

2019

Prescription Drug Guide

Humana Medicare Employer Plan Formulary

List of covered drugs

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

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This formulary was updated on 09/27/2018. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

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Welcome to Humana Medicare Employer Plan!

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us", or "our," it means Humana. When it refers to "plan" or "our plan," it means the Humana Medicare Employer Plan. This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the Humana Medicare Employer formulary?

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

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

Can the formulary change?

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

We'll notify members who are affected by the following changes to the formulary:

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

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

We'll notify you by mail at least 30 days before one of these changes happens or we will provide a 30-day refill of the affected medicine with notice of the change.

The enclosed formulary is current as of January 1, 2019. We'll update the printed formularies each month and they'll be available on Humana.com/medicaredruglist.

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

How do I use the formulary?

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

Medical condition

The formulary starts on page 10. We've put the drugs into groups depending on the type of medical conditions that they're used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Agents." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

Alphabetical listing

If you're not sure about your drug's group, you should look for your drug in the Index that begins on page 174. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to search for your drug. Next to each drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column of the list.

Prescription drugs are grouped into one of four tiers.

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

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

How much will I pay for covered drugs?

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

The amount of money you pay depends on:

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug isn't on the formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

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

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

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

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

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

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

Transition extension

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

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

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 Medicare Employer Plan prescription drug coverage, please read your Evidence of Coverage (EOC) and other plan materials.

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

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

Humana Medicare Employer Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by the Humana Medicare Employer Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 174.

Your Humana Medicare Employer plan has additional coverage of some drugs. These drugs aren't normally covered under Medicare Part D and aren't subject to the Medicare appeals process. These drugs are listed separately on page 166.

How to read your formulary

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

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

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

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Analgesics		
ABSTRAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG SUBLINGUAL TABLET DL	4	PA,QL (128 per 30 days)
acetamin-caff-dihydrocod 320.5 DL	1	QL (300 per 30 days)
acetamin-caff-dihydrocod 325 DL	1	QL (300 per 30 days)
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5 DL	1	QL (2700 per 30 days)
acetaminophen-cod #2 tablet DL	1	QL (390 per 30 days)
acetaminophen-cod #3 tablet DL	1	QL (360 per 30 days)
acetaminophen-cod #4 tablet DL	1	QL (180 per 30 days)
ACTIQ 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG LOZENGE ON A HANDLE DL	4	PA,QL (120 per 30 days)
ALLZITAL 25 MG-325 MG TABLET MO	1	PA,QL (360 per 30 days)
ANAPROX DS 550 MG TABLET MO	3	
ARTHROTEC 50 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARTHROTEC 75 75 MG-200 MCG TABLET,FILM-COATED MO	3	PA
ARYMO ER 15 MG, 30 MG, 60 MG TABLET,CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (90 per 30 days)
ascomp with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	PA,QL (360 per 30 days)
aspirin-caff-dihydrocodein cap DL	1	QL (330 per 30 days)
astramorph-pf 0.5 mg/ml injection solution DL	1	QL (7200 per 30 days)
astramorph-pf 1 mg/ml injection solution DL	1	QL (3600 per 30 days)
BELBUCA 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG BUCCAL FILM DL	2	QL (60 per 30 days)
bupap 50 mg-300 mg tablet DL	4	PA,QL (180 per 30 days)
BUPRENEX 0.3 MG/ML INJECTION SOLUTION DL	4	QL (240 per 30 days)
buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch DL	1	ST,QL (4 per 28 days)
buprenorphine 0.3 mg/ml syringe DL	1	QL (240 per 30 days)
butalbital compound with codeine 30 mg-50 mg-325 mg-40 mg capsule DL	1	PA,QL (360 per 30 days)
butalb-acetaminoph-caff-codein DL	1	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein DL	1	PA,QL (360 per 30 days)
butalbital-acetaminophn 50-300 DL	4	PA,QL (180 per 30 days)
butalbital-acetaminophn 50-300; butalbital-acetaminophn 50-325 MO	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-300-40; butalbit-acetaminophen-caff cp MO	1	PA,QL (180 per 30 days)
butalb-acetamin-caff 50-325-40 MO	1	PA,QL (180 per 30 days)
butalb-aspirin-caff 50-325-40 MO	1	PA,QL (180 per 30 days)
butalbital-asa-caffeine cap MO	1	PA,QL (180 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>butorphanol 1 mg/ml vial</i> DL	1	QL (960 per 30 days)
<i>butorphanol 10 mg/ml spray</i> DL	1	QL (5 per 28 days)
<i>butorphanol 2 mg/ml vial</i> DL	1	QL (480 per 30 days)
BUTRANS 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR TRANSDERMAL PATCH DL	3	ST,QL (4 per 28 days)
CALDOLOR 800 MG/8 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	B vs D
CAMBIA 50 MG ORAL POWDER PACKET DL	4	ST,QL (9 per 30 days)
<i>capacet 50 mg-325 mg-40 mg capsule</i> MO	1	PA,QL (180 per 30 days)
CAPITAL WITH CODEINE SUSP DL	1	QL (2700 per 30 days)
CELEBREX 100 MG, 200 MG, 400 MG, 50 MG CAPSULE MO	3	PA,QL (60 per 30 days)
<i>celecoxib 100 mg, 200 mg, 400 mg, 50 mg capsule</i> MO	1	QL (60 per 30 days)
<i>codeine sulfate 15 mg, 30 mg tablet</i> DL	1	QL (360 per 30 days)
<i>codeine sulfate 60 mg tablet</i> DL	1	QL (180 per 30 days)
<i>asa-butalb-coff-cod #3 capsule</i> DL	1	PA,QL (360 per 30 days)
CONZIP 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE; CONZIP 100 MG, 200 MG, 300 MG CAPSULE,EXTENDED RELEASE (25-75) DL	3	ST,QL (30 per 30 days)
DAYPRO 600 MG TABLET MO	3	
DEMEROL 100 MG TABLET DL	3	PA,QL (360 per 30 days)
DEMEROL 100 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
DEMEROL 50 MG/ML INJECTION SOLUTION DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 100 MG/2 ML, 100 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
DEMEROL (PF) 100 MG/ML INJECTION SYRINGE DL	3	PA,QL (360 per 30 days)
DEMEROL (PF) 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML INJECTION SOLUTION DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 25 MG/ML INJECTION SYRINGE DL	3	PA,QL (1440 per 30 days)
DEMEROL (PF) 50 MG/ML INJECTION SYRINGE DL	3	PA,QL (720 per 30 days)
DEMEROL (PF) 75 MG/ML INJECTION SYRINGE DL	3	PA,QL (480 per 30 days)
<i>diclofenac pot 50 mg tablet</i> MO	1	
<i>diclofenac 1.5% topical soln</i> MO	1	PA
<i>diclofenac sod ec 25 mg, 50 mg, 75 mg tab</i> MO	1	
<i>diclofenac sod er 100 mg tab</i> MO	1	
<i>diclofenac sodium 1% gel</i> MO	1	
<i>diclofenac-misoprost 50-200 tb; diclofenac-misoprost 75-200 tb</i> MO	1	
<i>diflunisal 500 mg tablet</i> MO	1	
DILAUDID 1 MG/ML ORAL LIQUID DL	3	PA,QL (2400 per 30 days)
DILAUDID 2 MG, 4 MG TABLET DL	3	PA,QL (360 per 30 days)
DILAUDID 8 MG TABLET DL	3	PA,QL (240 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DILAUDID-HP 10 MG/ML AMPUL DL	3	PA,QL (144 per 30 days)
DOLOPHINE 10 MG TABLET DL	3	QL (240 per 30 days)
DOLOPHINE 5 MG TABLET DL	3	QL (480 per 30 days)
DUEXIS 800 MG-26.6 MG TABLET DL	4	ST,QL (90 per 30 days)
DURAGESIC 100 MCG/HR, 50 MCG/HR, 75 MCG/HR TRANSDERMAL PATCH DL	4	PA,QL (20 per 30 days)
DURAGESIC 12 MCG/HR, 25 MCG/HR TRANSDERMAL PATCH DL	3	PA,QL (20 per 30 days)
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION DL	3	QL (7200 per 30 days)
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION DL	3	QL (3600 per 30 days)
DYLOJECT 37.5 MG/ML VIAL MO	3	
EC-NAPROSYN 375 MG, 500 MG TABLET,DELAYED RELEASE MO	3	PA
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	2	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	1	QL (360 per 30 days)
ESGIC 50 MG-325 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ESGIC 50 MG-325 MG-40 MG TABLET MO	1	PA,QL (180 per 30 days)
etodolac 200 mg, 300 mg capsule MO	1	
etodolac 400 mg, 500 mg tablet MO	1	
etodolac er 400 mg, 500 mg, 600 mg tablet MO	1	
EXALGO ER 12 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (180 per 30 days)
EXALGO ER 16 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
EXALGO ER 32 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
EXALGO ER 8 MG TABLET,EXTENDED RELEASE DL	3	ST,QL (240 per 30 days)
FELDENE 10 MG, 20 MG CAPSULE MO	3	
fenoprofen 200 mg, 400 mg capsule MO	1	
fenoprofen 600 mg tablet MO	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch DL	1	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg DL	4	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml ampul DL	1	QL (720 per 30 days)
fentanyl 100 mcg/2 ml syringe DL	1	QL (720 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
FENTORA 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG BUCCAL TABLET, EFFERVESCENT DL	4	PA,QL (120 per 30 days)
<i>fioricet 50 mg-300 mg-40 mg capsule MO</i>	1	PA,QL (180 per 30 days)
FIORINAL 50 MG-325 MG-40 MG CAPSULE MO	3	PA,QL (180 per 30 days)
FIORINAL-CODEINE #3 30 MG-50 MG-325 MG-40 MG CAPSULE DL	3	PA,QL (360 per 30 days)
FLECTOR 1.3 % TRANSDERMAL 12 HOUR PATCH MO	3	PA,QL (60 per 30 days)
<i>flurbiprofen 100 mg, 50 mg tablet MO</i>	1	
HYCET 7.5 MG-325 MG/15 ML ORAL SOLUTION DL	1	QL (5520 per 30 days)
<i>hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg;</i>	1	QL (390 per 30 days)
<i>hydrocodone-acetamin 7.5-300 DL</i>		
<i>hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg;</i>	1	QL (360 per 30 days)
<i>hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325 DL</i>		
<i>hydrocodone-acetamin 10-325/15; hydrocodone-acetamin 5-163/7.5 DL</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetamin 7.5-325/15 DL</i>	1	QL (5520 per 30 days)
<i>hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg; hydrocodone-ibuprofen 7.5-200 DL</i>	1	QL (150 per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml, 1 mg/ml; hydromorphone 0.5 mg/0.5 ml, 1 mg/ml carpujct DL</i>	1	QL (720 per 30 days)
<i>hydromorphone 1 mg/ml solution DL</i>	1	QL (2400 per 30 days)
<i>hydromorphone 2 mg, 4 mg tablet DL</i>	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml isecure DL</i>	1	QL (360 per 30 days)
<i>hydromorphone 2 mg/ml vial DL</i>	1	QL (360 per 30 days)
<i>hydromorphone 4 mg/ml carpujct DL</i>	1	QL (180 per 30 days)
<i>hydromorphone 8 mg tablet DL</i>	1	QL (240 per 30 days)
<i>hydromorphone hcl 1 mg/ml amp DL</i>	1	QL (720 per 30 days)
<i>hydromorphone hcl 4 mg/ml amp DL</i>	1	QL (180 per 30 days)
<i>hydromorphone hcl er 12 mg tab DL</i>	1	ST,QL (180 per 30 days)
<i>hydromorphone hcl er 16 mg tab DL</i>	1	ST,QL (120 per 30 days)
<i>hydromorphone hcl er 32 mg tab DL</i>	1	ST,QL (60 per 30 days)
<i>hydromorphone hcl er 8 mg tab DL</i>	1	ST,QL (240 per 30 days)
<i>hydromorphone 1 mg/ml vial DL</i>	1	QL (720 per 30 days)
<i>hydromorphone 2 mg/ml vial DL</i>	1	QL (360 per 30 days)
<i>hydromorphone 4 mg/ml vial DL</i>	1	QL (180 per 30 days)
<i>hydromorphone hcl 10 mg/ml vl DL</i>	1	QL (144 per 30 days)
HYSINGLA ER 100 MG, 120 MG, 80 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
HYSINGLA ER 20 MG, 30 MG, 40 MG, 60 MG TABLET, CRUSH RESISTANT, EXTENDED RELEASE DL	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ibu 400 mg, 600 mg, 800 mg tablet</i> MO	1	
IBUDONE 10 MG-200 MG TABLET DL	1	QL (150 per 30 days)
<i>ibudone 5 mg-200 mg tablet</i> DL	1	QL (150 per 30 days)
<i>ibuprofen 100 mg/5 ml susp</i> MO	1	
<i>ibuprofen 400 mg, 600 mg, 800 mg tablet</i> MO	1	
<i>oxycodone-ibuprofen 5-400 tab</i> DL	1	QL (240 per 30 days)
INDOCIN 25 MG/5 ML ORAL SUSPENSION MO	3	PA
INDOCIN 50 MG RECTAL SUPPOSITORY MO	1	PA
<i>indomethacin 25 mg, 50 mg, 75 mg capsule; indomethacin er 25 mg, 50 mg, 75 mg capsule</i> MO	1	PA
<i>indomethacin 1 mg vial</i> MO	1	PA
INFUMORPH P/F 10 MG/ML INJECTION SOLUTION DL	3	QL (360 per 30 days)
INFUMORPH P/F 25 MG/ML INJECTION SOLUTION DL	3	QL (150 per 30 days)
KADIAN 10 MG, 20 MG, 30 MG CAPSULE,EXTENDED RELEASE DL	3	ST,QL (60 per 30 days)
KADIAN 100 MG, 200 MG, 40 MG, 50 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
<i>ketoprofen 25 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>ketoprofen er 200 mg capsule</i> MO	1	
<i>ketorolac 10 mg tablet</i> MO	1	PA,QL (20 per 30 days)
<i>ketorolac 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml), 60 mg/2 ml vial; ketorolac 30 mg/ml vial; ketorolac 300 mg/10 ml vial</i> MO	1	PA
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml carpject</i> MO	1	PA
<i>ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml isecure syr; ketorolac 15 mg/ml, 30 mg/ml, 60 mg/2 ml syringe</i> MO	1	PA
<i>klofensaid ii 1.5% topical sol</i> MO	1	PA
LAZANDA 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY NASAL SPRAY DL	4	PA,QL (30 per 30 days)
<i>levorphanol 2 mg tablet</i> DL	4	QL (240 per 30 days)
LODINE 400 MG TABLET MO	3	PA
<i>lorcet (hydrocodone) 5 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lorcet hd 10 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lorcet plus 7.5 mg-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lortab 10-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lortab 5-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lortab 7.5-325 mg tablet</i> DL	1	QL (360 per 30 days)
<i>lortab elixir 10 mg-300 mg/15 ml oral solution</i> DL	3	QL (6000 per 30 days)
MARGESIC CAPSULE MO	1	PA,QL (180 per 30 days)
MARTEN-TAB 325-50 TABLET MO	1	PA,QL (180 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
meclofenamate 100 mg, 50 mg capsule ^{MO}	1	
mefenamic acid 250 mg capsule ^{MO}	1	
meloxicam 15 mg tablet ^{MO}	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet ^{MO}	1	QL (60 per 30 days)
meloxicam 7.5 mg/5 ml susp ^{MO}	1	QL (300 per 30 days)
meperidine 10 mg/ml cartrdge ^{DL}	1	PA,QL (3600 per 30 days)
meperidine 100 mg tablet ^{DL}	1	PA,QL (360 per 30 days)
meperidine 50 mg tablet ^{DL}	1	PA,QL (480 per 30 days)
meperidine 50 mg/5 ml solution ^{DL}	1	PA,QL (720 per 30 days)
meperidine 100 mg/ml vial ^{DL}	1	PA,QL (360 per 30 days)
meperidine 25 mg/ml vial ^{DL}	1	PA,QL (1440 per 30 days)
meperidine 50 mg/ml vial ^{DL}	1	PA,QL (720 per 30 days)
methadone 10 mg/5 ml solution ^{DL}	1	QL (1800 per 30 days)
methadone 10 mg/ml oral conc ^{DL}	1	QL (360 per 30 days)
methadone 5 mg/5 ml solution ^{DL}	1	QL (3600 per 30 days)
methadone hcl 10 mg tablet ^{DL}	1	QL (240 per 30 days)
methadone hcl 10 mg/ml vial ^{DL}	1	QL (360 per 30 days)
methadone hcl 5 mg tablet ^{DL}	1	QL (480 per 30 days)
methadone intensol 10 mg/ml oral concentrate ^{DL}	1	QL (360 per 30 days)
METHADOSE 10 MG/ML ORAL CONCENTRATE ^{DL}	3	QL (360 per 30 days)
mitigo (pf) 10 mg/ml injection solution ^{DL}	4	QL (360 per 30 days)
mitigo (pf) 25 mg/ml injection solution ^{DL}	4	QL (150 per 30 days)
MOBIC 15 MG TABLET ^{MO}	3	PA,QL (30 per 30 days)
MOBIC 7.5 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
MORPHABOND ER 100 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{DL}	3	ST,QL (180 per 30 days)
MORPHABOND ER 15 MG, 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{DL}	3	ST,QL (90 per 30 days)
MORPHABOND ER 60 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) ^{DL}	3	ST,QL (60 per 30 days)
morphine 10 mg/ml carpject ^{DL}	1	QL (360 per 30 days)
morphine 10 mg/ml isecure syrg ^{DL}	1	QL (360 per 30 days)
morphine 2 mg/ml carpject ^{DL}	1	QL (1800 per 30 days)
morphine 2 mg/ml isecure syr ^{DL}	1	QL (1800 per 30 days)
morphine 4 mg/ml carpject ^{DL}	1	QL (900 per 30 days)
morphine 4 mg/ml isecure syr ^{DL}	1	QL (900 per 30 days)
morphine 5 mg/ml syringe ^{DL}	1	
morphine 8 mg/ml carpject ^{DL}	1	QL (450 per 30 days)
morphine 8 mg/ml isecure syrng ^{DL}	1	QL (450 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>morphine sulf</i> 10 mg/5 ml soln DL	1	QL (2700 per 30 days)
<i>morphine sulf</i> 20 mg/5 ml soln DL	1	QL (1350 per 30 days)
<i>morphine sulf er</i> 100 mg tablet DL	1	QL (180 per 30 days)
<i>morphine sulf er</i> 15 mg, 30 mg, 60 mg tablet DL	1	QL (120 per 30 days)
<i>morphine sulf er</i> 200 mg tablet DL	1	QL (90 per 30 days)
<i>morphine sulfate</i> 10 mg/ml vial DL	1	QL (360 per 30 days)
<i>morphine sulfate</i> 2 mg/ml vial DL	1	QL (1800 per 30 days)
<i>morphine sulfate</i> 25 mg/ml vl DL	1	QL (150 per 30 days)
<i>morphine sulfate</i> 4 mg/ml vial DL	1	QL (900 per 30 days)
<i>morphine sulfate</i> 5 mg/ml vial DL	1	QL (720 per 30 days)
<i>morphine sulfate</i> 8 mg/ml vial DL	1	QL (450 per 30 days)
<i>morphine sulfate er</i> 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg cap DL	1	ST,QL (60 per 30 days)
<i>morphine sulfate er</i> 120 mg, 60 mg, 75 mg, 90 mg cap DL	1	ST,QL (60 per 30 days)
<i>morphine sulfate er</i> 30 mg, 45 mg cap DL	1	ST,QL (30 per 30 days)
<i>morphine sulfate ir</i> 15 mg, 30 mg tab DL	1	QL (180 per 30 days)
<i>morphine</i> 0.5 mg/ml vial DL	1	QL (7200 per 30 days)
<i>morphine</i> 1 mg/ml, 30 mg/30 ml vial p-f; <i>morphine sulfate</i> 1 mg/ml vial DL	1	QL (3600 per 30 days)
<i>morphine</i> 5 mg/ml vial DL	1	QL (720 per 30 days)
<i>morphine sulf</i> 100 mg/5 ml soln DL	1	QL (540 per 30 days)
MS CONTIN 100 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (180 per 30 days)
MS CONTIN 15 MG, 30 MG, 60 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (120 per 30 days)
MS CONTIN 200 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (90 per 30 days)
<i>nabumetone</i> 500 mg, 750 mg tablet MO	1	
<i>nalbuphine</i> 100 mg/10 ml vial DL	1	QL (240 per 30 days)
<i>nalbuphine</i> 200 mg/10 ml vial DL	1	QL (120 per 30 days)
NALFON 400 MG CAPSULE MO	3	
<i>nalocet</i> 2.5 mg-300 mg tablet DL	4	PA,QL (360 per 30 days)
NAPRELAN CR 375 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	3	ST,QL (120 per 30 days)
NAPRELAN CR 500 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	3	ST,QL (90 per 30 days)
NAPRELAN CR 750 MG TAB,EXTENDED RELEASE 24 HR MPHASE MO	3	ST,QL (60 per 30 days)
NAPROSYN 500 MG TABLET MO	3	PA
<i>naproxen</i> 125 mg/5 ml suspen MO	1	
<i>naproxen</i> 250 mg, 375 mg, 500 mg tablet; <i>naproxen dr</i> 250 mg, 375 mg, 500 mg tablet MO	1	
<i>naproxen sod cr</i> 375 mg tablet MO	1	ST,QL (120 per 30 days)
<i>naproxen sod cr</i> 500 mg tablet MO	1	ST,QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>naproxen sodium 275 mg, 550 mg tab</i> ^{MO}	1	
NORCO 10 MG-325 MG TABLET; NORCO 5 MG-325 MG TABLET; NORCO 7.5 MG-325 MG TABLET ^{DL}	1	PA,QL (360 per 30 days)
NUCYNTA 100 MG, 50 MG, 75 MG TABLET ^{DL}	3	ST,QL (180 per 30 days)
NUCYNTA ER 100 MG, 50 MG TABLET,EXTENDED RELEASE ^{DL}	3	ST,QL (60 per 30 days)
NUCYNTA ER 150 MG, 200 MG, 250 MG TABLET,EXTENDED RELEASE ^{DL}	4	ST,QL (60 per 30 days)
OPANA 1 MG/ML INJ AMPULE ^{DL}	3	QL (270 per 30 days)
OPANA 10 MG, 5 MG TABLET ^{DL}	3	PA,QL (360 per 30 days)
OPANA ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG TABLET ^{DL}	3	ST,QL (60 per 30 days)
<i>oxaprozin 600 mg caplet</i> ^{MO}	1	
OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES); OXAYDO 5 MG, 7.5 MG TABLET,ORAL ONLY (NOT FOR FEEDING TUBES) ^{DL}	3	PA,QL (360 per 30 days)
<i>oxycodon 10 mg/0.5 ml oral syr</i> ^{DL}	1	QL (270 per 30 days)
<i>oxycodone hcl 10 mg, 15 mg, 20 mg, 30 mg, 5 mg tablet</i> ^{DL}	1	QL (360 per 30 days)
<i>oxycodone hcl 100 mg/5 ml soln</i> ^{DL}	1	QL (270 per 30 days)
<i>oxycodone hcl 5 mg capsule</i> ^{DL}	1	QL (360 per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln</i> ^{DL}	1	QL (5400 per 30 days)
<i>oxycodone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg tablet</i> ^{DL}	3	PA,QL (90 per 30 days)
<i>oxycodone hcl er 80 mg tablet</i> ^{DL}	3	PA,QL (120 per 30 days)
<i>oxycodon-acetaminophen 2.5-325; oxycodon-acetaminophen 7.5-325;</i>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325</i> ^{DL}		
<i>oxycodon-acetaminophen 7.5-300; oxycodone-acetaminophen 10-300;</i>	4	QL (390 per 30 days)
<i>oxycodone-acetaminophen 5-300</i> ^{DL}		
<i>oxycodone-acetaminophn 5-325/5</i> ^{DL}	1	QL (1830 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i> ^{DL}	1	QL (360 per 30 days)
OXYCONTIN 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{DL}	3	PA,QL (90 per 30 days)
OXYCONTIN 80 MG TABLET,CRUSH RESISTANT,EXTENDED RELEASE ^{DL}	3	PA,QL (120 per 30 days)
<i>oxymorphone hcl 10 mg, 5 mg tablet</i> ^{DL}	1	QL (360 per 30 days)
<i>oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tab;</i>	1	QL (60 per 30 days)
<i>oxymorphone hcl er 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg tablet</i> ^{DL}		
<i>panlor 325-30-16 mg tablet</i> ^{DL}	1	QL (300 per 30 days)
PENNSAID 2 %, 20 MG/GRAM /ACTUATION(2 %) TOPICAL SOLUTION IN PACKET; PENNSAID 20 MG/GRAM/ACTUATION (2 %) TOPICAL SOLN IN METERED-DOSE PUMP ^{DL}	4	PA
<i>pentazocine-naloxone tablet</i> ^{DL}	1	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PERCOCET 10 MG-325 MG TABLET; PERCOCET 5 MG-325 MG TABLET; PERCOCET 7.5 MG-325 MG TABLET DL	4	PA,QL (360 per 30 days)
PERCOCET 2.5 MG-325 MG TABLET DL	1	PA,QL (360 per 30 days)
<i>phrenilin forte (with caffeine) 50 mg-300 mg-40 mg capsule</i> MO	1	PA,QL (180 per 30 days)
<i>piroxicam 10 mg, 20 mg capsule</i> MO	1	
PONSTEL 250 MG KAPSEALS MO	3	PA
primlev 10 mg-300 mg tablet; primlev 5 mg-300 mg tablet; primlev 7.5 mg-300 mg tablet DL	4	QL (390 per 30 days)
<i>profeno 600 mg tablet</i> MO	1	
<i>reprexain 10-200 mg tablet</i> DL	1	QL (150 per 30 days)
REPREXAIN 5-200 MG TABLET DL	1	QL (150 per 30 days)
ROXICODONE 15 MG, 30 MG, 5 MG TABLET DL	3	PA,QL (360 per 30 days)
ROXYBOND 15 MG, 30 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) DL	4	PA,QL (180 per 30 days)
ROXYBOND 5 MG TABLET,ORAL ONLY (NOT FEEDING TUBES) DL	4	PA,QL (360 per 30 days)
SPRIX 15.75 MG/SPRAY NASAL SPRAY DL	4	PA,QL (5 per 30 days)
SUBSYS 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY SUBLINGUAL SPRAY; SUBSYS 1,200 MCG (600 MCG/SPRAY X2) SUBLINGUAL SPRAY; SUBSYS 1,600 MCG (800 MCG/SPRAY X2) SUBLINGUAL SPRAY DL	4	PA,QL (120 per 30 days)
<i>sulindac 150 mg, 200 mg tablet</i> MO	1	
TALWIN 30 MG/ML INJECTION SOLUTION DL	3	PA,QL (360 per 30 days)
<i>tencon 50 mg-325 mg tablet</i> MO	1	PA,QL (180 per 30 days)
TIVORBEX 20 MG, 40 MG CAPSULE MO	3	ST,QL (90 per 30 days)
<i>tolmetin sodium 200 mg, 600 mg tab</i> MO	1	
<i>tolmetin sodium 400 mg cap</i> MO	1	
<i>tramadol er 100 mg, 200 mg, 300 mg tablet</i> DL	1	ST,QL (30 per 30 days)
<i>tramadol hcl 50 mg tablet</i> DL	1	QL (240 per 30 days)
<i>tramadol hcl er 100 mg, 200 mg, 300 mg capsule</i> DL	1	ST,QL (30 per 30 days)
<i>tramadol hcl er 100 mg, 200 mg, 300 mg tablet</i> DL	1	QL (30 per 30 days)
<i>tramadol hcl er 150 mg capsule</i> DL	1	ST
<i>tramadol-acetaminophn 37.5-325</i> DL	1	QL (240 per 30 days)
TREZIX 320.5 MG-30 MG-16 MG CAPSULE DL	1	QL (300 per 30 days)
TYLENOL-CODEINE #3 300 MG-30 MG TABLET DL	1	PA,QL (360 per 30 days)
TYLENOL-CODEINE #4 300 MG-60 MG TABLET DL	1	PA,QL (180 per 30 days)
ULTRACET 37.5 MG-325 MG TABLET DL	3	QL (240 per 30 days)
ULTRAM 50 MG TABLET DL	3	QL (240 per 30 days)
ULTRAM ER 300 MG TABLET DL	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
vanatol lq 50 mg-325 mg-40 mg/15 ml oral solution DL	4	PA,QL (450 per 30 days)
vanatol s 50 mg-325 mg-40 mg/15 ml oral solution DL	4	PA,QL (450 per 30 days)
verdrocet 2.5 mg-325 mg tablet DL	1	QL (360 per 30 days)
vicodin 5 mg-300 mg tablet DL	1	QL (390 per 30 days)
vicodin es 7.5 mg-300 mg tablet DL	1	QL (390 per 30 days)
vicodin hp 10 mg-300 mg tablet DL	1	QL (390 per 30 days)
VIMOVO 375 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE; VIMOVO 500 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE DL	4	ST,QL (60 per 30 days)
VIVLODEX 10 MG, 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
VOLTAREN 1 % TOPICAL GEL MO	3	PA
VOLTAREN-XR 100 MG TABLET,EXTENDED RELEASE MO	3	PA
XARTEMIS XR 7.5-325 MG TABLET DL	3	
XODOL 10-300 TABLET DL	1	QL (390 per 30 days)
XODOL 5-300 TABLET DL	1	QL (390 per 30 days)
XODOL 7.5-300 MG TABLET DL	1	QL (390 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE SPRINKLE DL	2	QL (60 per 30 days)
xylon 10 10 mg-200 mg tablet DL	1	QL (150 per 30 days)
ZAMICET 10-325 MG/15 ML SOLN DL	1	QL (5430 per 30 days)
ZEBUTAL 50 MG-325 MG-40 MG CAPSULE MO	1	PA,QL (180 per 30 days)
ZIPSOR 25 MG CAPSULE DL	4	QL (120 per 30 days)
ZOHYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (90 per 30 days)
ZOHYDRO ER 50 MG CAPSULE, ORAL ONLY,EXTENDED RELEASE DL	3	ST,QL (120 per 30 days)
ZORVOLEX 18 MG, 35 MG CAPSULE MO	3	ST,QL (90 per 30 days)
Anesthetics		
bupivacaine 0.25% vial; bupivacaine 0.5% vial MO	1	
bupivacaine 0.25% vial; bupivacaine 0.5% ampul; bupivacaine 0.75% vial MO	1	
bupivacain 0.75%-dextros 8.25% MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.25%-epi 1:200000; bupivacaine 0.5%-epi 1:200,000 MO	1	
bupivacaine 0.5%-epi 1:200,000 MO	1	
CARBOCAINE 1 % (10 MG/ML), 2 % INJECTION SOLUTION MO	3	
CARBOCAINE (PF) 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
chloroprocaine 2% vial; chloroprocaine 3% vial MO	1	
glydo 2 % mucosal jelly in applicator MO	1	
lidocaine 5% ointment MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lidocaine 5% patch MO	1	PA,QL (90 per 30 days)
lidocaine 5% in d7.5w ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% ampul; lidocaine hcl 1.5% ampul; lidocaine hcl 2% vial; lidocaine hcl 4% ampul MO	1	
lidocaine hcl 0.5% vial; lidocaine hcl 1% vial; lidocaine hcl 2% vial; lidocaine hcl 4% solution MO	1	
lidocaine hcl 2% jelly MO	1	
lidocaine viscous 2 % mucosal solution MO	1	
lidocaine 0.5%-epi 1:200,000; lidocaine 2%-epi 1:100,000 MO	1	
lidocaine 2% - epi 1:100,000; lidocaine 2% - epi 1:50,000 MO	1	
lidocaine-prilocaine cream MO	1	
LIDODERM 5 % TOPICAL PATCH MO	3	PA,QL (90 per 30 days)
MARCAINE 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE (PF) 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE SPINAL (PF) 0.75 % (7.5 MG/ML) INJECTION SOLUTION MO	3	
MARCAINE-EPINEPHRINE 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
MARCAINE-EPINEPHRINE (PF) 0.25 %-1:200,000, 0.5 %-1:200,000 INJECTION SOLUTION MO	3	
mepivacaine hcl 3% cartridge MO	1	
NAROPIN (PF) 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) INJECTION SOLUTION MO	3	
NESACAINE 10 MG/ML (1 %), 20 MG/ML (2 %) INJECTION SOLUTION MO	3	
NESACAINE-MPF 20 MG/ML (2 %), 30 MG/ML (3 %) INJECTION SOLUTION MO	3	
PLIAGLIS 7 %-7 % TOPICAL CREAM MO	3	
polocaine 1 % (10 mg/ml), 2 % injection solution MO	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) injection solution MO	1	
ropivacaine 0.2% 40 mg/20 ml; ropivacaine 0.5% 100 mg/20 ml; ropivacaine 0.75% 150 mg/20 ml; ropivacaine 1% 200 mg/20 ml vl MO	1	
sensorcaine 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) injection solution MO	1	
sensorcaine-mpf 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) injection solution MO	1	
sensorcaine-mpf spinal 0.75 % (7.5 mg/ml) injection solution MO	1	
sensorcaine-mpf/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000, 0.75 %-1:200,000 injection solution MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sensorcaine/epinephrine 0.25 %-1:200,000, 0.5 %-1:200,000 injection solution MO	1	
SYNERA 70 MG-70 MG PATCH DL	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calc dr 333 mg tab MO	1	
ANTABUSE 250 MG, 500 MG TABLET MO	1	
BUNAVAIL 2.1 MG-0.3 MG BUCCAL FILM; BUNAVAIL 4.2 MG-0.7 MG BUCCAL FILM; BUNAVAIL 6.3 MG-1 MG BUCCAL FILM MO	3	PA,QL (60 per 30 days)
buprenorphine 2 mg, 8 mg tablet sl MO	1	QL (90 per 30 days)
buprenorp-nalox 8-2 mg sl film MO	3	PA,QL (90 per 30 days)
buprenorphin-naloxon 2-0.5 mg, 8-2 mg sl; buprenorphn-naloxn 2-0.5 mg, 8-2 mg sl MO	3	PA,QL (90 per 30 days)
bupropion hcl sr 150 mg tablet MO	1	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH BOX 1 MG TABLET MO	3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK MO	3	QL (56 per 28 days)
disulfiram 250 mg, 500 mg tablet MO	1	
EVZIO 0.4 MG/0.4 ML, 2 MG/0.4 ML INJECTION,AUTO-INJECTOR DL	4	PA,QL (0.8 per 30 days)
naloxone 0.4 mg/ml vial MO	1	
naloxone 0.4 mg/ml, 1 mg/ml carpject; naloxone 2 mg/2 ml syringe MO	1	
naltrexone 50 mg tablet MO	1	
NARCAN 2 MG NASAL SPRAY; NARCAN 2 MG/ACTUATION, 4 MG/ACTUATION NASAL SPRAY MO	2	QL (2 per 30 days)
NICOTROL 10 MG INHALATION CARTRIDGE MO	3	
NICOTROL NS 10 MG/ML NASAL SPRAY MO	3	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM MO	3	PA,QL (60 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM; SUBOXONE 4 MG-1 MG SUBLINGUAL FILM; SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	3	PA,QL (90 per 30 days)
VIVITROL 380 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	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	2	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET MO	2	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET MO	2	QL (60 per 30 days)
ZYBAN 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
Antibacterials		
acetic acid 2% ear solution MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amikacin sulf 1 gram/4 ml vial; amikacin sulf 1,000 mg/4 ml, 500 mg/2 ml vial MO	1	
amoxicillin 125 mg, 250 mg tab chew MO	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml susp MO	1	
amoxicillin 250 mg, 500 mg capsule MO	1	
amoxicillin 500 mg, 875 mg tablet MO	1	
amox-clav 200-28.5 mg, 400-57 mg tab chew MO	1	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml susp MO	1	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg tablet MO	1	
amox-clav er 1,000-62.5 mg tab MO	1	
ampicillin 125 mg/5 ml, 250 mg/5 ml susp MO	1	
ampicillin 250 mg, 500 mg capsule MO	1	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial MO	1	
ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial MO	1	
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION; AUGMENTIN 250 MG-62.5 MG/5 ML ORAL SUSPENSION DL	4	
AUGMENTIN 500 MG-125 MG TABLET; AUGMENTIN 875 MG-125 MG TABLET MO	3	PA
AUGMENTIN ES-600 600 MG-42.9 MG/5 ML ORAL SUSPENSION MO	3	
AUGMENTIN XR 1,000 MG-62.5 MG TABLET, EXTENDED RELEASE MO	3	
AVC VAGINAL 15 % CREAM MO	3	
AVELOX 400 MG TABLET MO	3	PA
AVELOX 400 MG/250 ML IN SODIUM CHLORIDE (ISO-OSM) INTRAVENOUS PIGGYBACK MO	3	PA
avidoxy 100 mg tablet MO	1	PA
AVYCAZ 2.5 GRAM INTRAVENOUS SOLUTION DL	4	B vs D
AZACTAM 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	PA
AZACTAM 1 GRAM/50 ML, 2 GRAM/50 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
AZASITE 1 % EYE DROPS MO	3	ST, QL (2.5 per 25 days)
azithromycin 1 gm pwd packet MO	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml susp MO	1	
azithromycin 250 mg, 500 mg tablet MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azithromycin 600 mg tablet MO	1	QL (16 per 60 days)
azithromycin i.v. 500 mg vial MO	1	
aztreonam 1 gm vial MO	1	
aztreonam 2 gm vial DL	4	
baciim 50,000 unit intramuscular solution MO	1	
bacitracin 50,000 unit vial MO	1	
bacitracin 500 unit/gm ophth MO	1	
BACTRIM 400 MG-80 MG TABLET MO	3	
BACTRIM DS 800 MG-160 MG TABLET MO	3	
BACTROBAN 2 % TOPICAL CREAM MO	3	
BACTROBAN NASAL 2 % OINTMENT MO	3	
BAXDELA 300 MG INTRAVENOUS SOLUTION DL	4	QL (28 per 14 days)
BAXDELA 450 MG TABLET DL	4	QL (28 per 14 days)
BESIVANCE 0.6 % EYE DROPS,SUSPENSION MO	2	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION DL	4	PA
BIAXIN 250 MG, 500 MG TABLET MO	3	
BIAXIN 250 MG/5 ML SUSPENSION MO	3	
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE MO	3	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
BLEPH-10 10 % EYE DROPS MO	1	
CEDAX 180 MG/5 ML SUSPENSION MO	3	
CEDAX 400 MG CAPSULE MO	3	
cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml susp; cefaclor 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml suspen MO	1	
cefaclor 250 mg, 500 mg capsule MO	1	
cefaclor er 500 mg tablet MO	1	
cefadroxil 1 gm tablet MO	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml susp MO	1	
cefadroxil 500 mg capsule MO	1	
cefazolin 1 gm add-van vial; cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg vial; cefazolin 10 gm vial MO	1	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose MO	1	
cefdinir 125 mg/5 ml, 250 mg/5 ml susp MO	1	
cefdinir 300 mg capsule MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram vial ^{MO}	1	
cefepime-dextrose 1 gm/50 ml; cefepime-dextrose 2 gm/50 ml ^{MO}	1	
cefepime 1 gm injection; cefepime 2 gm injection ^{MO}	3	
cefixime 100 mg/5 ml, 200 mg/5 ml susp ^{MO}	1	
CEFOTAN 1 GRAM, 2 GRAM SOLUTION FOR INJECTION ^{MO}	3	
cefotaxime sodium 1 gm vial; cefotaxime sodium 1 gram, 10 gram, 2 gram, 500 mg vial; cefotaxime sodium 10 gm vial; cefotaxime sodium 2 gm vial ^{MO}	1	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial ^{MO}	1	
cefotetan-dextr 1 g duplex bag; cefotetan-dextr 2 g duplex bag ^{MO}	1	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial ^{MO}	1	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag ^{MO}	1	
cefpodoxime 100 mg, 200 mg tablet ^{MO}	1	
cefpodoxime 100 mg/5 ml, 50 mg/5 ml susp ^{MO}	1	
cefprozil 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	1	
cefprozil 250 mg, 500 mg tablet ^{MO}	1	
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial ^{MO}	1	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback ^{MO}	1	
ceftibuten 180 mg/5 ml susp ^{MO}	1	
ceftibuten 400 mg capsule ^{MO}	1	
CEFTIN 125 MG/5 ML, 250 MG/5 ML ORAL SUSP ^{MO}	3	
CEFTIN 500 MG TABLET ^{MO}	3	
ceftriaxone 1 gm vial; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg bulk bag; ceftriaxone 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial; ceftriaxone 2 gm vial ^{MO}	1	
ceftriaxone 1 gm-d5w bag; ceftriaxone 2 gm-d5w bag ^{MO}	1	
cefuroxime axetil 250 mg, 500 mg tab ^{MO}	1	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg vial; cefuroxime sod 7.5 gm vial ^{MO}	1	
CENTANY 2 % TOPICAL OINTMENT ^{MO}	3	
cephalexin 125 mg/5 ml, 250 mg/5 ml susp ^{MO}	1	
cephalexin 250 mg, 500 mg tablet ^{MO}	1	
cephalexin 250 mg, 500 mg, 750 mg capsule ^{MO}	1	
chloramphen na succ 1 gm vl ^{MO}	1	
CILOXAN 0.3 % EYE DROPS ^{MO}	3	
CILOXAN 0.3 % EYE OINTMENT ^{MO}	3	
CIPRO 250 MG, 500 MG TABLET ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CIPRO 250 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION MO	3	
CIPRO 400 MG/200 ML IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK MO	3	
CIPRO XR 1,000 MG, 500 MG TABLET, EXTENDED RELEASE MO	3	PA
<i>ciprofloxacin 250 mg/5 ml, 500 mg/5 ml susp</i> MO	1	
<i>ciprofloxacin er 1,000 mg, 500 mg tab; ciprofloxacin er 1,000 mg, 500 mg tablet</i> MO	1	
<i>ciprofloxacin 0.2% otic soln</i> MO	1	
<i>ciprofloxacin 0.3% eye drop</i> MO	1	
<i>ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg tab</i> MO	1	
<i>ciprofloxacin-d5w 200 mg/100 ml, 400 mg/200 ml</i> MO	1	
<i>ciprofloxacin 200 mg/20 ml, 400 mg/40 ml v1</i> MO	1	
CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM INTRAVENOUS SOLUTION; CLAFORAN 1 GRAM, 10 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	
CLAFORAN-DEXTROSE 1 GM/50 ML; CLAFORAN-DEXTROSE 2 GM/50 ML MO	3	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml sus</i> MO	1	
<i>clarithromycin 250 mg, 500 mg tablet</i> MO	1	
<i>clarithromycin er 500 mg tab</i> MO	1	
CLEOCIN 100 MG VAGINAL SUPPOSITORY MO	3	
CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INJECTION SOLUTION; CLEOCIN 150 MG/ML, 600 MG/4 ML, 900 MG/6 ML INTRAVENOUS SOLUTION MO	3	
CLEOCIN 2 % VAGINAL CREAM MO	3	PA
<i>cleocin 300 mg/2 ml intravenous solution</i> MO	1	
CLEOCIN HCL 150 MG, 300 MG, 75 MG CAPSULE MO	3	
CLEOCIN 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK MO	3	
CLEOCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION MO	1	
CLEOCIN T 1 % LOTION MO	3	
CLEOCIN T 1 % SOLUTION MO	3	
CLEOCIN T 1 % TOPICAL GEL MO	3	
CLEOCIN T 1 % TOPICAL SWAB MO	3	
<i>clindacin etz 1 % topical swab</i> MO	1	
<i>clindacin p 1 % topical swab</i> MO	1	
CLINDAGEL 1 % TOPICAL GEL, ONCE DAILY DL	4	PA
<i>clindamycin hcl 150 mg, 300 mg, 75 mg capsule</i> MO	1	
<i>clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml-ns</i> MO	1	B vs D
<i>clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clindamycin 75 mg/5 ml soln MO	1	
clindamycin pediatric 75 mg/5 ml oral solution MO	1	
clindamycin 1 %, 150 mg/ml, 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml addvan; clindamycin ph 1% solution; clindamycin ph 900 mg/6 ml vl MO	1	
clindamycin 2% vaginal cream MO	1	
clindamycin ph 1% gel MO	1	
clindamycin phos 1% pledget MO	1	
clindamycin phosp 1% lotion MO	1	
clindamycin phosphate 1% foam MO	1	
clindamycin phosphate 1% gel DL	4	PA
CLINDESSE 2 % VAGINAL CREAM,EXTENDED RELEASE MO	3	
colistimethate 150 mg vial MO	1	
COLY-MYCIN M PARENTERAL 150 MG SOLUTION FOR INJECTION MO	3	
coremino 135 mg, 45 mg, 90 mg tablet,extended release MO	1	PA,QL (30 per 30 days)
CUBICIN 500 MG INTRAVENOUS SOLUTION DL	4	
CUBICIN RF 500 MG INTRAVENOUS SOLUTION DL	4	
DALVANCE 500 MG INTRAVENOUS SOLUTION DL	4	QL (4 per 28 days)
daptomycin 350 mg, 500 mg vial DL	4	
DAXBIA 333 MG CAPSULE MO	1	
demeclocycline 150 mg, 300 mg tablet MO	1	
dicloxacillin 250 mg, 500 mg capsule MO	1	
DIFICID 200 MG TABLET DL	4	QL (20 per 10 days)
DORIBAX 250 MG, 500 MG VIAL MO	3	
doripenem 250 mg, 500 mg vial MO	1	
DORYX 200 MG TABLET,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
DORYX 50 MG TABLET,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
DORYX MPC 120 MG TABLET, DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
doxy-100 100 mg intravenous solution MO	1	
doxycycline 50 mg tablet MO	1	PA,QL (180 per 30 days)
doxycycline hyc 100 mg vial MO	1	
doxycycline hyc dr 100 mg tab MO	1	PA,QL (90 per 30 days)
doxycycline hyc dr 150 mg, 200 mg tab; doxycycline hyclate 150 mg, 200 mg tab MO	1	PA,QL (30 per 30 days)
doxycycline hyc dr 150 mg, 50 mg, 75 mg tab; doxycycline hyclate 150 mg, 50 mg, 75 mg tab MO	1	PA,QL (60 per 30 days)
doxycycline hyclate 100 mg, 20 mg tab MO	1	
doxycycline hyclate 100 mg, 50 mg cap MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
doxycycline 25 mg/5 ml susp MO	1	
doxycycline ir-dr 40 mg cap MO	1	PA,QL (30 per 30 days)
doxycycline mono 100 mg, 150 mg, 50 mg, 75 mg tablet MO	1	
doxycycline mono 100 mg, 50 mg, 75 mg cap; doxycycline mono 100 mg, 50 mg, 75 mg capsule MO	1	QL (60 per 30 days)
doxycycline mono 150 mg cap MO	1	QL (30 per 30 days)
E.E.S. 400 MG TABLET DL	4	
E.E.S. GRANULES 200 MG/5 ML ORAL SUSPENSION MO	3	
ertapenem 1 gram vial DL	4	
ery pads 2 % topical swab MO	1	
ERY-TAB 250 MG, 333 MG, 500 MG TABLET,DELAYED RELEASE MO	1	
ERYGEL 2 % TOPICAL MO	1	
ERYPED 200 200 MG/5 ML ORAL SUSPENSION MO	3	
ERYPED 400 400 MG/5 ML ORAL SUSPENSION DL	4	
ERYTHROCIN 500 MG INTRAVENOUS SOLUTION MO	1	
ERYTHROCIN (AS STEARATE) 250 MG TABLET MO	1	
erythromycin 0.5% eye ointment MO	1	
erythromycin 250 mg, 500 mg filmtab MO	1	
erythromycin dr 250 mg cap MO	1	
erythromycin 200 mg/5 ml gran MO	1	
erythromycin es 400 mg tab MO	1	
erythromycin 2% gel MO	1	
erythromycin 2% pledgets MO	1	
erythromycin 2% solution MO	1	
EVOCLIN 1 % TOPICAL FOAM MO	3	PA
FIRVANQ 25 MG/ML, 50 MG/ML ORAL SOLUTION DL	4	
FLAGYL 250 MG, 500 MG TABLET MO	3	
FLAGYL 375 MG CAPSULE MO	3	
FLOXIN 0.3% EAR DROPS MO	1	
FORTAZ 1 GRAM, 2 GRAM, 500 MG, 6 GRAM INTRAVENOUS SOLUTION; FORTAZ 1 GRAM, 2 GRAM, 500 MG, 6 GRAM SOLUTION FOR INJECTION; FORTAZ 2 GM VIAL; FORTAZ 6 GM VIAL MO	3	
FORTAZ-ISO-OSMOT 2 GM/50 ML; FORTAZ-ISO-OSMOTIC 1 GM/50 ML MO	3	
FURADANTIN 25 MG/5 ML ORAL SUSPENSION MO	3	QL (2400 per 30 days)
gatifloxacin 0.5% eye drops MO	1	QL (2.5 per 25 days)
gentak 0.3 % (3 mg/gram) eye ointment MO	1	
gentamicin 0.1% cream MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gentamicin 0.1% ointment; gentamicin 0.3% eye ointment MO	1	
gentamicin 0.3% eye drop MO	1	
gentamicin 20 mg/2 ml, 40 mg/ml vial; gentamicin 80 mg/2 ml vial MO	1	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml; isoton gentamicin 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml MO	1	
gentamicin ped 20 mg/2 ml vial MO	1	
gentamicin 10 mg/ml vial MO	1	
HIPREX 1 GRAM TABLET MO	3	PA
imipenem-cilastatin 250 mg, 500 mg vial MO	1	
INVANZ 1 GRAM INTRAVENOUS SOLUTION; INVANZ 1 GRAM SOLUTION FOR INJECTION DL	4	
KEFLEX 250 MG, 500 MG, 750 MG CAPSULE MO	3	
KITABIS PAK 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
KLARON 10 % LOTION (SUSPENSION) MO	3	
LEVAQUIN 250 MG, 500 MG, 750 MG TABLET MO	3	
levofloxacin 0.5% eye drops MO	1	
levofloxacin 25 mg/ml solution; levofloxacin 500 mg/20 ml vial MO	1	
levofloxacin 250 mg, 500 mg, 750 mg tablet MO	1	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml-d5w MO	1	
LINCOCIN 300 MG/ML INJECTION SOLUTION MO	3	
lincomycin hcl 600 mg/2 ml vial MO	1	
linezolid 100 mg/5 ml susp DL	4	QL (1800 per 30 days)
linezolid 600 mg tablet MO	1	
linezolid 600 mg/300 ml-d5w DL	4	
linezolid 600mg/300ml-0.9%nacl DL	4	
MACROBID 100 MG CAPSULE MO	3	QL (90 per 365 days)
MACRODANTIN 100 MG, 25 MG, 50 MG CAPSULE MO	3	QL (90 per 365 days)
mafenide acetate 50 gm powd pk MO	1	
MAXIPIME 1 GRAM, 2 GRAM INTRAVENOUS SOLUTION MO	3	
MAXIPIME 1 GRAM, 2 GRAM SOLUTION FOR INJECTION MO	3	PA
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg vial MO	1	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50 MO	1	
MERREM 1 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
methenamine hipp 1 gm tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
METRO I.V. 500 MG/100 ML INTRAVENOUS PIGGYBACK MO	3	
METROCREAM 0.75 % TOPICAL MO	3	PA
METROGEL 1 % TOPICAL; METROGEL 1 % TOPICAL GEL WITH PUMP MO	3	ST
METROGEL VAGINAL 0.75 % MO	3	
METROLOTION 0.75 % TOPICAL MO	3	PA
<i>metronidazole 0.75% cream</i> MO	1	
<i>metronidazole 0.75% lotion</i> MO	1	
<i>metronidazole 250 mg, 500 mg tablet</i> MO	1	
<i>metronidazole 375 mg capsule</i> MO	1	
<i>metronidazole top 1% gel pump; metronidazole topical 1% gel</i> MO	1	ST
<i>metronidazole topical 0.75% gl; metronidazole vaginal 0.75% gl</i> MO	1	
<i>metronidazole 500 mg/100 ml</i> MO	1	
MINOCIN 100 MG INTRAVENOUS SOLUTION MO	3	PA
MINOCIN 100 MG, 50 MG CAPSULE; MINOCIN 100 MG, 50 MG PELLETTIZED CAP MO	3	PA
<i>minocycline 100 mg, 50 mg, 75 mg capsule</i> MO	1	
<i>minocycline er 115 mg, 65 mg tablet</i> DL	4	PA,QL (30 per 30 days)
<i>minocycline er 135 mg, 45 mg, 90 mg tablet</i> MO	1	PA,QL (30 per 30 days)
<i>minocycline hcl 100 mg, 50 mg, 75 mg tablet</i> MO	1	
<i>mondoxyne nl 100 mg, 50 mg, 75 mg capsule</i> MO	1	PA,QL (60 per 30 days)
MONUROL 3 GRAM ORAL PACKET MO	3	
<i>morgidox 100 mg, 50 mg capsule</i> MO	1	PA
MOXEZA 0.5 % EYE DROPS MO	3	ST
<i>moxifloxacin 0.5% eye drops</i> MO	1	
<i>moxifloxacin hcl 400 mg tablet</i> MO	1	
<i>moxifloxacin 400 mg/250 ml bag</i> MO	1	
<i>moxifloxacin 400 mg/250 ml bag</i> MO	1	
<i>mupirocin 2% ointment</i> MO	1	
<i>mupirocin 2% cream</i> MO	1	
<i>nafcillin 1 gm add-van vial; nafcillin 10 gm bulk vial; nafcillin 2 gm add-vant vial;</i> <i>nafcillin 2 gm vial</i> DL	4	
<i>nafcillin 1 gm vial</i> MO	1	
<i>nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj</i> DL	4	
<i>neomycin 500 mg tablet</i> MO	1	
<i>neomy-polymyxin b 40 mg/ml amp</i> MO	1	
NEOSPORIN GU IRR 40 MG/ML AMP MO	1	
<i>nitrofurantoin 25 mg/5 ml susp</i> MO	1	QL (2400 per 30 days)

