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	4	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	4	
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump MO	3	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt MO	3	PA,QL (37.5 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	3	
testosterone enan 200 mg/ml MO	3	QL (24 per 90 days)
TILIA FE 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET MO	4	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	4	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tablet MO	4	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	4	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	4	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tablet MO	4	
TRINESSA TABLET MO	4	
TRINESSA LO TABLET MO	4	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	4	
tulana 0.35 mg tablet MO	4	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	4	
vestura 3 mg-0.02 mg tablet MO	4	
vienva 0.1 mg-20 mcg tablet MO	4	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	4	
vylibra 0.25 mg-35 mcg tablet MO	4	
wera (28) 0.5 mg-35 mcg tablet MO	4	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet MO	4	
zarah 3 mg-0.03 mg tablet MO	4	
zenchent fe tablet chewable MO	4	
zovia 1/35e (28) 1 mg-35 mcg tablet MO	4	
zovia 1-50e tablet MO	4	
zumandimine (28) 3 mg-0.03 mg tablet MO	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg tablet MO	1	
levothyroxine 300 mcg tablet MO	2	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
liothyronine sod 10 mcg/ml vl MO	3	
liothyronine sod 25 mcg, 5 mcg, 50 mcg tab MO	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET MO	3	
THYROLAR-1 12.5 MCG-50 MCG TABLET MO	2	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET MO	2	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET MO	2	
THYROLAR-2 25 MCG-100 MCG TABLET MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THYROLAR-3 37.5 MCG-150 MCG TABLET MO	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 MO	3	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG TABLET DL	5	
Hormonal Agents, Suppressant (Pituitary)		
cabergoline 0.5 mg tablet MO	4	QL (16 per 28 days)
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION DL	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	5	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	4	PA
leuprolide 2wk 14 mg/2.8 ml kt MO	4	
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	5	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MO	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 DL	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)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml vl MO	4	PA
octreotide acet 0.05 mg/ml vl MO	3	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr MO	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP, EXTENDED RELEASE DL	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY DL	5	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole 10 mg, 5 mg tablet</i> MO	2	
<i>propylthiouracil 50 mg tablet</i> MO	3	
Immunological Agents		
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	5	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	4	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	4	
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	5	PA
<i>azathioprine 50 mg tablet</i> MO	2	B vs D
<i>bcg vaccine (tice strain) vial</i> MO	4	
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	5	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (4 per 28 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	5	B vs D
CELLCEPT 250 MG CAPSULE DL	5	B vs D
CELLCEPT 500 MG TABLET DL	5	B vs D
<i>cyclosporine 100 mg, 25 mg capsule</i> MO	4	B vs D
<i>cyclosporine modified 100 mg, 25 mg, 50 mg</i> MO	4	B vs D
<i>cyclosporine modified 100mg/ml</i> MO	4	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	4	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE DL	5	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (1 ML) SUBCUTANEOUS SYRINGE DL	5	PA,QL (78 per 365 days)
ENBREL MINI 50 MG/ML (1 ML) SUBCUTANEOUS CARTRIDGE DL	5	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (78 per 365 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	5	PA
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	4	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> MO	4	B vs D
<i>gengraf 100 mg/ml oral solution</i> MO	4	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	5	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION; HAVRIX 720 UNITS/0.5 ML VIAL MO	4	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
HUMIRA 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (31 per 365 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (31 per 365 days)
HUMIRA PEN 40 MG/0.8 ML SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML SUBCUT KIT DL	5	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML SUBCUT KT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT DL	5	PA,QL (31 per 365 days)
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML SUBCUT KT DL	5	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT DL	5	PA,QL (6 per 28 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	4	B vs D
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	4	
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	4	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
<i>leflunomide 10 mg, 20 mg tablet</i> MO	3	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	4	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	4	
<i>methotrexate 2.5 mg tablet</i> MO	3	B vs D
<i>methotrexate 50 mg/2 ml vial</i> MO	2	
<i>methotrexate 50 mg/2 ml vial</i> MO	2	
<i>mycophenolate 200 mg/ml susp</i> MO	4	B vs D
<i>mycophenolate 250 mg capsule</i> MO	3	B vs D
<i>mycophenolate 500 mg tablet</i> MO	3	B vs D
<i>mycophenolate 500 mg vial</i> MO	4	B vs D
<i>mycophenolic acid dr 180 mg, 360 mg tb</i> MO	4	B vs D
MYFORTIC 180 MG TABLET,DELAYED RELEASE MO	4	B vs D
MYFORTIC 360 MG TABLET,DELAYED RELEASE DL	5	B vs D
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	4	
PROGRAF 0.2 MG, 1 MG ORAL GRANULES IN PACKET MO	4	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	4	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIDAURA 3 MG CAPSULE DL	5	
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	4	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	4	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	5	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG/ML ORAL SOLUTION MO	4	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT MO	4	QL (2 per 365 days)
<i>sirolimus 0.5 mg, 1 mg, 2 mg tablet</i> MO	4	B vs D
<i>sirolimus 1 mg/ml solution</i> MO	4	B vs D
<i>tacrolimus 0.5 mg, 1 mg, 5 mg capsule</i> MO	4	B vs D
<i>tdvax 2 lf unit-2 lf unit/0.5 ml intramuscular suspension</i> MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	4	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
<i>diphtheria-tetanus toxoids-ped</i> MO	4	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	4	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	4	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	4	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	4	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
XATMEP 2.5 MG/ML ORAL SOLUTION MO	4	PA
XELJANZ 10 MG, 5 MG TABLET DL	5	PA,QL (60 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION DL	5	PA,QL (6 per 28 days)
XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (6 per 28 days)
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	5	PA,QL (3 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	4	
ZORTRESS 0.25 MG, 0.75 MG, 1 MG TABLET DL	5	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET DL	5	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	4	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium 750 mg cp</i> MO	4	
<i>budesonide ec 3 mg capsule</i> MO	4	
<i>colocort 100 mg enema</i> MO	4	
<i>hydrocortisone 100 mg/60 ml</i> MO	4	
<i>mesalamine 4 gm/60 ml enema</i> MO	3	QL (1800 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
mesalamine dr 1.2 gm tablet MO	4	QL (120 per 30 days)
sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab MO	2	
Metabolic Bone Disease Agents		
alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet MO	2	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg tab MO	2	QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
calcitonin-salmon 200 units sp MO	3	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg capsule MO	2	
calcitriol 1 mcg/ml solution MO	4	
cinacalcet hcl 30 mg, 60 mg tablet DL	5	QL (60 per 30 days)
cinacalcet hcl 90 mg tablet DL	5	QL (120 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR DL	5	PA,QL (2.4 per 28 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE DL	5	PA,QL (2 per 28 days)
pamidronate 30 mg/10 ml vial MO	3	QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial MO	3	QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg capsule MO	4	QL (30 per 30 days)
paricalcitol 4 mcg capsule MO	4	QL (12 per 30 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	4	QL (1 per 180 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE DL	5	QL (60 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION DL	5	PA,QL (1.7 per 28 days)
zoledronic acid 4 mg/100 ml MO	4	PA,QL (300 per 21 days)
zoledronic acid 4 mg vial MO	4	PA
zoledronic acid 4 mg/5 ml vial MO	4	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml MO	3	PA,QL (100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	4	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	4	PA,QL (2 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ MO	4	PA,QL (2 per 30 days)
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL SWAB MO	1	
ALCOHOL WIPES MO	1	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	2	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" MO	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	2	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	2	
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	2	