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

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nitrofurantoin mcr 100 mg, 25 mg, 50 mg cap ^{MO}	1	QL (90 per 365 days)
nitrofurantoin mono-mcr 100 mg ^{MO}	1	QL (90 per 365 days)
NORITATE 1 % TOPICAL CREAM ^{MO}	3	ST
NUVESSA 1.3 % VAGINAL GEL ^{MO}	3	
OCUFLOX 0.3 % EYE DROPS ^{MO}	3	
ofloxacin 0.3% ear drops; ofloxacin 0.3% eye drops ^{MO}	1	
ofloxacin 300 mg, 400 mg tablet ^{MO}	1	
okebo 100 mg, 75 mg capsule ^{MO}	1	PA,QL (60 per 30 days)
ORACEA 40 MG CAPSULE,IMMEDIATE - DELAY RELEASE ^{MO}	3	PA,QL (30 per 30 days)
ORBACTIV 400 MG INTRAVENOUS SOLUTION ^{DL}	4	QL (3 per 28 days)
oxacillin 1 gm add-vantage vl; oxacillin 1 gm vial; oxacillin 2 gm add-vantage vl; oxacillin 2 gm vial ^{MO}	1	
oxacillin 10 gm vial ^{DL}	4	
oxacillin 1 gm/ 50 ml inj; oxacillin 2 gm/ 50 ml inj ^{MO}	3	
paromomycin 250 mg capsule ^{MO}	1	
PCE 333 MG, 500 MG TABLET ^{MO}	3	
pen g k 1 million unit/50 ml ^{DL}	4	
pen g k 2 million unit/50 ml, 3 million unit/50 ml ^{MO}	3	
penicillin g k 5 million unit ^{DL}	4	
penicillin gk 20 million unit ^{MO}	1	
pen g 1.2 million unit/2 ml ^{MO}	1	
penicillin g 600,000 unit/1 ml ^{DL}	4	
penicillin g na 5 million unit ^{DL}	4	
penicillin vk 125 mg/5 ml, 250 mg/5 ml soln ^{MO}	1	
penicillin vk 250 mg, 500 mg tablet ^{MO}	1	
pfizerpen-g 20 million unit, 5 million unit solution for injection ^{DL}	4	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial ^{MO}	1	
polymyxin b sulfata vial ^{MO}	1	
PRIMAXIN 250 MG, 500 MG INTRAVENOUS SOLUTION; PRIMAXIN 250 MG, 500 MG VIAL ^{MO}	3	
PRIMSOL 50 MG/5 ML ORAL SOLUTION ^{MO}	3	
rosadan 0.75 % topical cream ^{MO}	1	ST
rosadan 0.75 % topical gel ^{MO}	1	ST
SILVADENE 1 % TOPICAL CREAM ^{MO}	3	
silver sulfadiazine 1% cream ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIVEXTRO 200 MG INTRAVENOUS SOLUTION DL	4	QL (6 per 28 days)
SIVEXTRO 200 MG TABLET DL	4	QL (6 per 28 days)
SOLODYN 105 MG, 115 MG, 55 MG, 65 MG, 80 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
SOLOSEC 2 GRAM ORAL DR GRANULES IN PACKET MO	3	PA
soloxide 150 mg tablet,delayed release MO	1	PA,QL (60 per 30 days)
SSD 1 % TOPICAL CREAM MO	1	
streptomycin sulf 1 gm vial DL	4	
sulfacetamide 10% eye drops MO	1	
sulfacetamide 10% eye ointment MO	1	
sulfacetamide sod 10% top susp MO	1	
sulfadiazine 500 mg tablet MO	1	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet MO	1	
sulfamethoxazole-tmp inj vial MO	1	
sulfamethoxazole-tmp susp MO	1	
SULFAMYLON 50 GRAM TOPICAL PACKET MO	3	
SULFAMYLON 85 MG/G TOPICAL CREAM MO	3	
SULFATRIM 200 MG-40 MG/5 ML ORAL SUSPENSION MO	3	
SUPRAX 100 MG, 200 MG CHEWABLE TABLET MO	3	
SUPRAX 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML ORAL SUSPENSION MO	3	
SUPRAX 400 MG CAPSULE MO	3	
SYNERCID 500 MG INTRAVENOUS SOLUTION DL	4	
TARGADOX 50 MG TABLET MO	1	PA,QL (180 per 30 days)
tazicef 1 gram, 2 gram, 6 gram intravenous solution; tazicef 1 gram, 2 gram, 6 gram solution for injection MO	1	
TEFLARO 400 MG, 600 MG INTRAVENOUS SOLUTION DL	4	
tetracycline 250 mg, 500 mg capsule MO	1	
THERMAZENE 1% CREAM MO	3	
tigecycline 50 mg vial DL	4	
TINDAMAX 500 MG TABLET MO	3	
tinidazole 250 mg, 500 mg tablet MO	1	
TOBI 300 MG/5 ML SOLUTION FOR NEBULIZATION DL	4	PA
tobramycin 0.3% eye drop MO	1	
tobramycin 300 mg/5 ml ampule DL	4	PA
tobramycin 1.2 gm vial DL	4	
tobramycin 10 mg/ml, 40 mg/ml vial MO	1	
tobramycin pak 300 mg/5 ml DL	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TOBREX 0.3 % EYE DROPS MO	1	
TOBREX 0.3 % EYE OINTMENT MO	3	
trimethoprim 100 mg tablet MO	1	
TYGACIL 50 MG INTRAVENOUS SOLUTION DL	4	
UNASYN 1.5 GRAM, 15 GRAM, 3 GRAM SOLUTION FOR INJECTION MO	3	
VABOMERE 2 GRAM INTRAVENOUS SOLUTION DL	4	QL (84 per 14 days)
VANCOGIN 125 MG CAPSULE DL	4	PA,QL (120 per 30 days)
VANCOGIN 250 MG CAPSULE DL	4	PA,QL (240 per 30 days)
vancomycin 1 gm vial; vancomycin 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg vial; vancomycin hcl 10 gm vial; vancomycin hcl 5 gm vial MO	1	
vancomycin hcl 125 mg capsule DL	1	QL (120 per 30 days)
vancomycin hcl 250 mg capsule DL	4	QL (240 per 30 days)
vanco 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml-0.9% nacl; vancomycin 1 g/200ml-0.9% nacl MO	3	
vancomycin 1 gram/200 ml, 750 mg/150 ml bag; vancomycin hcl 1g/200 ml bag MO	3	
VANDAZOLE 0.75 % VAGINAL GEL MO	3	
VIBATIV 750 MG INTRAVENOUS SOLUTION MO	3	
VIBRAMYCIN 100 MG CAPSULE MO	3	
VIBRAMYCIN 25 MG/5 ML ORAL SUSPENSION MO	3	PA
VIBRAMYCIN 50 MG/5 ML SYRUP MO	3	PA
VIGAMOX 0.5 % EYE DROPS MO	3	PA
XIMINO 135 MG, 45 MG, 90 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION DL	4	
ZERBAXA 1.5 GRAM INTRAVENOUS SOLUTION DL	4	
ZINACEF 1.5 GM VIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG TWISTVIAL; ZINACEF 1.5 GRAM, 7.5 GRAM, 750 MG VIAL; ZINACEF 7.5 GM VIAL MO	3	
ZINACEF 1.5 GRAM/50 ML MO	3	
ZINPLAVA 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
ZITHROMAX 1 GRAM ORAL PACKET MO	3	
ZITHROMAX 100 MG/5 ML, 200 MG/5 ML ORAL SUSPENSION MO	3	
ZITHROMAX 250 MG, 500 MG TABLET MO	3	
ZITHROMAX 500 MG INTRAVENOUS SOLUTION MO	3	
ZITHROMAX 600 MG TABLET MO	3	QL (16 per 60 days)
ZITHROMAX TRI-PAK 500 MG TABLET MO	3	
ZITHROMAX Z-PAK 250 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZMAX 2 G/60 ML ORAL SUSPENSION MO	3	QL (60 per 30 days)
ZOSYN 2.25 GRAM, 3.375 GRAM, 4.5 GRAM, 40.5 GRAM INTRAVENOUS SOLUTION MO	3	
ZOSYN 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML IN DEXTROSE (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK MO	3	
ZYMAXID 0.5 % EYE DROPS MO	3	ST,QL (2.5 per 25 days)
ZYVOX 100 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (1800 per 30 days)
ZYVOX 200 MG/100 ML, 600 MG/300 ML INTRAVENOUS PIGGYBACK DL	4	
ZYVOX 600 MG TABLET DL	4	PA
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	4	PA,QL (480 per 30 days)
BANZEL 40 MG/ML ORAL SUSPENSION DL	4	PA,QL (2760 per 30 days)
BANZEL 400 MG TABLET DL	4	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLUTION DL	4	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	PA
BUTISOL 30 MG TABLET MO	3	PA
<i>carbamazepine 100 mg tab chew</i> MO	1	
<i>carbamazepine 100 mg/5 ml susp</i> MO	1	
<i>carbamazepine 200 mg tablet</i> MO	1	
<i>carbamazepine er 100 mg, 200 mg, 300 mg cap</i> MO	1	
<i>carbamazepine er 100 mg, 400 mg tablet</i> MO	1	
<i>carbamazepine er 200 mg tablet</i> MO	1	QL (120 per 30 days)
CARBATROL 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
CELONTIN 300 MG CAPSULE MO	3	
CEREBYX 100 MG PE/2 ML, 500 MG PE/10 ML INJECTION SOLUTION MO	3	
DEPACON 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION MO	3	
DEPAKENE 250 MG CAPSULE MO	3	
DEPAKENE 250 MG/5 ML ORAL SOLUTION DL	4	
DEPAKOTE 125 MG, 250 MG, 500 MG TABLET, DELAYED RELEASE MO	3	
DEPAKOTE ER 250 MG, 500 MG TABLET, EXTENDED RELEASE MO	3	
DEPAKOTE SPRINKLES 125 MG CAPSULE, DELAYED RELEASE MO	3	
DIASTAT 2.5 MG RECTAL KIT DL	3	PA
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT DL	3	
DIASTAT ACUDIAL 5 MG-7.5 MG-10 MG RECTAL KIT DL	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>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</i> DL	1	
DILANTIN 30 MG CAPSULE MO	3	
DILANTIN EXTENDED 100 MG CAPSULE MO	3	
DILANTIN INFATABS 50 MG CHEWABLE TABLET MO	3	
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION MO	3	
<i>divalproex dr 125 mg cap sprnk</i> MO	1	
<i>divalproex sod dr 125 mg, 250 mg, 500 mg tab</i> MO	1	
<i>divalproex sod er 250 mg, 500 mg tab</i> MO	1	
<i>epitol 200 mg tablet</i> MO	1	
EQUETRO 100 MG, 200 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	
<i>ethosuximide 250 mg capsule</i> MO	1	
<i>ethosuximide 250 mg/5 ml soln</i> MO	1	
<i>felbamate 400 mg, 600 mg tablet</i> MO	1	
<i>felbamate 600 mg/5 ml susp</i> DL	4	
FELBATOL 400 MG, 600 MG TABLET DL	4	
FELBATOL 600 MG/5 ML ORAL SUSPENSION DL	4	
<i>fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml vl</i> MO	1	
FYCOMPA 0.5 MG/ML ORAL SUSPENSION DL	4	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>gabapentin 100 mg, 300 mg, 400 mg capsule</i> MO	1	QL (270 per 30 days)
<i>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</i> MO	1	QL (2250 per 30 days)
<i>gabapentin 600 mg, 800 mg tablet</i> MO	1	QL (180 per 30 days)
GABITRIL 12 MG, 16 MG, 4 MG TABLET DL	4	
GABITRIL 2 MG TABLET MO	3	
KEPPRA 1,000 MG, 250 MG, 500 MG, 750 MG TABLET DL	4	
KEPPRA 100 MG/ML, 500 MG/5 ML INTRAVENOUS SOLUTION; KEPPRA 100 MG/ML, 500 MG/5 ML ORAL SOLUTION DL	4	
KEPPRA XR 500 MG, 750 MG TABLET,EXTENDED RELEASE DL	4	PA
LAMICTAL 100 MG, 150 MG, 200 MG, 25 MG TABLET DL	4	
LAMICTAL 25 MG, 5 MG CHEWABLE DISPERSIBLE TABLET DL	4	
LAMICTAL ODT 100 MG, 200 MG, 25 MG, 50 MG DISINTEGRATING TABLET DL	4	
LAMICTAL ODT STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,DISINTEGRATING DL	4	
LAMICTAL ODT STARTER (GREEN) 50 MG (42)-100 MG (14) TABLET,DISINTEGRAT DL	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMICTAL ODT STARTER(ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,DISINT DL	4	
LAMICTAL STARTER (BLUE) KIT 25 MG (35) TABLETS IN A DOSE PACK DL	4	
LAMICTAL STARTER (GREEN) KIT 25 MG (84)-100 MG (14) TABLETS, DOSE PACK DL	4	
LAMICTAL STARTER (ORANGE) KIT 25 MG (42)-100 MG (7) TABLETS, DOSE PACK DL	4	
LAMICTAL XR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG TABLET,EXTENDED RELEASE DL	4	
LAMICTAL XR STARTER (BLUE) 25 MG (21)-50 MG (7) TABLET,EXTEND RELEASE MO	3	
LAMICTAL XR STARTER (GREEN) 50 MG(14)-100 MG(14)-200 MG(7) TAB,EXT.REL MO	3	
LAMICTAL XR STARTER (ORANGE) 25 MG(14)-50 MG(14)-100 MG(7) TAB,EXT.REL MO	3	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine 25 mg tb start kit; lamotrigine odt 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14) tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kt-green; lamotrigine tab start kt-orang MO	1	
lamotrigine 25 mg, 5 mg disper tab; lamotrigine 25 mg, 5 mg disper tablet MO	1	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg tablet MO	1	
levetiracetam 1,000 mg, 250 mg, 500 mg, 750 mg tablet MO	1	
levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) soln; levetiracetam 100 mg/ml, 500 mg/5 ml, 500 mg/5 ml (5 ml) vial; levetiracetam 500 mg/5 ml soln MO	1	
levetiracetam er 500 mg, 750 mg tablet MO	1	
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100 MO	1	
MYSOLINE 250 MG, 50 MG TABLET DL	4	PA
NEMBUTAL SODIUM 50 MG/ML INJECTION SOLUTION MO	3	PA
NEURONTIN 100 MG, 300 MG, 400 MG CAPSULE DL	4	PA,QL (270 per 30 days)
NEURONTIN 250 MG/5 ML ORAL SOLUTION MO	3	PA,QL (2250 per 30 days)
NEURONTIN 600 MG, 800 MG TABLET DL	4	PA,QL (180 per 30 days)
ONFI 10 MG, 20 MG TABLET DL	4	PA,QL (60 per 30 days)
ONFI 2.5 MG/ML ORAL SUSPENSION DL	4	PA,QL (480 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>oxcarbazepine 300 mg/5 ml susp</i> MO	1	
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (90 per 30 days)
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
PEGANONE 250 MG TABLET MO	3	
<i>pentobarbital 1,000 mg/20 ml</i> MO	1	PA
<i>phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg tablet</i> MO	1	PA,QL (90 per 30 days)
<i>phenobarbital 15 mg, 60 mg tablet</i> MO	1	PA,QL (120 per 30 days)
<i>phenobarbital 20 mg/5 ml elix</i> MO	1	PA,QL (1500 per 30 days)
<i>phenobarbital 30 mg tablet</i> MO	1	PA,QL (300 per 30 days)
<i>phenobarbital 130 mg/ml, 65 mg/ml vial</i> MO	1	PA
PHENYTEK 200 MG, 300 MG CAPSULE MO	1	
<i>phenytoin 100 mg/4 ml, 125 mg/5 ml susp</i> MO	1	
<i>phenytoin 50 mg tablet chew</i> MO	1	
<i>phenytoin 50 mg/ml syringe</i> MO	1	
<i>phenytoin 50 mg/ml vial</i> MO	1	
<i>phenytoin sod ext 100 mg, 200 mg, 300 mg cap</i> MO	1	
POTIGA 200 MG, 300 MG, 400 MG, 50 MG TABLET DL	4	PA
<i>primidone 250 mg, 50 mg tablet</i> MO	1	
QUDEXY XR 100 MG, 50 MG CAPSULE SPRINKLE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
QUDEXY XR 150 MG, 200 MG CAPSULE SPRINKLE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
QUDEXY XR 25 MG CAPSULE SPRINKLE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
<i>roweepra 1,000 mg, 500 mg, 750 mg tablet</i> MO	1	
<i>roweepra xr 500 mg, 750 mg tablet,extended release</i> MO	1	
SABRIL 500 MG ORAL POWDER PACKET DL	4	PA,QL (180 per 30 days)
SABRIL 500 MG TABLET DL	4	PA,QL (180 per 30 days)
SECONAL SODIUM 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (90 per 30 days)
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (360 per 30 days)
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (180 per 30 days)
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION MO	3	ST,QL (120 per 30 days)
<i>subvenite 100 mg, 150 mg, 200 mg, 25 mg tablet</i> MO	1	
<i>subvenite starter (blue) kit 25 mg (35) tablets in a dose pack</i> MO	1	
<i>subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack</i> MO	1	
<i>subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack</i> MO	1	
TEGRETOL 100 MG/5 ML ORAL SUSPENSION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TEGRETOL 200 MG TABLET MO	3	
TEGRETOL XR 100 MG, 400 MG TABLET,EXTENDED RELEASE MO	3	
TEGRETOL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)
tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg tablet MO	1	
TOPAMAX 100 MG, 200 MG, 50 MG TABLET DL	4	QL (120 per 30 days)
TOPAMAX 15 MG, 25 MG SPRINKLE CAPSULE DL	4	
TOPAMAX 25 MG TABLET DL	4	QL (90 per 30 days)
topiramate 100 mg, 200 mg, 50 mg tablet MO	1	QL (120 per 30 days)
topiramate 15 mg, 25 mg sprinkle cap MO	1	
topiramate 25 mg tablet MO	1	QL (90 per 30 days)
topiramate er 100 mg, 50 mg capsule MO	3	PA,QL (30 per 30 days)
topiramate er 150 mg, 200 mg capsule MO	3	PA,QL (60 per 30 days)
topiramate er 25 mg capsule MO	3	PA,QL (90 per 30 days)
TRILEPTAL 150 MG, 300 MG, 600 MG TABLET DL	4	PA
TRILEPTAL 300 MG/5 ML (60 MG/ML) ORAL SUSPENSION DL	4	PA
TROKENDI XR 100 MG, 50 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
TROKENDI XR 200 MG CAPSULE, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
TROKENDI XR 25 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
valproate sod 500 mg/5 ml vl MO	1	
valproic acid 250 mg capsule MO	1	
valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) soln; valproic acid 500 mg/10 ml sol MO	1	
vigabatrin 500 mg powder packt DL	4	PA,QL (180 per 30 days)
vigadrone 500 mg oral powder packet DL	4	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	3	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG TABLET MO	3	
VIMPAT 200 MG/20 ML INTRAVENOUS SOLUTION MO	3	
ZARONTIN 250 MG CAPSULE MO	3	
ZARONTIN 250 MG/5 ML ORAL SOLUTION MO	3	
ZONEGRAN 100 MG, 25 MG CAPSULE DL	4	PA
zonisamide 100 mg, 25 mg, 50 mg capsule MO	1	
Antidementia Agents		
ARICEPT 10 MG TABLET MO	3	PA,QL (60 per 30 days)
ARICEPT 23 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
donepezil hcl 10 mg tablet MO	1	QL (60 per 30 days)
donepezil hcl 10 mg, 23 mg, 5 mg tablet; donepezil hcl odt 10 mg, 23 mg, 5 mg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ergoloid mesylates 1 mg tab</i> DL	4	PA
EXELON 1.5 MG, 3 MG CAPSULE MO	3	PA,QL (90 per 30 days)
EXELON 4.5 MG, 6 MG CAPSULE MO	3	PA,QL (60 per 30 days)
EXELON PATCH 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR TRANSDERMAL MO	3	PA,QL (30 per 30 days)
<i>galantamine 4 mg/ml oral soln</i> MO	1	QL (200 per 30 days)
<i>galantamine er 16 mg, 24 mg, 8 mg capsule</i> MO	1	QL (30 per 30 days)
<i>galantamine hbr 12 mg, 4 mg, 8 mg tablet</i> MO	1	QL (60 per 30 days)
<i>memantine 5-10 mg titration pk</i> MO	1	PA,QL (98 per 30 days)
<i>memantine hcl 10 mg, 5 mg tablet</i> MO	1	PA,QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i> MO	1	PA,QL (360 per 30 days)
<i>memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg capsule</i> MO	1	PA,QL (30 per 30 days)
NAMENDA 10 MG, 5 MG TABLET MO	3	PA,QL (60 per 30 days)
NAMENDA 2 MG/ML SOLUTION MO	3	PA,QL (360 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK MO	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG, 21 MG, 28 MG, 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG-14 MG-21 MG-28 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	2	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,ER 24HR,DOSE PACK MO	2	QL (28 per 28 days)
RAZADYNE 12 MG, 4 MG, 8 MG TABLET MO	3	PA,QL (60 per 30 days)
RAZADYNE ER 16 MG, 24 MG, 8 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
<i>rivastigmine 13.3 mg/24hr ptch; rivastigmine 4.6 mg/24hr patch; rivastigmine 9.5 mg/24hr patch</i> MO	1	QL (30 per 30 days)
<i>rivastigmine 1.5 mg, 3 mg capsule</i> MO	1	QL (90 per 30 days)
<i>rivastigmine 4.5 mg, 6 mg capsule</i> MO	1	QL (60 per 30 days)
Antidepressants		
<i>amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tab</i> MO	1	PA
<i>chlordiazepo-amitriptyl 5-12.5; chlordiazepox-amitriptyl 10-25</i> DL	1	PA
<i>amoxapine 100 mg, 150 mg, 25 mg, 50 mg tablet</i> MO	1	PA
ANAFRANIL 25 MG, 50 MG, 75 MG CAPSULE DL	4	PA
ALENZIN 174 MG, 348 MG, 522 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
BRISDELLE 7.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl 100 mg, 75 mg tablet MO	1	QL (180 per 30 days)
bupropion hcl xl 150 mg tablet MO	1	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	1	QL (60 per 30 days)
CELEXA 10 MG, 40 MG TABLET MO	3	PA,QL (30 per 30 days)
CELEXA 20 MG TABLET MO	3	PA,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	1	
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg capsule MO	1	PA
CYMBALTA 20 MG, 30 MG, 60 MG CAPSULE,DELAYED RELEASE MO	3	QL (60 per 30 days)
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg tablet MO	1	PA
desvenlafaxine er 100 mg, 50 mg tab; desvenlafaxine er 100 mg, 50 mg tablet MO	3	ST,QL (30 per 30 days)
desvenlafaxine fum er 100 mg, 50 mg MO	3	QL (30 per 30 days)
desvenlafaxine suc er 100 mg, 25 mg, 50 mg; desvenlafaxine suc er 100 mg, 25 mg, 50 mg tb MO	1	QL (30 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 40 mg, 60 mg cap MO	1	QL (60 per 30 days)
EFFEXOR XR 150 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
EFFEXOR XR 37.5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
EFFEXOR XR 75 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH DL	4	QL (30 per 30 days)
escitalopram 10 mg tablet MO	1	QL (45 per 30 days)
escitalopram 20 mg, 5 mg tablet MO	1	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	1	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK MO	3	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution MO	1	
fluoxetine dr 90 mg capsule MO	1	QL (4 per 28 days)
fluoxetine hcl 10 mg, 20 mg tablet MO	1	
fluoxetine hcl 10 mg, 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 60 mg tablet MO	1	QL (30 per 30 days)
fluvoxamine er 100 mg, 150 mg capsule MO	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg tab MO	1	QL (90 per 30 days)
FORFIVO XL 450 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>imipramine hcl 10 mg, 25 mg, 50 mg tablet</i> MO	1	PA
<i>imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg cap</i> MO	1	PA
IRENKA DR 40 MG CAPSULE MO	3	QL (60 per 30 days)
KHEDEZLA 100 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
LEXAPRO 10 MG TABLET MO	3	PA,QL (45 per 30 days)
LEXAPRO 20 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
LEXAPRO 5 MG/5 ML SOLUTION MO	3	PA,QL (600 per 30 days)
<i>maprotiline 25 mg, 50 mg, 75 mg tablet</i> MO	1	
MARPLAN 10 MG TABLET MO	3	
<i>mirtazapine 15 mg, 30 mg, 45 mg odt; mirtazapine 15 mg, 30 mg, 45 mg tablet</i> MO	1	QL (30 per 30 days)
<i>mirtazapine 7.5 mg tablet</i> MO	1	
NARDIL 15 MG TABLET MO	3	
<i>nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg tablet</i> MO	1	
NORPRAMIN 10 MG, 25 MG TABLET MO	3	PA
<i>nortriptyline 10 mg/5 ml soln</i> MO	1	PA
<i>nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg cap</i> MO	1	PA
<i>olanzapine-fluoxetine 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> MO	1	QL (30 per 30 days)
PAMELOR 10 MG, 25 MG, 50 MG, 75 MG CAPSULE DL	4	PA
PARNATE 10 MG TABLET DL	4	
<i>paroxetine er 12.5 mg, 37.5 mg tablet</i> MO	1	PA,QL (60 per 30 days)
<i>paroxetine er 25 mg tablet</i> MO	1	PA,QL (90 per 30 days)
<i>paroxetine hcl 10 mg, 20 mg tablet</i> MO	1	PA,QL (30 per 30 days)
<i>paroxetine hcl 30 mg, 40 mg tablet</i> MO	1	PA,QL (60 per 30 days)
<i>paroxetine mesylate 7.5 mg cap</i> MO	1	PA,QL (30 per 30 days)
PAXIL 10 MG, 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PAXIL 10 MG/5 ML ORAL SUSPENSION MO	3	PA
PAXIL 30 MG, 40 MG TABLET MO	3	PA,QL (60 per 30 days)
PAXIL CR 12.5 MG, 37.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
PAXIL CR 25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
<i>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</i> MO	1	PA
PEXEVA 10 MG, 20 MG TABLET MO	3	PA,QL (30 per 30 days)
PEXEVA 30 MG, 40 MG TABLET MO	3	PA,QL (60 per 30 days)
<i>phenelzine sulfate 15 mg tab</i> MO	1	
PRISTIQ 100 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>protriptyline hcl 10 mg, 5 mg tablet</i> MO	1	PA
PROZAC 10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
PROZAC 20 MG CAPSULE MO	3	PA,QL (120 per 30 days)
PROZAC 40 MG CAPSULE DL	4	PA,QL (60 per 30 days)
REMERON 15 MG, 30 MG, 45 MG TABLET MO	3	QL (30 per 30 days)
REMERON SOLTAB 15 MG, 30 MG, 45 MG DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
SARAFEM 10 MG, 20 MG TABLET MO	3	
<i>sertraline 20 mg/ml oral conc</i> MO	1	
<i>sertraline hcl 100 mg tablet</i> MO	1	QL (60 per 30 days)
<i>sertraline hcl 25 mg, 50 mg tablet</i> MO	1	QL (90 per 30 days)
SURMONTIL 100 MG, 25 MG, 50 MG CAPSULE MO	3	PA
SYMBYAX 12 MG-25 MG CAPSULE; SYMBYAX 12 MG-50 MG CAPSULE; SYMBYAX 3 MG-25 MG CAPSULE; SYMBYAX 6 MG-25 MG CAPSULE; SYMBYAX 6 MG-50 MG CAPSULE MO	3	PA,QL (30 per 30 days)
TOFRANIL 10 MG, 25 MG, 50 MG TABLET DL	4	PA
<i>tranylcypromine sulf 10 mg tab</i> MO	1	
<i>trazodone 100 mg, 150 mg, 300 mg, 50 mg tablet</i> MO	1	
<i>trimipramine maleate 100 mg, 25 mg, 50 mg cap; trimipramine maleate 100 mg, 25 mg, 50 mg cp</i> MO	1	PA
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
<i>venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tablet</i> MO	1	
<i>venlafaxine hcl er 150 mg cap</i> MO	1	QL (60 per 30 days)
<i>venlafaxine hcl er 150 mg, 37.5 mg tab</i> MO	3	QL (30 per 30 days)
VENLAFAXINE HCL ER 225 MG TAB MO	3	QL (30 per 30 days)
<i>venlafaxine hcl er 37.5 mg cap</i> MO	1	QL (30 per 30 days)
<i>venlafaxine hcl er 75 mg cap</i> MO	1	QL (90 per 30 days)
<i>venlafaxine hcl er 75 mg tab</i> MO	3	QL (60 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG TABLET MO	3	PA,QL (30 per 30 days)
WELLBUTRIN XL 150 MG 24 HR TABLET, EXTENDED RELEASE DL	4	PA,QL (90 per 30 days)
WELLBUTRIN XL 300 MG 24 HR TABLET, EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
ZOLOFT 100 MG TABLET MO	3	PA,QL (60 per 30 days)
ZOLOFT 20 MG/ML ORAL CONCENTRATE MO	3	PA
ZOLOFT 25 MG, 50 MG TABLET MO	3	PA,QL (90 per 30 days)
ANTIEMETICS		
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS SOLUTION DL	4	PA,QL (4 per 28 days)
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE DL	4	PA,QL (4 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANZEMET 100 MG, 50 MG TABLET MO	3	B vs D,QL (4 per 28 days)
aprepitant 125 mg, 40 mg capsule MO	1	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack MO	1	B vs D,QL (6 per 28 days)
aprepitant 80 mg capsule MO	1	B vs D,QL (4 per 28 days)
BONJESTA 20 MG-20 MG TABLET,IMMEDIATE AND DELAY RELEASE MO	3	QL (60 per 30 days)
CESAMET 1 MG CAPSULE DL	4	PA,QL (180 per 30 days)
COMPAZINE 10 MG, 5 MG TABLET MO	3	B vs D
COMPAZINE 25 MG RECTAL SUPPOSITORY MO	3	
compro 25 mg rectal suppository MO	1	
DICLEGIS 10 MG-10 MG TABLET,DELAYED RELEASE MO	3	
dimenhydrinate 50 mg/ml vial MO	1	PA
dronabinol 10 mg, 2.5 mg, 5 mg capsule MO	1	B vs D,QL (120 per 30 days)
droperidol 2.5 mg/ml vial MO	1	
EMEND 125 MG (1)-80 MG (2) CAPSULES IN A DOSE PACK MO	3	PA,QL (6 per 28 days)
EMEND 125 MG (25 MG/ML FINAL CONC.) ORAL SUSPENSION MO	3	B vs D,QL (3 per 28 days)
EMEND 125 MG, 40 MG CAPSULE MO	3	PA,QL (2 per 28 days)
EMEND 80 MG CAPSULE MO	3	PA,QL (4 per 28 days)
EMEND (FOSAPREPITANT) 150 MG INTRAVENOUS SOLUTION MO	3	PA
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 1 mg tablet MO	1	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial MO	1	
granisetron hcl 4 mg/4 ml vial MO	1	QL (4 per 28 days)
MARINOL 10 MG, 2.5 MG, 5 MG CAPSULE DL	4	PA,QL (120 per 30 days)
meclizine 12.5 mg, 25 mg tablet MO	1	PA
metoclopramide 10 mg, 5 mg tablet MO	1	
metoclopramide 10 mg/2 ml syr MO	1	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml soln MO	1	
metoclopramide hcl 10 mg odt MO	1	QL (180 per 30 days)
metoclopramide hcl 5 mg odt MO	1	QL (360 per 30 days)
METOZOLV ODT 5 MG TABLET MO	3	QL (360 per 30 days)
ondansetron odt 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron 4 mg/5 ml solution MO	1	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial MO	1	
ondansetron hcl 24 mg tablet MO	1	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg tablet MO	1	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml syr MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ondansetron hcl 4 mg/2 ml vial</i> ^{MO}	1	
<i>phenadoz 12.5 mg, 25 mg rectal suppository</i> ^{MO}	1	PA
PHENERGAN 12.5 MG, 25 MG, 50 MG RECTAL SUPPOSITORY ^{MO}	1	PA
PHENERGAN 25 MG/ML, 50 MG/ML INJECTION SOLUTION ^{MO}	3	PA
<i>prochlorperazine 25 mg supp</i> ^{MO}	1	
<i>prochlorperazine 10 mg/2 ml vl</i> ^{MO}	1	
<i>prochlorperazine 10 mg, 5 mg tab; prochlorperazine 10 mg, 5 mg tablet</i> ^{MO}	1	B vs D
<i>promethazine 12.5 mg, 25 mg, 50 mg suppos; promethazine 12.5 mg, 25 mg, 50 mg suppository</i> ^{MO}	1	PA
<i>promethazine 12.5 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	PA
<i>promethazine 25 mg/ml, 50 mg/ml vial</i> ^{MO}	1	PA
<i>promethazine 6.25 mg/5 ml syrup</i> ^{MO}	1	PA
<i>promethegan 12.5 mg, 25 mg, 50 mg rectal suppository</i> ^{MO}	1	PA
REGLAN 10 MG, 5 MG TABLET ^{MO}	3	
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH ^{MO}	3	QL (4 per 30 days)
<i>scopolamine 1 mg/3 day patch</i> ^{MO}	1	PA,QL (10 per 30 days)
SYNDROS 5 MG/ML ORAL SOLUTION ^{DL}	4	PA,QL (120 per 30 days)
TIGAN 100 MG/ML INTRAMUSCULAR SOLUTION ^{MO}	3	
TIGAN 300 MG CAPSULE ^{MO}	3	B vs D
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS) ^{MO}	3	PA,QL (10 per 30 days)
<i>trimethobenzamide 300 mg cap</i> ^{MO}	1	B vs D
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION ^{MO}	3	PA,QL (185 per 28 days)
ZOFRAN 2 MG/ML VIAL ^{MO}	3	PA
ZOFRAN 4 MG, 8 MG TABLET ^{MO}	3	PA,QL (90 per 30 days)
ZOFRAN 4 MG/5 ML ORAL SOLUTION ^{MO}	3	PA,QL (450 per 30 days)
ZOFRAN ODT 4 MG, 8 MG DISINTEGRATING TABLET ^{MO}	3	PA,QL (90 per 30 days)
ZUPLENZ 4 MG, 8 MG ORAL SOLUBLE FILM ^{MO}	3	B vs D,QL (90 per 30 days)
Antifungals		
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION ^{DL}	4	B vs D
AMBISOME 50 MG INTRAVENOUS SUSPENSION ^{DL}	4	B vs D
<i>amphotericin b 50 mg vial</i> ^{MO}	1	B vs D
ANCOBON 250 MG, 500 MG CAPSULE ^{DL}	4	
CANCIDAS 50 MG, 70 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
<i>caspofungin acetate 50 mg, 70 mg vial</i> ^{DL}	4	
<i>ciclodan 0.77 % topical cream</i> ^{MO}	1	
<i>ciclodan 8 % topical solution</i> ^{MO}	1	
<i>ciclopirox 0.77% cream</i> ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ciclopirox 0.77% gel</i> ^{MO}	1	
<i>ciclopirox 0.77% topical susp</i> ^{MO}	1	
<i>ciclopirox 1% shampoo</i> ^{MO}	1	
<i>ciclopirox 8% solution</i> ^{MO}	1	
<i>clotrimazole 1% cream</i> ^{MO}	1	
<i>clotrimazole 1% solution</i> ^{MO}	1	
<i>clotrimazole 10 mg troche</i> ^{MO}	1	
<i>clotrimazole-betamethasone crm</i> ^{MO}	1	
<i>clotrimazole-betamethasone lot</i> ^{MO}	1	
CRESEMBA 186 MG CAPSULE ^{DL}	4	PA
CRESEMBA 372 MG INTRAVENOUS SOLUTION ^{DL}	4	PA
DIFLUCAN 10 MG/ML, 40 MG/ML ORAL SUSPENSION ^{DL}	4	PA
DIFLUCAN 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{DL}	4	PA
<i>econazole nitrate 1% cream</i> ^{MO}	1	
ERAXIS(WATER DILUENT) 100 MG, 50 MG INTRAVENOUS SOLUTION ^{DL}	4	
ERTACZO 2 % TOPICAL CREAM ^{DL}	4	
EXELDERM 1 % TOPICAL CREAM ^{MO}	3	
EXELDERM 1 % TOPICAL SOLUTION ^{MO}	3	
EXTINA 2 % TOPICAL FOAM ^{MO}	3	
<i>fluconazole 10 mg/ml, 40 mg/ml susp</i> ^{MO}	1	
<i>fluconazole 100 mg, 150 mg, 200 mg, 50 mg tablet</i> ^{MO}	1	
<i>fluconazole-dext 200 mg/100 ml, 400 mg/200 ml</i> ^{MO}	1	
<i>fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> ^{MO}	1	
<i>flucytosine 250 mg, 500 mg capsule</i> ^{DL}	4	
GRIS-PEG 125 MG, 250 MG TABLET ^{MO}	3	
<i>griseofulvin 125 mg/5 ml susp</i> ^{MO}	1	
<i>griseofulvin micro 500 mg tab</i> ^{MO}	1	
<i>griseofulvin ultra 125 mg, 250 mg tab</i> ^{MO}	1	
<i>gynazole-1 2 % vaginal cream</i> ^{MO}	1	
<i>itraconazole 100 mg capsule</i> ^{MO}	1	QL (120 per 30 days)
JUBLIA 10 % TOPICAL SOLUTION WITH APPLICATOR ^{DL}	4	PA,QL (4 per 28 days)
KERYDIN 5 % TOPICAL SOLUTION WITH APPLICATOR ^{DL}	4	
<i>ketoconazole 2% cream</i> ^{MO}	1	
<i>ketoconazole 2% foam</i> ^{MO}	1	
<i>ketoconazole 2% shampoo</i> ^{MO}	1	
<i>ketoconazole 200 mg tablet</i> ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LAMISIL 250 MG TABLET DL	4	PA,QL (90 per 365 days)
LOPROX 1 % SHAMPOO MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL CREAM MO	3	PA
LOPROX (AS OLAMINE) 0.77 % TOPICAL SUSPENSION MO	3	PA
LOTRISONE 1 %-0.05 % TOPICAL CREAM MO	3	PA
<i>luliconazole 1% cream</i> MO	1	PA,QL (60 per 28 days)
LUZU 1 % TOPICAL CREAM MO	3	PA,QL (60 per 28 days)
MENTAX 1 % TOPICAL CREAM MO	3	
<i>miconazole-3 200 mg vaginal suppository</i> MO	1	
MYCAMINE 100 MG, 50 MG INTRAVENOUS SOLUTION DL	4	
<i>naftifine hcl 1% cream; naftifine hcl 2% cream</i> MO	1	ST
NAFTIN 1 %, 2 % TOPICAL GEL MO	3	ST
NAFTIN 2 % TOPICAL CREAM MO	3	ST
NATACYN 5 % EYE DROPS,SUSPENSION MO	3	
NIZORAL 2 % SHAMPOO MO	3	
NOXAFIL 100 MG TABLET,DELAYED RELEASE DL	4	PA,QL (93 per 30 days)
NOXAFIL 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML INTRAVENOUS SOLUTION DL	4	PA
<i>nyamyc 100,000 unit/gram topical powder</i> MO	1	
<i>nyata 100,000 unit/gm powder</i> MO	1	
<i>nystatin 100,000 unit/gm cream</i> MO	1	
<i>nystatin 100,000 unit/gm oint</i> MO	1	
<i>nystatin 100,000 unit/gm powd</i> MO	1	
<i>nystatin 100,000 unit/ml susp</i> MO	1	
<i>nystatin 500,000 unit oral tab</i> MO	1	
<i>nystatin-triamcinolone cream</i> MO	1	
<i>nystatin-triamcinolone ointm</i> MO	1	
<i>nystop 100,000 unit/gram topical powder</i> MO	1	
ONMEL 200 MG TABLET DL	4	QL (28 per 28 days)
ORAVIG 50 MG BUCCAL TABLET DL	4	QL (14 per 30 days)
<i>oxiconazole nitrate 1% cream</i> MO	1	
OXISTAT 1 % LOTION MO	3	
OXISTAT 1 % TOPICAL CREAM MO	3	
PENLAC 8 % TOPICAL SOLUTION MO	3	
SPORANOX 10 MG/ML ORAL SOLUTION DL	4	QL (150 per 30 days)
SPORANOX 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SPORANOX PULSEPAK 100 MG CAPSULE MO	3	PA,QL (120 per 30 days)
TERAZOL 3 CREAM MO	3	
TERAZOL 7 CREAM MO	3	
<i>terbinafine hcl 250 mg tablet</i> MO	1	QL (90 per 365 days)
<i>terconazole 0.4% cream; terconazole 0.8% cream</i> MO	1	
<i>terconazole 80 mg suppository</i> MO	1	
VFEND 200 MG, 50 MG TABLET DL	4	PA,QL (120 per 30 days)
VFEND 200 MG/5 ML (40 MG/ML) ORAL SUSPENSION DL	4	PA,QL (400 per 30 days)
VFEND IV 200 MG INTRAVENOUS SOLUTION MO	3	B vs D
<i>voriconazole 200 mg vial</i> DL	4	PA
<i>voriconazole 200 mg, 50 mg tablet</i> DL	4	PA,QL (120 per 30 days)
<i>voriconazole 40 mg/ml susp</i> DL	4	PA,QL (400 per 30 days)
VUSION 0.25 %-15 %-81.35 % TOPICAL OINTMENT MO	3	
Antigout Agents		
<i>allopurinol 100 mg, 300 mg tablet</i> MO	1	
<i>allopurinol sodium 500 mg vial</i> MO	1	
ALOPRIM 500 MG INTRAVENOUS SOLUTION MO	3	
COLCRYS 0.6 MG TABLET MO	2	QL (120 per 30 days)
DUZALLO 200 MG-200 MG TABLET; DUZALLO 200 MG-300 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>probenecid 500 mg tablet</i> MO	1	
<i>probenecid-colchicine tabs</i> MO	1	
ULORIC 40 MG, 80 MG TABLET MO	2	ST,QL (30 per 30 days)
ZURAMPIC 200 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYLOPRIM 100 MG, 300 MG TABLET MO	3	
Antimigraine Agents		
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2 per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK) 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2 per 30 days)
<i>almotriptan malate 12.5 mg, 6.25 mg tab</i> MO	1	ST,QL (9 per 30 days)
AMERGE 1 MG, 2.5 MG TABLET MO	3	PA,QL (9 per 30 days)
AXERT 12.5 MG, 6.25 MG TABLET MO	3	ST,QL (9 per 30 days)
CAFERGOT 1 MG-100 MG TABLET MO	1	
D.H.E.45 1 MG/ML INJECTION SOLUTION DL	4	
<i>dihydroergotamine 1 mg/ml amp</i> DL	4	
<i>dihydroergotamine 4 mg/ml spry</i> DL	4	PA,QL (8 per 30 days)
<i>eletriptan hbr 20 mg, 40 mg tablet</i> MO	1	ST,QL (9 per 30 days)
ERGOMAR 2 MG SUBLINGUAL TABLET DL	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>ergotamine-caffeine 1-100mg tb</i> ^{MO}	1	PA
FROVA 2.5 MG TABLET ^{MO}	3	ST,QL (12 per 30 days)
<i>frovatriptan succ 2.5 mg tab</i> ^{MO}	1	ST,QL (12 per 30 days)
IMITREX 100 MG, 25 MG, 50 MG TABLET ^{MO}	3	PA,QL (9 per 30 days)
IMITREX 20 MG/ACTUATION, 5 MG/ACTUATION NASAL SPRAY ^{MO}	3	PA,QL (12 per 30 days)
IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION ^{MO}	3	PA,QL (6 per 30 days)
IMITREX STATDOSE KIT REFILL 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE ^{MO}	3	PA,QL (6 per 30 days)
IMITREX STATDOSE PEN 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	3	PA,QL (6 per 30 days)
MAXALT 10 MG, 5 MG TABLET ^{MO}	3	PA,QL (12 per 30 days)
MAXALT-MLT 10 MG, 5 MG DISINTEGRATING TABLET ^{MO}	3	PA,QL (12 per 30 days)
<i>migergot 2 mg-100 mg rectal suppository</i> ^{DL}	4	PA,QL (20 per 28 days)
MIGRANAL 0.5 MG/PUMP ACT. (4 MG/ML) NASAL SPRAY ^{DL}	4	QL (8 per 30 days)
<i>naratriptan hcl 1 mg, 2.5 mg tablet</i> ^{MO}	1	QL (9 per 30 days)
ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION ^{MO}	3	ST,QL (16 per 30 days)
RELPAK 20 MG, 40 MG TABLET ^{MO}	3	ST,QL (9 per 30 days)
<i>rizatriptan 10 mg, 5 mg odt; rizatriptan 10 mg, 5 mg tablet</i> ^{MO}	1	QL (12 per 30 days)
<i>sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray</i> ^{MO}	3	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml cart; sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml refill</i> ^{MO}	3	QL (6 per 30 days)
<i>sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml inject</i> ^{MO}	1	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml syrng</i> ^{MO}	1	QL (6 per 30 days)
<i>sumatriptan 6 mg/0.5 ml vial</i> ^{MO}	1	QL (6 per 30 days)
<i>sumatriptan succ 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	QL (9 per 30 days)
<i>sumatriptan-naproxen 85-500 mg</i> ^{MO}	1	ST,QL (18 per 30 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML, 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR ^{MO}	3	ST,QL (6 per 30 days)
TREXIMET 10 MG-60 MG TABLET; TREXIMET 85 MG-500 MG TABLET ^{MO}	3	ST,QL (18 per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR ^{MO}	3	ST,QL (6 per 30 days)
<i>zolmitriptan 2.5 mg, 5 mg odt; zolmitriptan 2.5 mg, 5 mg tablet</i> ^{MO}	1	ST,QL (9 per 30 days)
ZOMIG 2.5 MG, 5 MG NASAL SPRAY ^{DL}	4	ST,QL (12 per 30 days)
ZOMIG 2.5 MG, 5 MG TABLET ^{DL}	4	ST,QL (9 per 30 days)
ZOMIG ZMT 2.5 MG, 5 MG DISINTEGRATING TABLET ^{DL}	4	ST,QL (9 per 30 days)
Antimyasthenic Agents		
<i>guanidine hcl 125 mg tablet</i> ^{MO}	1	
MESTINON 60 MG TABLET ^{DL}	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MESTINON 60 MG/5 ML SYRUP DL	4	
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE DL	4	PA
<i>pyridostigmine br 60 mg tablet</i> MO	1	
<i>pyridostigmine er 180 mg tab</i> DL	4	
REGONOL 5 MG/ML INJECTION SOLUTION MO	3	
Antimycobacterials		
CAPASTAT 1 GRAM SOLUTION FOR INJECTION MO	3	
<i>cycloserine 250 mg capsule</i> DL	4	
<i>dapsone 100 mg, 25 mg tablet</i> MO	1	
<i>ethambutol hcl 100 mg, 400 mg tablet</i> MO	1	
<i>isoniazid 100 mg, 300 mg tablet</i> MO	1	
<i>isoniazid 100 mg/ml, 50 mg/5 ml solution; isoniazid 100 mg/ml, 50 mg/5 ml vial</i> MO	1	
MYAMBUTOL 400 MG TABLET MO	3	
MYCOBUTIN 150 MG CAPSULE MO	3	
PASER 4 GRAM GRANULES DELAYED-RELEASE PACKET MO	1	
PRIFTIN 150 MG TABLET MO	3	
<i>pyrazinamide 500 mg tablet</i> MO	1	
<i>rifabutin 150 mg capsule</i> MO	1	
RIFADIN 150 MG, 300 MG CAPSULE MO	3	
RIFADIN 600 MG INTRAVENOUS SOLUTION MO	3	
RIFAMATE 300 MG-150 MG CAPSULE MO	1	
<i>rifampin 150 mg, 300 mg capsule</i> MO	1	
<i>rifampin iv 600 mg vial</i> DL	4	
RIFATER 50 MG-120 MG-300 MG TABLET MO	3	
SIRTURO 100 MG TABLET DL	4	PA,QL (68 per 28 days)
TRECTOR 250 MG TABLET MO	3	
Antineoplastics		
ABRAXANE 100 MG INTRAVENOUS SUSPENSION DL	4	PA
<i>adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml intravenous solution</i> MO	1	B vs D
ADRIAMYCIN 50 MG INTRAVENOUS SOLUTION MO	1	B vs D
<i>adrucil 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml intravenous solution</i> MO	1	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG TABLET FOR ORAL SUSPENSION DL	4	PA
ALECENSA 150 MG CAPSULE DL	4	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG INTRAVENOUS SOLUTION DL	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALIQOPA 60 MG INTRAVENOUS SOLUTION DL	4	PA,QL (3 per 28 days)
ALKERAN 2 MG TABLET MO	3	B vs D
ALKERAN 50 MG INTRAVENOUS SOLUTION MO	3	B vs D
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	4	PA,QL (30 per 30 days)
ALUNBRIG 30 MG TABLET DL	4	PA,QL (180 per 30 days)
<i>amifostine 500 mg vial</i> DL	4	B vs D
<i>anastrozole 1 mg tablet</i> MO	1	QL (30 per 30 days)
ARIMIDEX 1 MG TABLET MO	3	PA,QL (30 per 30 days)
AROMASIN 25 MG TABLET DL	4	PA,QL (60 per 30 days)
ARRANON 250 MG/50 ML INTRAVENOUS SOLUTION DL	4	
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA,QL (400 per 28 days)
AVASTIN 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BAVENCIO 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BELEODAQ 500 MG INTRAVENOUS SOLUTION DL	4	PA
BENDEKA 25 MG/ML INTRAVENOUS SOLUTION DL	4	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	4	PA
<i>bexarotene 75 mg capsule</i> DL	4	PA,QL (300 per 30 days)
<i>bicalutamide 50 mg tablet</i> MO	1	QL (30 per 30 days)
BICNU 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
<i>bleomycin sulfate 15 unit, 30 unit vial</i> MO	1	B vs D
<i>bortezomib 3.5 mg vial</i> DL	4	PA
BOSULIF 100 MG TABLET DL	4	PA,QL (120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET DL	4	PA,QL (30 per 30 days)
BRAFTOVI 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE DL	4	PA,QL (180 per 30 days)
<i>busulfan 60 mg/10 ml vial</i> MO	1	B vs D
BUSULFEX 60 MG/10 ML INTRAVENOUS SOLUTION MO	3	B vs D
CABOMETYX 20 MG, 40 MG, 60 MG TABLET DL	4	PA,QL (30 per 30 days)
CALQUENCE 100 MG CAPSULE DL	4	PA,QL (60 per 30 days)
CAMPTOSAR 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML INTRAVENOUS SOLUTION DL	4	B vs D
CAPRELSA 100 MG TABLET DL	4	PA,QL (60 per 30 days)
CAPRELSA 300 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>carboplatin 50 mg/5 ml vial</i> MO	1	B vs D
CASODEX 50 MG TABLET MO	3	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>cisplatin 100 mg/100 ml vial</i> MO	1	B vs D
<i>cladribine 10 mg/10 ml vial</i> DL	4	B vs D
<i>clofarabine 20 mg/20 ml vial</i> DL	4	B vs D
CLOLAR 20 MG/20 ML INTRAVENOUS SOLUTION DL	4	B vs D
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES DL	4	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES DL	4	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES DL	4	PA,QL (84 per 28 days)
COSMEGEN 0.5 MG INTRAVENOUS SOLUTION DL	4	B vs D
COTELLIC 20 MG TABLET DL	4	PA,QL (63 per 28 days)
<i>cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg vial; cyclophosphamide 2 gm vial</i> MO	1	B vs D
<i>cyclophosphamide 25 mg, 50 mg capsule</i> MO	3	B vs D
CYRAMZA 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (200 per 28 days)
<i>cytarabine 20 mg/ml vial</i> MO	1	B vs D
<i>cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial</i> MO	1	B vs D
<i>dacarbazine 100 mg, 200 mg vial</i> MO	1	B vs D
DACOGEN 50 MG INTRAVENOUS SOLUTION DL	4	PA
<i>dactinomycin 0.5 mg vial</i> DL	4	B vs D
DARZALEX 20 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (400 per 30 days)
<i>daunorubicin 20 mg/4 ml vial</i> MO	1	B vs D
<i>decitabine 50 mg vial</i> DL	4	PA
DEPOCYT 50 MG/5 ML VIAL DL	4	B vs D
<i>dexrazoxane 250 mg, 500 mg vial</i> MO	1	B vs D
DOCEFREZ 20 MG INTRAVENOUS SOLUTION MO	3	B vs D
DOCEFREZ 80 MG INTRAVENOUS SOLUTION DL	4	B vs D
<i>docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 200 mg/20 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial</i> MO	3	B vs D
DOXIL 2 MG/ML INTRAVENOUS SUSPENSION DL	4	B vs D
<i>doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml vial; doxorubicin 150 mg/75 ml vial</i> MO	1	B vs D
<i>doxorubicin liposome 20mg/10ml</i> DL	4	PA
DROXIA 200 MG, 300 MG, 400 MG CAPSULE MO	3	
ELITEK 1.5 MG, 7.5 MG INTRAVENOUS SOLUTION DL	4	PA
ELLENC 200 MG/100 ML, 50 MG/25 ML INTRAVENOUS SOLUTION DL	4	B vs D
EMCYT 140 MG CAPSULE DL	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EMPLICITI 300 MG, 400 MG INTRAVENOUS SOLUTION DL	4	PA
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml vial</i> MO	1	B vs D
<i>epirubicin hcl 50 mg vial</i> MO	3	B vs D
ERBITUX 100 MG/50 ML, 200 MG/100 ML INTRAVENOUS SOLUTION DL	4	PA
ERIVEDGE 150 MG CAPSULE DL	4	PA,QL (28 per 28 days)
ERLEADA 60 MG TABLET DL	4	PA,QL (120 per 30 days)
ERWINAZE 10,000 UNIT SOLUTION FOR INJECTION DL	4	PA,QL (60 per 28 days)
ETHYOL 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
ETOPOPHOS 100 MG INTRAVENOUS SOLUTION MO	3	B vs D
<i>etoposide 100 mg/5 ml vial</i> MO	1	B vs D
EVOMELA 50 MG INTRAVENOUS SOLUTION DL	4	PA
<i>exemestane 25 mg tablet</i> MO	1	QL (60 per 30 days)
FARESTON 60 MG TABLET DL	4	QL (30 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG CAPSULE DL	4	PA,QL (6 per 21 days)
FASLODEX 250 MG/5 ML INTRAMUSCULAR SYRINGE DL	4	PA,QL (30 per 30 days)
FEMARA 2.5 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>floxuridine 500 mg vial</i> MO	1	B vs D
<i>fludarabine 50 mg, 50 mg/2 ml vial</i> MO	1	B vs D
<i>fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml vial; fluorouracil 1,000 mg/20 ml vial; fluorouracil 2,500 mg/50 ml vial; fluorouracil 5,000 mg/100 ml</i> MO	1	B vs D
<i>flutamide 125 mg capsule</i> MO	1	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
FUSILEV 50 MG INTRAVENOUS SOLUTION DL	4	PA
GAZYVA 1,000 MG/40 ML INTRAVENOUS SOLUTION DL	4	PA,QL (120 per 28 days)
<i>gemcitabine 1 gram/26.3 ml vial; gemcitabine 2 gram/52.6 ml vial; gemcitabine 200 mg/5.26 ml vial</i> MO	3	B vs D
<i>gemcitabine hcl 1 gram, 2 gram, 200 mg vial</i> MO	1	B vs D
GEMZAR 1 GRAM, 200 MG INTRAVENOUS SOLUTION DL	4	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET DL	4	PA,QL (30 per 30 days)
GLEEVEC 100 MG TABLET DL	4	PA,QL (180 per 30 days)
GLEEVEC 400 MG TABLET DL	4	PA,QL (60 per 30 days)
GLEOSTINE 10 MG, 40 MG, 5 MG CAPSULE MO	3	PA
GLEOSTINE 100 MG CAPSULE DL	4	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
HERCEPTIN 150 MG, 440 MG INTRAVENOUS SOLUTION DL	4	PA

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET DL	4	PA,QL (91 per 28 days)
KYPROLIS 10 MG, 30 MG, 60 MG INTRAVENOUS SOLUTION DL	4	PA
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION DL	4	PA
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE DL	4	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	4	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	4	PA,QL (60 per 30 days)
letrozole 2.5 mg tablet MO	1	QL (30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg tab MO	1	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vial; leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg vl MO	1	B vs D
LEUKERAN 2 MG TABLET DL	4	
levoleucovorin 10 mg/ml, 175 mg vial; levoleucovorin 250 mg/25 ml vl DL	4	PA
levoleucovorin 50 mg vial MO	1	PA
LEVULAN 20 % TOPICAL SOLUTION MO	3	
lipodox 2 mg/ml intravenous suspension DL	4	PA
lipodox 50 2 mg/ml intravenous suspension DL	4	PA
LONSURF 15 MG-6.14 MG TABLET DL	4	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET DL	4	PA,QL (80 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET DL	4	PA,QL (120 per 30 days)
LYNPARZA 50 MG CAPSULE DL	4	PA,QL (448 per 28 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT DL	4	PA
MATULANE 50 MG CAPSULE DL	4	
MEKINIST 0.5 MG TABLET DL	4	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET DL	4	PA,QL (30 per 30 days)
MEKTOVI 15 MG TABLET DL	4	PA,QL (180 per 30 days)
melphalan 2 mg tablet MO	1	B vs D
melphalan 50 mg vial w-diluent MO	1	B vs D
mercaptopurine 50 mg tablet MO	1	
mesna 1 gram/10 ml vial MO	1	B vs D
MESNEX 100 MG/ML INTRAVENOUS SOLUTION DL	4	B vs D
MESNEX 400 MG TABLET DL	4	
mitomycin 20 mg, 40 mg, 5 mg vial MO	1	B vs D
mitoxantrone 25 mg/12.5 ml vl MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MUSTARGEN 10 MG SOLUTION FOR INJECTION MO	3	B vs D
MUTAMYCIN 20 MG, 40 MG, 5 MG INTRAVENOUS SOLUTION MO	1	B vs D
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION DL	4	PA
NAVELBINE 10 MG/ML, 50 MG/5 ML INTRAVENOUS SOLUTION MO	3	B vs D
NERLYNX 40 MG TABLET DL	4	PA,QL (180 per 30 days)
NEXAVAR 200 MG TABLET DL	4	PA,QL (120 per 30 days)
NILANDRON 150 MG TABLET DL	4	PA,QL (60 per 30 days)
<i>nilutamide 150 mg tablet</i> DL	4	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL (3 per 28 days)
NIPENT 10 MG INTRAVENOUS SOLUTION DL	4	B vs D
ODOMZO 200 MG CAPSULE DL	4	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML INJECTION SOLUTION DL	4	PA
ONIVYDE 4.3 MG/ML INTRAVENOUS DISPERSION DL	4	PA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 28 days)
OPDIVO 240 MG/24 ML INTRAVENOUS SOLUTION DL	4	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML INTRAVENOUS SOLUTION DL	4	PA,QL (16 per 28 days)
<i>oxaliplatin 100 mg, 100 mg/20 ml, 50 mg, 50 mg/10 ml (5 mg/ml) vial;</i> <i>oxaliplatin 50 mg/10 ml vial</i> MO	1	B vs D
<i>paclitaxel 100 mg/16.7 ml vial</i> MO	1	B vs D
PANRETIN 0.1 % TOPICAL GEL DL	4	
PERJETA 420 MG/14 ML (30 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE DL	4	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML INTRAVENOUS SOLUTION DL	4	PA
PROLEUKIN 22 MILLION UNIT INTRAVENOUS SOLUTION DL	4	
PURIXAN 20 MG/ML ORAL SUSPENSION DL	4	QL (300 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG CAPSULE DL	4	PA,QL (28 per 28 days)
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS DL	4	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (46.8 per 28 days)
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (13.4 per 28 days)
<i>romidepsin 10 mg kit</i> DL	4	PA
RUBRACA 200 MG, 250 MG, 300 MG TABLET DL	4	PA,QL (120 per 30 days)
RYDAPT 25 MG CAPSULE DL	4	PA,QL (224 per 28 days)
SOLTAMOX 10 MG/5 ML ORAL SOLUTION DL	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
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET DL	4	PA,QL (60 per 30 days)
SPRYCEL 140 MG TABLET DL	4	PA,QL (30 per 30 days)
SPRYCEL 20 MG TABLET DL	4	PA,QL (90 per 30 days)
STIVARGA 40 MG TABLET DL	4	PA,QL (84 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE DL	4	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
TABLOID 40 MG TABLET DL	4	
TAFINLAR 50 MG CAPSULE DL	4	PA,QL (180 per 30 days)
TAFINLAR 75 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>tamoxifen 10 mg, 20 mg tablet</i> MO	1	
TARCEVA 100 MG, 150 MG TABLET DL	4	PA,QL (30 per 30 days)
TARCEVA 25 MG TABLET DL	4	PA,QL (90 per 30 days)
TARGRETIN 1 % TOPICAL GEL DL	4	PA
TARGRETIN 75 MG CAPSULE DL	4	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
TAXOTERE 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	B vs D
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 21 days)
TEMODAR 100 MG INTRAVENOUS SOLUTION DL	4	PA,QL (27 per 30 days)
<i>temsirolimus 25 mg vial</i> DL	4	PA,QL (8 per 28 days)
<i>teniposide 50 mg/5 ml ampule</i> MO	1	B vs D
THALOMID 100 MG, 200 MG, 50 MG CAPSULE DL	4	PA,QL (30 per 30 days)
THALOMID 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
THERACYS 81 MG VIAL MO	3	B vs D
<i>thiotepa 15 mg vial</i> MO	1	B vs D
TIBSOVO 250 MG TABLET DL	4	PA,QL (60 per 30 days)
<i>toposar 20 mg/ml intravenous solution</i> MO	1	B vs D
<i>topotecan hcl 4 mg, 4 mg/4 ml (1 mg/ml) vial; topotecan hcl 4 mg/4 ml vial</i> DL	4	B vs D
TORISEL 30 MG/3 ML (10 MG/ML) (FIRST DILUTION) INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
TOTECT 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
TREANDA 100 MG, 25 MG INTRAVENOUS POWDER FOR SOLUTION DL	4	PA
<i>tretinoin 10 mg capsule</i> DL	4	
TRISENOX 10 MG/10 ML AMPULE MO	3	PA
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
TYKERB 250 MG TABLET DL	4	PA,QL (150 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
UNITUXIN 3.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 30 days)
VALCHLOR 0.016 % TOPICAL GEL DL	4	PA,QL (60 per 28 days)
VALSTAR 40 MG/ML INTRAVESICAL SOLUTION DL	4	PA,QL (80 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
VELCADE 3.5 MG SOLUTION FOR INJECTION DL	4	PA
VENCLEXTA 10 MG TABLET MO	3	PA,QL (28 per 28 days)
VENCLEXTA 100 MG TABLET DL	4	PA,QL (120 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	4	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET DL	4	PA,QL (60 per 30 days)
<i>vinblastine 1 mg/ml vial</i> MO	1	B vs D
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml intravenous solution</i> MO	1	B vs D
<i>vincristine 1 mg/ml, 2 mg/2 ml vial</i> MO	1	B vs D
<i>vinorelbine 10 mg/ml, 50 mg/5 ml vial</i> MO	1	B vs D
VOTRIENT 200 MG TABLET DL	4	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION DL	4	PA
XALKORI 200 MG, 250 MG CAPSULE DL	4	PA,QL (60 per 30 days)
XTANDI 40 MG CAPSULE DL	4	PA,QL (120 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
YONDELIS 1 MG INTRAVENOUS SOLUTION DL	4	PA
YONSA 125 MG TABLET DL	4	PA,QL (120 per 30 days)
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 28 days)
ZANOSAR 1 GRAM INTRAVENOUS SOLUTION MO	3	B vs D
ZEJULA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
ZELBORAF 240 MG TABLET DL	4	PA,QL (240 per 30 days)
ZINECARD (AS HCL) 250 MG, 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
ZOLINZA 100 MG CAPSULE DL	4	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET DL	4	PA,QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE DL	4	PA,QL (150 per 30 days)
ZYTIGA 250 MG TABLET DL	4	PA,QL (120 per 30 days)
ZYTIGA 500 MG TABLET DL	4	PA,QL (60 per 30 days)
Antiparasitics		
ALBENZA 200 MG TABLET DL	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ALINIA 100 MG/5 ML ORAL SUSPENSION DL	4	QL (150 per 30 days)
ALINIA 500 MG TABLET DL	4	QL (40 per 30 days)
<i>atovaquone 750 mg/5 ml susp</i> DL	4	
<i>atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25</i> MO	1	
BENZNIDAZOLE 100 MG TABLET MO	3	QL (240 per 365 days)
BENZNIDAZOLE 12.5 MG TABLET MO	3	QL (720 per 365 days)
BILTRICIDE 600 MG TABLET DL	4	
<i>chloroquine ph 250 mg, 500 mg tablet</i> MO	1	
COARTEM 20 MG-120 MG TABLET MO	3	QL (24 per 30 days)
<i>crotan 10 % lotion</i> DL	4	PA
DARAPRIM 25 MG TABLET DL	4	
ELIMITE 5 % TOPICAL CREAM MO	3	
<i>emverm 100 mg chewable tablet</i> DL	4	
EURAX 10 % LOTION MO	3	
EURAX 10 % TOPICAL CREAM MO	3	
<i>hydroxychloroquine 200 mg tab</i> MO	1	
IMPAVIDO 50 MG CAPSULE DL	4	QL (84 per 28 days)
<i>ivermectin 3 mg tablet</i> MO	1	
<i>lindane 1% shampoo</i> MO	1	
MALARONE 250 MG-100 MG TABLET MO	3	PA
MALARONE PEDIATRIC 62.5 MG-25 MG TABLET MO	3	PA
<i>malathion 0.5% lotion</i> MO	1	
<i>mefloquine hcl 250 mg tablet</i> MO	1	
MEPRON 750 MG/5 ML ORAL SUSPENSION DL	4	
NATROBA 0.9 % TOPICAL SUSPENSION MO	3	
NEBUPENT 300 MG SOLUTION FOR INHALATION MO	3	B vs D
OVIDE 0.5 % LOTION MO	3	PA
PENTAM 300 MG SOLUTION FOR INJECTION MO	3	
<i>permethrin 5% cream</i> MO	1	
PLAQUENIL 200 MG TABLET MO	3	PA
<i>praziquantel 600 mg tablet</i> DL	4	
<i>primaquine 26.3 mg tablet</i> MO	1	
QUALAQUIN 324 MG CAPSULE MO	3	PA,QL (42 per 7 days)
<i>quinine sulfate 324 mg capsule</i> MO	1	PA,QL (42 per 7 days)
SKLICE 0.5 % LOTION MO	3	
STROMEKTOL 3 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Antiparkinson Agents		
<i>amantadine 100 mg capsule</i> MO	1	
<i>amantadine 100 mg tablet</i> MO	1	
<i>amantadine 50 mg/5 ml solution</i> MO	1	
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE DL	4	QL (84 per 28 days)
AZILECT 0.5 MG, 1 MG TABLET DL	4	PA
<i>benztropine 2 mg/2 ml ampule</i> MO	1	
<i>benztropine mes 0.5 mg, 1 mg, 2 mg tab; benztropine mes 0.5 mg, 1 mg, 2 mg tablet</i> MO	1	PA
<i>bromocriptine 2.5 mg tablet</i> MO	1	
<i>bromocriptine 5 mg capsule</i> MO	1	
<i>carbidopa 25 mg tablet</i> MO	1	
<i>carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab</i> MO	1	
<i>carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab</i> MO	1	
<i>carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 200 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta</i> MO	1	
COGENTIN 2 MG/2 ML INJECTION SOLUTION MO	3	
COMTAN 200 MG TABLET DL	4	PA,QL (300 per 30 days)
DUOPA 4.63 MG-20 MG/ML SUSPENSION IN J-TUBE PUMP DL	4	PA,QL (2800 per 28 days)
<i>entacapone 200 mg tablet</i> MO	1	QL (300 per 30 days)
GOCOVRI 137 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
GOCOVRI 68.5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
LODOSYN 25 MG TABLET DL	4	PA
MIRAPEX 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG TABLET MO	3	PA
MIRAPEX ER 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	3	QL (30 per 30 days)
OSMOLEX ER 129 MG, 193 MG, 258 MG TABLET, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
PARLODEL 2.5 MG TABLET MO	3	PA
PARLODEL 5 MG CAPSULE MO	3	PA
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg tablet</i> MO	1	
<i>pramipexole er 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg tablet</i> MO	1	ST,QL (30 per 30 days)
<i>rasagiline mesylate 0.5 mg, 1 mg tab</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REQUIP 0.25 MG, 3 MG TABLET MO	3	PA,QL (180 per 30 days)
REQUIP 0.5 MG, 1 MG, 2 MG TABLET MO	3	PA,QL (90 per 30 days)
REQUIP 4 MG, 5 MG TABLET MO	3	PA
REQUIP XL 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
ropinirole hcl 0.25 mg, 3 mg tablet MO	1	QL (180 per 30 days)
ropinirole hcl 0.5 mg, 1 mg, 2 mg tablet MO	1	QL (90 per 30 days)
ropinirole hcl 4 mg, 5 mg tablet MO	1	
ropinirole hcl er 12 mg, 2 mg, 4 mg, 6 mg, 8 mg tablet MO	1	QL (90 per 30 days)
RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE; RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (360 per 30 days)
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (270 per 30 days)
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (300 per 30 days)
selegiline hcl 5 mg capsule MO	1	
selegiline hcl 5 mg tablet MO	1	
SINEMET 10 MG-100 MG TABLET; SINEMET 25 MG-100 MG TABLET; SINEMET 25 MG-250 MG TABLET MO	3	PA
SINEMET CR 25 MG-100 MG TABLET,EXTENDED RELEASE; SINEMET CR 50 MG-200 MG TABLET,EXTENDED RELEASE MO	3	PA
STALEVO 100 25 MG-100 MG-200 MG TABLET DL	4	PA
STALEVO 125 31.25 MG-125 MG-200 MG TABLET DL	4	PA
STALEVO 150 37.5 MG-150 MG-200 MG TABLET DL	4	PA
STALEVO 200 50 MG-200 MG-200 MG TABLET DL	4	PA
STALEVO 50 12.5 MG-50 MG-200 MG TABLET DL	4	PA
STALEVO 75 18.75 MG-75 MG-200 MG TABLET DL	4	PA
TASMAR 100 MG TABLET DL	4	PA
tolcapone 100 mg tablet DL	4	PA
trihexyphenidyl 2 mg, 5 mg tablet MO	1	PA
trihexyphenidyl 2 mg/5 ml elx MO	1	PA
XADAGO 100 MG, 50 MG TABLET MO	3	PA,QL (30 per 30 days)
ZELAPAR 1.25 MG DISINTEGRATING TABLET DL	4	
Antipsychotics		
ABILIFY 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG TABLET DL	4	QL (30 per 30 days)
ABILIFY MAINTENA 300 MG, 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE DL	4	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE DL	4	QL (1 per 28 days)
aripiprazole 1 mg/ml solution MO	1	QL (750 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>aripiprazole odt 10 mg, 15 mg tablet</i> MO	1	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE MO	4	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, EXTEND.REL. IM SYRINGE DL	4	QL (2.4 per 42 days)
<i>chlorpromazine 10 mg, 25 mg tablet</i> MO	1	B vs D
<i>chlorpromazine 100 mg, 200 mg, 50 mg tablet</i> MO	1	
<i>chlorpromazine 25 mg/ml amp</i> MO	1	
<i>clozapine 100 mg, 200 mg, 25 mg, 50 mg tablet</i> MO	1	
<i>clozapine odt 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg tablet</i> MO	1	PA
CLOZARIL 100 MG, 25 MG TABLET DL	4	
FANAPT 1 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK MO	3	PA,QL (60 per 30 days)
FANAPT 10 MG, 12 MG, 6 MG, 8 MG TABLET DL	4	PA,QL (60 per 30 days)
FAZACLO 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG DISINTEGRATING TABLET DL	4	PA
<i>fluphenazine dec 125 mg/5 ml</i> MO	1	
<i>fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg tablet</i> MO	1	
<i>fluphenazine 2.5 mg/5 ml elix</i> MO	1	
<i>fluphenazine 2.5 mg/ml vial</i> MO	1	
<i>fluphenazine 5 mg/ml conc</i> MO	1	
GEODON 20 MG, 40 MG, 60 MG, 80 MG CAPSULE DL	4	QL (60 per 30 days)
GEODON 20 MG/ML (FINAL CONCENTRATION) INTRAMUSCULAR SOLUTION MO	3	
HALDOL 5 MG/ML INJECTION SOLUTION MO	3	
HALDOL DECANOATE 100 MG/ML, 50 MG/ML INTRAMUSCULAR SOLUTION MO	3	PA
<i>haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg tablet</i> MO	1	
<i>haloperidol dec 100 mg/ml, 50 mg/ml vial; haloperidol decan 100 mg/ml, 50 mg/ml amp</i> MO	1	
<i>haloperidol lac 2 mg/ml conc</i> MO	1	
<i>haloperidol lac 5 mg/ml syring</i> MO	1	
<i>haloperidol lac 5 mg/ml vial</i> MO	1	
INVEGA 1.5 MG, 3 MG, 9 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
INVEGA 6 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	3	QL (2 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE DL	4	QL (2 per 28 days)
RISPERDAL M-TAB 0.5 MG ODT DL	4	QL (120 per 30 days)
RISPERDAL M-TAB 1 MG, 2 MG, 3 MG, 4 MG ODT DL	4	QL (60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet MO	1	QL (60 per 30 days)
risperidone 0.5 mg odt; risperidone 0.5 mg tablet MO	1	QL (120 per 30 days)
risperidone 1 mg/ml solution MO	1	
SAPHRIS 10 MG, 5 MG SUBLINGUAL TABLET MO	4	PA,QL (60 per 30 days)
SAPHRIS 2.5 MG SUBLINGUAL TABLET DL	4	PA,QL (60 per 30 days)
SEROQUEL 100 MG, 300 MG, 400 MG TABLET MO	3	QL (90 per 30 days)
SEROQUEL 200 MG, 25 MG, 50 MG TABLET MO	3	QL (120 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
SEROQUEL XR 300 MG, 400 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)
SEROQUEL XR 50 MG(3)-200 MG(1)-300 MG(11) TABLET, ER 24 HR DOSE PACK MO	3	PA,QL (15 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg tablet MO	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg capsule MO	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg tablet MO	1	
VERSACLOZ 50 MG/ML ORAL SUSPENSION DL	4	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK MO	3	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE DL	4	PA,QL (30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg capsule MO	1	QL (60 per 30 days)
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION MO	3	
ZYPREXA 10 MG, 2.5 MG, 5 MG, 7.5 MG TABLET DL	4	QL (30 per 30 days)
ZYPREXA 15 MG, 20 MG TABLET DL	4	QL (60 per 30 days)
ZYPREXA RELPREVV 210 MG INTRAMUSCULAR SUSPENSION MO	3	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG INTRAMUSCULAR SUSPENSION DL	4	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG INTRAMUSCULAR SUSPENSION DL	4	QL (1 per 28 days)
ZYPREXA ZYDIS 10 MG, 5 MG DISINTEGRATING TABLET DL	4	QL (30 per 30 days)
ZYPREXA ZYDIS 15 MG, 20 MG DISINTEGRATING TABLET DL	4	QL (60 per 30 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg, 20 mg tablet MO	1	
baclofen 5 mg tablet MO	1	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DANTRIUM 20 MG INTRAVENOUS SOLUTION MO	3	
DANTRIUM 25 MG, 50 MG CAPSULE MO	3	
<i>dantrolene sodium 100 mg, 25 mg, 50 mg cap</i> MO	1	
<i>revonto 20 mg intravenous solution</i> MO	1	
<i>tizanidine hcl 2 mg, 4 mg tablet</i> MO	1	
<i>tizanidine hcl 2 mg, 4 mg, 6 mg capsule</i> MO	1	ST
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE MO	3	ST
ZANAFLEX 4 MG TABLET MO	3	PA
Antivirals		
<i>abacavir 20 mg/ml solution</i> MO	1	QL (960 per 30 days)
<i>abacavir 300 mg tablet</i> MO	1	QL (60 per 30 days)
<i>abacavir-lamivudine 600-300 mg</i> MO	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidov tab</i> DL	4	QL (60 per 30 days)
<i>acyclovir 200 mg capsule</i> MO	1	
<i>acyclovir 200 mg/5 ml susp</i> MO	1	
<i>acyclovir 400 mg, 800 mg tablet</i> MO	1	
<i>acyclovir 5% ointment</i> MO	1	PA
<i>acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg vial</i> MO	1	B vs D
<i>adefovir dipivoxil 10 mg tab</i> DL	4	
APTIVUS 100 MG/ML ORAL SOLUTION DL	4	QL (285 per 28 days)
APTIVUS 250 MG CAPSULE DL	4	QL (120 per 30 days)
<i>atazanavir sulfate 150 mg, 200 mg cap</i> DL	4	QL (60 per 30 days)
<i>atazanavir sulfate 300 mg cap</i> DL	4	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML ORAL SOLUTION DL	4	QL (630 per 30 days)
BARACLUDE 0.5 MG, 1 MG TABLET DL	4	PA,QL (30 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
<i>cidofovir 375 mg/5 ml vial</i> MO	1	
CIMDUO 300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
COMBIVIR 150 MG-300 MG TABLET DL	4	QL (60 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET DL	4	QL (30 per 30 days)
COPEGUS 200 MG TABLET DL	4	QL (168 per 28 days)
CRIXIVAN 200 MG CAPSULE MO	3	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE MO	3	QL (270 per 30 days)
CYTOVENE 500 MG INTRAVENOUS SOLUTION DL	4	B vs D
DAKLINZA 30 MG, 60 MG, 90 MG TABLET DL	4	PA,QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DENA VIR 1 % TOPICAL CREAM MO	3	PA
DESCOVY 200 MG-25 MG TABLET DL	4	QL (30 per 30 days)
<i>didanosine dr 125 mg capsule</i> MO	1	QL (90 per 30 days)
<i>didanosine dr 200 mg capsule</i> MO	1	QL (60 per 30 days)
<i>didanosine dr 250 mg, 400 mg capsule</i> MO	1	QL (30 per 30 days)
EDURANT 25 MG TABLET DL	4	QL (30 per 30 days)
<i>efavirenz 200 mg capsule</i> DL	4	QL (120 per 30 days)
<i>efavirenz 50 mg capsule</i> MO	1	QL (480 per 30 days)
<i>efavirenz 600 mg tablet</i> DL	4	QL (30 per 30 days)
EMTRIVA 10 MG/ML ORAL SOLUTION MO	3	QL (680 per 28 days)
EMTRIVA 200 MG CAPSULE MO	3	QL (30 per 30 days)
<i>entecavir 0.5 mg, 1 mg tablet</i> MO	1	QL (30 per 30 days)
EPCLUSA 400 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
EPIVIR 10 MG/ML ORAL SOLUTION MO	3	
EPIVIR 150 MG TABLET MO	3	QL (60 per 30 days)
EPIVIR 300 MG TABLET MO	3	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET MO	3	QL (90 per 30 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) ORAL SOLUTION MO	3	
EPZICOM 600 MG-300 MG TABLET DL	4	QL (30 per 30 days)
EVOTAZ 300 MG-150 MG TABLET DL	4	QL (30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg tablet</i> MO	1	QL (90 per 30 days)
FAMVIR 125 MG, 250 MG, 500 MG TABLET MO	3	PA,QL (90 per 30 days)
FLUMADINE 100 MG TABLET MO	3	
<i>fosamprenavir 700 mg tablet</i> DL	4	QL (120 per 30 days)
<i>foscarnet 24 mg/ml infus bttl</i> MO	1	B vs D
FOSCAVIR 24 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D
FUZEON 90 MG SUBCUTANEOUS SOLUTION DL	4	QL (60 per 30 days)
<i>ganciclovir 50 mg/ml, 500 mg vial; ganciclovir 500 mg/10 ml vial</i> DL	4	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
HARVONI 90 MG-400 MG TABLET DL	4	PA,QL (28 per 28 days)
HEPSERA 10 MG TABLET DL	4	
INTELENCE 100 MG TABLET DL	4	QL (120 per 30 days)
INTELENCE 200 MG TABLET DL	4	QL (60 per 30 days)
INTELENCE 25 MG TABLET MO	3	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML INJECTION SOLUTION; INTRON A 10 MILLION UNIT (1 ML), 10 MILLION UNIT/ML, 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), 6 MILLION UNIT/ML SOLUTION FOR INJECTION DL	4	PA
INVIRASE 200 MG CAPSULE DL	4	QL (300 per 30 days)
INVIRASE 500 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET DL	4	QL (180 per 30 days)
ISENTRESS 100 MG ORAL POWDER PACKET MO	2	QL (300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET MO	3	QL (180 per 30 days)
ISENTRESS 400 MG TABLET DL	4	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET DL	4	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET DL	4	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET MO	3	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET DL	4	QL (150 per 30 days)
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION DL	4	
<i>lamivudine 10 mg/ml oral soln</i> MO	1	
<i>lamivudine 150 mg tablet</i> MO	1	QL (60 per 30 days)
<i>lamivudine 300 mg tablet</i> MO	1	QL (30 per 30 days)
<i>lamivudine hbv 100 mg tablet</i> MO	1	QL (90 per 30 days)
<i>lamivudine-zidovudine tablet</i> MO	1	QL (60 per 30 days)
LEXIVA 50 MG/ML ORAL SUSPENSION MO	3	QL (1575 per 28 days)
LEXIVA 700 MG TABLET DL	4	QL (120 per 30 days)
<i>lopinavir-ritonavir 80-20mg/ml</i> MO	1	
MAVYRET 100 MG-40 MG TABLET DL	4	PA,QL (84 per 28 days)
<i>moderiba 200 mg tablet</i> DL	4	QL (168 per 28 days)
<i>moderiba dose pack 200 mg (28)-400 mg (28) tablets</i> DL	4	QL (112 per 28 days)
<i>moderiba dose pack 400 mg (28)-400 mg (28) tablets</i> DL	4	QL (84 per 28 days)
<i>moderiba dose pack 600 mg (28)-400 mg (28) tablets</i> DL	4	QL (112 per 30 days)
<i>moderiba dose pack 600 mg (28)-600 mg (28) tablets</i> DL	4	QL (56 per 28 days)
<i>nevirapine 200 mg tablet</i> MO	1	QL (60 per 30 days)
<i>nevirapine 50 mg/5 ml susp</i> MO	1	QL (1200 per 30 days)
<i>nevirapine er 100 mg tablet</i> MO	1	QL (120 per 30 days)
<i>nevirapine er 400 mg tablet</i> MO	1	QL (30 per 30 days)
NORVIR 100 MG CAPSULE MO	3	QL (360 per 30 days)
NORVIR 100 MG ORAL POWDER PACKET DL	4	QL (360 per 30 days)
NORVIR 100 MG TABLET MO	3	QL (360 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORVIR 80 MG/ML ORAL SOLUTION MO	3	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET DL	4	QL (30 per 30 days)
OLYSIO 150 MG CAPSULE DL	4	PA,QL (28 per 28 days)
<i>oseltamivir 6 mg/ml suspension</i> MO	1	QL (1440 per 365 days)
<i>oseltamivir phos 30 mg capsule</i> MO	1	QL (224 per 365 days)
<i>oseltamivir phos 45 mg, 75 mg capsule</i> MO	1	QL (112 per 365 days)
PEGASYS 180 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2 per 28 days)
PEGASYS 180 MCG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (4 per 28 days)
PEGASYS PROCLICK 135 MCG/0.5 ML, 180 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2 per 28 days)
PEGINTRON 120 MCG KIT; PEGINTRON 120 MCG/0.5 ML, 50 MCG/0.5 ML SUBCUTANEOUS KIT DL	4	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG; PEGINTRON REDIPEN 150 MCG; PEGINTRON REDIPEN 50 MCG DL	4	PA,QL (4 per 28 days)
PREZCOBIX 800 MG-150 MG TABLET DL	4	QL (30 per 30 days)
PREZISTA 100 MG/ML ORAL SUSPENSION DL	4	QL (360 per 30 days)
PREZISTA 150 MG TABLET MO	3	QL (240 per 30 days)
PREZISTA 600 MG TABLET DL	4	QL (60 per 30 days)
PREZISTA 75 MG TABLET DL	4	QL (480 per 30 days)
PREZISTA 800 MG TABLET DL	4	QL (30 per 30 days)
REBETOL 40 MG/ML ORAL SOLUTION MO	3	QL (1000 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION POWDER FOR INHALATION MO	3	QL (60 per 180 days)
RESCRIPTOR 100 MG DISPERSIBLE TABLET MO	3	QL (360 per 30 days)
RESCRIPTOR 200 MG TABLET MO	3	QL (180 per 30 days)
RETROVIR 10 MG/ML INTRAVENOUS SOLUTION MO	3	
RETROVIR 10 MG/ML SYRUP MO	3	QL (1680 per 28 days)
RETROVIR 100 MG CAPSULE MO	3	QL (180 per 30 days)
REYATAZ 150 MG, 200 MG CAPSULE DL	4	QL (60 per 30 days)
REYATAZ 300 MG CAPSULE DL	4	QL (30 per 30 days)
REYATAZ 50 MG ORAL POWDER PACKET MO	3	
<i>ribasphere 200 mg capsule</i> DL	4	QL (168 per 28 days)
<i>ribasphere 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>ribasphere 400 mg tablet</i> MO	1	QL (112 per 30 days)
<i>ribasphere 600 mg tablet</i> MO	1	
RIBASPHERE RIBAPAK 200 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 200 MG (7)-400 MG (7) TABLETS IN A DOSE PACK DL	4	QL (112 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RIBASPHERE RIBAPAK 400 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 400 MG (7)-400 MG (7) TABLETS IN A DOSE PACK DL	4	QL (84 per 28 days)
RIBASPHERE RIBAPAK 600 MG (28)-400 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-400 MG (7) TABLETS IN A DOSE PACK DL	4	QL (112 per 30 days)
RIBASPHERE RIBAPAK 600 MG (28)-600 MG (28) TABLETS IN A DOSE PACK; RIBASPHERE RIBAPAK 600 MG (7)-600 MG (7) TABLETS IN A DOSE PACK DL	4	QL (56 per 28 days)
<i>ribavirin 200 mg capsule</i> MO	1	QL (168 per 28 days)
<i>ribavirin 200 mg tablet</i> MO	1	QL (168 per 28 days)
<i>ribavirin 6 gm inhalation vial</i> DL	4	B vs D
<i>rimantadine hcl 100 mg tablet</i> MO	1	
<i>ritonavir 100 mg tablet</i> MO	1	QL (360 per 30 days)
SELZENTRY 150 MG TABLET DL	4	QL (240 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLUTION DL	4	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET MO	3	QL (240 per 30 days)
SELZENTRY 300 MG, 75 MG TABLET DL	4	QL (120 per 30 days)
SOVALDI 400 MG TABLET DL	4	PA,QL (28 per 28 days)
<i>stavudine 15 mg, 20 mg capsule</i> MO	1	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg capsule</i> MO	1	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET DL	4	QL (30 per 30 days)
SUSTIVA 200 MG CAPSULE DL	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE DL	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET DL	4	QL (30 per 30 days)
SYLATRON 200 MCG, 300 MCG, 600 MCG SUBCUTANEOUS KIT DL	4	PA,QL (4 per 28 days)
SYMFI 600 MG-300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET DL	4	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET DL	4	QL (30 per 30 days)
TAMIFLU 30 MG CAPSULE MO	3	PA,QL (224 per 365 days)
TAMIFLU 45 MG, 75 MG CAPSULE MO	3	PA,QL (112 per 365 days)
TAMIFLU 6 MG/ML ORAL SUSPENSION MO	3	PA,QL (1440 per 365 days)
TECHNIVIE 12.5 MG-75 MG-50 MG TABLET DL	4	PA,QL (56 per 28 days)
<i>tenofovir disop fum 300 mg tb</i> DL	4	QL (30 per 30 days)
TIVICAY 10 MG TABLET MO	3	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET DL	4	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i> MO	1	
TRIUMEQ 600 MG-50 MG-300 MG TABLET DL	4	QL (30 per 30 days)
TRIZIVIR 300 MG-150 MG-300 MG TABLET DL	4	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) INTRAVENOUS SOLUTION DL	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
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	4	QL (30 per 30 days)
TYBOST 150 MG TABLET MO	3	QL (30 per 30 days)
TYZEKA 600 MG TABLET DL	4	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg tablet MO	1	QL (90 per 30 days)
VALCYTE 450 MG TABLET DL	4	PA,QL (120 per 30 days)
VALCYTE 50 MG/ML ORAL SOLUTION DL	4	PA,QL (1056 per 30 days)
valganciclovir 450 mg tablet DL	4	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml DL	4	QL (1056 per 30 days)
VALTREX 1 GRAM, 500 MG TABLET MO	3	PA,QL (90 per 30 days)
VEMLIDY 25 MG TABLET DL	4	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	3	QL (1200 per 30 days)
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION MO	3	QL (1200 per 30 days)
VIDEX EC 125 MG CAPSULE, DELAYED RELEASE MO	3	QL (90 per 30 days)
VIDEX EC 200 MG CAPSULE, DELAYED RELEASE MO	3	QL (60 per 30 days)
VIDEX EC 250 MG, 400 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
VIEKIRA PAK 12.5 MG-75 MG-50 MG/250 MG TABLETS IN A DOSE PACK DL	4	PA,QL (112 per 28 days)
VIEKIRA XR 8.33 MG-50 MG-33.33 MG-200 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (84 per 28 days)
VIRACEPT 250 MG TABLET DL	4	QL (300 per 30 days)
VIRACEPT 625 MG TABLET DL	4	QL (120 per 30 days)
VIRAMUNE 200 MG TABLET DL	4	QL (60 per 30 days)
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION DL	4	QL (1200 per 30 days)
VIRAMUNE XR 100 MG TABLET, EXTENDED RELEASE DL	4	QL (120 per 30 days)
VIRAMUNE XR 400 MG TABLET, EXTENDED RELEASE DL	4	QL (30 per 30 days)
VIRAZOLE 6 GRAM SOLUTION FOR INHALATION DL	4	B vs D
VIREAD 150 MG, 200 MG, 250 MG, 300 MG TABLET DL	4	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER DL	4	QL (240 per 30 days)
VIROPTIC 1 % EYE DROPS MO	3	
VITEKTA 150 MG, 85 MG TABLET DL	4	QL (30 per 30 days)
VOSEVI 400 MG-100 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
XERESE 5 %-1 % TOPICAL CREAM DL	4	
ZEPATIER 50 MG-100 MG TABLET DL	4	PA,QL (28 per 28 days)
ZERIT 1 MG/ML ORAL SOLUTION MO	3	QL (2400 per 30 days)
ZERIT 15 MG, 20 MG CAPSULE MO	3	QL (120 per 30 days)
ZERIT 30 MG, 40 MG CAPSULE MO	3	QL (60 per 30 days)
ZIAGEN 20 MG/ML ORAL SOLUTION MO	3	QL (960 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZIAGEN 300 MG TABLET MO	3	QL (60 per 30 days)
zidovudine 100 mg capsule MO	1	QL (180 per 30 days)
zidovudine 300 mg tablet MO	1	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup MO	1	QL (1680 per 28 days)
ZIRGAN 0.15 % EYE GEL MO	3	QL (5 per 30 days)
ZOVIRAX 200 MG CAPSULE MO	3	PA
ZOVIRAX 200 MG/5 ML ORAL SUSPENSION MO	3	PA
ZOVIRAX 400 MG, 800 MG TABLET MO	3	PA
ZOVIRAX 5 % TOPICAL CREAM DL	4	PA
ZOVIRAX 5 % TOPICAL OINTMENT DL	4	PA
Anxiolytics		
alprazolam 0.25 mg, 0.5 mg, 1 mg tablet DL	1	QL (120 per 30 days)
alprazolam 2 mg tablet DL	1	QL (150 per 30 days)
alprazolam er 0.5 mg, 1 mg, 2 mg, 3 mg tablet DL	1	QL (60 per 30 days)
alprazolam odt 0.25 mg, 0.5 mg, 1 mg, 2 mg tab DL	1	
alprazolam intensol 1 mg/ml oral concentrate DL	1	
ATIVAN 0.5 MG, 1 MG TABLET DL	4	PA,QL (90 per 30 days)
ATIVAN 2 MG TABLET DL	4	PA,QL (150 per 30 days)
ATIVAN 2 MG/ML, 4 MG/ML INJECTION SOLUTION DL	3	PA
bupirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg tablet MO	1	
chlordiazepoxide 10 mg, 25 mg, 5 mg capsule DL	1	PA,QL (120 per 30 days)
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; clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg tablet DL	1	
clorazepate 15 mg, 3.75 mg, 7.5 mg tablet DL	1	
diazepam 10 mg tablet DL	1	QL (120 per 30 days)
diazepam 10 mg/2 ml carpject DL	1	
diazepam 2 mg, 5 mg tablet DL	1	QL (90 per 30 days)
diazepam 5 mg/5 ml solution DL	1	QL (1200 per 30 days)
diazepam 5 mg/ml oral conc DL	1	QL (240 per 30 days)
diazepam 5 mg/ml vial DL	1	
diazepam intensol 5 mg/ml oral concentrate DL	1	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg capsule MO	1	PA
doxepin 10 mg/ml oral conc MO	1	PA
estazolam 1 mg, 2 mg tablet DL	1	QL (30 per 30 days)
HALCION 0.25 MG TABLET DL	3	PA,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml soln; hydroxyzine 10 mg/5 ml, 25 mg/ml, 50 mg/ml vial MO	1	
hydroxyzine hcl 10 mg, 25 mg, 50 mg tablet MO	1	
KLONOPIN 0.5 MG, 1 MG, 2 MG TABLET DL	3	PA
lorazepam 0.5 mg, 1 mg tablet DL	1	QL (90 per 30 days)
lorazepam 2 mg tablet DL	1	QL (150 per 30 days)
lorazepam 2 mg/ml oral concent DL	1	QL (150 per 30 days)
lorazepam 2 mg/ml, 4 mg/ml carpject DL	1	
lorazepam 2 mg/ml, 4 mg/ml vial; lorazepam 40 mg/10 ml vial DL	1	
lorazepam intensol 2 mg/ml oral concentrate DL	1	QL (150 per 30 days)
meprobamate 200 mg, 400 mg tablet MO	1	PA
oxazepam 10 mg, 15 mg, 30 mg capsule DL	1	
TRANXENE T-TAB 3.75 MG, 7.5 MG; TRANXENE T-TAB 3.75 MG, 7.5 MG TABLET DL	4	PA
triazolam 0.125 mg, 0.25 mg tablet DL	1	QL (30 per 30 days)
VALIUM 10 MG TABLET DL	3	PA,QL (120 per 30 days)
VALIUM 2 MG, 5 MG TABLET DL	3	PA,QL (90 per 30 days)
XANAX 0.25 MG, 0.5 MG, 1 MG TABLET DL	4	PA,QL (120 per 30 days)
XANAX 2 MG TABLET DL	4	PA,QL (150 per 30 days)
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET,EXTENDED RELEASE DL	3	PA,QL (60 per 30 days)
Bipolar Agents		
lithium carbonate 150 mg, 300 mg, 600 mg cap MO	1	
lithium carbonate 300 mg tab MO	1	
lithium carbonate er 300 mg, 450 mg tb MO	1	
lithium 8 meq/5 ml solution MO	1	
LITHOBID 300 MG TABLET,EXTENDED RELEASE DL	4	
Blood Glucose Regulators		
acarbose 100 mg, 25 mg, 50 mg tablet MO	1	
ACTOPLUS MET 15 MG-500 MG TABLET; ACTOPLUS MET 15 MG-850 MG TABLET MO	3	PA,QL (90 per 30 days)
ACTOPLUS MET XR 15 MG-1,000 MG TABLET,EXTENDED RELEASE; ACTOPLUS MET XR 30 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
ACTOS 15 MG, 30 MG, 45 MG TABLET MO	3	PA,QL (30 per 30 days)
ADLYXIN 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR; ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (6 per 28 days)
ADMELOG SOLOSTAR U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS PEN MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ADMELOG U-100 INSULIN LISPRO 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	ST
AFREZZA 12 UNIT, 4 UNIT, 4 UNIT (30)/ 8 UNIT (60), 4 UNIT (60)/ 8 UNIT (30), 8 UNIT, 8 UNIT (60)/ 12 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 30-4 UNIT / 60-8 UNIT; AFREZZA 4 UNIT (60)/8 UNIT (30) CARTRIDGE WITH INHALER; AFREZZA 60-8 UNIT / 30-12 UNIT MO	3	PA,QL (90 per 30 days)
AFREZZA 4 UNIT (60)/8 UNIT (60)/12 UNIT (60) CARTRIDGE WITH INHALER; AFREZZA 4 UNIT (90)/8 UNIT (90) CARTRIDGE WITH INHALER MO	3	PA,QL (180 per 30 days)
AMARYL 1 MG, 2 MG, 4 MG TABLET MO	3	PA
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	ST
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	ST
AVANDIA 2 MG, 4 MG TABLET MO	3	QL (60 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	PA
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MO	3	QL (4 per 28 days)
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR MO	3	QL (4 per 28 days)
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	QL (3.4 per 28 days)
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR; BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (2.4 per 30 days)
<i>chlorpropamide 100 mg, 250 mg tablet</i> MO	1	PA
CYCLOSET 0.8 MG TABLET MO	3	ST,QL (180 per 30 days)
DUETACT 30 MG-2 MG TABLET; DUETACT 30 MG-4 MG TABLET MO	3	QL (30 per 30 days)
FARXIGA 10 MG, 5 MG TABLET MO	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
FIASP U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
FORTAMET 1,000 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
FORTAMET 500 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (150 per 30 days)
<i>glimepiride 1 mg, 2 mg, 4 mg tablet</i> MO	1	
<i>glipizide 10 mg, 5 mg tablet</i> MO	1	
<i>glipizide er 10 mg, 2.5 mg, 5 mg tablet; glipizide xl 10 mg, 2.5 mg, 5 mg tablet</i> MO	1	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> MO	1	
GLUCAGEN HYPOKIT 1 MG INJECTION MO	2	
GLUCAGON EMERGENCY KIT (HUMAN-RECOMB) 1 MG INJECTION MO	3	ST
GLUCOPHAGE 1,000 MG, 500 MG, 850 MG TABLET MO	3	PA
GLUCOPHAGE XR 500 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLUCOPHAGE XR 750 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
GLUCOTROL 10 MG, 5 MG TABLET MO	3	
GLUCOTROL XL 10 MG, 2.5 MG, 5 MG TABLET,EXTENDED RELEASE MO	3	
GLUCOVANCE 2.5-500 MG, 5-500 MG TABLET MO	3	PA
GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (60 per 30 days)
GLUMETZA 500 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
glyburide 1.25 mg, 2.5 mg, 5 mg tablet MO	1	PA
glyburide micro 1.5 mg, 3 mg, 6 mg tab; glyburide micro 1.5 mg, 3 mg, 6 mg tablet MO	1	PA
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg MO	1	PA
GLYNASE 1.5 MG, 3 MG, 6 MG TABLET MO	3	PA
GLYSET 100 MG, 25 MG, 50 MG TABLET MO	3	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET MO	2	QL (30 per 30 days)
HUMALOG JUNIOR KWIKPEN (U-100) 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN MO	3	ST
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS; HUMALOG KWIKPEN U-200 INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	ST
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	ST
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	ST
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	ST
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	ST
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	ST
HUMULIN 70/30 U-100 INSULIN KWIKPEN 100 UNIT/ML SUBCUTANEOUS MO	3	ST
HUMULIN N NPH U-100 INSULIN KWIKPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS MO	3	ST
HUMULIN N NPH U-100 INSULIN (ISOPHANE SUSP) 100 UNIT/ML SUBCUTANEOUS MO	3	ST
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION MO	3	ST