BD ALCOHOL SWABS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	2	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	2	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" MO	2	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	2	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	2	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" MO	2	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" MO	2	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	2	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" MO	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" MO	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	2	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" MO	2	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" MO	2	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" MO	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" MO	2	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" MO	2	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" MO	2	
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" MO	2	
BORDERED GAUZE 2" X 2" BANDAGE MO	2	
CABLIVI 11 MG INJECTION KIT DL	5	PA,QL (30 per 30 days)
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" MO	2	

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COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	2	
CURITY ALCOHOL SWABS MO	1	
CURITY GAUZE 2" X 2" BANDAGE MO	2	
DERMACEA 2" X 2" BANDAGE MO	2	
DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"; DROPLET INSULIN SYRINGE HALF UNIT 0.5 ML 30 GAUGE X 15/64" MO	2	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" MO	2	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MO	2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS MO	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" MO	2	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" MO	2	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" MO	2	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	2	
EASY TOUCH ALCOHOL PREP PADS MO	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" MO	2	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 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"; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 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" MO	2	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	2	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" MO	2	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	2	
EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR MO	4	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA,QL (2 per 30 days)
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	2	
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE MO	2	
GAUZE PADS 2"X2" MO	2	
GAUZE PAD 2" X 2" BANDAGE MO	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	

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HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
HUMAPEN LUXURA HD MO	2	
INCONTROL ALCOHOL PADS MO	1	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
INSULIN SYR 0.3ML 31GX1/4(1/2) MO	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" MO	2	
BD LUER-LOK SYRINGE 1 ML MO	2	
BD INSULIN SYR 1 ML 28GX1/2"; 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 SYRING 0.5 ML 27GX1/2"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 27GX1/2"; 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 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 29GX1/2"; RELION INS SYR 1 ML 31GX15/64"; RELION SYRING 0.5 ML 31GX5/16"; TERUMO INS SYRINGE U100-1 ML; ULTICARE SAFETY 0.5 ML 29GX1/2; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRIN 0.5 ML 28GX1/2" MO	2	
INSULIN SYRINGE U100 1 ML MO	2	
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	2	
IV PREP WIPES MEDICATED MO	1	
KORLYM 300 MG TABLET DL	5	PA,QL (120 per 30 days)
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	2	

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LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29 MO	2	
LITHOSTAT 250 MG TABLET DL	5	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MO	2	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	2	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" MO	2	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" MO	2	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" MO	2	
<i>methergine</i> 0.2 mg tablet DL	5	
<i>methylergonovine</i> 0.2 mg tablet MO	4	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MO	2	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	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", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" MO	2	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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"; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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"; MONOJECT INSULIN SYRINGE 1 ML MO	2	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	2	

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MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	2	
NOVOFINE 30G X 1/3" NEEDLES MO	2	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	2	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	2	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	2	
NOVOPEN ECHO SUBCUTANEOUS MO	2	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE MO	2	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
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"; PEN NEEDLE 12MM 29G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G MO	2	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	2	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MO	2	