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN DL	4	
HUMULIN R U-500 (CONC) INSULIN KWIKPEN 500 UNIT/ML (3 ML) SUBCUTANEOUS DL	4	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET MO	2	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET MO	2	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET MO	2	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	2	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET MO	2	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET MO	2	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
KAZANO 12.5 MG-1,000 MG TABLET; KAZANO 12.5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE; KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
LANTUS U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
LEVEMIR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	2	
<i>metformin er 1,000 mg osm-tab; metformin hcl er 1,000 mg tab</i> DL	4	ST,QL (60 per 30 days)
<i>metformin hcl 1,000 mg, 500 mg, 850 mg tablet</i> MO	1	
<i>metformin hcl 500 mg/5 ml soln</i> MO	1	QL (750 per 30 days)
<i>metformin hcl er 500 mg osm-tb</i> DL	4	ST,QL (150 per 30 days)
<i>metformin hcl er 500 mg tablet</i> DL	4	ST,QL (120 per 30 days)
<i>metformin hcl er 500 mg tablet</i> MO	1	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i> MO	1	QL (60 per 30 days)

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<i>migliitol 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	
<i>nateglinide 120 mg, 60 mg tablet</i> ^{MO}	1	
NESSINA 12.5 MG, 25 MG, 6.25 MG TABLET ^{MO}	3	QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION ^{MO}	2	
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP ^{MO}	2	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION ^{MO}	2	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS ^{MO}	2	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	2	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN ^{MO}	2	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDG ^{MO}	2	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS SOLUTION ^{MO}	2	
ONGLYZA 2.5 MG, 5 MG TABLET ^{MO}	3	QL (30 per 30 days)
OSENI 12.5 MG-15 MG TABLET; OSENI 12.5 MG-30 MG TABLET; OSENI 12.5 MG-45 MG TABLET; OSENI 25 MG-15 MG TABLET; OSENI 25 MG-30 MG TABLET; OSENI 25 MG-45 MG TABLET ^{MO}	3	QL (30 per 30 days)
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	2	QL (1.5 per 28 days)
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR ^{MO}	2	QL (3 per 28 days)
<i>pioglitazone hcl 15 mg, 30 mg, 45 mg tablet</i> ^{MO}	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride 30-2; pioglitazone-glimepiride 30-4</i> ^{MO}	1	QL (30 per 30 days)
<i>pioglitazone-metformin 15-500; pioglitazone-metformin 15-850</i> ^{MO}	1	QL (90 per 30 days)
PRANDIN 0.5 MG, 1 MG, 2 MG TABLET ^{MO}	3	
PRECOSE 100 MG, 25 MG, 50 MG TABLET ^{MO}	3	
PROGLYCEM 50 MG/ML ORAL SUSPENSION ^{MO}	3	
QTERN 10 MG-5 MG TABLET ^{MO}	3	PA,QL (30 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg tablet</i> ^{MO}	1	
<i>repaglinide-metformin 1-500 mg, 2-500 mg</i> ^{MO}	1	
RIOMET 500 MG/5 ML ORAL SOLUTION ^{MO}	3	QL (750 per 30 days)
SEGLUROMET 2.5 MG-1,000 MG TABLET; SEGLUROMET 2.5 MG-500 MG TABLET; SEGLUROMET 7.5 MG-1,000 MG TABLET; SEGLUROMET 7.5 MG-500 MG TABLET ^{MO}	3	ST,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN MO	2	ST,QL (15 per 24 days)
STARLIX 120 MG, 60 MG TABLET MO	3	PA
STEGLATRO 15 MG, 5 MG TABLET MO	3	ST,QL (30 per 30 days)
STEGLUJAN 15 MG-100 MG TABLET; STEGLUJAN 5 MG-100 MG TABLET MO	3	PA,QL (30 per 30 days)
SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR DL	4	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	QL (10.5 per 28 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET MO	2	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE MO	2	QL (60 per 30 days)
TANZEUM 30 MG/0.5 ML, 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	3	ST,QL (4 per 28 days)
tolazamide 250 mg, 500 mg tablet MO	1	
tolbutamide 500 mg tablet MO	1	
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) SUBCUTANEOUS PEN MO	2	
TRADJENTA 5 MG TABLET MO	2	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS PEN MO	2	
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR MO	2	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	2	QL (9 per 30 days)
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE; XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN MO	2	ST,QL (15 per 30 days)
Blood Products/Modifiers/Volume Expanders		
AGGRASTAT CONCENTRATE 250 MCG/ML INTRAVENOUS MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN 0.9 % SODIUM CHLORIDE IV; AGGRASTAT 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) IN ISO-OSMOTIC SODIUM CHLORIDE IV MO	3	
AGGRENOX 25 MG-200 MG CAPSULE, EXTENDED RELEASE MO	3	ST
AGRYLIN 0.5 MG CAPSULE MO	3	PA
AMICAR 1,000 MG, 500 MG TABLET DL	4	
AMICAR 250 MG/ML (25 %) ORAL SOLUTION DL	4	
<i>aminocaproic acid 5 g/20 ml vial</i> MO	1	
<i>anagrelide hcl 0.5 mg, 1 mg capsule</i> MO	1	
ARANESP 10 MCG/0.4 ML, 40 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE DL	3	PA,QL (1.6 per 30 days)
ARANESP 100 MCG/0.5 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (2 per 30 days)
ARANESP 100 MCG/ML, 200 MCG/ML, 300 MCG/ML (IN POLYSORBATE) INJECTION DL	4	PA,QL (4 per 30 days)
ARANESP 150 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (1.2 per 30 days)
ARANESP 150 MCG/0.75 ML (IN POLYSORBATE) INJECTION DL	4	PA,QL (3 per 30 days)
ARANESP 200 MCG/0.4 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (1.6 per 30 days)
ARANESP 25 MCG/0.42 ML (IN POLYSORBATE) INJECTION SYRINGE DL	3	PA,QL (1.68 per 30 days)
ARANESP 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (IN POLYSORBATE) INJECTION DL	3	PA,QL (4 per 30 days)
ARANESP 300 MCG/0.6 ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (2.4 per 30 days)
ARANESP 500 MCG/ML (IN POLYSORBATE) INJECTION SYRINGE DL	4	PA,QL (4 per 30 days)
ARANESP 60 MCG/0.3 ML (IN POLYSORBATE) INJECTION SYRINGE DL	3	PA,QL (1.2 per 30 days)
ARIXTRA 10 MG/0.8 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (24 per 30 days)
ARIXTRA 2.5 MG/0.5 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (15 per 30 days)
ARIXTRA 5 MG/0.4 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (12 per 30 days)
ARIXTRA 7.5 MG/0.6 ML SUBCUTANEOUS SOLUTION SYRINGE DL	4	PA,QL (18 per 30 days)
<i>aspirin-dipyridam er 25-200 mg</i> MO	1	ST
<i>azacitidine 100 mg vial</i> DL	4	PA
BEVYXXA 40 MG, 80 MG CAPSULE MO	3	PA,QL (41 per 41 days)
BRILINTA 60 MG, 90 MG TABLET MO	2	QL (60 per 30 days)
<i>cilostazol 100 mg, 50 mg tablet</i> MO	1	
<i>clopidogrel 300 mg tablet</i> MO	1	
<i>clopidogrel 75 mg tablet</i> MO	1	QL (30 per 30 days)
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG TABLET MO	3	
CYKLOKAPRON 1,000 MG/10 ML (100 MG/ML) INTRAVENOUS SOLUTION DL	4	PA
<i>dipyridamole 25 mg, 50 mg, 75 mg tablet</i> MO	1	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DOPTELET 20 MG TABLET DL	4	PA,QL (15 per 30 days)
EFFIENT 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	2	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	2	QL (74 per 30 days)
enoxaparin 100 mg/ml, 150 mg/ml syringe MO	1	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml syr MO	1	QL (22.4 per 28 days)
enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml syr MO	1	QL (16.8 per 28 days)
enoxaparin 300 mg/3 ml vial MO	1	QL (84 per 28 days)
enoxaparin 40 mg/0.4 ml syr MO	1	QL (11.2 per 28 days)
EPOGEN 10,000 UNIT/ML, 20,000 UNIT/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
EPOGEN 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION DL	3	PA,QL (14 per 30 days)
EPOGEN 20,000 UNIT/2 ML INJECTION SOLUTION DL	3	PA,QL (28 per 30 days)
eptifibatide 200 mg/100 ml vl; eptifibatide 75 mg/100 ml vial MO	1	
fondaparinux 10 mg/0.8 ml syr DL	4	QL (24 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr MO	1	QL (15 per 30 days)
fondaparinux 5 mg/0.4 ml syr DL	4	QL (12 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr DL	4	QL (18 per 30 days)
FRAGMIN 10,000 ANTI-XA UNIT/ML SUBCUTANEOUS SYRINGE DL	4	QL (30 per 30 days)
FRAGMIN 12,500 ANTI-XA UNIT/0.5 ML SUBCUTANEOUS SYRINGE DL	4	QL (15 per 30 days)
FRAGMIN 15,000 ANTI-XA UNIT/0.6 ML SUBCUTANEOUS SYRINGE DL	4	QL (18 per 30 days)
FRAGMIN 18,000 ANTI-XA UNIT/0.72 ML SUBCUTANEOUS SYRINGE DL	4	QL (21.6 per 30 days)
FRAGMIN 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML SUBCUTANEOUS SYRINGE MO	3	QL (6 per 30 days)
FRAGMIN 25,000 ANTI-XA UNIT/ML SUBCUTANEOUS SOLUTION DL	4	QL (22.8 per 30 days)
FRAGMIN 7,500 ANTI-XA UNIT/0.3 ML SUBCUTANEOUS SYRINGE DL	4	QL (9 per 30 days)
FULPHILA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.2 per 28 days)
GRANIX 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (7 per 28 days)
GRANIX 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 28 days)
heparin 40,000 unit/4 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml vl MO	1	
heparin sod 5,000 unit/ml syr MO	1	
heparin sod 5,000 unit/ml syrg MO	1	
heparin 2,000 unit/2 ml vial; heparin sod 5,000 unit/ 0.5 ml MO	1	
heparin sod 5,000 unit/0.5 ml MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
INTEGRILIN 0.75 MG/ML, 2 MG/ML INTRAVENOUS SOLUTION MO	3	
<i>gantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> MO	1	
KENGREAL 50 MG INTRAVENOUS SOLUTION DL	4	
LEUKINE 250 MCG SOLUTION FOR INJECTION DL	4	PA
LOVENOX 100 MG/ML, 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (28 per 28 days)
LOVENOX 120 MG/0.8 ML, 80 MG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (22.4 per 28 days)
LOVENOX 30 MG/0.3 ML, 60 MG/0.6 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (16.8 per 28 days)
LOVENOX 300 MG/3 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (84 per 28 days)
LOVENOX 40 MG/0.4 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 28 days)
LYSTEDA 650 MG TABLET MO	3	QL (30 per 5 days)
MIRCERA 100 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (1.2 per 28 days)
MIRCERA 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (0.6 per 28 days)
MIRCERA 50 MCG/0.3 ML, 75 MCG/0.3 ML INJECTION SYRINGE DL	4	PA,QL (0.9 per 28 days)
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (9.6 per 30 days)
MULPLETA 3 MG TABLET DL	4	PA,QL (7 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	4	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION DL	4	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (7 per 30 days)
NIVESTYM 480 MCG/0.8 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (11.2 per 30 days)
PLAVIX 300 MG TABLET MO	3	PA
PLAVIX 75 MG TABLET MO	3	PA,QL (30 per 30 days)
PRADAXA 110 MG, 150 MG, 75 MG CAPSULE MO	3	QL (60 per 30 days)
<i>prasugrel 10 mg, 5 mg tablet</i> MO	1	QL (30 per 30 days)
PROCRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION DL	3	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML INJECTION SOLUTION DL	3	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET DL	4	PA,QL (60 per 30 days)
PROMACTA 25 MG TABLET DL	4	PA,QL (30 per 30 days)
PROMACTA 50 MG TABLET DL	4	PA,QL (90 per 30 days)
REOPRO 10 MG/5 ML INTRAVENOUS SOLUTION DL	4	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML INJECTION SOLUTION DL	3	PA,QL (14 per 30 days)
RETACRIT 40,000 UNIT/ML INJECTION SOLUTION DL	4	PA,QL (14 per 30 days)
RIASTAP 1 GRAM (900 MG-1,300 MG) INTRAVENOUS SOLUTION MO	3	
SAVAYSA 15 MG, 30 MG, 60 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>tranexamic acid 1,000 mg/10 ml</i> MO	1	PA
<i>tranexamic acid 650 mg tablet</i> MO	1	QL (30 per 5 days)
VIDAZA 100 MG SOLUTION FOR INJECTION DL	4	PA
<i>warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg tablet</i> MO	1	
XARELTO 10 MG, 20 MG TABLET MO	2	QL (30 per 30 days)
XARELTO 15 MG (42)-20 MG (9) TABLETS IN A STARTER PACK MO	2	QL (51 per 30 days)
XARELTO 15 MG TABLET MO	2	QL (60 per 30 days)
YOSPRALA 325 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE; YOSPRALA 81 MG-40 MG TABLET,IMMEDIATE AND DELAY RELEASE MO	3	PA,QL (30 per 30 days)
ZARXIO 300 MCG/0.5 ML INJECTION SYRINGE DL	4	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML INJECTION SYRINGE DL	4	PA,QL (11.2 per 30 days)
ZONTIVITY 2.08 MG TABLET MO	3	PA,QL (30 per 30 days)
Cardiovascular Agents		
ACCUPRIL 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	
ACCURETIC 10 MG-12.5 MG TABLET; ACCURETIC 20 MG-12.5 MG TABLET; ACCURETIC 20 MG-25 MG TABLET MO	3	
<i>acebutolol 200 mg, 400 mg capsule</i> MO	1	
ACEON 4 MG, 8 MG TABLET MO	3	
<i>acetazolamide 125 mg, 250 mg tablet</i> MO	1	
<i>acetazolamide er 500 mg cap</i> MO	1	
<i>acetazolamide sod 500 mg vial</i> MO	1	
ADALAT CC 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
ADENOCARD 3 MG/ML INTRAVENOUS SYRINGE MO	3	
<i>adenosine 12 mg/4 ml syringe</i> MO	1	
<i>adenosine 12 mg/4 ml vial</i> MO	1	
<i>afeditab cr 30 mg, 60 mg tablet,extended release</i> MO	1	QL (60 per 30 days)
ALDACTAZIDE 25 MG-25 MG TABLET; ALDACTAZIDE 50 MG-50 MG TABLET MO	3	
ALDACTONE 100 MG, 25 MG, 50 MG TABLET MO	3	
ALTACE 1.25 MG, 10 MG, 2.5 MG, 5 MG CAPSULE MO	3	PA
ALTOPREV 20 MG, 40 MG, 60 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (30 per 30 days)
<i>amiloride hcl 5 mg tablet</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>amiloride hcl-hctz 5-50 mg tab</i> ^{MO}	1	
<i>amiodarone 150 mg/3 ml syringe</i> ^{MO}	1	
<i>amiodarone 900 mg/18 ml vial</i> ^{MO}	1	
<i>amiodarone hcl 100 mg, 200 mg, 400 mg tablet</i> ^{MO}	1	
<i>amlodipine besylate 10 mg, 2.5 mg, 5 mg tab</i> ^{MO}	1	
<i>amlodipine-atorvast 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> ^{MO}	1	QL (30 per 30 days)
<i>amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg; amlodipine-benazepril 2.5-10</i> ^{MO}	1	QL (60 per 30 days)
<i>amlodipine-benazepril 10-40 mg, 5-40 mg</i> ^{MO}	1	QL (30 per 30 days)
<i>amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> ^{MO}	1	QL (30 per 30 days)
<i>amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> ^{MO}	1	QL (30 per 30 days)
<i>amlod-vals-hctz 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg; amlod-vals-hctz 10-160-12.5mg</i> ^{MO}	1	QL (30 per 30 days)
<i>ANTARA 30 MG, 90 MG CAPSULE</i> ^{MO}	3	QL (30 per 30 days)
<i>ATACAND 16 MG, 4 MG, 8 MG TABLET</i> ^{MO}	3	ST,QL (60 per 30 days)
<i>ATACAND 32 MG TABLET</i> ^{MO}	3	ST,QL (30 per 30 days)
<i>ATACAND HCT 16 MG-12.5 MG TABLET; ATACAND HCT 32 MG-12.5 MG TABLET; ATACAND HCT 32 MG-25 MG TABLET</i> ^{MO}	3	ST,QL (30 per 30 days)
<i>atenolol 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	
<i>atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25</i> ^{MO}	1	
<i>atorvastatin 10 mg, 20 mg, 40 mg, 80 mg tablet</i> ^{MO}	1	QL (30 per 30 days)
<i>AVALIDE 150 MG-12.5 MG TABLET; AVALIDE 300 MG-12.5 MG TABLET</i> ^{MO}	3	PA,QL (30 per 30 days)
<i>AVAPRO 150 MG, 300 MG, 75 MG TABLET</i> ^{MO}	3	PA,QL (30 per 30 days)
<i>AZOR 10 MG-20 MG TABLET; AZOR 10 MG-40 MG TABLET; AZOR 5 MG-20 MG TABLET; AZOR 5 MG-40 MG TABLET</i> ^{MO}	3	PA,QL (30 per 30 days)
<i>benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg tablet</i> ^{MO}	1	
<i>benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg tab</i> ^{MO}	1	
<i>BENICAR 20 MG, 40 MG, 5 MG TABLET</i> ^{MO}	3	PA,QL (30 per 30 days)
<i>BENICAR HCT 20 MG-12.5 MG TABLET; BENICAR HCT 40 MG-12.5 MG TABLET; BENICAR HCT 40 MG-25 MG TABLET</i> ^{MO}	3	PA,QL (30 per 30 days)
<i>BETAPACE 120 MG, 160 MG, 240 MG, 80 MG TABLET</i> ^{MO}	3	PA
<i>BETAPACE AF 120 MG, 160 MG, 80 MG TABLET</i> ^{MO}	3	PA
<i>betaxolol 10 mg, 20 mg tablet</i> ^{MO}	1	
<i>BIDIL 20 MG-37.5 MG TABLET</i> ^{MO}	2	QL (180 per 30 days)
<i>bisoprolol fumarate 10 mg, 5 mg tab</i> ^{MO}	1	
<i>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</i> ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BREVIBLOC 100 MG/10 ML (10 MG/ML) INTRAVENOUS SOLUTION MO	3	
BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (20 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV; BREVIBLOC 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) IN SODIUM CHLORIDE (ISO-OSM) IV MO	3	
<i>bumetanide 0.25 mg/ml vial</i> MO	1	
<i>bumetanide 0.5 mg, 1 mg, 2 mg tablet</i> MO	1	
BYSTOLIC 10 MG TABLET MO	2	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG TABLET MO	2	QL (30 per 30 days)
BYSTOLIC 20 MG TABLET MO	2	QL (60 per 30 days)
BYVALSON 5 MG-80 MG TABLET MO	3	ST,QL (30 per 30 days)
CADUET 10 MG-10 MG TABLET; CADUET 10 MG-20 MG TABLET; CADUET 10 MG-40 MG TABLET; CADUET 10 MG-80 MG TABLET; CADUET 2.5 MG-10 MG TABLET; CADUET 2.5 MG-20 MG TABLET; CADUET 2.5 MG-40 MG TABLET; CADUET 5 MG-10 MG TABLET; CADUET 5 MG-20 MG TABLET; CADUET 5 MG-40 MG TABLET; CADUET 5 MG-80 MG TABLET MO	3	PA,QL (30 per 30 days)
CALAN 120 MG, 80 MG TABLET MO	3	
CALAN SR 120 MG, 180 MG, 240 MG TABLET,EXTENDED RELEASE MO	3	
<i>candesartan cilexetil 16 mg, 4 mg, 8 mg tab; candesartan cilexetil 16 mg, 4 mg, 8 mg tb</i> MO	1	QL (60 per 30 days)
<i>candesartan cilexetil 32 mg tb</i> MO	1	QL (30 per 30 days)
<i>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</i> MO	1	QL (30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg tablet</i> MO	1	
<i>captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg tablet</i> MO	1	
CARDIZEM 120 MG, 30 MG, 60 MG TABLET MO	3	
CARDIZEM CD 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
CARDIZEM CD 300 MG, 360 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CARDIZEM LA 120 MG, 300 MG, 360 MG, 420 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CARDIZEM LA 180 MG, 240 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
CARDURA 1 MG, 2 MG, 4 MG, 8 MG TABLET MO	3	
CARDURA XL 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
CAROSPIR 25 MG/5 ML ORAL SUSPENSION DL	4	PA,QL (450 per 30 days)
<i>cartia xt 120 mg, 180 mg, 240 mg capsule,extended release</i> MO	1	QL (60 per 30 days)
<i>cartia xt 300 mg capsule,extended release</i> MO	1	QL (30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg tablet</i> MO	1	
<i>carvedilol er 10 mg, 20 mg, 40 mg, 80 mg capsule</i> MO	1	QL (30 per 30 days)
CATAPRES 0.1 MG, 0.2 MG, 0.3 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CATAPRES-TTS-1 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-2 0.2 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
CATAPRES-TTS-3 0.3 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
chlorothiazide 250 mg, 500 mg tablet MO	1	
chlorothiazide sod 500 mg vial MO	1	
chlorthalidone 25 mg, 50 mg tablet MO	1	
cholestyramine packet; cholestyramine powder MO	1	
cholestyramine light 4 gram oral powder; cholestyramine light 4 gram powder for susp in a packet MO	1	
CLEVIPREX 25 MG/50 ML, 50 MG/100 ML INTRAVENOUS EMULSION MO	3	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch MO	1	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg tablet MO	1	
clorpres 0.1 mg-15 mg tablet; clorpres 0.2 mg-15 mg tablet; clorpres 0.3 mg-15 mg tablet MO	1	
COLESTID 1 GRAM TABLET MO	3	
COLESTID 5 GRAM ORAL GRANULES MO	3	
COLESTID 5 GRAM ORAL PACKET MO	3	
COLESTID FLAVORED 5 GRAM ORAL GRANULES MO	3	
COLESTID FLAVORED 7.5 GRAM PACKET MO	3	
colestipol hcl granules MO	1	
colestipol hcl granules packet MO	1	
colestipol micronized 1 gm tab MO	1	
COREG 12.5 MG, 25 MG, 3.125 MG, 6.25 MG TABLET MO	3	PA
COREG CR 10 MG, 20 MG, 40 MG, 80 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CORGARD 20 MG, 40 MG, 80 MG TABLET MO	3	PA
CORLANOR 5 MG, 7.5 MG TABLET MO	3	PA,QL (60 per 30 days)
CORLOPAM 10 MG/ML INTRAVENOUS SOLUTION MO	3	
CORVERT 0.1 MG/ML INTRAVENOUS SOLUTION MO	3	
CORZIDE 40 MG-5 MG TABLET; CORZIDE 80 MG-5 MG TABLET MO	3	
COZAAR 100 MG, 25 MG, 50 MG TABLET MO	3	PA,QL (60 per 30 days)
CRESTOR 10 MG, 20 MG, 40 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
DEMADEX 10 MG, 20 MG TABLET MO	3	
DEMSER 250 MG CAPSULE DL	4	
DIAMOX SEQUELS ER 500 MG CAP MO	3	PA
DIBENZYLIN 10 MG CAPSULE DL	4	
digitek 125 mcg tablet MO	1	QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>digitek 250 mcg tablet</i> ^{MO}	1	PA,QL (30 per 30 days)
<i>digox 125 mcg tablet</i> ^{MO}	1	QL (30 per 30 days)
<i>digox 250 mcg tablet</i> ^{MO}	1	PA,QL (30 per 30 days)
<i>digoxin 0.05 mg/ml solution; digoxin 500 mcg/2 ml ampule</i> ^{MO}	1	PA
<i>digoxin 125 mcg tablet</i> ^{MO}	1	QL (30 per 30 days)
<i>digoxin 250 mcg tablet</i> ^{MO}	1	PA,QL (30 per 30 days)
DILATRATE-SR 40 MG CAPSULE,EXTENDED RELEASE ^{MO}	3	
<i>dilt-xr 120 mg, 180 mg, 240 mg capsule, extended release</i> ^{MO}	1	QL (60 per 30 days)
<i>diltiazem 120 mg, 30 mg, 60 mg, 90 mg tablet</i> ^{MO}	1	
<i>diltiazem 12hr er 120 mg, 60 mg, 90 mg cap</i> ^{MO}	1	
<i>diltiazem 24hr er 120 mg, 180 mg, 240 mg cap</i> ^{MO}	1	QL (60 per 30 days)
<i>diltiazem 24hr er 180 mg, 240 mg tab</i> ^{MO}	1	QL (60 per 30 days)
<i>diltiazem 24hr er 300 mg, 360 mg, 420 mg cap</i> ^{MO}	1	QL (30 per 30 days)
<i>diltiazem 24hr er 300 mg, 360 mg, 420 mg tab</i> ^{MO}	1	QL (30 per 30 days)
<i>diltiazem 25 mg/5 ml vial; diltiazem hcl 100 mg, 5 mg/ml vial</i> ^{MO}	1	
<i>diltiazem er 120 mg, 180 mg, 240 mg capsule</i> ^{MO}	1	QL (60 per 30 days)
DIOVAN 160 MG, 320 MG, 40 MG, 80 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
DIOVAN HCT 160 MG-12.5 MG TABLET; DIOVAN HCT 160 MG-25 MG TABLET; DIOVAN HCT 320 MG-12.5 MG TABLET; DIOVAN HCT 320 MG-25 MG TABLET; DIOVAN HCT 80 MG-12.5 MG TABLET ^{MO}	3	PA,QL (30 per 30 days)
<i>disopyramide 100 mg, 150 mg capsule</i> ^{MO}	1	
DIURIL 250 MG/5 ML ORAL SUSPENSION ^{MO}	3	
DIURIL 500 MG INTRAVENOUS SOLUTION ^{MO}	3	
<i>dobutamine 12.5 mg/ml vial; dobutamine 250 mg/20 ml vial</i> ^{MO}	1	
<i>dobutamine 1 gm-d5w 250 ml; dobutamine 250 mg-d5w 250 ml; dobutamine 500 mg-d5w 250 ml</i> ^{MO}	1	
<i>dofetilide 125 mcg capsule</i> ^{MO}	1	QL (240 per 30 days)
<i>dofetilide 250 mcg capsule</i> ^{MO}	1	QL (120 per 30 days)
<i>dofetilide 500 mcg capsule</i> ^{MO}	1	QL (60 per 30 days)
<i>dopamine 160 mg/ml vial; dopamine 40 mg/ml vial; dopamine 80 mg/ml vial</i> ^{MO}	1	
<i>dopamine 200 mg-d5w 250 ml; dopamine 400 mg-d5w 250 ml; dopamine 400 mg-d5w 500 ml; dopamine 800 mg-d5w 250 ml; dopamine 800 mg-d5w 500 ml</i> ^{MO}	1	
<i>doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg tab</i> ^{MO}	1	
DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (120 per 30 days)
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE; DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (60 per 30 days)

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DYAZIDE 37.5 MG-25 MG CAPSULE MO	3	
DYRENIUM 100 MG, 50 MG CAPSULE MO	3	
EDARBI 40 MG, 80 MG TABLET MO	3	ST,QL (30 per 30 days)
EDARBYCLOR 40 MG-12.5 MG TABLET; EDARBYCLOR 40 MG-25 MG TABLET MO	3	ST,QL (30 per 30 days)
EDECIN 25 MG TABLET DL	4	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg tablet MO	1	
enalapril-hctz 10-25 mg, 5-12.5 mg tab; enalapril-hctz 10-25 mg, 5-12.5 mg tablet MO	1	
enalaprilat 1.25 mg/ml vial MO	1	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET MO	2	PA,QL (60 per 30 days)
EPANED 1 MG/ML ORAL SOLUTION; EPANED 1 MG/ML SOLUTION MO	3	
eplerenone 25 mg, 50 mg tablet MO	1	
eprosartan mesylate 600 mg tab MO	1	QL (60 per 30 days)
esmolol hcl 100 mg/10 ml vial MO	1	
esmolol 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)-nacl; esmolol 2,500 mg/250 ml-nacl MO	1	
ethacrynate sodium 50 mg vial MO	1	
ethacrynic acid 25 mg tablet DL	4	
EXFORGE 10 MG-160 MG TABLET; EXFORGE 10 MG-320 MG TABLET; EXFORGE 5 MG-160 MG TABLET; EXFORGE 5 MG-320 MG TABLET MO	3	PA,QL (30 per 30 days)
EXFORGE HCT 10 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 10 MG-160 MG-25 MG TABLET; EXFORGE HCT 10 MG-320 MG-25 MG TABLET; EXFORGE HCT 5 MG-160 MG-12.5 MG TABLET; EXFORGE HCT 5 MG-160 MG-25 MG TABLET MO	3	PA,QL (30 per 30 days)
ezetimibe 10 mg tablet MO	1	QL (30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg MO	1	ST,QL (30 per 30 days)
felodipine er 10 mg, 2.5 mg, 5 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 120 mg, 160 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 150 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 40 mg, 54 mg tablet MO	1	QL (60 per 30 days)
fenofibrate 50 mg capsule MO	1	QL (60 per 30 days)
fenofibrate 130 mg, 43 mg capsule MO	1	ST,QL (30 per 30 days)
fenofibrate 134 mg, 200 mg capsule MO	1	QL (30 per 30 days)
fenofibrate 67 mg capsule MO	1	QL (60 per 30 days)
fenofibrate 145 mg tablet MO	1	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>fenofibric acid 105 mg, 35 mg tablet</i> ^{MO}	2	QL (30 per 30 days)
<i>fenofibric acid dr 135 mg, 45 mg cap</i> ^{MO}	1	QL (30 per 30 days)
FENOGLIDE 120 MG TABLET ^{DL}	4	QL (30 per 30 days)
FENOGLIDE 40 MG TABLET ^{DL}	4	QL (60 per 30 days)
FIBRICOR 105 MG, 35 MG TABLET ^{MO}	3	QL (30 per 30 days)
<i>flecainide acetate 100 mg, 150 mg, 50 mg tab</i> ^{MO}	1	
FLOLIPID 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION ^{MO}	3	ST,QL (150 per 30 days)
<i>fluvastatin er 80 mg tablet</i> ^{MO}	1	ST,QL (30 per 30 days)
<i>fluvastatin sodium 20 mg, 40 mg cap</i> ^{MO}	1	ST,QL (60 per 30 days)
<i>fosinopril sodium 10 mg, 20 mg, 40 mg tab</i> ^{MO}	1	
<i>fosinopril-hctz 10-12.5 mg, 20-12.5 mg tab</i> ^{MO}	1	
<i>furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln</i> ^{MO}	1	
<i>furosemide 100 mg/10 ml syring</i> ^{MO}	1	
<i>furosemide 20 mg, 40 mg, 80 mg tablet</i> ^{MO}	1	
<i>gemfibrozil 600 mg tablet</i> ^{MO}	1	QL (60 per 30 days)
GONITRO 400 MCG SUBLINGUAL POWDER IN A PACKET ^{MO}	3	
<i>guanfacine 1 mg, 2 mg tablet</i> ^{MO}	1	PA
HEMANGEOL 4.28 MG/ML ORAL SOLUTION ^{MO}	3	
<i>hydralazine 10 mg, 100 mg, 25 mg, 50 mg tablet</i> ^{MO}	1	
<i>hydralazine 20 mg/ml vial</i> ^{MO}	1	
<i>hydrochlorothiazide 12.5 mg cp</i> ^{MO}	1	
<i>hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg tb</i> ^{MO}	1	
HYZAAR 100 MG-12.5 MG TABLET; HYZAAR 100 MG-25 MG TABLET; HYZAAR 50 MG-12.5 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
<i>ibutilide fum 1 mg/10 ml vial</i> ^{MO}	1	
<i>indapamide 1.25 mg, 2.5 mg tablet</i> ^{MO}	1	
INDERAL LA 120 MG, 160 MG, 60 MG, 80 MG CAPSULE,EXTENDED RELEASE ^{MO}	3	PA
INNOPRAN XL 120 MG, 80 MG CAPSULE,EXTENDED RELEASE ^{MO}	3	
INSPIRA 25 MG, 50 MG TABLET ^{MO}	3	PA
<i>irbesartan 150 mg, 300 mg, 75 mg tablet</i> ^{MO}	1	QL (30 per 30 days)
<i>irbesartan-hctz 150-12.5 mg, 300-12.5 mg tb</i> ^{MO}	1	QL (30 per 30 days)
<i>isochron 40 mg tablet,extended release</i> ^{MO}	1	
ISORDIL 40 MG TABLET ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ISORDIL TITRADOSE 5 MG TABLET MO	3	PA
isosorbide dinitr er 40 mg tab MO	1	
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg tab MO	1	
isosorbide mononit 10 mg, 20 mg tab MO	1	
isosorbide mononit er 120 mg, 30 mg, 60 mg; isosorbide mononit er 120 mg, 30 mg, 60 mg tb MO	1	
isradipine 2.5 mg, 5 mg capsule MO	1	
ISUPREL 0.2 MG/ML INJECTION SOLUTION MO	3	
JUXTAPID 10 MG, 30 MG, 40 MG, 5 MG, 60 MG CAPSULE DL	4	PA,QL (28 per 28 days)
JUXTAPID 20 MG CAPSULE DL	4	PA,QL (84 per 28 days)
KAPSPARGO SPRINKLE 100 MG, 25 MG, 50 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
KAPSPARGO SPRINKLE 200 MG CAPSULE,EXTENDED RELEASE MO	3	ST,QL (60 per 30 days)
KEVEYIS 50 MG TABLET DL	4	PA,QL (120 per 30 days)
KYNAMRO 200 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
labetalol hcl 100 mg, 200 mg, 300 mg tablet MO	1	
labetalol hcl 100 mg/20 ml vl MO	1	
LANOXIN 125 MCG, 62.5 MCG TABLET MO	3	QL (30 per 30 days)
LANOXIN 187.5 MCG, 250 MCG TABLET MO	3	PA,QL (30 per 30 days)
LANOXIN 250 MCG/ML INJECTION SOLUTION MO	3	PA
LANOXIN PEDIATRIC 100 MCG/ML INJECTION SOLUTION MO	3	PA
LASIX 20 MG, 40 MG, 80 MG TABLET MO	3	
LESCOL 20 MG, 40 MG CAPSULE MO	3	ST,QL (60 per 30 days)
LESCOL XL 80 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
LEVOPHED 1 MG/ML INTRAVENOUS SOLUTION MO	3	
lidocaine hcl 2% vial MO	1	
lidocaine 0.4% in d5w soln; lidocaine 0.8% in d5w soln MO	1	
LIPITOR 10 MG, 20 MG, 40 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
LIPOFEN 150 MG CAPSULE MO	3	QL (30 per 30 days)
LIPOFEN 50 MG CAPSULE MO	3	QL (60 per 30 days)
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg tablet MO	1	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab MO	1	
LIVALO 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL (30 per 30 days)
lofibra 134 mg, 200 mg capsule MO	1	QL (30 per 30 days)
lofibra 160 mg tablet MO	1	QL (30 per 30 days)
lofibra 54 mg tablet MO	1	QL (60 per 30 days)
lofibra 67 mg capsule MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOPID 600 MG TABLET MO	3	PA,QL (60 per 30 days)
LOPRESSOR 100 MG, 50 MG TABLET MO	3	
LOPRESSOR 5 MG/5 ML INTRAVENOUS SOLUTION MO	3	
LOPRESSOR HCT 50 MG-25 MG TABLET MO	3	
<i>losartan potassium 100 mg, 25 mg, 50 mg tab</i> MO	1	QL (60 per 30 days)
<i>losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg tab</i> MO	1	QL (60 per 30 days)
LOTENSIN 10 MG, 20 MG, 40 MG TABLET MO	3	
LOTENSIN HCT 10 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-12.5 MG TABLET; LOTENSIN HCT 20 MG-25 MG TABLET MO	3	
LOTREL 10 MG-20 MG CAPSULE; LOTREL 5 MG-10 MG CAPSULE; LOTREL 5 MG-20 MG CAPSULE MO	3	PA,QL (60 per 30 days)
LOTREL 10 MG-40 MG CAPSULE; LOTREL 5 MG-40 MG CAPSULE MO	3	PA,QL (30 per 30 days)
<i>lovastatin 10 mg, 20 mg, 40 mg tablet</i> MO	1	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE MO	3	PA,QL (120 per 30 days)
<i>mannitol 10% iv solution</i> MO	1	
<i>mannitol 20% iv solution</i> MO	1	
<i>mannitol 25% vial</i> MO	1	
<i>mannitol 5% iv solution</i> MO	1	
<i>matzim la 180 mg, 240 mg tablet,extended release</i> MO	1	QL (60 per 30 days)
<i>matzim la 300 mg, 360 mg, 420 mg tablet,extended release</i> MO	1	QL (30 per 30 days)
MAVIK 1 MG, 2 MG TABLET MO	3	
MAXZIDE 75 MG-50 MG TABLET MO	3	PA
MAXZIDE-25MG 37.5 MG-25 MG TABLET MO	3	PA
<i>methazolamide 25 mg, 50 mg tablet</i> MO	1	
<i>methyclothiazide 5 mg tablet</i> MO	1	
<i>methyldopa 250 mg, 500 mg tablet</i> MO	1	PA
<i>methyldopa-hctz 250-15 mg, 250-25 mg tab</i> MO	1	PA
<i>methyldopate 250 mg/5 ml vial</i> MO	1	PA
<i>metolazone 10 mg, 2.5 mg, 5 mg tablet</i> MO	1	
<i>metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg tab</i> MO	1	QL (60 per 30 days)
<i>metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg tab</i> MO	1	
<i>metoprolol 1 mg/ml carpject</i> MO	1	
<i>metoprolol tart 5 mg/5 ml vial</i> MO	1	
<i>metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg tb</i> MO	1	
<i>mexiletine 150 mg, 200 mg, 250 mg capsule</i> MO	1	
MICARDIS 20 MG, 40 MG TABLET MO	3	ST,QL (30 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MICARDIS 80 MG TABLET MO	3	ST,QL (60 per 30 days)
MICARDIS HCT 40 MG-12.5 MG TABLET; MICARDIS HCT 80 MG-25 MG TABLET MO	3	ST,QL (30 per 30 days)
MICARDIS HCT 80 MG-12.5 MG TABLET MO	3	ST,QL (60 per 30 days)
MICROZIDE 12.5 MG CAPSULE MO	3	
midodrine hcl 10 mg, 2.5 mg, 5 mg tablet MO	1	
milrinone lact 20 mg/20 ml vial DL	4	
milrinone-d5w 20 mg/100 ml; milrinone-d5w 40 mg/200 ml MO	1	
MINIPRESS 1 MG, 2 MG, 5 MG CAPSULE MO	3	
minitran 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr transdermal 24 hour patch MO	1	QL (30 per 30 days)
minitran 0.4 mg/hr transdermal 24 hour patch MO	1	QL (60 per 30 days)
minoxidil 10 mg, 2.5 mg tablet MO	1	
moexipril hcl 15 mg, 7.5 mg tablet MO	1	
moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tab; moexipril-hctz 15-12.5 mg, 15-25 mg, 7.5-12.5 mg tablet MO	1	
MULTAQ 400 MG TABLET MO	2	QL (60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg tablet MO	1	
nadolol-bendroflu 40-5 mg, 80-5 mg tab MO	1	
NATRECOR 1.5 MG INTRAVENOUS SOLUTION MO	3	
NEPTAZANE 25 MG, 50 MG TABLET MO	1	
NEXTERONE 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) INTRAVENOUS SOLUTION MO	3	
niacin er 1,000 mg, 500 mg, 750 mg tablet MO	1	
niacor 500 mg tablet MO	1	
NIASPAN 1,000 MG, 500 MG, 750 MG TABLET,EXTENDED RELEASE MO	3	PA
nicardipine 20 mg, 30 mg capsule MO	1	
nicardipine 25 mg/10 ml ampule MO	1	
nifedical xl 30 mg, 60 mg tablet MO	1	QL (60 per 30 days)
nifedipine 10 mg, 20 mg capsule MO	1	
nifedipine er 30 mg, 60 mg, 90 mg tablet MO	1	QL (60 per 30 days)
nimodipine 30 mg capsule MO	1	
nisoldipine er 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg tablet MO	1	QL (30 per 30 days)
nisoldipine er 25.5 mg, 30 mg tablet MO	1	QL (60 per 30 days)
NITRO-BID 2 % TRANSDERMAL OINTMENT MO	1	
NITRO-DUR 0.1 MG/HR, 0.2 MG/HR, 0.6 MG/HR TRANSDERMAL 24 HOUR PATCH MO	3	QL (30 per 30 days)
NITRO-DUR 0.3 MG/HR, 0.8 MG/HR TRANSDERMAL 24 HOUR PATCH MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NITRO-DUR 0.4 MG/HR TRANSDERMAL 24 HOUR PATCH MO	3	QL (60 per 30 days)
<i>nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr patch</i> MO	1	QL (30 per 30 days)
<i>nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg tablet sl</i> MO	1	
<i>nitroglycerin 0.4 mg/hr patch</i> MO	1	QL (60 per 30 days)
<i>nitroglycerin 400 mcg spray</i> MO	1	
<i>nitroglycerin 5 mg/ml vial</i> MO	1	
<i>nitroglycerin lingual 0.4 mg</i> MO	1	
<i>ntg 0.2 mg/ml in d5w; ntg 100 mg/250 ml in d5w; ntg 200 mg/500 ml in d5w; ntg 25 mg/250 ml in d5w; ntg 50 mg/500 ml in d5w</i> MO	1	
NITROLINGUAL 400 MCG/SPRAY MO	3	
NITROMIST 400 MCG/SPRAY TRANSLINGUAL AEROSOL MO	3	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET MO	2	
<i>norepinephrine 1 mg/ml vial</i> MO	1	
NORPACE 100 MG, 150 MG CAPSULE MO	3	
NORPACE CR 100 MG, 150 MG CAPSULE, EXTENDED RELEASE MO	3	
NORTHERA 100 MG, 200 MG CAPSULE DL	4	PA, QL (90 per 30 days)
NORTHERA 300 MG CAPSULE DL	4	PA, QL (180 per 30 days)
NORVASC 10 MG, 2.5 MG, 5 MG TABLET MO	3	PA
NYMALIZE 30 MG/10 ML ORAL SOLUTION DL	4	QL (1260 per 28 days)
NYMALIZE 60 MG/20 ML ORAL SOLUTION DL	4	QL (2838 per 28 days)
<i>olmesartan medoxomil 20 mg, 40 mg, 5 mg tab</i> MO	1	QL (30 per 30 days)
<i>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</i> MO	1	QL (30 per 30 days)
<i>olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg tab</i> MO	1	QL (30 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i> MO	1	QL (120 per 30 days)
OSMITROL 10 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 15 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 20 % INTRAVENOUS SOLUTION MO	3	
OSMITROL 5 % INTRAVENOUS SOLUTION MO	3	
PACERONE 100 MG, 400 MG TABLET MO	1	
<i>pacerone 200 mg tablet</i> MO	1	
<i>pentoxifylline er 400 mg tab</i> MO	1	
<i>perindopril erbumine 2 mg, 4 mg, 8 mg tab</i> MO	1	
<i>phenoxybenzamine hcl 10 mg cap</i> DL	4	
<i>phenylephrine 10 mg/ml vial</i> MO	1	

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<i>pindolol 10 mg, 5 mg tablet</i> MO	1	
PRALUENT PEN 150 MG/ML, 75 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2 per 28 days)
PRALUENT 150 MG/ML, 75 MG/ML SYRINGE DL	4	PA,QL (2 per 28 days)
PRAVACHOL 20 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
PRAVACHOL 40 MG TABLET MO	3	PA,QL (60 per 30 days)
<i>pravastatin sodium 10 mg, 20 mg, 80 mg tab</i> MO	1	QL (30 per 30 days)
<i>pravastatin sodium 40 mg tab</i> MO	1	QL (60 per 30 days)
<i>prazosin 1 mg, 2 mg, 5 mg capsule</i> MO	1	
PRESTALIA 14 MG-10 MG TABLET; PRESTALIA 3.5 MG-2.5 MG TABLET; PRESTALIA 7 MG-5 MG TABLET MO	3	QL (30 per 30 days)
<i>prevalite 4 gram oral powder; prevalite 4 gram powder for susp in a packet</i> MO	1	
PRINIVIL 10 MG, 20 MG, 5 MG TABLET MO	3	
<i>procainamide 100 mg/ml, 500 mg/ml vial</i> MO	1	
PROCARDIA 10 MG CAPSULE MO	3	PA
PROCARDIA XL 30 MG, 60 MG, 90 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
<i>propafenone hcl 150 mg, 225 mg, 300 mg tab; propafenone hcl 150 mg, 225 mg, 300 mg tablet</i> MO	1	
<i>propafenone hcl er 225 mg, 325 mg, 425 mg cap</i> MO	1	
<i>propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln</i> MO	1	
<i>propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg tablet</i> MO	1	
<i>propranolol er 120 mg, 160 mg, 60 mg, 80 mg capsule</i> MO	1	
<i>propranolol-hctz 40-25 mg, 80-25 mg tab</i> MO	1	
QBRELIS 1 MG/ML ORAL SOLUTION MO	3	QL (1200 per 30 days)
QUESTRAN 4 GRAM ORAL POWDER; QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET MO	1	
QUESTRAN LIGHT 4 GRAM ORAL POWDER MO	1	
<i>quinapril 10 mg, 20 mg, 40 mg, 5 mg tablet</i> MO	1	
<i>quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg tab</i> MO	1	
<i>quinidine gluc 80 mg/ml vial</i> MO	1	
<i>quinidine gluc er 324 mg tab</i> MO	1	
<i>quinidine sulfate 200 mg, 300 mg tab</i> MO	1	
<i>ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg capsule</i> MO	1	
RANEXA 1,000 MG, 500 MG TABLET,EXTENDED RELEASE MO	2	ST,QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR DL	4	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (3 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 28 days)
RESECTISOL 5 % URETHRAL SOLUTION MO	3	
<i>rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg tab</i> MO	1	QL (30 per 30 days)
RYTHMOL 225 MG TABLET MO	3	PA
RYTHMOL SR 225 MG CAPSULE,EXTENDED RELEASE MO	3	PA
RYTHMOL SR 325 MG, 425 MG CAPSULE,EXTENDED RELEASE DL	4	PA
SECTRAL 200 MG, 400 MG CAPSULE MO	3	PA
<i>simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg tablet</i> MO	1	QL (30 per 30 days)
SODIUM EDECRIN 50 MG INTRAVENOUS SOLUTION MO	3	
<i>sorine 120 mg, 160 mg, 240 mg, 80 mg tablet</i> MO	1	
<i>sotalol 120 mg, 160 mg, 240 mg, 80 mg tablet</i> MO	1	
<i>sotalol hcl 150 mg/10 ml vial</i> MO	1	
<i>sotalol af 120 mg, 160 mg, 80 mg tablet</i> MO	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION MO	3	
<i>spironolactone-hctz 25-25 tab</i> MO	1	
<i>spironolactone 100 mg, 25 mg, 50 mg tablet</i> MO	1	
SULAR 17 MG, 34 MG, 8.5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
TARKA 2 MG-180 MG TABLET, EXTENDED RELEASE; TARKA 2 MG-240 MG TABLET, EXTENDED RELEASE; TARKA 4 MG-240 MG TABLET, EXTENDED RELEASE; TARKA ER 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG TABLET MO	3	
<i>taztia xt 120 mg, 180 mg, 240 mg capsule,extended release</i> MO	1	QL (60 per 30 days)
<i>taztia xt 300 mg, 360 mg capsule,extended release</i> MO	1	QL (30 per 30 days)
TEKTURNA 150 MG, 300 MG TABLET MO	2	QL (30 per 30 days)
TEKTURNA HCT 150 MG-12.5 MG TABLET; TEKTURNA HCT 150 MG-25 MG TABLET; TEKTURNA HCT 300 MG-12.5 MG TABLET; TEKTURNA HCT 300 MG-25 MG TABLET MO	2	QL (30 per 30 days)
<i>telmisartan 20 mg, 40 mg tablet</i> MO	1	QL (30 per 30 days)
<i>telmisartan 80 mg tablet</i> MO	1	QL (60 per 30 days)
<i>telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg; telmisartan-amlodipine 80-10</i> MO	1	QL (30 per 30 days)
<i>telmisartan-hctz 40-12.5 mg, 80-25 mg tab; telmisartan-hctz 40-12.5 mg, 80-25 mg tb</i> MO	1	ST,QL (30 per 30 days)
<i>telmisartan-hctz 80-12.5 mg tb</i> MO	1	ST,QL (60 per 30 days)
TENEX 1 MG, 2 MG TABLET MO	3	PA
TENORETIC 100 100 MG-25 MG TABLET MO	3	
TENORETIC 50 50 MG-25 MG TABLET MO	3	PA
TENORMIN 100 MG, 25 MG, 50 MG TABLET MO	3	
<i>terazosin 1 mg, 10 mg, 2 mg, 5 mg capsule</i> MO	1	

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TIAZAC 120 MG, 180 MG, 240 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
TIAZAC 300 MG, 360 MG, 420 MG CAPSULE,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TIKOSYN 125 MCG CAPSULE DL	4	PA,QL (240 per 30 days)
TIKOSYN 250 MCG CAPSULE DL	4	PA,QL (120 per 30 days)
TIKOSYN 500 MCG CAPSULE DL	4	PA,QL (60 per 30 days)
<i>timolol maleate 10 mg, 20 mg, 5 mg tablet</i> MO	1	
TOPROL XL 100 MG, 200 MG, 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
<i>torse mide 10 mg, 100 mg, 20 mg, 5 mg tablet</i> MO	1	
<i>trandolapril 1 mg, 2 mg, 4 mg tablet</i> MO	1	
<i>trandolapr-verapam er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> MO	1	
<i>triamterene-hctz 37.5-25 mg, 50-25 mg cap; triamterene-hctz 37.5-25 mg, 50-25 mg cp</i> MO	1	
<i>triamterene-hctz 37.5-25 mg, 75-50 mg tab; triamterene-hctz 37.5-25 mg, 75-50 mg tb</i> MO	1	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-12.5 MG TABLET; TRIBENZOR 40 MG-10 MG-25 MG TABLET; TRIBENZOR 40 MG-5 MG-12.5 MG TABLET; TRIBENZOR 40 MG-5 MG-25 MG TABLET MO	3	PA,QL (30 per 30 days)
TRICOR 145 MG TABLET MO	3	PA,QL (30 per 30 days)
TRICOR 48 MG TABLET MO	3	PA,QL (60 per 30 days)
TRIGLIDE 160 MG TABLET MO	3	QL (30 per 30 days)
<i>triklo 1 gram capsule</i> MO	1	QL (120 per 30 days)
TRILIPIX 135 MG, 45 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
TWYNSTA 40 MG-10 MG TABLET; TWYNSTA 40 MG-5 MG TABLET; TWYNSTA 80 MG-10 MG TABLET; TWYNSTA 80 MG-5 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>valsartan 160 mg, 320 mg, 40 mg, 80 mg tablet</i> MO	1	QL (60 per 30 days)
<i>valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg tab</i> MO	1	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE MO	3	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE MO	3	QL (120 per 30 days)
VASERETIC 10 MG-25 MG TABLET MO	3	
VASOTEC 10 MG, 2.5 MG, 20 MG, 5 MG TABLET MO	3	PA
VAZCULEP 10 MG/ML INJECTION SOLUTION MO	3	
<i>vecamyl 2.5 mg tablet</i> DL	4	QL (300 per 30 days)
<i>verapamil 120 mg, 180 mg, 240 mg, 360 mg cap pellet; verapamil er 120 mg, 180 mg, 240 mg, 360 mg capsule</i> MO	1	QL (60 per 30 days)
<i>verapamil 120 mg, 40 mg, 80 mg tablet</i> MO	1	
<i>verapamil 2.5 mg/ml ampul</i> MO	1	
<i>verapamil 2.5 mg/ml syringe</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
verapamil er 120 mg, 180 mg, 240 mg tablet MO	1	
verapamil er pm 100 mg, 300 mg capsule MO	1	QL (30 per 30 days)
verapamil er pm 200 mg capsule MO	1	QL (60 per 30 days)
VERELAN 120 MG, 180 MG, 240 MG, 360 MG CAPSULE,EXTENDED RELEASE MO	3	QL (60 per 30 days)
VERELAN PM 100 MG, 300 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
VERELAN PM 200 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
VYTORIN 10 MG-10 MG TABLET MO	3	ST,QL (30 per 30 days)
VYTORIN 10 MG-20 MG TABLET MO	3	ST,QL (30 per 30 days)
VYTORIN 10 MG-40 MG TABLET MO	3	ST,QL (30 per 30 days)
VYTORIN 10 MG-80 MG TABLET MO	3	ST,QL (30 per 30 days)
WELCHOL 3.75 GRAM ORAL POWDER PACKET MO	2	
WELCHOL 625 MG TABLET MO	2	
ZEBETA 10 MG, 5 MG TABLET MO	3	
ZESTORETIC 10 MG-12.5 MG TABLET; ZESTORETIC 20 MG-12.5 MG TABLET; ZESTORETIC 20 MG-25 MG TABLET MO	3	
ZESTRIL 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG TABLET MO	3	
ZETIA 10 MG TABLET MO	3	PA,QL (30 per 30 days)
ZIAC 10 MG-6.25 MG TABLET; ZIAC 2.5 MG-6.25 MG TABLET; ZIAC 5 MG-6.25 MG TABLET MO	3	PA
ZOCOR 10 MG, 20 MG, 40 MG, 5 MG, 80 MG TABLET MO	3	PA,QL (30 per 30 days)
ZYPITAMAG 1 MG, 2 MG, 4 MG TABLET MO	3	ST,QL (30 per 30 days)
Central Nervous System Agents		
ADDERALL 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
ADDERALL 30 MG TABLET MO	1	PA,QL (60 per 30 days)
ADDERALL XR 10 MG, 15 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
ADDERALL XR 20 MG, 25 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
ADZENYS ER 1.25 MG/ML SUSPENSION, EXTENDED RELEASE 24HR MO	3	QL (450 per 30 days)
ADZENYS XR-ODT 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
AMPYRA 10 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
APTENSIO XR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE MO	3	QL (30 per 30 days)
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg capsule MO	1	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg capsule MO	1	QL (30 per 30 days)
AUBAGIO 14 MG, 7 MG TABLET DL	4	PA,QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET DL	4	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AUSTEDO 6 MG TABLET DL	4	PA,QL (60 per 30 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR PEN KIT DL	4	PA,QL (1 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT DL	4	PA,QL (1 per 28 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT DL	4	PA,QL (4 per 28 days)
BETASERON 0.3 MG SUBCUTANEOUS KIT DL	4	PA,QL (15 per 30 days)
<i>clonidine hcl er 0.1 mg tablet</i> MO	1	QL (120 per 30 days)
CONCERTA 18 MG, 27 MG, 54 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
CONCERTA 36 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
COPAXONE 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (12 per 28 days)
COTEMPLA XR-ODT 17.3 MG, 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET MO	3	QL (60 per 30 days)
DAYTRANA 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR DAILY PATCH MO	3	PA,QL (30 per 30 days)
DESOXYN 5 MG TABLET DL	4	PA,QL (150 per 30 days)
DEXEDRINE 10 MG TABLET DL	4	QL (180 per 30 days)
DEXEDRINE 5 MG TABLET DL	4	QL (150 per 30 days)
DEXEDRINE SPANSULE 10 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (180 per 30 days)
DEXEDRINE SPANSULE 15 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (120 per 30 days)
DEXEDRINE SPANSULE 5 MG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
<i>dexmethylphenidate 10 mg, 2.5 mg, 5 mg tab</i> MO	1	QL (60 per 30 days)
<i>dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cap; dexmethylphenidate er 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg cp</i> MO	1	PA,QL (30 per 30 days)
<i>dextroamphetamine 10 mg tab</i> MO	1	QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i> MO	1	QL (150 per 30 days)
<i>dextroamphetamine 5 mg/5 ml</i> MO	1	QL (1800 per 30 days)
<i>dextroamphetamine er 10 mg cap</i> MO	1	QL (180 per 30 days)
<i>dextroamphetamine er 15 mg cap</i> MO	1	QL (120 per 30 days)
<i>dextroamphetamine er 5 mg cap</i> MO	1	QL (60 per 30 days)
<i>dextroamp-amphet er 10 mg, 15 mg, 5 mg cap</i> MO	1	QL (30 per 30 days)
<i>dextroamp-amphet er 20 mg, 25 mg, 30 mg cap</i> MO	1	QL (60 per 30 days)
<i>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</i> MO	1	QL (90 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>dextroamp-amphetamin 30 mg tab</i> ^{MO}	1	QL (60 per 30 days)
DYANAVEL XR 2.5 MG/ML ORAL 24 HR EXTENDED RELEASE SUSPENSION ^{MO}	3	QL (240 per 30 days)
EVEKEO 10 MG, 5 MG TABLET ^{MO}	1	QL (90 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS KIT ^{DL}	4	PA,QL (15 per 30 days)
EXTAVIA 0.3 MG SUBCUTANEOUS SOLUTION ^{DL}	4	PA,QL (15 per 30 days)
FOCALIN 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	3	PA,QL (60 per 30 days)
FOCALIN XR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG CAPSULE,EXTENDED RELEASE ^{MO}	3	QL (30 per 30 days)
GILENYA 0.25 MG, 0.5 MG CAPSULE ^{DL}	4	PA,QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i> ^{DL}	4	PA,QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i> ^{DL}	4	PA,QL (12 per 28 days)
<i>glatopa 20 mg/ml subcutaneous syringe</i> ^{DL}	4	PA,QL (30 per 30 days)
<i>glatopa 40 mg/ml subcutaneous syringe</i> ^{DL}	4	PA,QL (12 per 28 days)
GRALISE 300 MG TABLET,EXTENDED RELEASE ^{MO}	3	ST,QL (30 per 30 days)
GRALISE 600 MG TABLET,EXTENDED RELEASE ^{MO}	3	ST,QL (90 per 30 days)
GRALISE 30-DAY STARTER PACK 300 MG (9)-600 MG (69) TABLET,EXT. RELEASE ^{MO}	3	ST,QL (78 per 30 days)
<i>guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg tablet</i> ^{MO}	1	PA,QL (30 per 30 days)
HORIZANT ER 300 MG, 600 MG TABLET,EXTENDED RELEASE ^{MO}	3	PA,QL (60 per 30 days)
INGREZZA 40 MG, 80 MG CAPSULE ^{DL}	4	PA,QL (30 per 30 days)
INTUNIV ER 1 MG, 2 MG, 3 MG, 4 MG TABLET,EXTENDED RELEASE ^{MO}	3	PA,QL (30 per 30 days)
KAPVAY 0.1 MG TABLET,EXTENDED RELEASE ^{MO}	3	QL (120 per 30 days)
LEMTRADA 12 MG/1.2 ML INTRAVENOUS SOLUTION ^{DL}	4	PA,QL (6 per 365 days)
LYRICA 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG CAPSULE ^{MO}	2	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION ^{MO}	2	QL (900 per 30 days)
LYRICA 225 MG, 300 MG CAPSULE ^{MO}	2	QL (60 per 30 days)
LYRICA CR 165 MG, 82.5 MG TABLET,EXTENDED RELEASE ^{MO}	3	PA,QL (30 per 30 days)
LYRICA CR 330 MG TABLET,EXTENDED RELEASE ^{MO}	3	PA,QL (60 per 30 days)
METADATE CD 10 MG, 40 MG, 50 MG, 60 MG CAPSULE ^{MO}	3	QL (30 per 30 days)
METADATE CD 20 MG, 30 MG CAPSULE ^{MO}	3	QL (60 per 30 days)
<i>metadate er 20 mg tablet,extended release</i> ^{MO}	1	QL (90 per 30 days)
<i>methamphetamine 5 mg tablet</i> ^{DL}	4	QL (150 per 30 days)
METHYLIN 10 MG/5 ML ORAL SOLUTION ^{MO}	3	PA,QL (900 per 30 days)
METHYLIN 5 MG/5 ML ORAL SOLUTION ^{MO}	3	PA,QL (1800 per 30 days)
<i>methylphenidate 10 mg chew tab</i> ^{MO}	1	QL (180 per 30 days)
<i>methylphenidate 10 mg, 20 mg, 5 mg tablet</i> ^{MO}	1	QL (90 per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i> ^{MO}	1	QL (900 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methylphenidate 2.5 mg, 5 mg chew tab; methylphenidate 2.5 mg, 5 mg chew tb</i> MO	1	QL (150 per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i> MO	1	QL (1800 per 30 days)
<i>methylphenidate cd 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap; methylphenidate la 10 mg, 20 mg, 40 mg, 50 mg, 60 mg cap</i> MO	1	QL (30 per 30 days)
<i>methylphenidate cd 20 mg, 30 mg cap; methylphenidate la 20 mg, 30 mg cap</i> MO	1	QL (60 per 30 days)
<i>methylphenidate er 10 mg tab</i> MO	1	QL (180 per 30 days)
<i>methylphenidate er 18 mg, 27 mg, 54 mg, 72 mg tab</i> MO	1	QL (30 per 30 days)
<i>methylphenidate er 20 mg tab</i> MO	1	QL (90 per 30 days)
<i>methylphenidate er 36 mg tab</i> MO	1	QL (60 per 30 days)
MYDAYIS 12.5 MG, 25 MG, 37.5 MG, 50 MG CAPSULE EXTENDED RELEASE 24 HR MO	3	QL (30 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE MO	3	PA,QL (60 per 30 days)
OCREVUS 30 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (40 per 365 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML SUBCUTANEOUS SYRINGE; PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
<i>procentra 5 mg/5 ml oral solution</i> DL	4	QL (1800 per 30 days)
QUILLICHEW ER 20 MG, 40 MG CHEWABLE TABLET, EXTENDED RELEASE; QUILLICHEW ER 20 MG, 40 MG CHEWABLE, EXTENDED RELEASE TABLET DL	4	QL (30 per 30 days)
QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE DL	4	QL (60 per 30 days)
QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR MO	3	QL (360 per 30 days)
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK DL	4	PA
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (6 per 28 days)
REBIF REBIDOSE 8.8 MCG/0.2 ML-22 MCG/0.5 ML (6) SUBCUTANEOUS PEN INJ. DL	4	PA,QL (4.2 per 28 days)
REBIF TITRATION PACK 8.8 MCG/0.2 ML-22 MCG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.2 per 28 days)
<i>relexii 72 mg tablet,extended release</i> MO	1	QL (30 per 30 days)
RILUTEK 50 MG TABLET DL	4	
<i>riluzole 50 mg tablet</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RITALIN 10 MG, 20 MG, 5 MG TABLET MO	3	PA,QL (90 per 30 days)
RITALIN LA 10 MG, 20 MG, 40 MG, 60 MG CAPSULE; RITALIN LA 10 MG, 20 MG, 40 MG, 60 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK MO	2	QL (60 per 30 days)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG CAPSULE MO	3	PA,QL (60 per 30 days)
STRATTERA 100 MG, 60 MG, 80 MG CAPSULE MO	3	PA,QL (30 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
TECFIDERA 120 MG CAPSULE,DELAYED RELEASE DL	4	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg tablet DL	4	PA,QL (240 per 30 days)
tetrabenazine 25 mg tablet DL	4	PA,QL (120 per 30 days)
TYSABRI 300 MG/15 ML INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 28 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG CAPSULE MO	3	PA,QL (30 per 30 days)
XENAZINE 12.5 MG TABLET DL	4	PA,QL (240 per 30 days)
XENAZINE 25 MG TABLET DL	4	PA,QL (120 per 30 days)
zenzedi 10 mg tablet MO	1	QL (180 per 30 days)
ZENZEDI 15 MG TABLET MO	1	QL (120 per 30 days)
ZENZEDI 2.5 MG, 20 MG, 7.5 MG TABLET MO	1	QL (90 per 30 days)
ZENZEDI 30 MG TABLET MO	1	QL (60 per 30 days)
zenzedi 5 mg tablet MO	1	QL (150 per 30 days)
ZINBRYTA 150 MG/ML SYRINGE DL	4	PA,QL (1 per 30 days)
Dental & Oral Agents		
cevimeline hcl 30 mg capsule MO	1	
chlorhexidine 0.12% rinse MO	1	
EVOXAC 30 MG CAPSULE DL	4	PA
KEPIVANCE 6.25 MG INTRAVENOUS SOLUTION DL	4	
oralone 0.1 % dental paste MO	1	
paroex oral rinse 0.12 % mouthwash MO	1	
periogard 0.12 % mouthwash MO	1	
pilocarpine hcl 5 mg, 7.5 mg tablet MO	1	
SALAGEN (PILOCARPINE) 5 MG, 7.5 MG TABLET MO	3	
triamcinolone 0.1% paste MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Dermatological Agents		
8-MOP 10 MG CAPSULE MO	3	
ABSORICA 10 MG, 20 MG, 25 MG, 30 MG, 35 MG CAPSULE DL	4	ST,QL (60 per 30 days)
ABSORICA 40 MG CAPSULE DL	4	ST,QL (120 per 30 days)
ACANYA 1.2 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
<i>acitretin 10 mg, 17.5 mg, 25 mg capsule</i> DL	4	
ACZONE 5 %, 7.5 % TOPICAL GEL; ACZONE 5 %, 7.5 % TOPICAL GEL WITH PUMP MO	3	
<i>adapalene 0.1% cream</i> MO	1	
<i>adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump</i> MO	1	
<i>adapalene 0.1% solution</i> DL	4	
<i>adapalene-bnzyl perox 0.1-2.5%</i> MO	1	
AKTIPAK 3 %-5 % TOPICAL GEL MO	3	
ALDARA 5 % TOPICAL CREAM PACKET MO	3	PA,QL (12 per 30 days)
<i>ammonium lactate 12% cream</i> MO	1	
<i>ammonium lactate 12% lotion</i> MO	1	
<i>amnesteem 10 mg, 20 mg capsule</i> MO	1	QL (60 per 30 days)
<i>amnesteem 40 mg capsule</i> MO	1	QL (120 per 30 days)
ATRALIN 0.05 % TOPICAL GEL MO	3	PA
AVITA 0.025 % TOPICAL CREAM MO	3	PA
AVITA 0.025 % TOPICAL GEL MO	3	PA
AZELEX 20 % TOPICAL CREAM MO	3	
BENZACLIN 1 %-5 % TOPICAL GEL MO	3	
BENZACLIN PUMP 1 %-5 % TOPICAL GEL MO	3	
BENZAMYCIN 3 %-5 % TOPICAL GEL MO	3	
BENZAMYCINPAK GEL MO	3	
<i>calcipotriene 0.005% cream</i> MO	1	QL (120 per 30 days)
<i>calcipotriene 0.005% ointment</i> MO	1	
<i>calcipotriene 0.005% solution</i> MO	1	QL (60 per 30 days)
<i>calcipotriene-betameth dp oint</i> DL	4	PA,QL (60 per 30 days)
<i>calcitrene 0.005 % topical ointment</i> MO	1	
<i>calcitriol 3 mcg/g ointment</i> MO	1	ST,QL (800 per 28 days)
CARAC 0.5 % TOPICAL CREAM DL	4	PA
<i>claravis 10 mg, 20 mg, 30 mg capsule</i> MO	1	ST,QL (60 per 30 days)
<i>claravis 40 mg capsule</i> MO	1	ST,QL (120 per 30 days)
<i>clind ph-benzoyl pero 1.2-2.5%; clind ph-benzoyl perox 1.2-5%; clinda-benzoyl perox 1-5% pump; clindamycin-benzoyl perox 1-5%</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>clinda-tretinoin 1.2%-0.025% MO</i>	1	
CONDYLOX 0.5 % TOPICAL GEL MO	3	
CONDYLOX 0.5% TOPICAL SOLN MO	3	
CORTISPORIN 1 % TOPICAL OINTMENT MO	3	
CORTISPORIN 3.5 MG/G-10,000 UNIT/G-0.5 % TOPICAL CREAM MO	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (32 per 365 days)
COSENTYX (2 SYRINGES) 300 MG (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (32 per 365 days)
COSENTYX PEN 150 MG/ML SUBCUTANEOUS DL	4	PA,QL (32 per 365 days)
COSENTYX PEN (2 PENS) 300 MG (150 MG/ML) SUBCUTANEOUS DL	4	PA,QL (32 per 365 days)
<i>dapsone 5% gel MO</i>	1	
<i>diclofenac sodium 3% gel MO</i>	1	PA
DIFFERIN 0.1 % LOTION MO	3	
DIFFERIN 0.1 % TOPICAL CREAM MO	3	PA
DIFFERIN 0.1 %, 0.3 % TOPICAL GEL MO	3	PA
DIFFERIN 0.3 % TOPICAL GEL WITH PUMP MO	3	
DOVONEX 0.005 % TOPICAL CREAM DL	4	ST,QL (120 per 30 days)
<i>doxepin 5% cream DL</i>	4	PA
DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (6 per 28 days)
EFUDEX 5 % TOPICAL CREAM MO	3	PA
ELIDEL 1 % TOPICAL CREAM MO	3	
ENSTILAR 0.005 %-0.064 % TOPICAL FOAM DL	3	QL (120 per 30 days)
EPIDUO 0.1 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIDUO FORTE 0.3 %-2.5 % TOPICAL GEL WITH PUMP MO	3	
EPIFOAM 1 %-1 % TOPICAL MO	3	
<i>erythromycin-benzoyl gel MO</i>	1	
EUCRISA 2 % TOPICAL OINTMENT MO	3	PA
FABIOR 0.1 % TOPICAL FOAM MO	3	PA
FINACEA 15 % TOPICAL FOAM MO	3	ST
FINACEA 15 % TOPICAL GEL MO	3	ST
<i>fluorouracil 0.5% cream DL</i>	4	
<i>fluorouracil 2% topical soln; fluorouracil 5% topical soln MO</i>	1	
<i>fluorouracil 5% cream MO</i>	1	
<i>imiquimod 3.75% cream pump MO</i>	1	QL (15 per 30 days)
<i>imiquimod 5% cream packet MO</i>	1	QL (12 per 30 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg capsule MO</i>	1	QL (60 per 30 days)
<i>isotretinoin 40 mg capsule MO</i>	1	QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>methoxsalen 10 mg softgel</i> DL	4	
MICORT-HC 2.5 % (4 GRAM) TOPICAL CREAM WITH PERINEAL APPLICATOR MO	1	
<i>micort-hc 2.5 % topical cream with perineal applicator</i> MO	1	
MIRVASO 0.33 % TOPICAL GEL; MIRVASO 0.33 % TOPICAL GEL WITH PUMP MO	3	ST
<i>myorisan 10 mg, 20 mg, 30 mg capsule</i> MO	1	QL (60 per 30 days)
<i>myorisan 40 mg capsule</i> MO	1	QL (120 per 30 days)
NEO-SYNALAR 0.5 % (0.35 % BASE)-0.025 % TOPICAL CREAM MO	1	
<i>neuac 1.2 % (1 % base)-5 % topical gel</i> MO	1	
ONEXTON 1.2 % (1 % BASE)-3.75 % TOPICAL GEL WITH PUMP MO	3	
OXSORALEN 1% LOTION MO	3	
OXSORALEN ULTRA 10 MG LIQUID-FILLED,RAPID RELEASE CAPSULE DL	4	
PICATO 0.015 % TOPICAL GEL MO	3	QL (3 per 30 days)
PICATO 0.05 % TOPICAL GEL MO	3	QL (2 per 30 days)
<i>plixda 0.1 % topical swab</i> MO	1	QL (30 per 30 days)
<i>podofilox 0.5% topical soln</i> MO	1	
PROTOPIC 0.03 %, 0.1 % TOPICAL OINTMENT MO	3	
PRUDOXIN 5 % TOPICAL CREAM DL	4	PA
RECTIV 0.4 % (W/W) OINTMENT MO	3	QL (30 per 30 days)
REGRANEX 0.01 % TOPICAL GEL DL	4	
RETIN-A 0.01 %, 0.025 % TOPICAL GEL MO	3	PA
RETIN-A 0.025 %, 0.05 %, 0.1 % TOPICAL CREAM MO	3	PA
RETIN-A MICRO 0.04 %, 0.1 % TOPICAL GEL DL	4	PA
RETIN-A MICRO PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % TOPICAL GEL DL	4	PA
RHOFADE 1 % TOPICAL CREAM MO	3	ST,QL (30 per 30 days)
SANTYL 250 UNIT/GRAM TOPICAL OINTMENT MO	3	
<i>selenium sulfide 2.5% lotion</i> MO	1	
SOLARAZE 3 % TOPICAL GEL MO	3	PA
SOOLANTRA 1 % TOPICAL CREAM MO	3	ST
SORIATANE 10 MG, 17.5 MG, 25 MG CAPSULE DL	4	PA
SORILUX 0.005 % TOPICAL FOAM MO	3	ST,QL (120 per 28 days)
STELARA 130 MG/26 ML INTRAVENOUS SOLUTION DL	4	PA,QL (104 per 30 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.5 per 84 days)
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1.5 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 84 days)
TACLONEX 0.005 %-0.064 % TOPICAL OINTMENT DL	4	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION MO	2	QL (420 per 30 days)
<i>tacrolimus 0.03% ointment; tacrolimus 0.1% ointment</i> MO	1	
TALTZ AUTOINJECTOR 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ SYRINGE 80 MG/ML SUBCUTANEOUS DL	4	PA,QL (3 per 28 days)
TALTZ 80 MG/ML SYRINGE (2-PK) DL	4	PA,QL (3 per 28 days)
TALTZ 80 MG/ML SYRINGE (3-PK) DL	4	PA,QL (3 per 28 days)
<i>tazarotene 0.1% cream</i> MO	1	PA
TAZORAC 0.05 % TOPICAL CREAM MO	3	PA
TAZORAC 0.05 %, 0.1 % TOPICAL GEL MO	3	PA
TAZORAC 0.1 % TOPICAL CREAM DL	4	PA
TOLAK 4 % TOPICAL CREAM MO	3	
TRETIN-X 0.0375 %, 0.075 % TOPICAL CREAM; TRETIN-X 0.0375% CREAM MO	1	PA
<i>tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel</i> MO	1	PA
<i>tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream</i> MO	1	PA
<i>tretinoin gel micro 0.04% pump; tretinoin gel micro 0.04% tube; tretinoin gel micro 0.1% pump; tretinoin gel micro 0.1% tube</i> MO	1	PA
UVADEX 20 MCG/ML INJECTION SOLUTION MO	3	B vs D
VECTICAL 3 MCG/GRAM TOPICAL OINTMENT DL	4	ST,QL (800 per 28 days)
VEREGEN 15 % TOPICAL OINTMENT DL	4	QL (30 per 30 days)
<i>zenatane 10 mg, 20 mg, 30 mg capsule</i> MO	1	QL (60 per 30 days)
<i>zenatane 40 mg capsule</i> MO	1	QL (120 per 30 days)
ZIANA 1.2 %-0.025 % TOPICAL GEL MO	3	PA
ZONALON 5 % TOPICAL CREAM MO	3	PA
ZYCLARA 2.5 %, 3.75 % TOPICAL CREAM PUMP MO	3	QL (15 per 30 days)
ZYCLARA 3.75 % TOPICAL CREAM PACKET MO	3	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 15 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 7 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN II 8.5 % WITH ELECTROLYTES INTRAVENOUS SOLUTION MO	3	B vs D