PRO COMFORT ALCOHOL PADS MO	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" MO	2	
RELION NEEDLES 31 GAUGE X 1/4" MO	2	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	2	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
SAFETY PEN NEEDLE 31 GAUGE X 3/16" MO	2	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	2	

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SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" MO	2	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	2	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" MO	2	
SURE-PREP ALCOHOL PREP PADS MO	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" MO	2	
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" MO	2	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	2	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE MO	2	
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" SYRINGE MO	2	
TRUE COMFORT ALCOHOL PADS MO	1	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	2	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"" SYRINGE MO	2	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	2	
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE; ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE MO	2	
ULTICARE INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 1/4" MO	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" MO	2	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	2	
ULTILET ALCOHOL SWAB MO	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" MO	2	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" MO	2	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	2	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE MO	2	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	2	
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	2	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	5	QL (20 per 365 days)
WEBCOL TOPICAL PADS MO	1	
Ophthalmic Agents		
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> MO	2	
ALCAINE 0.5 % EYE DROPS MO	2	
ALPHAGAN P 0.1 % EYE DROPS MO	3	
<i>apraclonidine hcl 0.5% drops</i> MO	3	
<i>atropine 1% eye drops</i> MO	2	
<i>azelastine hcl 0.05% drops</i> MO	3	
<i>bacitracin-polymyxin eye oint</i> MO	2	
<i>betaxolol hcl 0.5% eye drop</i> MO	3	
<i>brimonidine 0.2% eye drop</i> MO	2	
<i>brimonidine tartrate 0.15% drp</i> MO	3	
<i>carteolol hcl 1% eye drops</i> MO	2	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	3	QL (5 per 25 days)
<i>cromolyn 4% eye drops</i> MO	2	
CYSTARAN 0.44 % EYE DROPS DL	5	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop</i> MO	2	
<i>diclofenac 0.1% eye drops</i> MO	2	
<i>dorzolamide hcl 2% eye drops</i> MO	2	QL (10 per 30 days)
<i>dorzolamide-timolol eye drops</i> MO	2	QL (10 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DUREZOL 0.05 % EYE DROPS MO	3	
fluorometholone 0.1% drops MO	3	
flurbiprofen 0.03% eye drop MO	2	
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	3	QL (3 per 30 days)
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution MO	2	
latanoprost 0.005% eye drops MO	2	QL (5 per 25 days)
levobunolol 0.5% eye drops MO	2	
LUMIGAN 0.01 % EYE DROPS MO	3	QL (2.5 per 25 days)
metipranolol 0.3% eye drops MO	2	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment MO	3	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment MO	3	
neo-bacit-poly-hc eye ointment MO	3	
neomyc-bacit-polymix eye oint MO	3	
neomyc-polym-dexamet eye ointm MO	2	
neomyc-polym-dexameth eye drop MO	2	
neomyc-polym-gramicid eye drop MO	3	
neomycin-poly-hc eye drops MO	4	
olopatadine hcl 0.2% eye drop MO	3	
PAZEO 0.7 % EYE DROPS MO	3	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	4	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops MO	3	
polycin 500 unit-10,000 unit/gram eye ointment MO	2	
polymyxin b-tmp eye drops MO	2	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	4	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	4	
prednisolone ac 1% eye drop MO	3	
prednisolone sod 1% eye drop MO	3	
proparacaine 0.5% eye drops MO	2	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	3	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	3	QL (5.5 per 25 days)
sulf-pred 10-0.23% eye drops MO	2	
timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution MO	4	
timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops MO	2	
tobramycin-dexameth ophth susp MO	4	
TRAVATAN Z 0.004 % EYE DROPS MO	3	QL (2.5 per 25 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Otic Agents		
hydrocortison-acetic acid soln ^{MO}	4	
neomycin-polymyxin-hc ear soln ^{MO}	3	
neomycin-polymyxin-hc ear susp ^{MO}	3	
Respiratory Tract/Pulmonary Agents		
acetylcysteine 10% vial; acetylcysteine 20% vial ^{MO}	4	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL}	5	PA,QL (90 per 30 days)
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln ^{MO}	2	B vs D
albuterol hfa 90 mcg inhaler ^{MO}	3	QL (36 per 30 days)
albuterol sulf 2 mg/5 ml syrup ^{MO}	2	
albuterol sulfate 2 mg tab ^{MO}	4	QL (120 per 30 days)
albuterol sulfate 4 mg tab ^{MO}	4	