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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
AMINOSYN M 3.5 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
AMINOSYN-RF 5.2 % INTRAVENOUS SOLUTION MO	3	B vs D
AURYXIA 210 MG IRON TABLET MO	3	PA,QL (360 per 30 days)
<i>bal-care dha 27 mg-1 mg-430 mg tablet-capsule, delayed release</i> MO	3	
<i>c-nate dha 28 mg iron-1 mg-200 mg capsule</i> MO	1	
CADEAU DHA 29 MG IRON-1 MG-150 MG CAPSULE MO	3	
<i>calcium acetate 667 mg gelcap</i> MO	1	
<i>calcium acetate 667 mg tablet</i> MO	1	
<i>calcium chloride 10% syringe</i> MO	1	
<i>calcium chloride 10% vial</i> MO	1	
<i>calcium gluconate 10% vial</i> MO	1	
<i>calcium pnv 28 mg-1 mg-250 mg capsule</i> MO	1	
CARBAGLU 200 MG DISPERSIBLE TABLET DL	4	PA
CARNITOR 100 MG/ML, 200 MG/ML INTRAVENOUS SOLUTION; CARNITOR 100 MG/ML, 200 MG/ML ORAL SOLUTION MO	3	
CARNITOR 330 MG TABLET MO	3	
CARNITOR (SUGAR-FREE) 100 MG/ML ORAL SOLUTION MO	3	
CHEMET 100 MG CAPSULE DL	4	
CITRANATAL (DUAL-IRON) 27 MG IRON-1 MG-50 MG TABLET MO	3	
CITRANATAL 90 DHA (ALGAL OIL) 90 MG IRON-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL ASSURE 35 MG IRON-1 MG-50 MG-300 MG ORAL PACK MO	3	
CITRANATAL B-CALM (FE GLUC) 20 MG IRON-1 MG-25 MG/25 MG TABLETS MO	3	
CITRANATAL DHA (ALGAL OIL) 27 MG IRON-1 MG-50 MG-250 MG ORAL PACK MO	3	
CLINIMIX 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 25 % DEXTROSE SULFITE-FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 25 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CLINIMIX 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX 5 % IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 2.75 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 2.75 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 4.25 % IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 15 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINIMIX E 5 % IN 25 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION MO	3	B vs D
CLINISOL SF 15 % INTRAVENOUS SOLUTION MO	3	B vs D
<i>complete natal dha 29 mg-1 mg-250 mg oral pack</i> MO	1	
<i>completenate 29 mg iron-1 mg chewable tablet</i> MO	1	
CONCEPT DHA 35 MG-1 MG-200 MG CAPSULE MO	3	
CONCEPT OB 85 MG-1 MG CAPSULE MO	3	
CUPRIMINE 250 MG CAPSULE DL	4	
<i>dextrose 10%-0.45% nacl iv sol</i> MO	1	
<i>dextrose 2.5%-0.45% nacl iv</i> MO	1	
<i>dextrose 5%-0.9% nacl iv soln</i> MO	1	
<i>dextrose 5%-0.45% nacl iv soln</i> MO	1	
<i>deferoxamine 2 gram, 500 mg vial</i> MO	1	
DEPEN TITRATABS 250 MG TABLET DL	4	
DESFERAL 2 GRAM, 500 MG SOLUTION FOR INJECTION MO	3	
<i>dextrose 10%-0.2% nacl iv soln</i> MO	1	
<i>dextrose 10%-water iv solution</i> MO	1	
<i>dextrose 20%-water iv soln</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dextrose 25%-water syringe MO	1	
dextrose 30%-water iv soln MO	1	
dextrose 40%-water iv soln MO	1	
dextrose 5%-water iv soln MO	1	
dextrose 5%-lr iv solution MO	1	
dextrose 5%-0.2% nacl iv soln MO	1	
dextrose 5%-0.3% nacl iv soln MO	1	
dextrose 50%-water syringe MO	1	
dextrose 50%-water vial MO	1	
dextrose 70%-water iv soln MO	1	
dothelle dha 35 mg-1 mg-200 mg capsule MO	1	
DUET DHA WITH OMEGA-3 25 MG IRON-1 MG-400 MG ORAL PACK MO	3	
dextrose 5%-electrolyte 48 MO	1	
eliphos 667 mg tablet MO	1	
EXJADE 125 MG, 250 MG, 500 MG DISPERSIBLE TABLET DL	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION DL	4	PA,QL (3600 per 30 days)
FERRIPROX 500 MG TABLET DL	4	PA,QL (720 per 30 days)
focalgin 90 dha combo pack MO	1	
focalgin ca combo pack MO	1	
folivane-ob 85 mg-1 mg capsule MO	3	
FOSRENOL 1,000 MG, 500 MG, 750 MG CHEWABLE TABLET DL	4	ST
FOSRENOL 1,000 MG, 750 MG ORAL POWDER PACKET DL	4	ST
FREAMINE HBC 6.9 % INTRAVENOUS SOLUTION MO	3	B vs D
FREAMINE III 10 % INTRAVENOUS SOLUTION MO	3	B vs D
GLYCOPHOS 1 MMOL/ML INTRAVENOUS SOLUTION MO	1	
hemenatal ob 28 mg-6 mg-1 mg tablet MO	3	
hemenatal ob + dha 28 mg iron-6 mg iron-1 mg oral pack MO	1	
HEPATAMINE 8% INTRAVENOUS SOLUTION MO	3	B vs D
INTRALIPID 20 %, 30 % INTRAVENOUS EMULSION MO	3	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION MO	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION MO	3	
ISOLYTE S PH 7.4 INTRAVENOUS SOLUTION MO	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
ISOLYTE-S INTRAVENOUS SOLUTION MO	3	
JADENU 180 MG, 360 MG, 90 MG TABLET DL	4	PA
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET DL	4	PA,QL (600 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET DL	4	PA,QL (300 per 30 days)
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET DL	4	PA,QL (1200 per 30 days)
JYNARQUE 45 MG (AM)/15 MG (PM) TABLETS; JYNARQUE 60 MG (AM)/30 MG (PM) TABLETS; JYNARQUE 90 MG (AM)/30 MG (PM) TABLETS DL	4	PA,QL (56 per 28 days)
K-TAB 10 MEQ, 20 MEQ, 8 MEQ TABLET,EXTENDED RELEASE MO	3	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION MO	3	B vs D
<i>kionex powder</i> MO	1	
<i>kionex (with sorbitol) 15 gram-19.3 gram/60 ml oral suspension</i> MO	1	
<i>klor-con 20 meq oral packet</i> MO	1	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	1	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	1	
<i>klor-con m10 meq tablet,extended release</i> MO	1	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	1	
<i>klor-con m20 meq tablet,extended release</i> MO	1	
<i>klor-con sprinkle 10 meq, 8 meq capsule,extended release; klor-con sprinkle er 10 meq, 8 meq cp</i> MO	1	
KOSHER PRENATAL PLUS IRON 30 MG IRON-1 MG TABLET MO	3	
<i>lactated ringers injection</i> MO	1	
lanthanum carb 1,000 mg, 500 mg, 750 mg tab chew; lanthanum carb 1,000 mg, 500 mg, 750 mg tb chw DL	4	ST
<i>levocarnitine 200 mg/ml vial</i> MO	1	
<i>levocarnitine 330 mg tablet</i> MO	1	
<i>levocarnitine 1 g/10 ml soln</i> MO	1	
<i>levomefolate dha capsule</i> MO	1	
LOKELMA 10 GRAM, 5 GRAM ORAL POWDER PACKET DL	4	PA,QL (30 per 30 days)
<i>macnatal cn dha softgel</i> MO	1	
<i>magnesium sulfat 50% syringe</i> MO	1	
<i>magnesium sulfat 50% vial</i> MO	1	
<i>magnesium sulf 1 g/100 ml-d5w</i> MO	1	
<i>magnesium sulf 2 g/50 ml bag; magnesium sulf 4 g/100 ml bag; magnesium sulf 4 g/50 ml bag</i> MO	1	
<i>magnesium sulf 20 g/500 ml bag; magnesium sulf 40 g/1,000 ml</i> MO	1	
NATACHEW (FE BIS-GLYCINATE) 28 MG IRON-1 MG TABLET MO	3	
NATELLE ONE CAPSULE MO	3	
NEPHRAMINE 5.4 % INTRAVENOUS SOLUTION MO	3	B vs D
NEXA PLUS 29 MG IRON-1.25 MG-55 MG CAPSULE MO	3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NORMOSOL-R INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION MO	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION MO	3	
NUTRILIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
O-CAL PRENATAL 15 MG IRON-1,000 MCG TABLET MO	3	
OB COMPLETE 50 MG IRON-1.25 MG TABLET MO	3	
OB COMPLETE GOLD 27.5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE ONE 40 MG-10 MG-1 MG-300 MG CAPSULE MO	3	
OB COMPLETE PETITE 35 MG IRON-5 MG IRON-1 MG CAPSULE MO	3	
OB COMPLETE PREMIER 30 MG-20 MG-1 MG TABLET MO	3	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION MO	3	B vs D
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION MO	3	ST
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION MO	1	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION MO	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION MO	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION MO	3	
PLASMA-LYTE 56-DEXTROSE 5% MO	3	
plenamine 15 % intravenous solution MO	1	B vs D
pnv ob+dha 27 mg-1 mg-50 mg-250 mg oral pack MO	1	
potassium acet 100 meq/50 ml MO	1	
d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.45% nacl MO	1	
potassium cl 10% (20 meq/15ml); potassium cl 20% (40 meq/15ml) MO	1	
potassium cl 20 meq packet MO	1	
potassium cl 20 meq/10 ml conc MO	1	
potassium cl er 10 meq, 20 meq tablet MO	1	
potassium cl er 10 meq, 20 meq, 8 meq tablet MO	1	
potassium cl er 10 meq, 8 meq capsule MO	1	
kcl 20 meq-ns 1,000 ml iv soln; kcl 40 meq-ns 1,000 ml iv soln MO	1	
d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l iv solution; kcl 20 meq in d5w solution; kcl 40 meq in d5w solution MO	1	
kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer MO	1	
potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml sol MO	1	
potassium cl 20 meq-0.45% nacl MO	1	
d5%-1/4ns-kcl 20 meq/l, 30 meq/l, 40 meq/l iv sol; kcl 20 meq in d5w-0.225% nacl MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>kcl 20 meq in d5w-0.3% nacl</i> MO	1	
<i>kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9%</i> MO	1	
<i>potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) tb;</i> <i>potassium citrate er 10 meq tb; potassium citrate er 5 meq tab</i> MO	1	
<i>pr natal 400 29 mg-1 mg-400 mg oral pack</i> MO	1	
<i>pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule, delayed release</i> MO	1	
<i>pr natal 430 29 mg iron-1 mg-430 mg oral pack</i> MO	1	
<i>pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule, delayed release</i> MO	1	
PREFERA-OB 28 MG-6 MG-1 MG TABLET MO	3	
PREFERA-OB ONE 22 MG-6 MG-1 MG-200 MG CAPSULE MO	3	
PREFERA-OB PLUS DHA 28 MG IRON-6 MG IRON-1 MG ORAL PACK MO	3	
PREMASOL 10 % INTRAVENOUS SOLUTION MO	1	B vs D
PREMASOL 6 % INTRAVENOUS SOLUTION MO	1	B vs D
<i>prenaissance 29 mg-1.25 mg-55 mg-325 mg capsule</i> MO	3	
<i>prenaissance plus 28 mg-1 mg-50 mg-250 mg capsule</i> MO	3	
PRENATA 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
PRENATABS FA 29 MG-1 MG TABLET MO	1	
<i>prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet</i> MO	1	
<i>prenatal plus dha 27 mg iron-1 mg-312 mg-250 mg oral pack</i> MO	3	
<i>prenatal vitamins plus low iron 27 mg iron-1 mg tablet</i> MO	1	
PRENATE AM 1 MG-500 MG TABLET MO	3	
PRENATE DHA 28 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE ELITE 26 MG IRON-1 MG TABLET MO	3	
PRENATE ESSENTIAL 29 MG IRON-1 MG-300 MG CAPSULE MO	3	
PRENATE MINI SOFTGEL MO	3	
<i>preplus 27 mg iron-1 mg tablet</i> MO	1	
PREQUE 10 TABLET MO	3	
PROCALAMINE 3% INTRAVENOUS SOLUTION MO	3	B vs D
PROSOL 20 % INTRAVENOUS SOLUTION MO	3	B vs D
<i>relnate dha prenatal softgel</i> MO	1	
RENAGEL 400 MG, 800 MG TABLET MO	3	ST
RENVELA 0.8 GRAM ORAL POWDER PACKET MO	2	QL (540 per 30 days)
RENVELA 2.4 GRAM ORAL POWDER PACKET MO	2	QL (180 per 30 days)
RENVELA 800 MG TABLET MO	2	QL (540 per 30 days)
<i>ringer's iv solution</i> MO	1	
SAMSCA 15 MG, 30 MG TABLET DL	4	QL (60 per 30 days)
<i>se-natal 19 29 mg iron-1 mg chewable tablet</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
se-natal 19 (with docusate) 29 mg iron-1 mg-25 mg tablet MO	1	
SELECT-OB 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
SELECT-OB (FOLIC ACID) 29 MG IRON-1 MG CHEWABLE TABLET MO	3	
SELECT-OB + DHA 29 MG IRON-1 MG-250 MG ORAL PACK MO	3	
sevelamer 0.8 gm powder packet MO	1	QL (540 per 30 days)
sevelamer 2.4 gm powder packet MO	1	QL (180 per 30 days)
sevelamer carbonate 800 mg tab MO	1	QL (540 per 30 days)
SMOFLIPID 20 % INTRAVENOUS EMULSION MO	3	B vs D
sodium acetate 40 meq/20 ml vl MO	1	
sodium bicarb 8.4% abboject MO	1	
sodium chloride 0.9% irrig. MO	1	
sodium chloride 100 meq/40 ml MO	1	
saline 0.45% soln-excel con MO	1	
sodium chloride 0.45% soln MO	1	
sodium chloride 0.9% solution MO	1	
sodium chloride 0.9% vial MO	2	
sodium chloride 3% iv soln MO	1	
sodium chloride 5% iv soln MO	1	
sodium lactate 5 meq/ml vial MO	1	
sodium phosphate 3mm/ml vial MO	1	
sodium polystyrene sulfonate (sorbitol free) 15 gram/60 ml oral susp MO	1	
sodium polystyrene sulf powder MO	1	
sps 15 gm/60 ml suspension MO	1	
sps 30 gm/120 ml enema; sps 50 gm/200 ml enema MO	1	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION MO	1	
SPS (WITH SORBITOL) 30 GRAM-40 GRAM/120 ML ENEMA MO	1	
SYPRINE 250 MG CAPSULE DL	4	PA
taron-c dha 35 mg-1 mg-200 mg capsule MO	1	
taron-prex prenatal-dha 30 mg iron-1.2 mg-55 mg-265mg capsule MO	1	
THAM 36 MG/ML (0.3 M) INTRAVENOUS SOLUTION MO	3	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION MO	3	
TRAVASOL 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TRICARE 27 MG IRON-1 MG TABLET MO	1	
TRICARE PRENATAL DHA ONE SFTGL MO	3	
trientine hcl 250 mg capsule DL	4	
trinatal rx 1 60 mg iron-1 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRISTART DHA 31 MG IRON-1 MG-200 MG CAPSULE MO	3	
<i>triveen-duo dha 29 mg-1 mg-400 mg oral pack</i> MO	1	
TROPHAMINE 10 % INTRAVENOUS SOLUTION MO	3	B vs D
TROPHAMINE 6% INTRAVENOUS SOLUTION MO	3	B vs D
<i>ultimatecare one capsule</i> MO	1	
<i>ultimatecare one nf capsule</i> MO	1	
UROCIT-K 10 10 MEQ (1,080 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 15 15 MEQ (1,620 MG) TABLET,EXTENDED RELEASE MO	3	
UROCIT-K 5 5 MEQ (540 MG) TABLET,EXTENDED RELEASE MO	3	
VAPRISOL IN 5 % DEXTROSE 20 MG/100 ML INTRAVENOUS SOLUTION MO	3	
VELPHORO 500 MG CHEWABLE TABLET DL	4	ST
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ORAL POWDER PACKET DL	4	PA,QL (30 per 30 days)
VINATE DHA RF 27 MG IRON-1.13 MG-581.28 MG CAPSULE MO	3	
<i>virt-c dha 35 mg-1 mg-200 mg capsule</i> MO	1	
<i>virt-nate dha 28 mg iron-1 mg-200 mg capsule</i> MO	1	
<i>virt-select 29 mg-1.25 mg-55 mg-325 mg capsule</i> MO	1	
VITAFOL FE+ (WITH DOCUSATE) 90 MG IRON-1 MG-50 MG-200 MG CAPSULE MO	3	
VITAFOL GUMMIES 3.33 MG IRON-0.33 MG CHEWABLE TABLET MO	3	
VITAFOL NANO 18 MG IRON-1 MG TABLET MO	3	
VITAFOL ULTRA 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAFOL-OB 65 MG-1 MG TABLET MO	3	
VITAFOL-OB+DHA 65 MG-1 MG-250 MG ORAL PACK MO	3	
VITAFOL-ONE 29 MG IRON-1 MG-200 MG CAPSULE MO	3	
VITAMED MD ONE RX 30 MG IRON-1 MG-200 MG CAPSULE MO	3	
<i>vp-ch-pnv 30 mg iron-1 mg-50 mg-260 mg capsule</i> MO	1	
VP-PNV-DHA 28 MG IRON-1 MG-200 MG CAPSULE MO	3	
<i>zatean-ch capsule</i> MO	1	
Gastrointestinal Agents		
ACIPHEX 20 MG TABLET,DELAYED RELEASE DL	4	PA,QL (30 per 30 days)
ACIPHEX SPRINKLE 10 MG, 5 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	QL (30 per 30 days)
ACTIGALL 300 MG CAPSULE MO	3	PA
<i>alosetron hcl 0.5 mg, 1 mg tablet</i> DL	4	PA,QL (60 per 30 days)
AMITIZA 24 MCG, 8 MCG CAPSULE MO	3	PA,QL (60 per 30 days)
<i>lansoprazol-amoxicil-clarithro</i> MO	1	ST
<i>atropine 0.05 mg/ml, 0.1 mg/ml syringe</i> MO	1	PA
BENTYL 10 MG CAPSULE MO	3	PA

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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
BENTYL 10 MG/ML INTRAMUSCULAR SOLUTION MO	3	PA
BENTYL 20 MG TABLET MO	1	PA
CARAFATE 1 GRAM TABLET MO	3	
CARAFATE 100 MG/ML ORAL SUSPENSION MO	3	
CHENODAL 250 MG TABLET DL	4	PA
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg tablet</i> MO	1	
<i>cimetidine 300 mg/5 ml soln</i> MO	1	
CLENPIQ 10 MG-3.5 GRAM-12 GRAM/160 ML ORAL SOLUTION MO	3	ST
COLYTE WITH FLAVOR PACKS 240 GRAM-22.72 G-6.72 G-5.84 G ORAL SOLUTION MO	3	ST
<i>constulose 10 gram/15 ml oral solution</i> MO	1	
CUVPOSA 1 MG/5 ML (0.2 MG/ML) ORAL SOLUTION MO	3	
CYTOTEC 100 MCG, 200 MCG TABLET DL	4	
DEXILANT 30 MG, 60 MG CAPSULE, DELAYED RELEASE MO	3	QL (30 per 30 days)
<i>dicyclomine 10 mg capsule</i> MO	1	
<i>dicyclomine 10 mg/5 ml, 10 mg/ml soln; dicyclomine 20 mg/2 ml vial</i> MO	1	
<i>dicyclomine 20 mg tablet</i> MO	1	
<i>diphenoxylat-atrop 2.5-0.025/5</i> MO	1	
<i>diphenoxylate-atrop 2.5-0.025</i> MO	1	
ENDARI 5 GRAM ORAL POWDER PACKET DL	4	PA
<i>enulose 10 gram/15 ml oral solution</i> MO	1	
<i>esomeprazole mag dr 20 mg, 40 mg cap</i> MO	1	QL (30 per 30 days)
<i>esomeprazole sodium 20 mg, 40 mg vial</i> MO	1	
<i>esomeprazole dr 24.65 mg, 49.3 mg cap</i> MO	3	QL (30 per 30 days)
<i>famotidine 20 mg, 40 mg tablet</i> MO	1	
<i>famotidine 40 mg/4 ml vial</i> MO	1	
<i>famotidine 40 mg/5 ml susp</i> MO	1	
<i>famotidine 20 mg/2 ml vial</i> MO	1	
<i>famotidine 20 mg piggyback</i> MO	1	
GATTEX 30-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
GATTEX ONE-VIAL 5 MG SUBCUTANEOUS KIT DL	4	PA
<i>gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution</i> MO	1	
<i>gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution</i> MO	1	
<i>gavilyte-h and bisacodyl kit</i> MO	1	
<i>gavilyte-n 420 gram oral solution</i> MO	1	
<i>generlac 10 gram/15 ml oral solution</i> MO	1	
GLYCATE 1.5 MG TABLET MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
glycopyrrolate 1 mg, 2 mg tablet MO	1	
glycopyrrolate 4 mg/20 ml vial MO	1	
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET MO	3	ST
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION MO	3	ST
KRISTALOSE 10 GRAM, 20 GRAM ORAL PACKET MO	1	
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution MO	1	
lansoprazole dr 15 mg capsule MO	1	QL (60 per 30 days)
lansoprazole dr 30 mg capsule MO	1	QL (30 per 30 days)
lansoprazole odt 15 mg, 30 mg tablet MO	1	QL (30 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE MO	2	QL (30 per 30 days)
LOMOTIL 2.5 MG-0.025 MG TABLET MO	3	PA
loperamide 2 mg capsule MO	1	
LOTRONEX 0.5 MG, 1 MG TABLET DL	4	PA,QL (60 per 30 days)
methscopolamine brom 2.5 mg, 5 mg tab; methscopolamine brom 2.5 mg, 5 mg tb MO	1	
misoprostol 100 mcg, 200 mcg tablet MO	1	
MOTOFEN 1 MG-0.025 MG TABLET MO	3	
MOVANTIK 12.5 MG, 25 MG TABLET MO	2	QL (30 per 30 days)
MOVIPREP 100 GRAM-7.5 GRAM-2.691 GRAM ORAL POWDER PACKET MO	3	ST
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
MYTESI 125 MG TABLET,DELAYED RELEASE DL	4	PA,QL (60 per 30 days)
NEXIUM 20 MG, 40 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
NEXIUM 40 MG INTRAVENOUS SOLUTION MO	3	PA
NEXIUM PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG GRANULES DELAYED RELEASE FOR SUSP MO	3	QL (30 per 30 days)
nizatidine 15 mg/ml solution MO	1	
nizatidine 150 mg, 300 mg capsule MO	1	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	ST
NUTRESTORE 5 GRAM ORAL POWDER PACKET DL	4	PA
OMECLAMOX-PAK 20 MG-500 MG-500 MG (40) ORAL PACK MO	3	ST
omeppi 20 mg-1.1 gram capsule; omeppi 40 mg-1.1 gram capsule MO	1	ST,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg capsule MO	1	QL (60 per 30 days)
omeprazole-bicarb 20-1,100 cap; omeprazole-bicarb 40-1,100 cap MO	1	ST,QL (30 per 30 days)
omeprazole-bicarb 20-1,680 pkt; omeprazole-bicarb 40-1,680 pkt MO	1	ST,QL (30 per 30 days)
OSMOPREP 1.5 GRAM (1.102-0.398) TABLET MO	3	ST
pantoprazole sod dr 20 mg, 40 mg tab MO	1	QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>pantoprazole sodium 40 mg vial</i> MO	1	
<i>peg 3350 electrolyte soln; peg-3350 and electrolytes soln</i> MO	1	
<i>peg 3350-electrolyte solution</i> MO	1	
<i>peg-prep 5 mg-210 gram oral kit</i> MO	1	
<i>pepcid 20 mg, 40 mg tablet</i> MO	3	PA
PEPCID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION MO	3	PA
PLENVU 140 GRAM-9 GRAM-5.2 GRAM POWDER PACK MO	3	ST
<i>polyethylene glycol 3350 powd</i> MO	1	
PREPOPIK 10 MG-3.5 GRAM-12 GRAM ORAL POWDER PACKET MO	3	ST
PREVACID 15 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PREVACID 30 MG CAPSULE,DELAYED RELEASE MO	3	PA,QL (30 per 30 days)
PREVACID SOLUTAB 15 MG, 30 MG DELAYED RELEASE,DISINTEGRATING TABLET MO	3	QL (30 per 30 days)
PREVPAC PATIENT PACK DL	4	ST
PRILOSEC 10 MG, 2.5 MG ORAL SUSPENSION,DELAYED RELEASE MO	3	PA
<i>propantheline 15 mg tablet</i> MO	1	PA
PROTONIX 20 MG, 40 MG TABLET,DELAYED RELEASE MO	3	PA,QL (60 per 30 days)
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET MO	3	QL (30 per 30 days)
PROTONIX 40 MG INTRAVENOUS SOLUTION MO	3	PA
PYLERA 140 MG-125 MG-125 MG CAPSULE MO	3	QL (144 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i> MO	1	QL (30 per 30 days)
<i>ranitidine 15 mg/ml syrup</i> MO	1	
<i>ranitidine 150 mg, 300 mg capsule</i> MO	1	
<i>ranitidine 150 mg, 300 mg tablet</i> MO	1	
<i>ranitidine hcl 150 mg/6 ml vl; ranitidine hcl 50 mg/2 ml vial</i> MO	1	
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION MO	3	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE MO	3	QL (36 per 28 days)
RELISTOR 150 MG TABLET MO	3	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE MO	3	QL (12 per 30 days)
ROBINUL 1 MG TABLET MO	3	
ROBINUL 4 MG/20 ML VIAL MO	3	
ROBINUL FORTE 2 MG TABLET MO	3	PA
SAIZEN 5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
SEROSTIM 4 MG, 5 MG, 6 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
<i>sucrafate 1 gm tablet</i> MO	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SYMPROIC 0.2 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>trilyte with flavor packets 420 gram oral solution</i> MO	1	
TRULANCE 3 MG TABLET MO	3	PA,QL (30 per 30 days)
URSO 250 250 MG TABLET MO	3	PA
URSO FORTE 500 MG TABLET DL	4	PA
<i>ursodiol 250 mg, 500 mg tablet</i> MO	1	
<i>ursodiol 300 mg capsule</i> MO	1	
VIBERZI 100 MG, 75 MG TABLET MO	3	PA,QL (60 per 30 days)
XERMELO 250 MG TABLET DL	4	PA,QL (84 per 28 days)
XIFAXAN 200 MG TABLET DL	4	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET DL	4	PA,QL (84 per 28 days)
ZANTAC 150 MG, 300 MG TABLET MO	3	PA
ZANTAC 25 MG/ML, 50 MG/2 ML (25 MG/ML) INJECTION SOLUTION MO	3	PA
ZEGERID 20 MG-1,680 MG ORAL PACKET; ZEGERID 40 MG-1,680 MG ORAL PACKET DL	4	ST,QL (30 per 30 days)
ZEGERID 20 MG-1.1 GRAM CAPSULE; ZEGERID 40 MG-1.1 GRAM CAPSULE DL	4	ST,QL (30 per 30 days)
ZOMACTON 5 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (28 per 28 days)
Genetic/Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	
ALDURAZYME 2.9 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
ARALAST NP 1,000 MG, 500 MG INTRAVENOUS SOLUTION DL	4	PA
BUPHENYL 0.94 GRAM/GRAM ORAL POWDER DL	4	
BUPHENYL 500 MG TABLET DL	4	
CERDELGA 84 MG CAPSULE DL	4	PA,QL (60 per 30 days)
CEREZYME 400 UNIT INTRAVENOUS SOLUTION DL	4	PA
CHOLBAM 250 MG, 50 MG CAPSULE DL	4	PA,QL (120 per 30 days)
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE MO	2	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER DL	4	
CYSTAGON 150 MG, 50 MG CAPSULE MO	3	
ELAPRASE 6 MG/3 ML INTRAVENOUS SOLUTION DL	4	PA
ELELYSO 200 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (70 per 30 days)
EXONDYS 51 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA
FABRAZYME 35 MG, 5 MG INTRAVENOUS SOLUTION DL	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
GLASSIA 1 GRAM/50 ML (2 %) INTRAVENOUS SOLUTION DL	4	PA
KANUMA 2 MG/ML INTRAVENOUS SOLUTION DL	4	PA
KUVAN 100 MG SOLUBLE TABLET DL	4	PA
KUVAN 100 MG, 500 MG ORAL POWDER PACKET DL	4	PA
LUMIZYME 50 MG INTRAVENOUS SOLUTION DL	4	PA
<i>miglustat 100 mg capsule</i> DL	4	PA,QL (90 per 30 days)
NAGLAZYME 5 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA
NITYR 10 MG, 2 MG, 5 MG TABLET DL	4	
OCALIVA 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
ORFADIN 10 MG, 2 MG, 20 MG, 5 MG CAPSULE DL	4	
ORFADIN 4 MG/ML ORAL SUSPENSION DL	4	
PALYNZIQ 10 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (15 per 30 days)
PALYNZIQ 2.5 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
PALYNZIQ 20 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (30 per 30 days)
PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 2,600 UNIT-6,200 UNIT-10,850 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE; PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE DL	4	ST
PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE; PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE DL	4	ST
PROCYSBI 25 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (120 per 30 days)
PROCYSBI 75 MG CAPSULE,DELAYED RELEASE SPRINKLE DL	4	PA,QL (780 per 30 days)
PROLASTIN-C 1,000 MG (+-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+-)/20 ML INTRAVENOUS POWDER FOR SOLUTION DL	4	PA
RAVICTI 1.1 GRAM/ML ORAL LIQUID DL	4	PA,QL (525 per 30 days)
<i>sodium phenylbutyrate 500mg tb</i> DL	4	
<i>sodium phenylbutyrate powder</i> DL	4	
STRENSIQ 100 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA,QL (38.4 per 28 days)
STRENSIQ 40 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
SUCRAID 8,500 UNIT/ML ORAL SOLUTION DL	4	
VIOKACE 10,440 UNIT-39,150 UNIT-39,150 UNIT TABLET; VIOKACE 20,880 UNIT-78,300 UNIT-78,300 UNIT TABLET DL	4	ST
VPRIV 400 UNIT INTRAVENOUS SOLUTION DL	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZAVESCA 100 MG CAPSULE DL	4	PA,QL (90 per 30 days)
ZEMAIRA 1,000 MG INTRAVENOUS SOLUTION DL	4	PA
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	3	
Genitourinary Agents		
<i>alfuzosin hcl er 10 mg tablet</i> MO	1	QL (30 per 30 days)
AVODART 0.5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
<i>bethanechol 10 mg, 25 mg, 5 mg, 50 mg tablet</i> MO	1	
CIALIS 2.5 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>darifenacin er 15 mg, 7.5 mg tablet</i> MO	1	ST,QL (30 per 30 days)
DETROL 1 MG, 2 MG TABLET MO	3	PA,QL (60 per 30 days)
DETROL LA 2 MG, 4 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
DITROPAN XL 10 MG, 15 MG, 5 MG TABLET; DITROPAN XL 10 MG, 15 MG, 5 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (60 per 30 days)
<i>dutasteride 0.5 mg capsule</i> MO	1	QL (30 per 30 days)
<i>dutasteride-tamsulosin 0.5-0.4</i> MO	1	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE MO	3	QL (90 per 30 days)
ENABLEX 15 MG, 7.5 MG TABLET,EXTENDED RELEASE MO	3	ST,QL (30 per 30 days)
<i>finasteride 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i> MO	1	
FLOMAX 0.4 MG CAPSULE MO	3	QL (60 per 30 days)
GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PACKET; GELNIQUE 10 % (100 MG/GRAM), 100 MG/GRAM (10 %) TRANSDERMAL GEL PUMP MO	3	ST,QL (30 per 30 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i> MO	1	
<i>oxybutynin 5 mg/5 ml syrup</i> MO	1	
<i>oxybutynin cl er 10 mg, 15 mg, 5 mg tablet</i> MO	1	QL (60 per 30 days)

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OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH MO	3	ST,QL (8 per 28 days)
PROSCAR 5 MG TABLET MO	3	PA,QL (30 per 30 days)
RAPAFLO 4 MG, 8 MG CAPSULE MO	3	PA,QL (30 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i> MO	1	QL (60 per 30 days)
THIOLA 100 MG TABLET DL	4	
<i>tolterodine tart er 2 mg, 4 mg cap</i> MO	1	QL (30 per 30 days)
<i>tolterodine tartrate 1 mg, 2 mg tab</i> MO	1	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG TABLET,EXTENDED RELEASE MO	2	QL (30 per 30 days)
<i>tropium chloride 20 mg tablet</i> MO	1	
<i>tropium chloride er 60 mg cap</i> MO	1	QL (30 per 30 days)
URECHOLINE 10 MG, 25 MG, 5 MG, 50 MG TABLET MO	1	PA
UROXATRAL 10 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
VESICARE 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>a-hydrocort 100 mg solution for injection</i> MO	1	
ACTHAR H.P. 80 UNIT/ML INJECTION GEL DL	4	PA,QL (30 per 30 days)
ALA-CORT 1 % TOPICAL CREAM MO	1	
<i>ala-cort 2.5 % topical cream</i> MO	1	
ALA-SCALP 2 % LOTION MO	1	
<i>alclometasone dipr 0.05% oint</i> MO	1	
<i>alclometasone dipro 0.05% crm</i> MO	1	
<i>amcinonide 0.1% cream</i> MO	1	
<i>amcinonide 0.1% lotion</i> MO	1	
<i>amcinonide 0.1% ointment</i> MO	1	
<i>anusol-hc 2.5 % topical cream with perineal applicator</i> MO	1	
<i>apexicon e 0.05 % topical cream</i> MO	1	
ARISTOSPAN INTRA-ARTICULAR 20 MG/ML SUSPENSION FOR INJECTION MO	3	
ARISTOSPAN INTRALESIONAL 5 MG/ML SUSPENSION FOR INJECTION MO	3	
<i>betamethasone ac-sp 6 mg/ml vl</i> MO	1	
<i>betamethasone dp 0.05% crm</i> MO	1	
<i>betamethasone dp 0.05% lot</i> MO	1	
<i>betamethasone dp 0.05% oint</i> MO	1	
<i>betamethasone va 0.1% cream</i> MO	1	
<i>betamethasone va 0.1% lotion</i> MO	1	
<i>betamethasone valer 0.1% ointm</i> MO	1	
<i>betamethasone valer 0.12% foam</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>betamethasone dp aug 0.05% crm</i> MO	1	
<i>betamethasone dp aug 0.05% gel</i> MO	1	
<i>betamethasone dp aug 0.05% lot</i> MO	1	
<i>betamethasone dp aug 0.05% oin</i> MO	1	
CAPEX 0.01 % SHAMPOO MO	3	
CELESTONE SOLUSPAN 6 MG/ML SUSPENSION FOR INJECTION MO	3	
<i>clobetasol 0.05% cream</i> MO	1	
<i>clobetasol 0.05% gel</i> MO	1	
<i>clobetasol 0.05% ointment</i> MO	1	
<i>clobetasol 0.05% shampoo</i> MO	1	
<i>clobetasol 0.05% solution</i> MO	1	
<i>clobetasol 0.05% topical lotn</i> MO	1	
<i>clobetasol prop 0.05% foam</i> MO	1	
<i>clobetasol prop 0.05% spray</i> MO	1	
<i>clobetasol emollient 0.05% crm</i> MO	1	
<i>clobetasol emulsion 0.05% foam</i> MO	1	
CLOBEX 0.05 % LOTION MO	3	ST
CLOBEX 0.05 % SHAMPOO DL	4	ST
CLOBEX 0.05 % TOPICAL SPRAY MO	3	ST
<i>clocortolone pivalate 0.1% crm</i> MO	1	
<i>clodan 0.05 % shampoo</i> MO	1	
CLODERM 0.1 % TOPICAL CREAM MO	3	PA
CORDRAN TAPE LARGE ROLL 4 MCG/CM2 DL	4	
CORDRAN 4 MCG/SQ CM TAPE SMALL DL	4	
<i>cormax 0.05 % scalp solution</i> MO	1	
CORTEF 10 MG, 20 MG, 5 MG TABLET MO	3	
<i>cortisone 25 mg tablet</i> MO	1	
CUTIVATE 0.05 % LOTION DL	4	PA
CUTIVATE 0.05 % TOPICAL CREAM DL	4	PA
<i>decadron 0.5 mg, 0.75 mg, 4 mg, 6 mg tablet</i> MO	1	
<i>decadron 0.5 mg/5 ml oral elixir</i> MO	1	
DELTASONE 20 MG TABLET MO	1	B vs D
DEPO-MEDROL 20 MG/ML, 40 MG/ML, 80 MG/ML SUSPENSION FOR INJECTION MO	3	
DERMA-SMOOTH/FS BODY OIL 0.01 % MO	3	
DERMA-SMOOTH/FS SCALP OIL 0.01 % MO	3	
DERMATOP 0.1 % TOPICAL OINTMENT MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
DERMATOP EMOLLIENT 0.1% CREAM MO	3	
DESONATE 0.05 % TOPICAL GEL MO	3	
<i>desonide 0.05% cream</i> MO	1	
<i>desonide 0.05% lotion</i> MO	1	
<i>desonide 0.05% ointment</i> MO	1	
DESOWEN 0.05 % LOTION MO	1	PA
DESOWEN 0.05 % TOPICAL CREAM MO	3	
<i>desoximetasone 0.05% cream; desoximetasone 0.25% cream</i> MO	1	
<i>desoximetasone 0.05% gel</i> MO	1	
<i>desoximetasone 0.05% ointment; desoximetasone 0.25% ointment</i> MO	1	
<i>desoximetasone 0.25% spray</i> MO	1	
<i>dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs), 2 mg, 4 mg, 6 mg tablet; dexamethasone 10 day 1.5 mg tb; dexamethasone 13 day 1.5 mg tb; dexamethasone 6 day 1.5 mg tab</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml elx</i> MO	1	
<i>dexamethasone 0.5 mg/5 ml liq</i> MO	1	
<i>dexamethasone intensol 1 mg/ml drops (concentrate)</i> MO	1	
<i>dexamethasone 10 mg/ml vial</i> MO	1	
<i>dexamethasone 10 mg/ml, 4 mg/ml vial</i> MO	1	
<i>dexamethasone 4 mg/ml syringe</i> MO	1	
DEXPAK 10 DAY 1.5 MG (35 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 13 DAY 1.5 MG (51 TABS) TABLETS IN A DOSE PACK MO	1	
DEXPAK 6 DAY 1.5 MG (21 TABS) TABLETS IN A DOSE PACK MO	1	
<i>diflorasone 0.05% cream</i> MO	1	
<i>diflorasone 0.05% ointment</i> MO	1	
DIPROLENE 0.05 % TOPICAL OINTMENT MO	3	
DIPROLENE 0.05% LOTION MO	3	
DIPROLENE AF 0.05% CREAM MO	3	
ELOCON 0.1 % TOPICAL CREAM MO	3	
ELOCON 0.1 % TOPICAL OINTMENT MO	3	
ELOCON 0.1% LOTION MO	3	
<i>fludrocortisone 0.1 mg tablet</i> MO	1	
<i>fluocinolone 0.01% body oil</i> MO	1	
<i>fluocinolone 0.01% cream; fluocinolone 0.025% cream</i> MO	1	
<i>fluocinolone 0.01% solution</i> MO	1	
<i>fluocinolone 0.025% ointment</i> MO	1	
<i>fluocinolone 0.01% scalp oil</i> MO	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
fluocinonide 0.05% cream; fluocinonide 0.1% cream ^{MO}	1	
fluocinonide 0.05% gel ^{MO}	1	
fluocinonide 0.05% ointment ^{MO}	1	
fluocinonide 0.05% solution ^{MO}	1	
fluocinonide-e 0.05 % topical cream ^{MO}	1	
fluocinonide-e 0.05% cream ^{MO}	1	
flurandrenolide 0.05% cream ^{MO}	1	
flurandrenolide 0.05% lotion ^{MO}	1	
flurandrenolide 0.05% ointment ^{MO}	1	
fluticasone prop 0.005% oint ^{MO}	1	
fluticasone prop 0.05% cream ^{MO}	1	
fluticasone prop 0.05% lotion ^{MO}	1	
halobetasol prop 0.05% cream ^{MO}	1	
halobetasol prop 0.05% ointmnt ^{MO}	1	
HALOG 0.1 % TOPICAL CREAM ^{MO}	3	
HALOG 0.1 % TOPICAL OINTMENT ^{MO}	3	
hydrocortisone 1% cream; hydrocortisone 2.5% cream ^{MO}	1	
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment ^{MO}	1	
hydrocortisone 10 mg, 20 mg, 5 mg tablet ^{MO}	1	
hydrocortisone 2.5% lotion ^{MO}	1	
hydrocort buty 0.1% lipo cream ^{MO}	1	
hydrocortisone buty 0.1% cream ^{MO}	1	
hydrocortisone butyr 0.1% lotn ^{MO}	1	
hydrocortisone butyr 0.1% oint ^{MO}	1	
hydrocortisone butyr 0.1% soln ^{MO}	1	
hydrocortisone val 0.2% cream ^{MO}	1	
hydrocortisone val 0.2% ointmt ^{MO}	1	
hydrocortisone 1% absorbase ^{MO}	1	
IMPOYZ 0.025 % TOPICAL CREAM ^{MO}	3	ST
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL ^{MO}	3	
KENALOG 10 MG/ML, 40 MG/ML SUSPENSION FOR INJECTION ^{MO}	3	
LOCOID 0.1 % LOTION ^{MO}	3	
LOCOID 0.1 % TOPICAL CREAM ^{MO}	3	
LOCOID 0.1 % TOPICAL SOLUTION ^{MO}	3	
LOCOID 0.1% OINTMENT ^{MO}	3	
LOCOID LIPOCREAM 0.1 % TOPICAL ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
locort 11 day 1.5 mg tablet; locort 7 day 1.5 mg tablet ^{MO}	1	
LUXIQ 0.12 % TOPICAL FOAM ^{MO}	3	ST
MEDROL 16 MG, 2 MG, 32 MG, 4 MG, 8 MG TABLET ^{MO}	3	B vs D
MEDROL (PAK) 4 MG TABLETS IN A DOSE PACK ^{MO}	3	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg tablet ^{MO}	1	B vs D
methylprednisolone 4 mg dosepk ^{MO}	1	
methylprednisolone 40 mg/ml, 80 mg/ml vl ^{MO}	1	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg; methylprednisolone ss 1,000 mg, 125 mg, 40 mg vl ^{MO}	1	
MILLIPRED 10 MG/5 ML SOLUTION ^{MO}	1	
millipred 5 mg tablet ^{MO}	1	B vs D
millipred dp 5 mg (21 tabs), 5 mg (48 tabs) tablets in a dose pack ^{MO}	1	
mometasone furoate 0.1% cream ^{MO}	1	
mometasone furoate 0.1% oint ^{MO}	1	
mometasone furoate 0.1% soln ^{MO}	1	
nolix 0.05 % lotion ^{MO}	1	
nolix 0.05 % topical cream ^{MO}	1	
OLUX 0.05 % TOPICAL FOAM ^{MO}	3	PA
OLUX-E 0.05 % TOPICAL FOAM ^{MO}	3	PA
ORAPRED ODT 10 MG, 15 MG, 30 MG DISINTEGRATING TABLET ^{MO}	3	
PANDEL 0.1 % TOPICAL CREAM ^{DL}	4	
pediapred 5 mg/5 ml soln ^{MO}	3	
prednicarbate 0.1% cream ^{MO}	1	
prednicarbate 0.1% ointment ^{MO}	1	
prednisolone 15 mg/5 ml syrup ^{MO}	1	
prednisolone 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) soln; prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml ^{MO}	1	
prednisolone odt 10 mg, 15 mg, 30 mg tablet ^{MO}	1	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg tablet ^{MO}	1	B vs D
prednisone 10 mg, 5 mg tab dose pack ^{MO}	1	
prednisone 5 mg/5 ml solution ^{MO}	1	B vs D
prednisone intensol 5 mg/ml oral concentrate ^{MO}	1	B vs D
procto-med hc 2.5 % topical cream perineal applicator ^{MO}	1	
procto-pak 1 % topical cream perineal applicator ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>proctosol hc 2.5 % topical cream perineal applicator</i> MO	1	
<i>proctozone-hc 2.5 % topical cream perineal applicator</i> MO	1	
<i>psorcon 0.05 % topical cream</i> MO	1	
RAYOS 1 MG, 2 MG, 5 MG TABLET,DELAYED RELEASE DL	4	B vs D
SERNIVO 0.05 % TOPICAL SPRAY WITH PUMP DL	4	PA,QL (120 per 365 days)
SOLU-CORTEF 100 MG SOLUTION FOR INJECTION MO	3	
SOLU-CORTEF ACT-O-VIAL (PF) 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SOLU-MEDROL 1,000 MG, 2 GRAM, 500 MG INTRAVENOUS SOLUTION MO	3	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML SOLUTION FOR INJECTION MO	3	
SYNALAR 0.01 % TOPICAL SOLUTION MO	3	
<i>taperdex 1.5 mg (21 tabs), 1.5 mg (49 tabs) tablets in a dose pack</i> MO	1	
TEMOVATE 0.05 % TOPICAL CREAM MO	3	PA
TEMOVATE 0.05 % TOPICAL OINTMENT MO	3	PA
TEXACORT 2.5 % TOPICAL SOLUTION MO	1	
TOPICORT 0.05 % TOPICAL GEL MO	1	
TOPICORT 0.05 % TOPICAL OINTMENT MO	3	
TOPICORT 0.05 %, 0.25 % TOPICAL CREAM MO	1	
TOPICORT 0.25 % TOPICAL OINTMENT MO	1	
TOPICORT 0.25 % TOPICAL SPRAY MO	3	
<i>triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream</i> MO	1	
<i>triamcinolone 0.025% lotion; triamcinolone 0.1% lotion</i> MO	1	
<i>triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment</i> MO	1	
<i>triamcinolone 0.147 mg/g spray</i> MO	1	
<i>triamcinolone 400 mg/10 ml vl</i> MO	1	
<i>trianex 0.05 % topical ointment</i> DL	4	
<i>triderm 0.1 %, 0.5 % topical cream</i> MO	1	
TRIDESILON 0.05 % TOPICAL CREAM MO	3	
ULTRAVATE 0.05 % LOTION DL	4	
ULTRAVATE 0.05 % TOPICAL CREAM DL	4	
ULTRAVATE 0.05 % TOPICAL OINTMENT DL	4	
VANOS 0.1 % TOPICAL CREAM MO	3	
VERIPRED 20 20 MG/5 ML (4 MG/ML) ORAL SOLUTION MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ZILRETTA 32 MG INTRA-ARTICULAR SUSPENSION,EXTENDED RELEASE MO	3	PA
<i>zodex 12 day 1.5 mg tablet; zodex 6 day 1.5 mg tablet</i> MO	1	
ZONACORT 11 DAY 1.5 MG TABLET; ZONACORT 7 DAY 1.5 MG TABLET MO	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>chorionic gonad 10,000 unit vial</i> DL	4	PA
DDAVP 0.1 MG TABLET MO	3	PA,QL (180 per 30 days)
DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML INJECTION SOLUTION; DDAVP 0.1 MG/ML (REFRIGERATE), 4 MCG/ML NASAL SOLUTION MO	3	PA
DDAVP 0.2 MG TABLET MO	3	PA
DDAVP 10 MCG/SPRAY (0.1 ML) NASAL SPRAY WITH PUMP MO	3	PA,QL (25 per 30 days)
<i>desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr</i> MO	1	QL (25 per 30 days)
<i>desmopressin ac 4 mcg/ml vial</i> MO	1	
<i>desmopressin acetate 0.1 mg tb</i> MO	1	QL (180 per 30 days)
<i>desmopressin acetate 0.2 mg tb</i> MO	1	
EGRIFTA 1 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
EGRIFTA 2 MG VIAL DL	4	PA,QL (30 per 30 days)
GENOTROPIN 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML SUBCUTANEOUS SYRINGE DL	4	PA
HUMATROPE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) INJECTION CARTRIDGE DL	4	PA
HUMATROPE 5 MG (15 UNIT) SOLUTION FOR INJECTION DL	4	PA
INCRELEX 10 MG/ML SUBCUTANEOUS SOLUTION DL	4	PA
NOCTIVA 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) NASAL SPRAY MO	3	PA,QL (3.8 per 30 days)
NORDITROPIN FLEXPRO 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA
NOVAREL 10,000 UNIT, 5,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA
NUTROPIN AQ PEN CARTRIDGE DL	4	PA
NUTROPIN AQ NUSPIN 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) SUBCUTANEOUS CARTRIDGE DL	4	PA
OMNITROPE 5.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
PREGNYL 10,000 UNIT INTRAMUSCULAR SOLUTION MO	3	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SAIZEN 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
SAIZEN 8.8 MG CLICK.EASY CARTG DL	4	PA
SAIZEN SAIZENPREP 8.8 MG/1.51 ML (FINAL CONC.) SUBCUTANEOUS CARTRIDGE DL	4	PA
STIMATE 150 MCG/SPRAY (0.1 ML) NASAL SPRAY DL	4	
ZOMACTON 10 MG SUBCUTANEOUS SOLUTION DL	4	PA
ZORBTIVE 8.8 MG SUBCUTANEOUS SOLUTION DL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
HEMABATE 250 MCG/ML INTRAMUSCULAR SOLUTION MO	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA 0.5 MG-0.1 MG TABLET; ACTIVELLA 1 MG-0.5 MG TABLET MO	3	PA
ALORA 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (8 per 28 days)
<i>altavera (28) 0.15 mg-0.03 mg tablet</i> MO	1	
<i>alyacen 1/35 (28) 1 mg-35 mcg tablet</i> MO	1	
<i>alyacen 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> MO	1	
<i>amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet</i> MO	1	PA
<i>amethia 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	1	QL (91 per 90 days)
<i>amethia lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	1	QL (91 per 90 days)
<i>amethyst 90 mcg-20 mcg tablet</i> MO	1	
ANADROL-50 50 MG TABLET DL	4	
ANDRODERM 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	3	PA,QL (90 per 30 days)
ANDRODERM 4 MG/24 HR TRANSDERMAL 24 HOUR PATCH MO	3	PA,QL (30 per 30 days)
ANDROGEL 1 % (25 MG/2.5 GRAM) TRANSDERMAL GEL PACKET; ANDROGEL 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %) TRANSDERMAL GEL PACKET; ANDROGEL 1% GEL PUMP MO	3	PA,QL (300 per 30 days)
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET MO	2	PA,QL (37.5 per 30 days)
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PACKET; ANDROGEL 1.62 % (40.5 MG/2.5 GRAM), 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	2	PA,QL (150 per 30 days)
ANDROID 10 MG CAPSULE DL	4	
<i>androxy 10 mg tablet</i> MO	1	
ANGELIQ 0.25 MG-0.5 MG TABLET; ANGELIQ 0.5 MG-1 MG TABLET MO	3	PA
<i>apri 0.15 mg-0.03 mg tablet</i> MO	1	
<i>aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet</i> MO	1	
<i>ashlyna 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	1	QL (91 per 90 days)
<i>aubra 0.1 mg-20 mcg tablet</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>aubra eq 0.1 mg-20 mcg tablet</i> MO	1	
AVEED 750 MG/3 ML (250MG/ML) INTRAMUSCULAR SOLUTION DL	4	PA,QL (3 per 70 days)
<i>aviane 0.1 mg-20 mcg tablet</i> MO	1	
AXIRON 30 MG/ACTUATION (1.5 ML) TRANSDERM SOLUTION IN METERED PUMP MO	3	PA,QL (180 per 30 days)
AYGESTIN 5 MG TABLET MO	3	
<i>azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	1	
BALCOLTRA 0.1 MG-0.02 MG(21)/36.5 MG(7) TABLET MO	3	
<i>balziva (28) 0.4 mg-35 mcg tablet</i> MO	1	
<i>bekyree (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet</i> MO	1	
BEYAZ (28) 3 MG-0.02 MG-0.451 MG (24)/0.451 MG (4) TABLET MO	3	
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> MO	1	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	1	
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	1	
BREVICON (28) 0.5 MG-35 MCG TABLET MO	3	
<i>briellyn 0.4 mg-35 mcg tablet</i> MO	1	
<i>camila 0.35 mg tablet</i> MO	1	
<i>camrese 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	3	QL (91 per 90 days)
<i>camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	1	QL (91 per 90 days)
<i>caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet</i> MO	1	
<i>chateal 0.15 mg-0.03 mg tablet</i> MO	1	
<i>chateal eq 0.15 mg-0.03 mg tablet</i> MO	1	
CLIMARA 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
CLIMARA PRO 0.045 MG-0.015 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (4 per 28 days)
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL MO	3	PA,QL (8 per 28 days)
CRINONE 4 %, 8 % VAGINAL GEL MO	3	
<i>cryelle (28) 0.3 mg-30 mcg tablet</i> MO	1	
<i>cyclafem 1/35 (28) 1 mg-35 mcg tablet</i> MO	1	
<i>cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet</i> MO	1	
CYCLESSA (28) 0.1 MG/0.125 MG/0.15 MG-25 MCG TABLET MO	3	
<i>cyred 0.15 mg-0.03 mg tablet</i> MO	1	
<i>danazol 100 mg, 200 mg, 50 mg capsule</i> MO	1	
<i>dasetta 1/35 (28) 1 mg-35 mcg tablet</i> MO	1	
<i>dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet</i> MO	1	
<i>daysee 0.15 mg-30 mcg (84)/10 mcg(7) tablets,3 month dose pack</i> MO	1	QL (91 per 90 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>deblitane 0.35 mg tablet</i> MO	1	
DELESTROGEN 10 MG/ML, 20 MG/ML, 40 MG/ML INTRAMUSCULAR OIL MO	3	
<i>delyla (28) 0.1 mg-20 mcg tablet</i> MO	1	
DEPO-ESTRADIOL 5 MG/ML INTRAMUSCULAR OIL MO	1	QL (5 per 30 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SUSPENSION MO	3	QL (1 per 90 days)
DEPO-PROVERA 150 MG/ML INTRAMUSCULAR SYRINGE MO	3	QL (1 per 90 days)
DEPO-PROVERA 400 MG/ML INTRAMUSCULAR SUSPENSION MO	3	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SUBCUTANEOUS SYRINGE MO	3	QL (0.65 per 90 days)
DEPO-TESTOSTERONE 100 MG/ML, 200 MG/ML INTRAMUSCULAR OIL MO	1	QL (24 per 90 days)
<i>desogestr-eth estrad eth estra</i> MO	1	
DESOGEN 28 DAY TABLET MO	3	
<i>desogestrel-ethinyl estrad tab</i> MO	1	
DIVIGEL 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %) TRANSDERMAL GEL PACKET MO	3	PA
<i>drosp-ee-levomef 3-0.02-0.451; drosp-ee-levomef 3-0.03-0.451</i> MO	1	
<i>drospirenone-ee 3-0.02 mg, 3-0.03 mg tab</i> MO	1	
DUAVEE 0.45 MG-20 MG TABLET MO	3	PA,QL (30 per 30 days)
ELESTRIN 0.87 GRAM/ACTUATION (0.06%) TRANSDERMAL GEL PUMP MO	3	PA,QL (52 per 30 days)
<i>elinest 0.3 mg-30 mcg tablet</i> MO	1	
ELLA 30 MG TABLET MO	2	QL (1 per 30 days)
<i>emoquette 0.15 mg-0.03 mg tablet</i> MO	1	
ENDOMETRIN 100 MG VAGINAL INSERT DL	4	
<i>enpresse 50-30 (6)/75-40(5)/125-30(10) tablet</i> MO	1	
<i>enskyce 0.15 mg-0.03 mg tablet</i> MO	1	
<i>errin 0.35 mg tablet</i> MO	1	
<i>estarylla 0.25 mg-35 mcg tablet</i> MO	1	
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM MO	3	PA
ESTRACE 0.5 MG, 1 MG, 2 MG TABLET MO	1	PA
<i>estradiol 0.01% cream</i> MO	1	
<i>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</i> MO	1	PA,QL (8 per 28 days)
<i>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</i> MO	1	PA,QL (4 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 2 mg tablet</i> MO	1	PA
<i>estradiol 10 mcg vaginal insrt</i> MO	1	
<i>estradiol valerate 20 mg/ml, 40 mg/ml vl</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg tb ^{MO}	1	PA
ESTRING 2 MG (7.5 MCG/24 HOUR) VAGINAL RING ^{MO}	3	QL (1 per 90 days)
estropipate 0.625(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 1.25(0.75 mg, 1.5 mg, 3 mg) tab; estropipate 2.5(0.75 mg, 1.5 mg, 3 mg) tab ^{MO}	1	PA
ESTROSTEP FE-28 1-20 (5)/1-30(7)/1MG-35MCG(9) TABLET ^{MO}	3	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg ^{MO}	1	
EVAMIST 1.53 MG/SPRAY (1.7 %) TRANSDERMAL SPRAY ^{MO}	3	PA
EVISTA 60 MG TABLET ^{MO}	3	PA,QL (30 per 30 days)
falmina (28) 0.1 mg-20 mcg tablet ^{MO}	1	
fayosim 0.15 mg-20 mcg/0.15 mg-25 mcg tablets,3 month dose pack ^{MO}	1	QL (91 per 90 days)
FEMCON FE CHEWABLE TABLET ^{MO}	3	
FEMHRT LOW DOSE 0.5 MG-2.5 MCG TABLET ^{MO}	3	PA
FEMRING 0.05 MG/24 HR, 0.1 MG/24 HR VAGINAL ^{MO}	3	QL (1 per 90 days)
femynor 0.25 mg-35 mcg tablet ^{MO}	1	
FORTESTA 10 MG/0.5 GRAM/ACTUATION TRANSDERMAL GEL PUMP ^{MO}	3	PA,QL (120 per 30 days)
fyavolv 0.5 mg-2.5 mcg tablet; fyavolv 1 mg-5 mcg tablet ^{MO}	1	PA
GENERESS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET ^{MO}	3	
gianvi (28) 3 mg-0.02 mg tablet ^{MO}	1	
gildagia 0.4 mg-0.035 mg tab ^{MO}	1	
gildess 1.5 mg-30 mcg tablet ^{MO}	1	
gildess 1 mg-20 mcg tablet ^{MO}	1	
gildess fe 1.5-30 tablet ^{MO}	1	
heather 0.35 mg tablet ^{MO}	1	
hydroxyprogesterone 250 mg/ml vial ^{DL}	4	PA
hydroxyprogesterone 1,250 mg/5 ml ^{DL}	4	PA
hydroxyprogesterone 1.25 g/5ml ^{DL}	4	PA
incassia 0.35 mg tablet ^{MO}	1	
introvale 0.15 mg-30 mcg tablets,3 month dose pack ^{MO}	1	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet ^{MO}	1	
jencycla 0.35 mg tablet ^{MO}	1	
jevantage lo 0.5 mg-2.5 mcg tablet ^{MO}	3	PA
jinteli 1 mg-5 mcg tablet ^{MO}	1	PA
jolessa 0.15 mg-30 mcg tablets,3 month dose pack ^{MO}	1	QL (91 per 90 days)
jolivette 0.35 mg tablet ^{MO}	1	
juleber 0.15 mg-0.03 mg tablet ^{MO}	1	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet ^{MO}	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
junel 1/20 (21) 1 mg-20 mcg tablet MO	1	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	1	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
kaitlib fe 0.8 mg-25 mcg (24)/75 mg (4) chewable tablet MO	1	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
kelnor 1-50 1 mg-50 mcg tablet MO	1	
kelnor 1/35 (28) 1 mg-35 mcg tablet MO	1	
kimidess 28 day tablet MO	1	
kurvelo 0.15 mg-0.03 mg tablet MO	1	
levono-e estrad 0.10-0.02-0.01; levono-e estrad 0.15-0.03-0.01; levonorg 0.15mg-ee 20-25-30mcg MO	1	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet MO	1	
larin 1/20 (21) 1 mg-20 mcg tablet MO	1	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) tablet MO	1	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet MO	1	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
larissia 0.1 mg-20 mcg tablet MO	1	
LAYOLIS FE 0.8 MG-25 MCG (24)/75 MG (4) CHEWABLE TABLET MO	3	
leena 28 0.5 mg/1 mg/0.5 mg-35 mcg tablet MO	1	
lessina 0.1 mg-20 mcg tablet MO	1	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
levonor-eth estrad triphasic MO	1	
levonor-eth estra 0.09-0.02 mg; levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03 MO	1	
levonor-eth estrad 0.15-0.03 MO	1	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet MO	1	
lillow 0.15 mg-0.03 mg tablet MO	1	
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET MO	3	
LOESTRIN 1.5/30 (21) 1.5 MG-30 MCG TABLET MO	1	
LOESTRIN 1/20 (21) 1 MG-20 MCG TABLET MO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET MO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET MO	3	
lomedica 24 fe 1 mg-20 mcg tab MO	1	
lopreeza 0.5 mg-0.1 mg tablet; lopreeza 1 mg-0.5 mg tablet MO	1	PA
loryna (28) 3 mg-0.02 mg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
LOSEASONIQUE 0.10 MG-20 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
<i>low-ogestrel (28) 0.3 mg-30 mcg tablet</i> MO	1	
<i>lutera (28) 0.1 mg-20 mcg tablet</i> MO	1	
<i>lyza 0.35 mg tablet</i> MO	1	
MAKENA 250 MG/ML, 250 MG/ML (1 ML) INTRAMUSCULAR OIL DL	4	PA
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA
<i>marlissa 0.15 mg-0.03 mg tablet</i> MO	1	
<i>medroxyprogesterone 10 mg, 2.5 mg, 5 mg tab</i> MO	1	
<i>medroxyprogesterone 150 mg/ml</i> MO	1	QL (1 per 90 days)
MEGACE 40 MG/ML ORAL SUSP MO	3	PA
MEGACE ES 625 MG/5 ML ORAL SUSPENSION MO	3	PA
<i>megestrol 20 mg, 40 mg tablet</i> MO	1	PA
<i>megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml</i> MO	1	PA
<i>melodetta 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet</i> MO	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET MO	1	PA
MENOSTAR 14 MCG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (8 per 28 days)
METHITEST 10 MG TABLET DL	4	
<i>methyltestosterone 10 mg cap</i> DL	4	
<i>mibelas 24 fe 1 mg-20 mcg (24)/75 mg (4) chewable tablet</i> MO	1	
<i>microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet</i> MO	1	
<i>microgestin 1/20 (21) 1 mg-20 mcg tablet</i> MO	1	
MICROGESTIN 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET MO	3	
<i>microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) tablet</i> MO	1	
<i>microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet</i> MO	1	
<i>mili 0.25 mg-35 mcg tablet</i> MO	1	
<i>mimvey 1 mg-0.5 mg tablet</i> MO	1	PA
<i>mimvey lo 0.5 mg-0.1 mg tablet</i> MO	1	PA
MINASTRIN 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET MO	3	
MINIVELLE 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (8 per 28 days)
MIRCETTE (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET MO	3	
<i>mono-lyyah 0.25 mg-35 mcg tablet</i> MO	1	
<i>mononessa (28) 0.25 mg-35 mcg tablet</i> MO	1	
<i>myzilra 50-30 (6)/75-40(5)/125-30(10) tablet</i> MO	1	
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NATESTO 5.5 MG/0.122 GRAM PER ACTUATION NASAL GEL PUMP MO	3	PA,QL (21.96 per 30 days)
necon 0.5/35 (28) 0.5 mg-35 mcg tablet MO	1	
necon 1-35-28 tablet MO	1	
necon 10-11-28 tablet MO	1	
necon 7-7-7-28 tablet MO	1	
nikki (28) 3 mg-0.02 mg tablet MO	1	
nora-be 0.35 mg tablet MO	1	
noret-estr-fe 0.4-0.035(21)-75; norethin-estra-fe 0.8-0.025 mg MO	1	
norethindrone 0.35 mg tablet MO	1	
norethin-eth estrad 1 mg-5 mcg; norethind-eth estrad 0.5-2.5 MO	1	PA
norethind-eth estrad 1-0.02 mg MO	1	
norethindrone 5 mg tablet MO	1	
noreth-estrad-fe 1-0.02(21)-75; noreth-estrad-fe 1-0.02(24)-75 MO	1	
noreth-estrad-fe 1-0.02(24)-75 MO	1	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg MO	1	
NORINYL 1-35 28 TABLET MO	3	
norlyda 0.35 mg tablet MO	1	
norlyroc 0.35 mg tablet MO	1	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet MO	1	
nortrel 1/35 (21) 1 mg-35 mcg tablet MO	1	
nortrel 1/35 (28) 1 mg-35 mcg tablet MO	1	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet MO	1	
NUVARING 0.12 MG -0.015 MG/24 HR VAGINAL MO	3	QL (1 per 28 days)
ocella 3 mg-0.03 mg tablet MO	1	
ogestrel (28) 0.5 mg-50 mcg tablet MO	1	
orsythia 0.1 mg-20 mcg tablet MO	1	
ORTHO MICRONOR 0.35 MG TABLET MO	3	
ORTHO TRI-CYCLEN (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET MO	3	
ORTHO TRI-CYCLEN LO (28) 0.18 MG/0.215 MG/0.25 MG-25 MCG TABLET MO	3	
ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 1/35 (28) 1 MG-35 MCG TABLET MO	3	
ORTHO-NOVUM 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET MO	3	
OVCON-35 28 TABLET MO	1	
oxandrolone 10 mg tablet DL	4	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet MO	1	PA,QL (120 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>philit</i> 0.4 mg-35 mcg tablet MO	1	
<i>pimtra</i> (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
<i>pirmella</i> 0.5/0.75/1 mg-35 mcg tablet; <i>pirmella</i> 1 mg-35 mcg tablet MO	1	
<i>portia</i> 0.15 mg-0.03 mg tablet MO	1	
PREFEST 1 MG (15)/1 MG-0.09 MG (15) TABLET MO	3	PA
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET MO	3	PA
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	2	
PREMARIN 25 MG SOLUTION FOR INJECTION MO	3	
PREMPHASE 0.625 MG(14)/0.625 MG-5MG(14) TABLET MO	3	PA
PREMPRO 0.3 MG-1.5 MG TABLET; PREMPRO 0.45 MG-1.5 MG TABLET; PREMPRO 0.625 MG-2.5 MG TABLET; PREMPRO 0.625 MG-5 MG TABLET MO	3	PA
<i>previfem</i> 0.25 mg-35 mcg tablet MO	1	
<i>progesterone oil</i> 50 mg/ml vl MO	1	
<i>progesterone in oil</i> 50 mg/ml intramuscular MO	1	
<i>progesterone</i> 100 mg, 200 mg capsule MO	1	
PROMETRIUM 100 MG, 200 MG CAPSULE MO	3	
PROVERA 10 MG, 2.5 MG, 5 MG TABLET MO	3	
QUARTETTE 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
<i>quasense</i> 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
<i>rajani</i> (28) 3 mg-0.02 mg-0.451 mg (24)/0.451 mg (4) tablet MO	1	
<i>raloxifene hcl</i> 60 mg tablet MO	1	QL (30 per 30 days)
<i>reclipsen</i> (28) 0.15 mg-0.03 mg tablet MO	1	
RIVELSA 0.15 MG-20 MCG/0.15 MG-25 MCG TABLETS,3 MONTH DOSE PACK MO	1	QL (91 per 90 days)
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET MO	3	
SEASONIQUE 0.15 MG-30 MCG (84)/10 MCG(7) TABLETS,3 MONTH DOSE PACK MO	3	QL (91 per 90 days)
<i>setlakin</i> 0.15 mg-30 mcg tablets,3 month dose pack MO	1	QL (91 per 90 days)
<i>sharobel</i> 0.35 mg tablet MO	1	
<i>sprintec</i> (28) 0.25 mg-35 mcg tablet MO	1	
<i>sronyx</i> 0.1 mg-20 mcg tablet MO	1	
STRIANT 30 MG BUCCAL SYSTEM,SUSTAINED RELEASE MO	3	PA
<i>syeda</i> 3 mg-0.03 mg tablet MO	1	
<i>tarina fe 1/20</i> (28) 1 mg-20 mcg (21)/75 mg (7) tablet MO	1	
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE MO	3	
TESTIM 50 MG/5 GRAM (1 %) TRANSDERMAL GEL MO	3	PA,QL (300 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
testosterone 10 mg gel pump MO	3	PA,QL (120 per 30 days)
testosterone 12.5 mg/1.25 gram; testosterone 25 mg/2.5 gm pkt; testosterone 50 mg/5 gram gel; testosterone 50 mg/5 gram pkt MO	3	PA,QL (300 per 30 days)
testosterone 30 mg/1.5 ml pump MO	3	PA,QL (180 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml MO	1	QL (24 per 90 days)
testosterone enan 200 mg/ml MO	1	QL (24 per 90 days)
TESTRED 10 MG CAPSULE DL	4	
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	3	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet MO	1	
tri-linyah (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-lo-marzia 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
TRI-NORINYL (28) 0.5 MG/1 MG/0.5 MG-35 MCG TABLET MO	3	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
trinessa (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet MO	1	
trinessa lo 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet MO	1	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet MO	1	
tulana 0.35 mg tablet MO	1	
tydemy 3 mg-0.03 mg-0.451 mg (21)(7) tablet MO	1	
VAGIFEM 10 MCG VAGINAL TABLET MO	3	PA
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet MO	1	
vestura 3 mg-0.02 mg tablet MO	1	
vienva 0.1 mg-20 mcg tablet MO	1	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet MO	1	
VIVELLE-DOT 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR TRANSDERMAL PATCH MO	3	PA,QL (8 per 28 days)
VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL; VOGELXO 1 % (50 MG/5 GRAM), 12.5 MG/ 1.25 GRAM (1 %), 50 MG/5 GRAM (1 %) TRANSDERMAL GEL PACKET; VOGELXO 12.5 MG/1.25 GRAM PER PUMP ACTUATION (1 %) TRANSDERMAL GEL MO	3	PA,QL (300 per 30 days)
vyfemla (28) 0.4 mg-35 mcg tablet MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>vylibra 0.25 mg-35 mcg tablet</i> ^{MO}	1	
<i>wera (28) 0.5 mg-35 mcg tablet</i> ^{MO}	1	
<i>wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet</i> ^{MO}	3	
<i>xulane 150 mcg-35 mcg/24 hr transdermal patch</i> ^{MO}	1	QL (3 per 28 days)
YASMIN (28) 3 MG-0.03 MG TABLET ^{MO}	3	
YAZ (28) 3 MG-0.02 MG TABLET ^{MO}	3	
<i>yuvafem 10 mcg vaginal tablet</i> ^{MO}	1	
<i>zarah 3 mg-0.03 mg tablet</i> ^{MO}	1	
<i>zenchent (28) 0.4 mg-35 mcg tablet</i> ^{MO}	1	
<i>zenchent fe tablet chewable</i> ^{MO}	1	
<i>zovia 1/35e (28) 1 mg-35 mcg tablet</i> ^{MO}	1	
<i>zovia 1-50e tablet</i> ^{MO}	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	3	PA
CYTOMEL 25 MCG, 5 MCG, 50 MCG TABLET ^{MO}	3	
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}	2	
<i>levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg tablet</i> ^{MO}	1	
<i>levothyroxine 100 mcg, 200 mcg, 500 mcg vial</i> ^{MO}	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	1	
<i>liothyronine sod 10 mcg/ml vl</i> ^{MO}	1	
<i>liothyronine sod 25 mcg, 5 mcg, 50 mcg tab</i> ^{MO}	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	2	
THYROLAR-1 12.5 MCG-50 MCG TABLET ^{MO}	1	
THYROLAR-1/2 6.25 MCG-25 MCG TABLET ^{MO}	1	
THYROLAR-1/4 3.1 MCG-12.5 MCG TABLET ^{MO}	1	
THYROLAR-2 25 MCG-100 MCG TABLET ^{MO}	1	
THYROLAR-3 37.5 MCG-150 MCG TABLET ^{MO}	1	
TIROSINT 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG CAPSULE ^{MO}	3	
TRIOSTAT 10 MCG/ML INTRAVENOUS SOLUTION ^{MO}	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN 500 MG TABLET MO	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline 0.5 mg tablet</i> MO	1	QL (16 per 28 days)
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE MO	3	PA
FIRMAGON 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG SUBCUTANEOUS SOLUTION DL	4	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG SUBCUTANEOUS SOLUTION MO	3	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt</i> MO	1	B vs D
LUPANETA PACK (1 MONTH) 3.75 MG IM SYRINGE AND 5 MG (30) TABLETS, KIT DL	4	PA, QL (1 per 30 days)
LUPANETA PACK (3 MONTH) 11.25 MG IM SYRINGE AND 5 MG (90) TABLETS, KIT MO	4	PA, QL (1 per 90 days)
LUPRON DEPOT 3.75 MG INTRAMUSCULAR SYRINGE KIT MO	3	PA, QL (1 per 30 days)
LUPRON DEPOT 7.5 MG INTRAMUSCULAR SYRINGE KIT DL	4	PA, QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA, QL (1 per 90 days)
LUPRON DEPOT 30 MG (4 MONTH) INTRAMUSCULAR SYRINGE KIT MO	3	PA, QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG INTRAMUSCULAR SYRINGE KIT MO	4	PA, QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) INTRAMUSCULAR KIT DL	4	PA, QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT MO	4	PA, QL (1 per 90 days)
<i>octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml vial</i> MO	1	PA
<i>octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr</i> MO	1	PA
SANDOSTATIN 0.2 MG/ML VIAL; SANDOSTATIN 1 MG/ML VIAL; SANDOSTATIN 1,000 MCG/ML, 100 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML INJECTION SOLUTION DL	4	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG INTRAMUSCULAR SUSP, EXTENDED RELEASE DL	4	PA

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (60 per 30 days)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG INTRAMUSCULAR SUSPENSION DL	4	PA,QL (1 per 28 days)
SOMATULINE DEPOT 120 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG SUBCUTANEOUS SOLUTION; SOMAVERT 10 MG, 15 MG, 20 MG VIAL DL	4	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML NASAL SPRAY DL	4	
TRELSTAR 11.25 MG, 22.5 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TRELSTAR 11.25 MG/2 ML, 22.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	PA
TRELSTAR 3.75 MG INTRAMUSCULAR SUSPENSION DL	4	PA
TRELSTAR 3.75 MG/2 ML INTRAMUSCULAR SYRINGE DL	4	PA
TRIPTODUR 22.5 MG INTRAMUSCULAR SUSPENSION MO	4	PA,QL (1 per 168 days)
ZOLADEX 10.8 MG SUBCUTANEOUS IMPLANT MO	3	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG SUBCUTANEOUS IMPLANT MO	3	PA,QL (1 per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole 10 mg, 5 mg tablet MO	1	
propylthiouracil 50 mg tablet MO	1	
TAPAZOLE 10 MG, 5 MG TABLET MO	1	
Immunological Agents		
ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3.6 per 28 days)
ACTHIB (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION DL	4	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE MO	3	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP MO	3	
ARAVA 10 MG, 20 MG TABLET DL	4	PA,QL (30 per 30 days)
ARCALYST 220 MG SUBCUTANEOUS SOLUTION DL	4	PA
ASTAGRAF XL 0.5 MG, 1 MG, 5 MG CAPSULE,EXTENDED RELEASE MO	3	B vs D
ATGAM 50 MG/ML INTRAVENOUS SOLUTION MO	3	PA
AZASAN 100 MG, 75 MG TABLET MO	1	B vs D
azathioprine 50 mg tablet MO	1	B vs D

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azathioprine sod 100 mg vial MO	3	B vs D
BCG VACCINE (TICE STRAIN) VIAL MO	3	
BENLYSTA 120 MG INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA,QL (4 per 28 days)
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4 per 28 days)
BENLYSTA 400 MG INTRAVENOUS SOLUTION DL	4	PA,QL (6 per 28 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS KIT DL	4	PA,QL (15 per 30 days)
BERINERT 500 UNIT (10 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 30 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
BIVIGAM 10 % INTRAVENOUS SOLUTION DL	4	PA
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
CARIMUNE NF NANOFILTERED 12 GRAM, 6 GRAM INTRAVENOUS SOLUTION DL	4	PA
CELLCEPT 200 MG/ML ORAL SUSPENSION DL	4	B vs D
CELLCEPT 250 MG CAPSULE MO	3	B vs D
CELLCEPT 500 MG TABLET DL	4	B vs D
CELLCEPT INTRAVENOUS 500 MG INTRAVENOUS SOLUTION MO	3	B vs D
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT DL	4	PA,QL (3 per 30 days)
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (3 per 30 days)
CINRYZE 500 UNIT (5 ML) INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 30 days)
cyclosporine 100 mg, 25 mg capsule MO	1	B vs D
cyclosporine 50 mg/ml ampul MO	1	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg MO	1	B vs D
cyclosporine modified 100mg/ml MO	1	B vs D
CYTOGAM 50 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (1050 per 30 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP MO	3	
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (8.16 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE DL	4	PA,QL (7.84 per 28 days)
ENBREL MINI 50 MG/ML (0.98 ML) SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (7.84 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ENBREL SURECLICK 50 MG/ML (0.98 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (7.84 per 28 days)
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
ENGERIX-B (PF) 20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	B vs D
ENGERIX-B 10 MCG/0.5 ML PED VL MO	3	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
ENTYVIO 300 MG INTRAVENOUS SOLUTION DL	4	PA,QL (2 per 28 days)
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET,EXTENDED RELEASE DL	4	PA
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (9 per 30 days)
FLEBOGAMMA DIF 10 %, 5 % INTRAVENOUS SOLUTION DL	4	PA
GAMASTAN 15 %-18 % RANGE INTRAMUSCULAR SOLUTION MO	4	PA
GAMASTAN S/D 15 %-18 % RANGE INTRAMUSCULAR SOLUTION DL	4	PA
GAMMAGARD LIQUID 10 % INJECTION SOLUTION DL	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) 10 GRAM, 5 GRAM INTRAVENOUS SOLUTION DL	4	PA
GAMMAKED 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	4	PA
GAMMAPLEX 10 % INTRAVENOUS SOLUTION DL	4	PA
GAMMAPLEX (WITH SORBITOL) 5 % INTRAVENOUS SOLUTION DL	4	PA
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) INJECTION SOLUTION DL	4	PA
GARDASIL VIAL MO	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SUSPENSION MO	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML INTRAMUSCULAR SYRINGE MO	3	QL (1.5 per 365 days)
<i>gengraf 100 mg, 25 mg, 50 mg capsule</i> MO	1	B vs D
<i>gengraf 100 mg/ml oral solution</i> MO	1	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT SUBCUTANEOUS SOLUTION DL	4	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
HIBERIX (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
HIZENTRA 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) SUBCUTANEOUS SOLUTION DL	4	PA
HUMIRA 10 MG/0.1 ML, 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT DL	4	PA,QL (6 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT; HUMIRA PEDIATRIC CROHN'S START 40 MG/0.8 ML, 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYR KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.4 ML, 40 MG/0.8 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, 80 MG/0.8 ML SUBCUT KIT DL	4	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT; HUMIRA PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SUBCUTANEOUS KIT DL	4	PA,QL (6 per 28 days)
HYPERRAB (PF) 300 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
HYPERRAB S/D (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
HYPERTET S/D (PF) 250 UNIT INTRAMUSCULAR SYRINGE MO	3	B vs D
ILUMYA 100 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA,QL (2 per 84 days)
IMOGAM RABIES-HT (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION MO	3	B vs D
IMOVAX RABIES VACCINE (PF) 2.5 UNIT INTRAMUSCULAR SOLUTION MO	2	B vs D
IMURAN 50 MG TABLET MO	3	PA
INFANRIX (DTAP) (PF) 25 LF UNIT-58 MCG-10 LF/0.5ML INTRAMUSCULAR SUSP MO	3	
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE MO	3	
INFLECTRA 100 MG INTRAVENOUS SOLUTION DL	4	PA
IPOLE 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION MO	3	
IXIARO (PF) 6 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
KEDRAB (PF) 150 UNIT/ML INTRAMUSCULAR SOLUTION DL	4	B vs D
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (2.28 per 28 days)
KINERET 100 MG/0.67 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (20.1 per 30 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
<i>leflunomide 10 mg, 20 mg tablet</i> MO	1	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML SUBCUTANEOUS SOLUTION MO	3	
MENACTRA (PF) 4 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
MENHIBRIX VACCINE VIAL MO	3	
MENOMUNE-A-C-Y-W-135 W-DILUENT MO	3	
MENOMUNE-A-C-Y-W-135 W-DILUENT MO	3	

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MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT MO	3	
methotrexate 2.5 mg tablet MO	1	B vs D
methotrexate 50 mg/2 ml vial MO	1	
methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial MO	1	
mycophenolate 200 mg/ml susp MO	1	B vs D
mycophenolate 250 mg capsule MO	1	B vs D
mycophenolate 500 mg tablet MO	1	B vs D
mycophenolate 500 mg vial MO	1	B vs D
mycophenolic acid dr 180 mg, 360 mg tb MO	1	B vs D
MYFORTIC 180 MG, 360 MG TABLET, DELAYED RELEASE MO	3	B vs D
NEORAL 100 MG, 25 MG CAPSULE MO	3	B vs D
NEORAL 100 MG/ML ORAL SOLUTION MO	3	B vs D
NULOJIX 250 MG INTRAVENOUS SOLUTION DL	4	PA, QL (20 per 30 days)
OCTAGAM 10 %, 5 % INTRAVENOUS SOLUTION DL	4	PA
OLUMIANT 2 MG TABLET DL	4	PA, QL (30 per 30 days)
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA, QL (4 per 28 days)
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE DL	4	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE DL	4	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR DL	4	PA, QL (4 per 28 days)
OTEZLA 30 MG TABLET DL	4	PA, QL (60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLETS IN A DOSE PACK DL	4	PA, QL (27 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(47) TABLETS IN A DOSE PACK DL	4	PA, QL (55 per 28 days)
OTREXUP (PF) 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR; OTREXUP 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML AUTO-INJ DL	4	PA, QL (1.6 per 28 days)
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT MO	3	
PRIVIGEN 10 % INTRAVENOUS SOLUTION DL	4	PA
PROGRAF 0.5 MG, 1 MG, 5 MG CAPSULE MO	3	B vs D
PROGRAF 5 MG/ML INTRAVENOUS SOLUTION MO	3	B vs D

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PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION MO	3	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
RABAVERT (PF) 2.5 UNIT INTRAMUSCULAR SUSPENSION MO	2	B vs D
RAPAMUNE 0.5 MG, 1 MG, 2 MG TABLET MO	3	B vs D
RAPAMUNE 1 MG/ML ORAL SOLUTION MO	3	B vs D
RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (0.8 per 28 days)
RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1 per 28 days)
RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.2 per 28 days)
RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.4 per 28 days)
RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.6 per 28 days)
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (1.8 per 28 days)
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2 per 28 days)
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (2.4 per 28 days)
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR MO	3	PA,QL (0.6 per 28 days)
RASUVO 27.5 MG/0.55 ML AUTOINJ MO	3	PA,QL (2.2 per 28 days)
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION DL	4	PA
RENFLIXIS 100 MG INTRAVENOUS SOLUTION DL	4	PA
RHOPHYLAC 1,500 UNIT (300 MCG)/2 ML INJECTION SYRINGE DL	4	
RIDAURA 3 MG CAPSULE DL	4	
ROTARIX 10EXP6 CCID50/ML SUSPENSION MO	3	
ROTATEQ VACCINE 2 ML ORAL SOLUTION MO	3	
RUCONEST 2,100 UNIT INTRAVENOUS SOLUTION DL	4	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG, 25 MG CAPSULE MO	3	B vs D
SANDIMMUNE 100 MG/ML, 250 MG/5 ML INTRAVENOUS SOLUTION; SANDIMMUNE 100 MG/ML, 250 MG/5 ML ORAL SOLUTION MO	3	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML INTRAMUSCULAR SUSPENSION, KIT MO	2	QL (2 per 365 days)
SILIQ 210 MG/1.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (4.5 per 28 days)
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (3 per 30 days)
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (3 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (0.5 per 30 days)
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (0.5 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION DL	4	PA,QL (20 per 28 days)
SIMULECT 10 MG, 20 MG INTRAVENOUS SOLUTION DL	4	B vs D
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg tablet MO	1	B vs D
SYLVANT 100 MG, 400 MG INTRAVENOUS SOLUTION DL	4	PA
SYNAGIS 100 MG/ML, 50 MG/0.5 ML INTRAMUSCULAR SOLUTION DL	4	PA
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg capsule MO	1	B vs D
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION MO	3	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
<i>diphtheria-tetanus toxoids-ped</i> MO	3	
<i>tetanus diphtheria toxoids</i> MO	3	
THYMOGLOBULIN 25 MG INTRAVENOUS SOLUTION MO	2	PA
TREMFYA 100 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG TABLET MO	1	B vs D
TRUMENBA 120 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE MO	3	
TWINRIX VACCINE VIAL MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SOLUTION MO	3	
TYPHIM VI 25 MCG/0.5 ML INTRAMUSCULAR SYRINGE MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SUSPENSION MO	3	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML INTRAMUSCULAR SYRINGE MO	3	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	2	
VARIZIG 125 UNIT VIAL DL	4	PA,QL (10 per 30 days)
VARIZIG 125 UNIT/1.2 ML INTRAMUSCULAR SOLUTION DL	4	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT/1.3 ML, 15,000 UNIT/13 ML, 2,500 UNIT/2.2 ML, 5,000 UNIT/4.4 ML INJECTION SOLUTION DL	4	B vs D
XATMEP 2.5 MG/ML ORAL SOLUTION DL	4	PA
XELJANZ 10 MG, 5 MG TABLET DL	4	PA,QL (60 per 30 days)
XELJANZ XR 11 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (30 per 30 days)
XOLAIR 150 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (6 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUBCUTANEOUS SUSPENSION MO	3	
ZORTRESS 0.25 MG, 0.75 MG TABLET MO	3	B vs D,QL (60 per 30 days)
ZORTRESS 0.5 MG TABLET MO	3	B vs D,QL (120 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
APRISO 0.375 GRAM CAPSULE,EXTENDED RELEASE MO	2	QL (120 per 30 days)
ASACOL HD 800 MG TABLET,DELAYED RELEASE MO	3	ST
AZULFIDINE 500 MG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
AZULFIDINE EN-TABS 500 MG TABLET, DELAYED RELEASE MO	3	
<i>balsalazide disodium 750 mg cp</i> MO	1	
<i>budesonide ec 3 mg capsule</i> MO	1	
<i>budesonide er 9 mg tablet</i> DL	4	PA, QL (30 per 30 days)
CANASA 1,000 MG RECTAL SUPPOSITORY MO	3	ST, QL (30 per 30 days)
COLAZAL 750 MG CAPSULE DL	4	PA
<i>colocort 100 mg/60 ml enema</i> MO	1	
CORTENEMA 100 MG/60 ML MO	3	
CORTIFOAM 10 % (80 MG) RECTAL MO	3	
DELZICOL 400 MG CAPSULE (DR TABLETS INSIDE) MO	3	ST, QL (180 per 30 days)
DIPENTUM 250 MG CAPSULE DL	4	ST
ENTOCORT EC 3 MG CAPSULE, DELAYED, EXTENDED RELEASE DL	4	PA
GIAZO 1.1 GM TABLET MO	3	PA, QL (180 per 30 days)
<i>hydrocortisone 100 mg/60 ml</i> MO	1	
LIALDA 1.2 GRAM TABLET, DELAYED RELEASE MO	3	ST, QL (120 per 30 days)
<i>mesalamine 4 gm/60 ml enema</i> MO	1	QL (1800 per 30 days)
<i>mesalamine 800 mg dr tablet</i> MO	1	ST
<i>mesalamine dr 1.2 gm tablet</i> MO	1	ST, QL (120 per 30 days)
PENTASA 250 MG CAPSULE, CONTROLLED RELEASE DL	4	ST, QL (150 per 30 days)
PENTASA 500 MG CAPSULE, CONTROLLED RELEASE DL	4	ST, QL (300 per 30 days)
PROCTOFOAM HC 1 %-1 % MO	3	
ROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
SFROWASA 4 GRAM/60 ML ENEMA MO	3	QL (1800 per 30 days)
<i>sulfasalazine 500 mg tablet; sulfasalazine dr 500 mg tab</i> MO	1	
UCERIS 2 MG/ACTUATION RECTAL FOAM MO	3	PA
UCERIS 9 MG TABLET, EXTENDED RELEASE DL	4	PA, QL (30 per 30 days)
Metabolic Bone Disease Agents		
ACTONEL 150 MG TABLET MO	3	PA, QL (1 per 30 days)
ACTONEL 30 MG, 5 MG TABLET MO	3	PA, QL (30 per 30 days)
ACTONEL 35 MG TABLET MO	3	PA, QL (4 per 28 days)
<i>alendronate sod 70 mg/75 ml</i> MO	1	QL (300 per 30 days)
<i>alendronate sodium 10 mg, 40 mg, 5 mg tab; alendronate sodium 10 mg, 40 mg, 5 mg tablet</i> MO	1	QL (30 per 30 days)
<i>alendronate sodium 35 mg, 70 mg tab</i> MO	1	QL (4 per 28 days)
ATELVIA 35 MG TABLET, DELAYED RELEASE MO	3	PA, QL (4 per 28 days)
BINOSTO 70 MG EFFERVESCENT TABLET MO	3	QL (4 per 28 days)
BONIVA 150 MG TABLET MO	3	PA, QL (1 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BONIVA 3 MG/3 ML INTRAVENOUS SYRINGE MO	3	PA,QL (3 per 90 days)
calcitonin-salmon 200 units sp MO	1	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg capsule MO	1	
calcitriol 1 mcg/ml ampul; calcitriol 1 mcg/ml solution MO	1	
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg capsule MO	1	
doxercalciferol 4 mcg/2 ml amp MO	1	
etidronate disodium 200 mg, 400 mg tab MO	1	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR MO	3	PA,QL (2.4 per 28 days)
FOSAMAX 70 MG TABLET MO	3	PA,QL (4 per 28 days)
FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET; FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET MO	3	ST,QL (4 per 28 days)
HECTOROL 0.5 MCG, 1 MCG, 2.5 MCG CAPSULE MO	3	PA
HECTOROL 2 MCG/ML INTRAVENOUS SOLUTION MO	2	
HECTOROL 4 MCG/2 ML INTRAVENOUS SOLUTION MO	3	
ibandronate 3 mg/3 ml syringe MO	1	PA,QL (3 per 90 days)
ibandronate 3 mg/3 ml vial MO	1	PA,QL (3 per 90 days)
ibandronate sodium 150 mg tab MO	1	QL (1 per 28 days)
MIACALCIN 200 UNIT NASAL SPRAY MO	3	QL (3.7 per 28 days)
MIACALCIN 200 UNIT/ML INJECTION SOLUTION MO	3	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE SUBCUTANEOUS CARTRIDGE DL	4	PA,QL (2 per 28 days)
pamidronate 30 mg/10 ml vial MO	1	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial MO	1	B vs D,QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg capsule MO	1	QL (30 per 30 days)
paricalcitol 10 mcg/2 ml vial; paricalcitol 5 mcg/ml vial MO	1	QL (48 per 28 days)
paricalcitol 2 mcg/ml vial MO	1	QL (24 per 30 days)
paricalcitol 4 mcg capsule MO	1	QL (12 per 30 days)
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	3	B vs D,QL (1 per 180 days)
RAYALDEE 30 MCG CAPSULE,EXTENDED RELEASE DL	4	PA,QL (60 per 30 days)
RECLAST 5 MG/100 ML INTRAVENOUS PIGGYBACK MO	3	PA,QL (100 per 365 days)
risedronate sod dr 35 mg tab; risedronate sodium 35 mg tab MO	1	QL (4 per 28 days)
risedronate sodium 150 mg tab MO	1	QL (1 per 30 days)
risedronate sodium 30 mg, 5 mg tab; risedronate sodium 30 mg, 5 mg tablet MO	1	QL (30 per 30 days)
ROCALTROL 0.25 MCG, 0.5 MCG CAPSULE MO	3	
ROCALTROL 1 MCG/ML ORAL SOLUTION MO	3	

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SENSIPAR 30 MG, 60 MG TABLET DL	4	PA,QL (60 per 30 days)
SENSIPAR 90 MG TABLET DL	4	PA,QL (120 per 30 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR DL	4	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION DL	4	PA,QL (1.7 per 28 days)
ZEMPLAR 1 MCG, 2 MCG CAPSULE MO	3	QL (30 per 30 days)
ZEMPLAR 2 MCG/ML INTRAVENOUS SOLUTION MO	3	QL (24 per 30 days)
ZEMPLAR 5 MCG/ML INTRAVENOUS SOLUTION MO	3	QL (48 per 28 days)
zoledronic acid 4 mg/100 ml MO	1	PA,QL (300 per 21 days)
zoledronic acid 4 mg vial MO	3	PA
zoledronic acid 4 mg/5 ml vial MO	1	PA,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml MO	1	PA,QL (100 per 365 days)
ZOMETA 4 MG/100 ML INTRAVENOUS PIGGYBACK DL	4	PA,QL (300 per 21 days)
ZOMETA 4 MG/5 ML INTRAVENOUS SOLUTION DL	4	PA,QL (15 per 21 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	1	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
ACETADOTE 200 MG/ML (20 %) INTRAVENOUS SOLUTION MO	3	
acetic acid 0.25% irrig soln MO	1	
acetylcysteine 6 gram/30 ml vl MO	1	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	1	
ALCOHOL PADS MO	1	
ALCOHOL PREP PADS MO	1	
ALCOHOL PREP SWABS MO	1	
ALCOHOL 70% SWABS MO	1	
ALCOHOL WIPES MO	1	
AMMONUL 10 %-10 % INTRAVENOUS SOLUTION DL	4	

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ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE MO	1	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" MO	1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN MO	1	
AUTOPEN 1 TO 16 UNITS MO	1	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS MO	1	
AUTOPEN 2 TO 32 UNITS MO	1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS MO	1	
BAL IN OIL 100 MG/ML INTRAMUSCULAR SOLUTION MO	3	
BAND-AID GAUZE PADS 2" X 2" BANDAGE MO	1	
BD ALCOHOL SWABS MO	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" MO	1	
BD AUTOSHIELD NEEDLE 5MMX29G; BD AUTOSHIELD NEEDLE 8MMX29G MO	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN 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	1	
BD INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 5/16" MO	1	
BD INSULIN SYR 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"GX1/2"; BD INSULIN SYR 0.5 ML 28GX1/2"; BD INSULIN SYRINGE MICRO-FINE 0.3 ML 28, 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" MO	1	
BD INSULIN SYRINGE SLIP TIP 1 ML MO	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" MO	1	
BD INSUL SYR 0.3 ML 31GX15/64"; BD INSUL SYR 0.5 ML 31GX15/64"; BD INSULIN SYR 1 ML 29GX1/2"; BD INSULIN SYR 1 ML 31GX15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" MO	1	
BD INTEGRA SYR 1 ML 29GX1/2" MO	1	
BD INSULIN SYR 0.3 ML 28GX1/2"; BD LO-DOSE MICRO-FINE IV 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE MO	1	
BD INSULIN SYR 0.3 ML 29GX1/2"; BD LO-DOSE ULTRA-FINE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2" SYRINGE MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
BD INSULIN SYR 0.5 ML 29GX1/2"; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16; BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 30 GAUGE X 5/16" MO	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" MO	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" MO	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" MO	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" MO	1	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2" MO	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" MO	1	
BD VEO INSULIN SYRINGE HALF UNIT ULTRA-FINE 0.3 ML 31 GAUGE X 15/64" MO	1	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" MO	1	
BORDERED GAUZE 2" X 2" BANDAGE MO	1	
CAFCIT 60 MG/3 ML (20 MG/ML) INTRAVENOUS SOLUTION MO	3	
<i>caffeine cit 60 mg/3 ml oral; caffeine cit 60 mg/3 ml vial</i> MO	1	
<i>calcium disodium versenate 200 mg/ml injection solution</i> MO	1	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS MO	1	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	1	
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" MO	1	
CERVIDIL 10 MG VAGINAL INSERT,CONTROLLED RELEASE MO	3	
CINVANTI 7.2 MG/ML INTRAVENOUS EMULSION MO	3	PA,QL (36 per 28 days)
CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; COMFORT EZ SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
CURITY ALCOHOL SWABS MO	1	
CURITY GAUZE 2" X 2" BANDAGE MO	1	
DEFITELIO 80 MG/ML INTRAVENOUS SOLUTION DL	4	PA
DERMACEA 2" X 2" BANDAGE MO	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" MO	1	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" MO	1	
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE MO	1	
EASY TOUCH ALCOHOL PREP PADS MO	1	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE MO	1	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16" MO	1	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" MO	1	
EASY TOUCH UNI-SLIP 1 ML SYRINGE MO	1	
EMFLAZA 18 MG, 30 MG, 36 MG, 6 MG TABLET DL	4	PA
EMFLAZA 22.75 MG/ML ORAL SUSPENSION DL	4	PA
<i>enlon 10 mg/ml vial</i> MO	1	
ENLON-PLUS AMPUL MO	3	PA
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16 SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
<i>flumazenil 0.1 mg/ml vial</i> MO	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i> MO	1	
FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" SYRINGE MO	1	
GALAFOLD 123 MG CAPSULE DL	4	PA,QL (14 per 28 days)
GAUZE PADS 2"X2" MO	1	
GAUZE PAD 2" X 2" BANDAGE MO	1	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
HUMAPEN LUXURA HD SUBCUTANEOUS MO	1	
INCONTROL 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	1	
INSULIN SYR 0.3ML 31GX1/4(1/2) MO	1	