ambrisentan 10 mg, 5 mg tablet ^{DL}	5	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml vl ^{MO}	4	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	3	QL (60 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION ^{MO}	3	QL (30 per 30 days)
azelastine 0.1% (137 mcg) spry ^{MO}	3	QL (30 per 25 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER ^{MO}	4	QL (10.7 per 30 days)
bosentan 125 mg, 62.5 mg tablet ^{DL}	5	PA,QL (60 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION ^{MO}	3	QL (60 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml susp ^{MO}	4	B vs D
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	5	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml soln ^{MO}	2	QL (300 per 30 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	4	QL (4 per 20 days)
cromolyn 100 mg/5 ml oral conc ^{MO}	4	
cromolyn 20 mg/2 ml neb soln ^{DL}	5	B vs D
cyproheptadine 2 mg/5 ml syrup ^{MO}	4	
cyproheptadine 4 mg tablet ^{MO}	4	
DALIRESP 250 MCG TABLET ^{MO}	3	QL (28 per 365 days)
DALIRESP 500 MCG TABLET ^{MO}	3	QL (30 per 30 days)
desloratadine 5 mg tablet ^{MO}	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diphenhydramine 50 mg/ml vial MO	4	
epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject MO	3	QL (4 per 30 days)
ESBRIET 267 MG CAPSULE DL	5	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	5	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	5	PA,QL (90 per 30 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	3	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	3	QL (10.6 per 30 days)
flunisolide 0.025% spray MO	3	QL (50 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14 MO	3	QL (1 per 30 days)
fluticasone prop 50 mcg spray MO	2	QL (16 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg cap MO	3	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	3	QL (30 per 30 days)
ipratropium 0.03% spray MO	2	QL (30 per 30 days)
ipratropium 0.06% spray MO	2	QL (45 per 30 days)
ipratropium br 0.02% soln MO	2	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml MO	2	B vs D
KALYDECO 150 MG TABLET DL	5	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG ORAL GRANULES IN PACKET DL	5	PA,QL (56 per 28 days)
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
metaproterenol 10 mg, 20 mg tablet MO	4	
metaproterenol 10 mg/5 ml syr MO	4	
montelukast sod 10 mg tablet MO	2	QL (30 per 30 days)
montelukast sod 4 mg granules MO	4	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew MO	2	QL (30 per 30 days)
OFEV 100 MG, 150 MG CAPSULE DL	5	PA,QL (60 per 30 days)
OPSUMIT 10 MG TABLET DL	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 DL	5	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET DL	5	PA,QL (112 per 28 days)
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	4	PA,QL (120 per 30 days)
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION DL	5	B vs D
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	3	QL (60 per 30 days)
sildenafil 10 mg/ml oral susp DL	5	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>sildenafil 20 mg tablet</i> MO	3	PA,QL (90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	3	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	3	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	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 MO	3	QL (10.2 per 30 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS) MO	3	QL (4 per 30 days)
<i>theophylline er 100 mg, 200 mg, 300 mg tab; theophylline er 100 mg, 200 mg, 300 mg tablet</i> MO	4	
<i>theophylline er 400 mg, 600 mg tablet</i> MO	4	
<i>theophylline er 450 mg tab</i> MO	4	QL (30 per 30 days)
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION DL	5	PA,QL (224 per 28 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MO	3	QL (60 per 30 days)
VENTAVIS 10 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (150 per 30 days)
VENTAVIS 20 MCG/ML SOLUTION FOR NEBULIZATION DL	5	PA,QL (90 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> MO	4	QL (60 per 30 days)
Skeletal Muscle Relaxants		
<i>carisoprodol 350 mg tablet</i> MO	2	QL (120 per 30 days)
<i>cyclobenzaprine 10 mg, 5 mg tablet</i> MO	4	
<i>methocarbamol 500 mg, 750 mg tablet</i> MO	2	
<i>orphenadrine er 100 mg tablet</i> MO	4	
Sleep Disorder Agents		
BELSOMRA 10 MG TABLET MO	3	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET MO	3	QL (30 per 30 days)
BELSOMRA 5 MG TABLET MO	3	QL (120 per 30 days)
HETLIOZ 20 MG CAPSULE DL	5	PA,QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg tablet</i> MO	4	PA,QL (60 per 30 days)
<i>temazepam 15 mg, 30 mg capsule</i> DL	2	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION DL	5	PA,QL (540 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> MO	3	QL (30 per 30 days)
<i>zolpidem tartrate 10 mg, 5 mg tablet</i> MO	2	QL (30 per 30 days)

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日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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This formulary was updated on 09/30/2019. For more recent information or other questions, please contact Humana at 1-800-281-6918 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.

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