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

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" MO	1	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" MO	1	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" MO	1	
<i>methergine 0.2 mg tablet</i> MO	1	
<i>methylergonovine 0.2 mg tablet</i> MO	1	
<i>methylergonovine 0.2 mg/ml amp</i> MO	1	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE MO	1	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2"; MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 29 GAUGE X 1/2" MO	1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16"; MONOJECT INSULIN SYRINGE 1 ML MO	1	
MONOJECT SYRINGE 1/2 ML 28 GAUGE MO	1	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE MO	1	
<i>neostigmine 10 mg/10 ml vial; neostigmine 5 mg/10 ml vial</i> MO	1	
NOVOFINE 30G X 1/3" NEEDLES MO	1	
NOVOFINE 32 32 GAUGE X 1/4" NEEDLE MO	1	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE MO	1	
NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE MO	1	
NOVOPEN ECHO SUBCUTANEOUS MO	1	
NOVOTWIST 32 GAUGE X 1/5" NEEDLE MO	1	
<i>oxytocin 10 units/ml vial</i> MO	1	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; LEADER PEN NEEDLES 12MM 29G; LEADER PEN NEEDLES 31G; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLES 6MM 31G MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
PITOCIN 10 UNIT/ML INJECTION SOLUTION MO	3	
PREVYMIS 240 MG, 480 MG TABLET DL	4	PA,QL (28 per 28 days)
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION DL	4	PA,QL (336 per 28 days)
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION DL	4	PA,QL (672 per 28 days)
PRIALT 100 MCG/ML, 25 MCG/ML INTRATHECAL SOLUTION DL	4	PA
PRO COMFORT ALCOHOL PADS MO	1	
PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16" MO	1	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2"; PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2" MO	1	
<i>protamine 250 mg/25 ml vial</i> MO	1	
RELION NEEDLES 31 GAUGE X 1/4" MO	1	
RELION PEN NEEDLES 32 GAUGE X 5/32" MO	1	
RENACIDIN 6.602 GRAM-3.268 GRAM/100 ML IRRIGATION SOLUTION MO	3	
RIMSO-50 50 % INTRAVESICAL SOLUTION MO	3	
<i>ringers irrigation solution</i> MO	1	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
<i>sod phenylacet-sod benzoate vl</i> DL	4	
<i>sorbitol-mannitol irrig</i> MO	1	
GAUZE PADS, STERILE 2"X2" MO	1	
SURE COMFORT ALCOHOL PREP PADS MO	1	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2" MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4"; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16, 1/2 ML 31 GAUGE X 1/4" MO	1	
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" MO	1	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" MO	1	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE X 5/16" MO	1	
SURE-PREP ALCOHOL PREP PADS MO	1	
TAVALISSE 100 MG, 150 MG TABLET DL	4	PA,QL (60 per 30 days)
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	1	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" MO	1	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" MO	1	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" MO	1	

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

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ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16"; ULTILET INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" MO	1	
ULTRA COMFORT INSULIN SYRINGE HALF UNIT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" MO	1	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE, 1/2 ML 30 GAUGE X 5/16"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29 MO	1	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16, 0.3 ML 31 GAUGE X 5/16, 0.5 ML 31 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 30 GAUGE X 5/16" MO	1	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE MO	1	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2" MO	1	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" MO	1	
UNIFINE PENTIP NEEDLES; UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE MO	1	
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2", 1/2 ML 30 GAUGE X 1/2" MO	1	
VGO 20 DEVICE MO	2	
VGO 30 DEVICE MO	2	
VGO 40 DEVICE MO	2	
VISTOGARD 10 GRAM ORAL GRANULES IN PACKET DL	4	QL (20 per 365 days)

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<i>sterile water for irrigation</i> ^{MO}	1	
WEBCOL TOPICAL PADS ^{MO}	1	
XENICAL 120 MG CAPSULE ^{MO}	3	PA
XURIDEN 2 GRAM ORAL GRANULES IN PACKET ^{DL}	4	PA,QL (120 per 30 days)
Ophthalmic Agents		
ACULAR 0.5 % EYE DROPS ^{MO}	3	ST
ACULAR LS 0.4 % EYE DROPS ^{MO}	3	ST
ACUVAIL (PF) 0.45 % EYE DROPS IN A DROPPERETTE ^{MO}	3	ST
<i>ak-poly-bac 500 unit-10,000 unit/gram eye ointment</i> ^{MO}	1	
AKTEN (PF) 3.5 % EYE GEL ^{MO}	3	
ALCAINE 0.5% EYE DROPS ^{MO}	1	
ALOCRIAL 2 % EYE DROPS ^{MO}	3	
ALOMIDE 0.1 % EYE DROPS ^{MO}	3	
ALPHAGAN P 0.1 % EYE DROPS ^{MO}	2	
ALPHAGAN P 0.15 % EYE DROPS ^{MO}	3	PA
ALREX 0.2 % EYE DROPS,SUSPENSION ^{MO}	3	ST
<i>apraclonidine hcl 0.5% drops</i> ^{MO}	1	
<i>atropine 1% eye drops</i> ^{MO}	1	
<i>azelastine hcl 0.05% drops</i> ^{MO}	1	
AZOPT 1 % EYE DROPS,SUSPENSION ^{MO}	3	ST,QL (10 per 28 days)
<i>bacitracin-polymyxin eye oint</i> ^{MO}	1	
<i>balanced salt intraocular solution</i> ^{MO}	1	
BEPREVE 1.5 % EYE DROPS ^{MO}	3	QL (5 per 25 days)
BETADINE OPHTHALMIC PREP 5 % SOLUTION ^{MO}	3	
BETAGAN 0.5% EYE DROPS ^{MO}	3	ST
<i>betaxolol hcl 0.5% eye drop</i> ^{MO}	1	
BETIMOL 0.25 %, 0.5 % EYE DROPS ^{MO}	3	ST
BETOPTIC S 0.25 % EYE DROPS,SUSPENSION ^{MO}	3	ST
<i>bimatoprost 0.03% eye drops</i> ^{MO}	1	QL (2.5 per 25 days)
BLEPHAMIDE 10 %-0.2 % EYE DROPS,SUSPENSION ^{MO}	3	
BLEPHAMIDE S.O.P. 10 %-0.2 % EYE OINTMENT ^{MO}	1	
<i>brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp</i> ^{MO}	1	
<i>bromfenac sodium 0.09% eye drp</i> ^{MO}	1	QL (1.7 per 30 days)
BROMSITE 0.075 % EYE DROPS ^{MO}	3	ST,QL (5 per 30 days)
BSS INTRAOCULAR SOLUTION ^{MO}	3	
BSS PLUS INTRAOCULAR SOLUTION ^{MO}	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>carteolol hcl 1% eye drops</i> MO	1	
COMBIGAN 0.2 %-0.5 % EYE DROPS MO	2	QL (5 per 25 days)
COSOPT 22.3 MG-6.8 MG/ML EYE DROPS MO	3	ST,QL (10 per 30 days)
COSOPT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (60 per 30 days)
<i>cromolyn 4% eye drops</i> MO	1	
CYCLOGYL 0.5 %, 1 %, 2 % EYE DROPS MO	1	
<i>cyclopentolate 0.5% eye drops; cyclopentolate 1% eye drops; cyclopentolate hcl 2% drops</i> MO	1	
CYSTARAN 0.44 % EYE DROPS DL	4	PA,QL (60 per 28 days)
<i>dexamethasone 0.1% eye drop</i> MO	1	
<i>diclofenac 0.1% eye drops</i> MO	1	
<i>dorzolamide hcl 2% eye drops</i> MO	1	QL (10 per 30 days)
<i>dorzolamide-timolol eye drops</i> MO	1	QL (10 per 30 days)
<i>dorzolamide-timolol 2%-0.5%</i> MO	1	ST,QL (60 per 30 days)
DUREZOL 0.05 % EYE DROPS MO	2	
ELESTAT 0.05 % EYE DROPS MO	3	ST,QL (5 per 25 days)
EMADINE 0.05 % EYE DROPS MO	3	ST
<i>epinastine hcl 0.05% eye drops</i> MO	1	ST,QL (5 per 25 days)
FLAREX 0.1 % EYE DROPS,SUSPENSION MO	3	ST
<i>fluorometholone 0.1% drops</i> MO	1	
<i>flurbiprofen 0.03% eye drop</i> MO	1	
FML FORTE 0.25 % EYE DROPS,SUSPENSION MO	3	ST
FML LIQUIFILM 0.1 % EYE DROPS,SUSPENSION MO	3	ST
FML S.O.P. 0.1 % EYE OINTMENT MO	3	ST
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	2	
IOPIDINE 0.5 % EYE DROPS MO	3	PA
IOPIDINE 1 % EYE DROPS IN A DROPPERETTE MO	3	
ISOPTO CARPINE 1 %, 2 %, 4 % EYE DROPS MO	3	
ISTALOL 0.5 % EYE DROPS MO	3	
<i>ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution</i> MO	1	
LACRISERT 5 MG EYE INSERTS MO	3	
LASTACAFT 0.25 % EYE DROPS MO	3	ST
<i>latanoprost 0.005% eye drops</i> MO	1	QL (5 per 25 days)
<i>levobunolol 0.5% eye drops</i> MO	1	
LOTEMAX 0.5 % EYE DROPS,SUSPENSION; LOTEMAX 0.5 % EYE GEL DROPS MO	3	
LOTEMAX 0.5 % EYE OINTMENT MO	3	
LUMIGAN 0.01 % EYE DROPS MO	2	QL (2.5 per 25 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
MAXIDEX 0.1 % EYE DROPS,SUSPENSION MO	3	ST
MAXITROL 3.5 MG/G-10,000 UNIT/G-0.1 % EYE OINTMENT MO	3	
MAXITROL 3.5 MG/ML-10,000 UNIT/ML-0.1% EYE DROPS,SUSPENSION MO	1	
<i>metipranolol 0.3% eye drops</i> MO	1	
MIOSTAT 0.01 % INTRAOCULAR SOLUTION MO	3	
MYDRIACYL 1 % EYE DROPS MO	1	
<i>neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment</i> MO	1	
<i>neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment</i> MO	1	
<i>neo-bacit-poly-hc eye ointment</i> MO	1	
<i>neomyc-bacit-polymix eye oint</i> MO	1	
<i>neomyc-polym-dexamet eye ointm</i> MO	1	
<i>neomyc-polym-dexameth eye drop</i> MO	1	
<i>neomyc-polym-gramicid eye drop</i> MO	1	
<i>neomycin-poly-hc eye drops</i> MO	1	
<i>neosporin eye drops</i> MO	1	
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	3	ST
OCUFEN 0.03% EYE DROPS MO	3	ST
<i>olopatadine hcl 0.1% eye drops</i> MO	1	ST
<i>olopatadine hcl 0.2% eye drop</i> MO	1	
OMNIPRED 1 % EYE DROPS,SUSPENSION MO	3	ST
PATADAY 0.2 % EYE DROPS MO	3	ST
PATANOL 0.1 % EYE DROPS MO	3	ST
PAZEO 0.7 % EYE DROPS MO	2	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125 % EYE DROPS MO	3	
<i>pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops</i> MO	2	
<i>polycin 500 unit-10,000 unit/gram eye ointment</i> MO	1	
<i>polymyxin b-tmp eye drops</i> MO	1	
POLYTRIM 10,000 UNIT-1 MG/ML EYE DROPS MO	3	
PRED FORTE 1 % EYE DROPS,SUSPENSION MO	3	ST
PRED MILD 0.12 % EYE DROPS,SUSPENSION MO	3	ST
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION MO	3	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT MO	3	
<i>prednisolone ac 1% eye drop</i> MO	1	
<i>prednisolone sod 1% eye drop</i> MO	1	
PROLENSA 0.07 % EYE DROPS MO	3	ST,QL (3 per 30 days)
<i>proparacaine 0.5% eye drops</i> MO	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	2	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 % EYE DROPS MO	2	QL (5.5 per 25 days)
RHOPRESSA 0.02 % EYE DROPS MO	3	PA,QL (2.5 per 25 days)
SIMBRINZA 1 %-0.2 % EYE DROPS,SUSPENSION MO	3	ST,QL (16 per 30 days)
<i>sulf-pred 10-0.23% eye drops</i> MO	1	
<i>timolol 0.25% gel-solution; timolol 0.5% gel-solution</i> MO	1	
<i>timolol 0.5% eye drop; timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops</i> MO	1	
TIMOPTIC 0.25 %, 0.5 % EYE DROPS MO	3	ST
TIMOPTIC OCUDOSE (PF) 0.25 %, 0.5 % EYE DROPS IN A DROPPERETTE MO	3	ST
TIMOPTIC-XE 0.25 %, 0.5 % EYE GEL MO	3	PA
TOBRADEX 0.3 %-0.1 % EYE DROPS,SUSPENSION MO	3	
TOBRADEX 0.3 %-0.1 % EYE OINTMENT MO	3	
TOBRADEX ST 0.3 %-0.05 % EYE DROPS,SUSPENSION MO	3	
<i>tobramycin-dexameth ophth susp</i> MO	1	
TRAVATAN Z 0.004 % EYE DROPS MO	2	QL (2.5 per 25 days)
<i>tropicamide 0.5% eye drop; tropicamide 1% eye drops</i> MO	1	
TRUSOPT 2 % EYE DROPS MO	3	QL (10 per 30 days)
VEXOL 1% EYE DROPS MO	3	ST
VYZULTA 0.024 % EYE DROPS MO	3	ST,QL (5 per 30 days)
XALATAN 0.005 % EYE DROPS MO	3	PA,QL (5 per 25 days)
XIIDRA 5 % EYE DROPS IN A DROPPERETTE MO	3	PA,QL (60 per 30 days)
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE MO	3	ST,QL (30 per 30 days)
ZYLET 0.3 %-0.5 % EYE DROPS,SUSPENSION MO	3	
Otic Agents		
<i>acetic acid-aluminum drops</i> MO	1	
CIPRO HC 0.2 %-1 % EAR DROPS,SUSPENSION MO	3	
CIPRODEX 0.3 %-0.1 % EAR DROPS,SUSPENSION MO	3	
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION MO	3	
DERMOTIC OIL 0.01 % EAR DROPS MO	3	
<i>fluocinolone oil 0.01% ear drp</i> MO	1	
<i>hydrocortison-acetic acid soln</i> MO	1	
<i>neomycin-polymyxin-hc ear soln</i> MO	1	
<i>neomycin-polymyxin-hc ear susp</i> MO	1	
OTOVEL 0.3 %-0.025 % (0.25 ML) EAR SOLUTION MO	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ACCOLATE 10 MG, 20 MG TABLET MO	3	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
acetylcysteine 10% vial; acetylcysteine 20% vial MO	1	B vs D
ADCIRCA 20 MG TABLET DL	4	PA,QL (60 per 30 days)
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET DL	4	PA,QL (90 per 30 days)
ADRENALIN 1 MG/ML, 1 MG/ML (1 ML) INJECTION SOLUTION MO	3	
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER MO	2	QL (12 per 30 days)
AEROSPAN 80 MCG/ACTUATION HFA AEROSOL INHALER MO	3	ST,QL (17.8 per 30 days)
AIRDUO RESPICLICK 113 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 232 MCG-14 MCG/ACTUATION BREATH ACTIVATED; AIRDUO RESPICLICK 55 MCG-14 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (1 per 30 days)
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml sol; albuterol sul 2.5 mg/3 ml soln MO	1	B vs D
albuterol sulf 2 mg/5 ml syrup MO	1	
albuterol sulfate 2 mg, 4 mg tab MO	1	
albuterol sulfate er 4 mg, 8 mg tab MO	1	
ALVESCO 160 MCG/ACTUATION, 80 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (18.3 per 28 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml vl MO	1	
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
arbinoxa 4 mg tablet MO	1	PA
arbinoxa 4 mg/5 ml liquid MO	1	PA
ARCAPTA NEOHALER 75 MCG CAPSULE WITH INHALATION DEVICE MO	3	ST,QL (30 per 30 days)
ARMONAIR RESPICLICK 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION BREATH ACTIVATED POWDER INHALER MO	3	ST,QL (1 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
ASMANEX HFA 100 MCG/ACTUATION, 200 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (13 per 30 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	ST,QL (1 per 28 days)
ASTEPRO 0.15 % (205.5 MCG) NASAL SPRAY MO	3	PA,QL (30 per 25 days)
ATROVENT HFA 17 MCG/ACTUATION AEROSOL INHALER MO	3	QL (25.8 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azelastine 0.1% (137 mcg) spry ^{MO}	1	QL (30 per 25 days)
azelastine 0.15% nasal spray ^{MO}	1	QL (30 per 25 days)
BECONASE AQ 42 MCG (0.042 %) NASAL SPRAY ^{MO}	3	ST,QL (50 per 30 days)
BEVESPI AEROSPHERE 9 MCG-4.8 MCG HFA AEROSOL INHALER ^{MO}	3	QL (10.7 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION ^{MO}	2	QL (60 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION FOR NEBULIZATION ^{MO}	3	PA
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh susp; budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml susp ^{MO}	1	B vs D
budesonide 32 mcg nasal spray ^{MO}	1	ST,QL (17.2 per 30 days)
carbinoxamine 4 mg/5 ml liquid ^{MO}	1	PA
carbinoxamine maleate 4 mg tab ^{MO}	1	PA
carbinoxamine maleate 6 mg tab ^{MO}	1	PA,QL (120 per 30 days)
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	4	PA,QL (84 per 28 days)
cetirizine hcl 1 mg/ml soln ^{MO}	1	QL (300 per 30 days)
CINQAIR 10 MG/ML INTRAVENOUS SOLUTION ^{DL}	4	PA
CLARINEX 2.5 MG/5 ML (0.5 MG/ML) SYRUP ^{MO}	3	ST,QL (300 per 30 days)
CLARINEX 5 MG TABLET ^{MO}	3	PA,QL (30 per 30 days)
CLARINEX-D 12 HOUR 2.5 MG-120 MG TABLET,EXTENDED RELEASE ^{MO}	3	ST,QL (60 per 30 days)
clemastine fum 2.68 mg tab ^{MO}	1	
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION ^{MO}	3	QL (4 per 20 days)
cromolyn 100 mg/5 ml oral conc ^{MO}	3	
cromolyn 20 mg/2 ml neb soln ^{MO}	1	B vs D
cyproheptadine 2 mg/5 ml syrup ^{MO}	1	
cyproheptadine 4 mg tablet ^{MO}	1	
DALIRESP 250 MCG TABLET ^{MO}	2	QL (28 per 365 days)
DALIRESP 500 MCG TABLET ^{MO}	2	QL (30 per 30 days)
desloratadine 2.5 mg, 5 mg odt ^{MO}	1	ST,QL (30 per 30 days)
desloratadine 5 mg tablet ^{MO}	1	QL (30 per 30 days)
diphenhydramine 12.5 mg/5 ml ^{MO}	1	
diphenhydramine 50 mg/ml syrng ^{MO}	1	
diphenhydramine 50 mg/ml vial ^{MO}	1	
DOPRAM 20 MG/ML INTRAVENOUS SOLUTION ^{MO}	3	
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER; DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	3	ST,QL (13 per 30 days)
DYMISTA 137 MCG-50 MCG/SPRAY NASAL SPRAY ^{MO}	3	ST,QL (23 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ELIXOPHYLLIN 80 MG/15 ML ORAL ELIXIR MO	1	
EPINEPHRINE 0.15 MG AUTO-INJECT MO	1	QL (4 per 30 days)
<i>epinephrine 0.15 mg auto-inject; epinephrine 0.3 mg auto-inject</i> MO	1	QL (4 per 30 days)
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR MO	3	PA,QL (4 per 30 days)
<i>epoprostenol sodium 0.5 mg, 1.5 mg vl</i> DL	4	PA
ESBRIET 267 MG CAPSULE DL	4	PA,QL (270 per 30 days)
ESBRIET 267 MG TABLET DL	4	PA,QL (270 per 30 days)
ESBRIET 801 MG TABLET DL	4	PA,QL (90 per 30 days)
FASENRA 30 MG/ML SUBCUTANEOUS SYRINGE DL	4	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION AEROSOL INHALER MO	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER MO	2	QL (10.6 per 30 days)
<i>flunisolide 0.025% spray</i> MO	1	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i> MO	1	QL (16 per 30 days)
<i>fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14</i> MO	2	QL (1 per 30 days)
GASTROCROM 100 MG/5 ML ORAL CONCENTRATE DL	4	
GRASTEK 2,800 BAU SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
<i>hydroxyzine pam 100 mg, 25 mg, 50 mg cap</i> MO	1	
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION MO	2	QL (30 per 30 days)
<i>ipratropium 0.03% spray</i> MO	1	QL (30 per 30 days)
<i>ipratropium 0.06% spray</i> MO	1	QL (45 per 30 days)
<i>ipratropium br 0.02% soln</i> MO	1	B vs D
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i> MO	1	B vs D
KALYDECO 150 MG TABLET DL	4	PA,QL (60 per 30 days)
KALYDECO 50 MG, 75 MG ORAL GRANULES IN PACKET DL	4	PA,QL (56 per 28 days)
KARBINAL ER 4 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	PA
LETAIRIS 10 MG, 5 MG TABLET DL	4	PA,QL (30 per 30 days)
<i>levalbuterol 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml sol; levalbuterol conc 1.25 mg/0.5</i> MO	1	B vs D
<i>levalbuterol tar hfa 45mcg inh</i> MO	1	ST,QL (30 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i> MO	1	QL (300 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
levocetirizine 5 mg tablet MO	1	QL (30 per 30 days)
LONHALA MAGNAIR REFILL 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (60 per 30 days)
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA,QL (60 per 365 days)
metaproterenol 10 mg, 20 mg tablet MO	1	
metaproterenol 10 mg/5 ml syr MO	1	
mometasone furoate 50 mcg spry MO	1	ST,QL (34 per 30 days)
montelukast sod 10 mg tablet MO	1	QL (30 per 30 days)
montelukast sod 4 mg granules MO	1	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg tab chew MO	1	QL (30 per 30 days)
NASONEX 50 MCG/ACTUATION SPRAY MO	3	ST,QL (34 per 30 days)
NUCALA 100 MG SUBCUTANEOUS SOLUTION DL	4	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG CAPSULE DL	4	PA,QL (60 per 30 days)
olopatadine 665 mcg nasal spry MO	1	ST,QL (30.5 per 30 days)
OMNARIS 50 MCG NASAL SPRAY MO	3	ST,QL (12.5 per 30 days)
OPSUMIT 10 MG TABLET DL	4	PA,QL (30 per 30 days)
ORALAIR 100 INDEX OF REACTIVITY SUBLINGUAL TABLET; ORALAIR 100 INDEX OF REACTIVITY(3)/300 IDX REACT.(6) SUBLINGUAL TABLET; ORALAIR 300 IR SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
ORENITRAM 0.125 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (1000 per 30 days)
ORENITRAM 0.25 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (500 per 30 days)
ORENITRAM 1 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (720 per 30 days)
ORENITRAM 2.5 MG TABLET,EXTENDED RELEASE DL	4	PA,QL (300 per 30 days)
ORENITRAM 5 MG TABLET, EXTENDED RELEASE DL	4	PA,QL (150 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET DL	4	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET DL	4	PA,QL (112 per 28 days)
PATANASE 0.6 % NASAL SPRAY MO	3	ST,QL (30.5 per 30 days)
PERFORMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION MO	3	PA
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (36 per 30 days)
PROAIR RESPICLICK 90 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (2 per 30 days)
promethazine vc 6.25 mg-5 mg/5 ml syrup MO	1	PA
promethazine-phenylephrine syr MO	1	PA
PROVENTIL HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (36 per 30 days)
PULMICORT 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML SUSPENSION FOR NEBULIZATION MO	3	B vs D
PULMICORT FLEXHALER 180 MCG/ACTUATION, 90 MCG/ACTUATION BREATH ACTIVATED MO	3	ST,QL (2 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
PULMOZYME 1 MG/ML SOLUTION FOR INHALATION DL	4	B vs D
QNASL 40 MCG/ACTUATION NASAL AEROSOL SPRAY MO	3	ST,QL (4.9 per 30 days)
QNASL 80 MCG/ACTUATION NASAL AEROSOL SPRAY MO	3	ST,QL (8.7 per 30 days)
QVAR 40 MCG ORAL INHALER; QVAR 80 MCG ORAL INHALER MO	3	ST,QL (17.4 per 30 days)
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL MO	3	ST,QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL MO	3	ST,QL (21.2 per 30 days)
RAGWITEK 12 AMB A 1 UNIT SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
REMODULIN 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML INJECTION SOLUTION DL	4	PA
REVATIO 10 MG/ML ORAL SUSPENSION DL	4	PA,QL (180 per 30 days)
REVATIO 20 MG TABLET DL	4	PA,QL (90 per 30 days)
RYVENT 6 MG TABLET MO	1	QL (120 per 30 days)
SEEBRI NEOHALER 15.6 MCG CAPSULE WITH INHALATION DEVICE MO	3	PA,QL (60 per 30 days)
SEMPREX-D 8 MG-60 MG CAPSULE MO	3	
SEREVENT DISKUS 50 MCG/DOSE POWDER FOR INHALATION MO	2	QL (60 per 30 days)
<i>sildenafil 20 mg tablet</i> MO	1	PA,QL (90 per 30 days)
SINGULAIR 10 MG TABLET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG ORAL GRANULES IN PACKET MO	3	PA,QL (30 per 30 days)
SINGULAIR 4 MG, 5 MG CHEWABLE TABLET MO	3	PA,QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES MO	2	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION MO	2	QL (4 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	2	QL (10.2 per 30 days)
SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS DL	4	PA,QL (56 per 28 days)
<i>tadalafil 20 mg tablet</i> DL	4	PA,QL (60 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i> DL	4	
<i>terbutaline sulfate 2.5 mg, 5 mg tab</i> MO	1	
THEO-24 100 MG, 200 MG, 300 MG, 400 MG CAPSULE,EXTENDED RELEASE MO	1	
<i>theophylline 80 mg/15 ml soln</i> MO	1	
<i>theophylline er 100 mg, 200 mg, 300 mg, 450 mg tab; theophylline er 100 mg, 200 mg, 300 mg, 450 mg tablet</i> MO	1	
<i>theophylline er 400 mg, 600 mg tablet</i> MO	1	

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

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
<i>theophylline 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml d5w</i> MO	1	
TOBI PODHALER 28 MG CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG CAPSULES FOR INHALATION DL	4	PA,QL (224 per 28 days)
TRACLEER 125 MG, 62.5 MG TABLET DL	4	PA,QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR ORAL SUSPENSION DL	4	PA,QL (120 per 30 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION MO	2	QL (60 per 30 days)
TUDORZA PRESSAIR 400 MCG/ACTUATION BREATH ACTIVATED MO	3	QL (1 per 30 days)
TYVASO 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO INSTITUTIONAL STARTER KIT 1.74 MG/2.9 ML SOLN FOR NEBULIZATION DL	4	PA
TYVASO REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML) SOLUTION FOR NEBULIZATION DL	4	PA
TYVASO STARTER KIT 1.74 MG/2.9 ML SOLUTION FOR NEBULIZATION DL	4	PA
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET DL	4	PA,QL (60 per 30 days)
UPTRAVI 200 MCG (140)-800 MCG (60) TABLETS IN A DOSE PACK DL	4	PA,QL (200 per 30 days)
UTIBRON NEOHALER 27.5 MCG-15.6 MCG CAPSULE WITH INHALATION DEVICE MO	3	ST,QL (60 per 30 days)
VELETRI 0.5 MG, 1.5 MG INTRAVENOUS SOLUTION DL	4	PA
VENTAVIS 10 MCG/ML, 20 MCG/ML SOLUTION FOR NEBULIZATION DL	4	PA
VENTOLIN HFA 90 MCG/ACTUATION AEROSOL INHALER MO	2	QL (36 per 30 days)
VERAMYST 27.5 MCG NASAL SPRAY MO	3	ST,QL (10 per 30 days)
VISTARIL 25 MG, 50 MG CAPSULE MO	3	PA
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL MO	3	PA,QL (32 per 30 days)
XOPENEX 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML SOLUTION FOR NEBULIZATION MO	3	B vs D
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION FOR NEBULIZATION MO	3	B vs D
XOPENEX HFA 45 MCG/ACTUATION AEROSOL INHALER MO	3	ST,QL (30 per 30 days)
XYZAL 2.5 MG/5 ML ORAL SOLUTION MO	3	PA,QL (300 per 30 days)
XYZAL 5 MG TABLET MO	3	PA,QL (30 per 30 days)
<i>zafirlukast 10 mg, 20 mg tablet</i> MO	1	QL (60 per 30 days)
ZETONNA 37 MCG/ACTUATION NASAL HFA INHALER MO	3	ST,QL (6.1 per 28 days)
<i>zileuton er 600 mg tablet</i> DL	4	ST,QL (120 per 30 days)
ZYFLO 600 MG TABLET DL	4	ST,QL (120 per 30 days)
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE DL	4	ST,QL (120 per 30 days)
SKELETAL MUSCLE RELAXANTS		
AMRIX 15 MG, 30 MG CAPSULE,EXTENDED RELEASE MO	3	PA,QL (21 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
carisoprodol 250 mg tablet MO	1	PA,QL (120 per 30 days)
carisoprodol 350 mg tablet MO	1	PA
carisoprodol-aspirin-codein tb DL	1	PA,QL (360 per 30 days)
carisoprodol-aspirin 200-325 mg MO	1	PA
chlorzoxazone 250 mg, 500 mg tablet MO	1	PA
cyclobenzaprine 10 mg, 5 mg tablet MO	1	PA
cyclobenzaprine 7.5 mg tablet MO	1	PA,QL (90 per 30 days)
FEXMID 7.5 MG TABLET MO	1	PA,QL (90 per 30 days)
LORZONE 375 MG, 750 MG TABLET MO	1	PA,QL (120 per 30 days)
metaxall 800 mg tablet MO	1	PA,QL (120 per 30 days)
metaxalone 400 mg, 800 mg tablet MO	1	PA,QL (120 per 30 days)
methocarbamol 1,000 mg/10 ml MO	1	PA
methocarbamol 500 mg, 750 mg tablet MO	1	PA
orphenadrine 30 mg/ml vial MO	1	
orphenadrine er 100 mg tablet MO	1	
PARAFON FORTE DSC 500 MG CAPLT MO	3	PA
ROBAXIN 100 MG/ML INJECTION SOLUTION MO	3	PA
ROBAXIN 500 MG TABLET MO	3	PA
ROBAXIN-750 750 MG TABLET MO	3	PA
SKELAXIN 800 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 250 MG TABLET MO	3	PA,QL (120 per 30 days)
SOMA 350 MG TABLET MO	3	PA
Sleep Disorder Agents		
AMBIEN 10 MG, 5 MG TABLET MO	3	PA,QL (30 per 30 days)
AMBIEN CR 12.5 MG, 6.25 MG TABLET,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
armodafinil 150 mg, 200 mg, 250 mg tablet MO	1	PA,QL (30 per 30 days)
armodafinil 50 mg tablet MO	1	PA,QL (60 per 30 days)
BELSOMRA 10 MG, 15 MG, 20 MG, 5 MG TABLET MO	2	QL (30 per 30 days)
EDLUAR 10 MG, 5 MG SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg tablet MO	1	PA,QL (30 per 30 days)
flurazepam 15 mg capsule DL	1	QL (60 per 30 days)
flurazepam 30 mg capsule DL	1	QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE DL	4	PA,QL (30 per 30 days)
INTERMEZZO 1.75 MG, 3.5 MG SUBLINGUAL TABLET MO	3	PA,QL (30 per 30 days)
LUNESTA 1 MG, 2 MG, 3 MG TABLET MO	3	PA,QL (30 per 30 days)
modafinil 100 mg, 200 mg tablet MO	1	PA,QL (60 per 30 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
NUVIGIL 150 MG, 200 MG, 250 MG TABLET MO	3	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	3	PA,QL (60 per 30 days)
PROVIGIL 100 MG, 200 MG TABLET DL	4	PA,QL (60 per 30 days)
RESTORIL 15 MG, 22.5 MG, 30 MG, 7.5 MG CAPSULE DL	3	PA,QL (30 per 30 days)
ROZEREM 8 MG TABLET MO	3	ST,QL (30 per 30 days)
SILENOR 3 MG, 6 MG TABLET MO	3	PA,QL (30 per 30 days)
SONATA 10 MG, 5 MG CAPSULE MO	3	PA,QL (30 per 30 days)
<i>temazepam 15 mg, 22.5 mg, 30 mg, 7.5 mg capsule</i> DL	1	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION DL	4	PA,QL (540 per 30 days)
<i>zaleplon 10 mg, 5 mg capsule</i> MO	1	PA,QL (30 per 30 days)
<i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab sl;</i> <i>zolpidem tart 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet sl;</i> <i>zolpidem tart er 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tab;</i> <i>zolpidem tartrate 1.75 mg, 10 mg, 12.5 mg, 3.5 mg, 5 mg, 6.25 mg tablet</i> MO	1	PA,QL (30 per 30 days)
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY MO	3	PA,QL (23.1 per 365 days)

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Humana Medicare Employer Plan Coverage of Additional Prescription Drugs

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
COUGH & COLD		
benzonatate 100 mg, 150 mg, 200 mg capsule MO	1	
bromfed dm 2 mg-30 mg-10 mg/5 ml syrup MO	1	
bromphenir-pseudoephed-dm syr MO	1	
centergy dm 1 mg-2 mg-3 mg/ml oral drops MO	3	
FLOWTUSS 2.5-200 MG/5 ML SOLN MO	3	
HYCOFENIX 2.5-30-200 MG/5 ML MO	3	
hydrocodone-chlorphen er susp MO	1	
hydrocod-cpm-pseudoep 5-4-60/5 MO	1	
hydrocodone-homatropine 5-1.5 MO	1	
hydrocodone-homatropine syrup MO	1	
hydromet 5 mg-1.5 mg/5 ml syrup MO	1	
OBREDON 2.5 MG-200 MG/5 ML ORAL SOLUTION MO	3	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml syrup MO	1	
promethazine-codeine syrup MO	1	
promethazine-dm solution MO	1	
promethazine-pe-codeine syrup MO	1	
RESPA-AR 8 MG-90 MG-0.24 MG TABLET,EXTENDED RELEASE MO	3	
REZIRA SOLUTION MO	3	
TESSALON PERLES 100 MG CAPSULE MO	3	
TUSNEL PEDIATRIC 15 MG-5 MG-50 MG/5 ML ORAL LIQUID MO	3	
TUSSICAPS 10 MG-8 MG CAPSULE,EXTENDED RELEASE MO	3	
TUSSICAPS 5 MG-4 MG CAPSULE,EXTENDED RELEASE MO	1	
tussigon 5 mg-1.5 mg tablet MO	1	
TUSSIONEX PENNKINETIC ER 10 MG-8 MG/5 ML SUSPENSION,EXTENDED RELEASE MO	3	

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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
COUGH & COLD		
TUZISTRA XR 14.7 MG-2.8 MG/5 ML ORAL SUSPENSION,EXTENDED RELEASE MO	3	
VITUZ 5 MG-4 MG/5 ML ORAL SOLUTION MO	3	
ZUTRIPRO SOLUTION MO	3	
ERECTILE DYSFUNCTION		
<i>sildenafil 100 mg, 25 mg, 50 mg tablet</i> ED,MO	1	QL (6 per 30 days)
VIAGRA 100 MG, 25 MG, 50 MG TABLET ED,MO	3	QL (6 per 30 days)
VITAMINS & MINERALS		
ACTIVE FE 75 MG IRON-1,250 MCG TABLET MO	3	
ANIMI-3 WITH VITAMIN D 500 MG-1,000 UNIT-500 MCG CAPSULE MO	3	
<i>b complex 100 100 mg-2 mg-100 mg-2mg-2mg/ml injectable solution</i> MO	1	
BACMIN 27 MG IRON-1 MG TABLET MO	3	
BIFERA RX 22 MG-6 MG-1 MG-25 MCG TABLET MO	3	
CARDIOTEK-RX (BIOPERINE) 2 MG-500 MG-500 MCG-50 MG TABLET MO	3	
<i>centratex 106 mg iron-1 mg capsule</i> MO	1	
CITRANATAL BLOOM 90 MG-1 MG-12 MCG-50 MG TABLET MO	3	
<i>corvita 1.25 mg-2.5 mg-7 mg tablet</i> MO	1	
<i>corvita 150 150 mg-1.25 mg-120 mg-10 mg tablet</i> MO	1	
CORVITE 1.25 MG-2.5 MG-7 MG TABLET MO	3	
CORVITE FREE 1.25 MG-400 MCG-125 MCG-35 MG TABLET MO	3	
<i>cyanocobalamin 1,000 mcg/ml</i> MO	1	
DIALYVITE 100 MG-1 MG TABLET MO	3	
DIALYVITE 3000 3 MG-70 MCG-15 MG TABLET MO	3	
DIALYVITE 5000 5 MG TABLET MO	3	
DIALYVITE 800 WITH IRON 29 MG-800 MCG TABLET MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
DIALYVITE SUPREME D 3 MG-2,000 UNIT TABLET MO	3	
DRISDOL 50,000 UNIT CAPSULE MO	3	
<i>vit d2 1.25 mg (50,000 unit) MO</i>	1	
<i>fe c plus 100 mg-250 mg-25 mcg-1 mg tablet MO</i>	1	
FERIVA 75 MG IRON-1 MG-175 MG CAPSULE,EXTENDED RELEASE MO	3	
FERIVA 21-7 TABLET 75 MG IRON-1 MG-175 MG TABLET MO	3	
FERIVA FA (SUMALATE) 110 MG-1 MG-175 MG-12 MCG CAPSULE MO	3	
<i>ferocon 110 mg-0.5 mg capsule MO</i>	1	
FERRALET 90 DUAL-IRON DELIVERY 90 MG-1 MG-12 MCG-50 MG TABLET MO	3	
<i>ferraplus 90 90 mg-1 mg-12 mcg-120 mg-50mg tablet MO</i>	1	
<i>ferrex 150 forte 150 mg-25 mcg-1 mg capsule MO</i>	1	
<i>ferrex 150 forte plus 150 mg-60 mg-25 mcg-1 mg capsule MO</i>	1	
<i>ferrex 28 151 mg-200 mg-1 mg-0.8 mg tablet MO</i>	1	
<i>ferrocite plus 106 mg iron-1 mg tablet MO</i>	1	
<i>ferrogels forte softgel MO</i>	1	
<i>focalgin dss tablet MO</i>	1	
<i>folbee 2.5 mg-25 mg-1 mg tablet MO</i>	1	
<i>folbee plus 5 mg, 5-1.5-25 mg tablet; folbee plus 5 mg-1.5 mg-25 mg tablet MO</i>	1	
<i>folbic 2.5 mg-25 mg-2 mg tablet MO</i>	1	
FOLGARD OS 500 MG-1.1 MG TABLET MO	3	
FOLGARD RX 2.2 MG-25 MG-1 MG TABLET MO	3	
<i>folic acid 1 mg tablet MO</i>	1	
<i>folic acid-vit b6-vit b12 tab MO</i>	1	
<i>folivane-f 125 mg-1 mg-40 mg-3 mg capsule MO</i>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
<i>folivane-plus 125 mg iron-1 mg capsule</i> MO	1	
<i>folplex 2.2 2.2 mg-25 mg-0.5 mg tablet</i> MO	1	
FORTAVIT CAPSULE MO	3	
FUSION PLUS 130 MG IRON-1,250 MCG CAPSULE MO	3	
<i>hematinic plus vit/minerals 106 mg iron-1 mg tablet</i> MO	1	
<i>hematinic/folic acid 324 mg (106 mg iron)-1 mg tablet</i> MO	1	
HEMATOGEN 200 MG (66 MG)-10 MCG-250 MG CAPSULE MO	3	
<i>hematogen fa 200 mg-250 mg-0.01 mg-1 mg capsule</i> MO	1	
<i>hematogen forte 460 mg-60 mg-0.01 mg-1 mg capsule</i> MO	1	
HEMATRON-AF 150 MG-1 MG-50 MG TABLET,EXTENDED RELEASE MO	3	
<i>hemetab 22 mg-6 mg-1 mg-25 mcg tablet</i> MO	1	
HEMOCYTE-F 324 MG (106 MG IRON)-1 MG TABLET MO	3	
HEMOCYTE-PLUS 106 MG IRON-1 MG CAPSULE MO	3	
<i>hydroxocobalamin 1,000 mcg/ml</i> MO	1	
ICAR-C PLUS 100 MG-250 MG-25 MCG-1 MG TABLET MO	3	
<i>iferex 150 forte 150 mg-25 mcg-1 mg capsule</i> MO	1	
INFUVITE ADULT 3300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION MO	3	
INTEGRA F 125 MG-1 MG-40 MG-3 MG CAPSULE MO	3	
INTEGRA PLUS 125 MG IRON-1 MG CAPSULE MO	3	
IROSPAN 24/6 65 MG-65 MG-1,000 MCG (24) TABLET MO	3	
LYSIPLEX PLUS TABLET MO	3	
M.V.I. ADULT 3,300 UNIT-150 MCG/10 ML INTRAVENOUS SOLUTION MO	3	
M.V.I. PEDIATRIC 80 MG-400 UNIT-200 MCG INTRAVENOUS SOLUTION MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
M.V.I.-12 (WITHOUT VIT K) 3,300 UNIT-200 UNIT/10 ML INTRAVENOUS SOLN MO	3	
MAXFE (FOLATE-DOCUSATE) 160 MG IRON-1 MG-60 MCG TABLET MO	3	
MEPHYTON 5 MG TABLET MO	3	
<i>multigen folic 70 mg-150 mg-10 mcg-1 mg-2 mg tablet MO</i>	1	
<i>multigen plus 151 mg-60 mg-10 mcg-1 mg tablet MO</i>	1	
<i>myferon 150 forte 150 mg-25 mcg-1 mg capsule MO</i>	1	
<i>mynephrocaps 1 mg capsule MO</i>	1	
<i>mynephron 1 mg capsule MO</i>	1	
NASCOBAL 500 MCG/SPRAY NASAL SPRAY MO	3	
NEPHROCAPS 1 MG CAPSULE MO	3	
NEPHROCAPS QT 1 MG-1,750 UNIT DISINTEGRATING TABLET MO	3	
NEPHRON FA 66.6 MG-75 MG-1 MG TABLET MO	3	
<i>niacin-azelaic ac-turmer-fa-b6-zn-cu 700 mg-500 mcg-8 mg-12 mg tablet MO</i>	1	
NICADAN 800 MG-10 MG-100 MG-500 MCG TABLET MO	3	
NICAZEL 600 MG-5 MG-10 MG-5 MG-1.5 MG TABLET MO	3	
NICAZEL FORTE 700 MG-500 MCG-8 MG-12 MG TABLET MO	3	
NICOMIDE TABLET MO	3	
<i>niva-fol 2.5 mg-25 mg-2 mg tablet MO</i>	1	
NUTRICAP 1 MG TABLET MO	3	
<i>phytonadione 1 mg/0.5 ml syr MO</i>	1	
<i>phytonadione 5 mg tablet MO</i>	1	
<i>poly-iron 150 forte 150 mg-25 mcg-1 mg capsule MO</i>	1	
POTABA 500 MG CAPSULE MO	3	
<i>prenaissance next tablet MO</i>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
PROFERRIN-FORTE 12 MG-1 MG TABLET MO	3	
PROTECT IRON 60 MG IRON-1 MG TABLET MO	3	
<i>purevit dualfe plus 162 mg-115.2 mg (106 mg)-1 mg capsule MO</i>	1	
<i>renal caps 1 mg capsule MO</i>	1	
<i>reno caps 1 mg capsule MO</i>	1	
REQ49+ 200 MCG-1.5 MG-1.5 MG TABLET MO	3	
<i>se-tan plus 162 mg-115.2 mg (106 mg)-1 mg capsule MO</i>	1	
STROVITE FORTE 10 MG-1 MG TABLET MO	3	
STROVITE ONE 1 MG-1,000 UNIT-15 MG-5 MG TABLET MO	3	
SUPERVITE 1,000 MG-75 MG-1 MG/15 ML ORAL LIQUID MO	3	
TANDEM PLUS 162 MG-115.2 MG (106 MG)-1 MG CAPSULE MO	3	
<i>taron forte 150 mg-60 mg-25 mcg-1 mg capsule MO</i>	1	
<i>thiamine 200 mg/2 ml vial MO</i>	1	
<i>tl g-fol os 500 mg-1.1 mg tablet MO</i>	1	
<i>tl gard rx 2.2 mg-25 mg-1 mg tablet MO</i>	1	
<i>tl icon 110 mg-0.5 mg capsule MO</i>	1	
<i>tl-hem 150 caplet MO</i>	1	
<i>tricon 110 mg-0.5 mg capsule MO</i>	1	
<i>trigels-f forte 460 mg-60 mg-0.01 mg-1 mg capsule MO</i>	1	
<i>triphrocaps 1 mg capsule MO</i>	1	
UDAMIN SP 1,000 MCG-320 MG TABLET MO	3	
<i>v-c forte 1 mg capsule MO</i>	1	
<i>vic-forte 1 mg capsule MO</i>	1	
<i>virt-caps 1 mg capsule MO</i>	1	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VITAMINS & MINERALS		
<i>virt-gard</i> 2.2 mg-25 mg-1 mg tablet MO	1	
<i>virt-vite</i> 2.5 mg-25 mg-1 mg tablet MO	1	
<i>virt-vite forte</i> tablet MO	1	
VIRT-VITE PLUS 5 MG TABLET MO	3	
<i>vit 3</i> 500 mg-500 mcg-1 mg-12.5 mg capsule MO	1	
VITA-RESPA 2.2 MG-25 MG-1.3 MG TABLET MO	3	
VITAFOL 65 MG-1 MG TABLET MO	3	
VITAL-D RX 1,750 UNIT-60 MG-1 MG-12.5 MG TABLET MO	3	
<i>vitamin d2</i> 50,000 unit capsule MO	1	
<i>vitamin k</i> 1 mg/0.5 ml injection solution MO	1	
<i>vitamin k1</i> 10 mg/ml injection solution MO	1	
<i>vp-ggr-b6</i> tablet MO	1	
<i>vp-zel</i> tablet MO	1	
<i>zingiber</i> 1.2 mg-40 mg-124.1 mg-100 mg tablet MO	1	

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Humana Medicare Employer Plan Coverage of Additional Prescription Drugs Through Medicaid Program

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
CUSTOM DRUGS		
LEVITRA 10 MG, 2.5 MG, 20 MG, 5 MG TABLET MO	3	QL (4 per 30 days)

Your plan has a contract with the Medicaid agency to provide additional coverage for select drugs. These drugs are not normally covered in a Medicare prescription drug plan.

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

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Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

Humana Inc. and its subsidiaries provide: (1) free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate; and, (2) free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-800-783-4599** or if you use a **TTY**, call **711**.

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You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

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

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-783-4599 (TTY: 711)**... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-783-4599 (TTY: 711)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-783-4599 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-783-4599 (TTY: 711)**... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-783-4599 (TTY: 711)** 번으로 전화해 주십시오 ... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-783-4599 (TTY: 711)**... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-783-4599 (телетайп: 711)**... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-783-4599 (TTY: 711)**... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-783-4599 (ATS: 711)**... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-783-4599 (TTY: 711)**... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-783-4599 (TTY: 711)**... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-783-4599 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-783-4599 (TTY: 711)**... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-783-4599 (TTY: 711)** まで、お電話にてご連絡ください。 ...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-783-4599 (TTY: 711)** تماس بگیرید.

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **1-800-783-4599 (TTY: 711)**...

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-783-4599 (رقم هاتف الصم والبكم: 711)**.



This formulary was updated on 09/27/2018. For more recent information or other questions, please contact Humana Medicare Employer Plan at the number on the back of your membership card or, for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m. Eastern Time. The automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana is a Medicare Advantage HMO and PPO organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-783-4599 (**TTY: 711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-783-4599 (**TTY: 711**).

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